

Attachment 6.b. Follow-up SMI/SED Demonstration Implementation Interview Email Invitation

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

CC: CMCS Project Officer, RTI SMI Team Lead

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

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

I am writing from RTI International as follow up to an email you received from [STATE CMS PROJECT OFFICER NAME] on [DATE] regarding the meta-evaluation of section 1115 serious mental illness/serious emotional disturbance (SMI/SED) demonstrations we are undertaking on behalf of the Centers for Medicare & Medicaid Services (CMS). As part of the evaluation, we are conducting follow-up interviews with state Medicaid directors, single state agency representatives, or other designees in states implementing SMI demonstrations.

Interviews are intended to improve our understanding of your state's section 1115 SMI/SED demonstration program features, implementation of the demonstration, challenges and facilitators to implementation, state initiatives affecting the demonstration, lessons learned, and plans for sustaining demonstration activities.

Information from these conversations will help CMS understand states' experience carrying out SMI demonstrations to increase access to mental health treatment. Your participation is important to helping CMS support policy and programmatic development for other demonstration states and future demonstrations.

The telephone interview will take no more than 60 minutes. Below we provide some potential times for a call. Please respond with the date and time that works best for you (or please provide alternative times), and we will ensure our staff is available.

- Day of week m/dd - time
- Day of week m/dd – time
- Day of week m/dd – time
- Day of week m/dd – time

If there is another person at your agency who would be more appropriate for this conversation, please provide us with their contact information.

We greatly appreciate your help in confirming our available information and helping to answer our questions.

If you have questions, please do not hesitate to contact me via email [EMAIL ADDRESS] or telephone [TELEPHONE NUMBER].

Thank you and we look forward to speaking with you.

Sincerely,

[NAME OF RTI STAFF MEMBER]

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #59). The time required to complete this information collection is estimated to average 90 minutes to participate in this interview. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850."