

**Attachment 1.g. Demonstration Characteristics and Implementation Interview Thank You Email**

To: Interview Participants  
CC: RTI SUD Team Lead  
Subject: Thank You for Participating in the RTI International Evaluation of Section 1115 Substance Use Disorder Demonstrations

Dear [NAME OF PARTICIPANT(S)—Dr. Smith, Mr. Jones, and Ms. Johnson]:

Thank you again for taking the time to meet with us and share information about your state's pre-demonstration SUD treatment, coverage, and service delivery and program features of your demonstration. Information from these conversations will help CMS understand the effectiveness of SUD demonstrations to increase access to substance use treatment. Your participation is important to helping CMS support policy and programmatic development for other demonstration states and future demonstrations.

In the next few weeks, we will send you a copy of the updated grid of program features for your records. It will reflect our understanding based on the interview as well as your state's program documents, such as quarterly reports and the implementation plan. We may have a few additional clarifying questions that may accompany that email.

[INCLUDE THIS TEXT ONLY IF PARTICIPANTS OFFERED TO SEND RESOURCES:

During the interview you mentioned sending us [NAME RESOURCE(S)]. Could you send those to us at your earliest convenience?]

Please do not hesitate to reach out if you have any follow-up questions or reflections. Thank you again!

Sincerely,

[INTERVIEW LEAD]

*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.*