

Attachment 3.f. Follow-Up Implementation Interview Protocol

Yellow highlighted and italicized text indicates instructional notes to interview team as well as items that need to be adapted for individual interviews.

Thank you for making time to speak with us today. My name is *[LEAD INTERVIEWER]*, and I am joined by my colleague *[ANALYST]*. We are researchers from RTI International, conducting a federal meta-evaluation of the section 1115 substance use disorder (SUD) demonstrations. This interview is a follow-up interview to understand how your section 1115 SUD demonstration implementation has progressed since our first set of interviews in *[2020/2021]*.

This interview will be approximately 90-minutes. The first part of the interview will entail reviewing the services and coverage grid to assess the implementation changes made for the demonstration. We will update the implementation dates for these services and have a brief discussion of the challenges and facilitators that accompanied the implementation of each service. The second part will cover any other implementation challenges and facilitators, other relevant state initiatives, sustainability plans, and state lessons learned.

Your decision to participate in this interview is voluntary. You can stop the interview at any time and can refuse to answer questions you do not wish to answer.

There are minimal risks to you from participation, and every effort will be made to protect your confidentiality. Only members of the project team will have access to the data. We do sometimes use quotes from stakeholders in our reports for CMS; however, we de-identify the quotes and remove any attributable information. If a quote from you or your state is used, we will refer to you anonymously as a “state informants.”

Your insights on the section 1115 SUD demonstrations are important. We believe your insights provided during today’s call will be valuable to federal and state policymakers as well as other Medicaid programs in developing program policies and guidance for current SUD demonstrations and other future section 1115 demonstrations.

We also would like to share the **PRA disclosure**:

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.

Finally, we would like to record our conversation, to ensure our notes from today are complete. Do I have your permission to audio record our conversation today? Do you have any questions before we begin?

INTRODUCTIONS

[Note to interviewer: Use probes only if needed to elicit additional detail.]

1. Would you like to introduce yourself and your role in the organization?
 - a. **PROBE:** How long have you been in this role?
 - b. **PROBE:** Were you in this role when your state began implementing the section 1115 SUD demonstration?

REVIEW STATE GRID

Our first set of questions relates to the coverage and services grid that we provided to you via email and that we have updated based on our review of your quarterly monitoring reports, mid-point assessments, and interim evaluation reports. At this time, **[ANALYST]** will pull up the state grid on the screen.

[Note to interviewer: Prior to the interview determine whether the state has obtained an extension for the demonstration or submitted an application for an extension. If information is not available, ask the state about plans to submit an extension.]

2. Let's review the possible changes that have taken place since our first interview. We will review the coverage changes and the dates that are correct. We will also ask about any challenges you faced or facilitators that you experienced making each category of changes. Let's start with:
 - a. Medication Assisted Treatment
 - *[Interviewer will indicate the changes made for this feature category as part of the demonstration, will confirm that the dates shared at the previous interview are correct, and will follow-up on dates that were estimated as effective dates during previous interview. If no changes were made, interviewer will confirm that our understanding is correct. If no changes were made, then interviewer will skip remaining questions in this section.]*
 - Looking across these changes, what challenges have you faced, if any, making these changes?
 - **PROBE:** How have you managed these challenges?
 - What facilitated your ability to make these changes?
 - *[Note to interviewer: If state has an extension or has submitted application for extension, ask:]* Is this activity continuing as part of your extension?
 - b. Continuum of SUD treatment services by level of care
 - *[Interviewer will repeat the process and questions under 2a.]*
 - c. Recovery support services
 - *[Interviewer will repeat the process and questions under 2a.]*
 - d. Patient Placement Criteria
 - *[Interviewer will repeat the process and questions under 2a.]*
 - e. Program Standards for Residential Treatment Providers
 - *[Interviewer will repeat the process and questions under 2a.]*
 - f. Care Coordination: Coverage and Policies
 - *[Interviewer will repeat the process and questions under 2a.]*

OTHER IMPLEMENTATION CHALLENGES AND FACILITATORS

3. In addition to what you have already shared, what other challenges, if any, have affected your state's implementation of its section 1115 SUD demonstration?
 - a. **PROBE:** How have these challenges affected implementation (e.g., *implementation timeline, provider experience, beneficiary experience*)?
 - b. **PROBE:** *[Interviewer: Ask about each challenge individually]* How have you addressed this challenge?
4. Likewise, in addition to what you have already shared, we want to ask about any other facilitators that have supported your ability to implement the section 1115 SUD demonstration. What, if anything, has helped your state's implementation of the demonstration?
 - a. **PROBE:** *[Interviewer: Ask about each facilitator individually]* How did this facilitator affect the demonstration activities?

OTHER STATE INITIATIVES

Now, we're going to talk about other initiatives in your state that were either in place before your SUD demonstration or implemented alongside the demonstration that may impact the delivery of substance use disorder services for Medicaid beneficiaries.

5. Besides the SUD demonstration, what, if any, initiatives in your state, such as programs or policies, significantly impact substance use disorder service delivery for Medicaid beneficiaries in your state?

[Note to Interviewer: If key informant has difficulty answering the question, you can add detail. "Some programs or policies mentioned in the quarterly monthly reports or the interim evaluation reports include: List Federal Programs in QMRs and interim evaluation reports. Have these affected your demonstration?"]

- a. **PROBE:** *[Interviewer: Ask about each initiative individually]* When did the initiative begin?
- b. **PROBE:** How were demonstration activities affected?
- c. **PROBE:** What populations of beneficiaries may be affected?

SUSTAINABILITY PLANS

Our next set of questions relates to the planned sustainability of demonstration activities. *[Interviewer will summarize/confirm understanding of the status of state's demonstration period and extension request, as applicable. Interviewer should choose the set of questions that are most appropriate to the state's plans.]*

States with a Demonstration Extension or That Have Submitted an Extension Request

6. You mentioned earlier that *[activities]* will not continue under the extension. For what reasons did the state decide to discontinue the activity? *[Interviewer: Ask about each activity individually]*
7. What *[other]* demonstration activities have changed/will change under the extension?

- a. **PROBE:** *[Interviewer: Ask about each change individually]* How will the demonstration activity change?
- b. **PROBE:** Why is this change being made?
- 8. What activities have been/will be added under the extension?
 - a. **PROBE:** *[Interviewer: Ask about each activity individually]* For what reasons did the state decide to add the activity?
- 9. Going forward, what resources (e.g., *technical assistance, training*) would you find helpful as you continue with the demonstration?

States Intending to Submit an Extension Request

- 10. Which demonstration activities are you planning to continue in your extension request?
[Note to Interviewer: If key informant has difficulty answering the question refer back to the categories of services in the grid and consider asking about changes within each category documented in the grid.]
- 11. What demonstration activities, if any, will be discontinued in your extension request?
 - a. **PROBE:** *[Interviewer: Ask about each activity individually]* For what reasons did the state decide to discontinue the activity?
- 12. What *[other]* demonstration activities will change in your extension request?
 - a. **PROBE:** *[Interviewer: Ask about each change individually]* How will the demonstration activity change?
 - b. **PROBE:** *[Interviewer: Ask about each activity individually]* For what reasons did the state decide to change the activity?
- 13. What activities will be added in your extension request?
 - a. **PROBE:** *[Interviewer: Ask about each activity individually]* For what reasons did the state decide to add the activity?
- 14. Going forward, what resources (e.g., *technical assistance, training*) would you find helpful as you continue with the demonstration?

States That Are Not Intending to Extend at the End of the Demonstration Period (Or For Which Extension Status Is Not Yet Determined)

- 15. *[If applicable]* How did you decide to discontinue the demonstration?
- 16. Which demonstration activities are you planning to continue after the section 1115 SUD demonstration timeframe ends?
 - a. **PROBE:** *[Interviewer: Ask about each activity individually]* For what reasons did you decide to continue the activity?
- 17. Which activities will you discontinue?
 - a. **PROBE:** *[Interviewer: Ask about each activity individually]* For what reasons did the state decide to discontinue the activity?
- 18. Which activities are you planning to change after the section 1115 SUD demonstration timeframe ends?
 - a. **PROBE:** *[Interviewer: Ask about each activity individually]* For what reasons did the state decide to change the activity?
- 19. Will your state implement different activities to address SUD system of care after the demonstration timeframe ends?
 - a. **PROBE:** What are those activities?

- b. **PROBE:** How will they differ from the demonstration?
- c. **PROBE:** *[Interviewer: Ask about each activity individually]* For what reasons did the state decide to add the activity?

LESSONS LEARNED

As we conclude today's interview, I would like to ask you to reflect on your experiences with the demonstration, including the planning, implementation, and sustainability.

- 20. What lessons have you learned that you would want to share with states currently considering or implementing a section 1115 SUD demonstration?
- 21. What lessons have you learned about the demonstration that you want to let CMS know about?
 - a. **PROBE:** What changes would you recommend that CMS consider for the demonstration requirements or design?
 - b. **PROBE:** What additional resources (*e.g., guidance documents, technical assistance*) would help other states implementing SUD demonstration?

WRAP UP

- 22. Before we wrap up this interview, is there anything we didn't cover or discuss that you feel is important for us as evaluators to know?

Thank you very much for participating in this interview. Your insights are incredibly valuable to understanding how states are implementing the section 1115 SUD demonstrations, the challenges and facilitators they are experiencing, and the impact they are having on states' ability to meet the needs of Medicaid enrollees with SUD.