

Attachment 1.d. Demonstration Characteristics Interview Confirmation Email

To: Director State Medicaid Agency

CC: CMCS Project Officer, RTI SUD Team Lead

Subject: Telephone Interview Confirmation for RTI International Evaluation of Section 1115 Substance Use Disorder Demonstrations

Good [MORNING/AFTERNOON] [NAME],

This is a confirmation that your interview on the substance use disorder (SUD) section 1115 demonstration in your state is on:

Day and Date:

Time: [EST/PT/CST]

To connect to the interview for audio only, use either the smartphone one-tap dial telephone number or the landline telephone number, both listed below. RTI staff will participate using Zoom teleconference technology. You can also join us by clicking on the link below at the start time of your interview. Two days before the interview date, we will send you a reminder email or an updated email invitation with the links included for ease of access.

Your interview will be conducted by [NAME OF RTI INTERVIEWER], copied on this email.

If you have not already updated and returned the **Program Characteristics Grid** that was emailed to you with the original invitation, **please return it by [date]**, so that we can review it prior to our discussion. If you need another copy, please reply to this email.

Thank you in advance for your time and insight, please let us know if you have any questions, concerns, or comments. We are looking forward to speaking with you!

Thank you,

[NAME OF RTI STAFF MEMBER]

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 # 64). The time required to complete this information collection is estimated to approximately 1 hour for two people to participate in this interview, plus an average of ½ hour for two people to complete a grid prior to the interview. This includes the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

Zoom Call-In information:

To join using one tap dial (cell phone) tap hyperlink: [[+555-555-5555,123456789](tel:+555-555-5555,123456789)]

To join using a computer, click <https://rtiorg.zoom.us/j/123456789>

To join using a telephone (landline) dial: +1 312 626 6799, enter meeting ID

Meeting ID: 123 456 789