

**Attachment 2.j. MCO and Behavioral Health Provider Stakeholder Interview Thank You Email**

To: MCO or behavioral health provider leader  
CC: RTI SUD Team Lead  
Subject: 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 organization's experience with the section 1115 substance use disorder demonstration in your state. Information from these conversations will help CMS understand the effectiveness of SUD demonstrations to increase access to substance use treatment. Your insights will be used by policymakers as well as other Medicaid programs in improving Medicaid SUD services and developing resources and supports for MCOs, behavioral health organizations, and providers.

**[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 average 90 minutes to participate in this interview (30 minutes preparation, 60 minute 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.*