

Attachment 5.c. IMD and CMHC Provider Interview Introductory Email from State Medicaid Director

To: IMD leader (or CMHC leader)

CC: RTI SMI Team Lead

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

Dear [IMD leader/CMHC leader],

Our state received approval from the Centers for Medicare & Medicaid Services (CMS) to implement a section 1115 serious mental illness and 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 the context in which demonstrations are implemented lead to differences in effectiveness.

As part of the evaluation, RTI is conducting telephone interviews with [IMD/CMHC leadership] in states implementing SMI/SED demonstrations. We welcome you to participate in an interview to share your insights and support the meta-evaluation. This interview will take no more than 60 minutes.

Interviews will cover reimbursement for care, patient assessments, and care coordination and transitions of care. Your insights on the section 1115 SMI/SED demonstration are important and will be used by policymakers as well as other Medicaid programs in improving Medicaid SMI/SED services and developing resources and supports for providers.

We recognize how busy you, and we will work to minimize the burden on you. RTI will ensure flexible interview scheduling, in which you can choose the date and time that best fits your schedule.

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

Thank you,

[NAME OF MEDICAID STATE DIRECTOR]