

Attachment 1.e. Demonstration Characteristics Interview Outlook Invitation

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],

Thank you for agreeing to participate in an interview to support the Centers for Medicare & Medicaid Services meta-evaluation of Section 1115 substance use disorder (SUD) Demonstrations.

This is an invitation for your interview on [DAY OF WEEK, MONTH, DATE, 2021] regarding [YOUR STATE's] section 1115 SUD demonstration.

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.

If you need to reschedule your interview or would like assistance using the Zoom platform, please email or call [NAME OF RTI INTERVIEWER].

Thank you in advance for your time and insight, please let us know if you have any questions, concerns, or comments.

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

Password: 033485