

### **Attachment 3.c. Follow-Up Implementation 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 about your state's substance use disorder (SUD) section 1115 demonstration is on:

**Day and Date:**

**Time:** [EST/PT/CST]

RTI staff will attend the interview using Zoom teleconference technology. You can join the interview using Zoom by clicking on the link below at the start time of your interview. 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. 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.

Please return your feedback on the **pre-populated table** sent with the original email invitation by [DATE] so that we can review it in advance of the interview. If you need another copy of that table, 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 look 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 90 minutes 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:+1555555123456789)]

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