

Attachment 4.a. Initial SMI/SED Demonstration Implementation Interview Introductory Email from CMS to State Medicaid Director and Director of the Single State Agency for Mental Health

To: Director State Medicaid Agency and Director of the Single State Agency for Mental Health

CC: RTI SMI Team Lead

Subject: RTI International Evaluation of Section 1115 Serious Mental Illness/Serious Emotional Disturbance Demonstrations

Dear [State Medicaid Director and Director of the Single State Agency for Mental Health],

Your state has received approval from the Centers for Medicare & Medicaid Services (CMS) to implement a section 1115 serious mental illness/serious emotional disturbance (SMI/SED) demonstration. States with section 1115 SMI/SED demonstrations are required to conduct independent evaluations of their demonstrations and report monitoring data regularly. To complement individual state evaluations and monitoring, the CMS has contracted with RTI International to conduct a meta-evaluation of SMI/SED demonstrations. This evaluation will look across states with SMI/SED demonstrations to understand the demonstrations' effectiveness, and how variations in state demonstration features and the context in which demonstrations are implemented lead to differences in effectiveness. CMS is requesting that you participate in the activities described below to support the meta-evaluation.

RTI will conduct a telephone interview with the state's section 1115 SMI/SED demonstration lead. The purpose of the interview is to gather details regarding program features of your demonstration, implementation experiences, challenges, and programmatic changes. We expect this interview will take no more than 60 minutes.

RTI will ensure flexible interview scheduling, allowing you to choose the date and time that best fits your schedule.

RTI will follow up with you via email to schedule a time for the first telephone interview. The calls will be conducted from [DATE RANGE]. We appreciate your participation in this important evaluation. Please contact me at [INSERT CMS PHONE NUMBER] if you have questions.

Thank you,

[NAME OF CMS PROJECT OFFICER]