

Generic Supporting Statement  
Section 1115 Federal Meta Analysis  
Substance Use Disorder (SUD) Demonstrations  
(CMS-10398 #64, OMB 0938-1148)

Notes: This 2025 iteration is being submitted to OMB for approval as a revised generic collection of information request.

The contents of this Supporting Statement and the associated attachments have been reviewed to ensure that they are consistent with the Trump administration's policies, goals, and objectives.

**A. BACKGROUND**

The Centers for Medicare & Medicaid Services (CMS) work in partnership with States to implement Medicaid and the Children's Health Insurance Program (CHIP). Together these programs provide health coverage to millions of Americans. Medicaid and CHIP are based in Federal statute, associated regulations and policy guidance, and the approved State plan documents that serve as a contract between CMS and States about how Medicaid and CHIP will be operated in that State. CMS works collaboratively with States in the ongoing management of programs and policies, and CMS continues to develop implementing guidance and templates for States to use to elect new options available as a result of the Patient Protection and Affordable Care Act<sup>1</sup> or to comply with new statutory provisions. CMS also continues to work with States through other methods to further the goals of health reform, including Medicaid Section 1115 demonstration authority.

Starting in 2015, in response to the opioid epidemic, CMS offered states the flexibility to test Medicaid coverage of a full substance use disorder (SUD) treatment service array in the context of overall SUD service delivery transformation through the authority of section 1115 demonstrations, provided states met specific requirements (0938-1148 [CMS-10398 #57])<sup>2</sup>. These specific requirements included: (1) comprehensive evidence-based design, (2) appropriate standards of care (e.g., American Society of Addiction Medicine [ASAM] criteria), (3) strong network development, (4) care coordination, (5) integration of physical and SUD treatment, (6) program integrity safeguards, (7) benefit management, (8) community integration, (9) strategies to address prescription drug misuse and opioid use disorder (OUD), (10) services to youth and adolescents with SUD, (11) reporting of quality metrics, and (12) collaboration with the single state agency for substance abuse. A key component of the section 1115 demonstration is that states could apply to receive federal financial participation (FFP) for the continuum of services to treat addiction to opioids or other substances, including institutions for mental diseases (IMDs), which are normally ineligible for FFP if the facility has more than 16 beds.

CMS modified the requirements for SUD section 1115 demonstrations in November 2017 to improve access to clinically appropriate treatment for OUD and other SUDs, to better support the

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<sup>1</sup> Public Law 111-148, 124 Stat. 119 (2010).

<sup>2</sup> Centers for Medicare & Medicaid Services. (2015, July). SMD # 15-003. Retrieved from <https://www.medicaid.gov/federal-policy-guidance/downloads/smd15003.pdf>

development and expansion of comprehensive treatment strategies, and to incorporate improved progress and outcome monitoring. The modifications added the mandatory provision of medication-assisted treatment (MAT). The modifications also added flexibility to the SUD demonstration requirements, including allowing states to implement an alternative or modified set of patient placement criteria that are widely recognized as representing an expert consensus on appropriate treatment.<sup>3</sup> As of December 31, 2024, 37 states including the District of Columbia have received approval for SUD section 1115 demonstrations. It is possible that all 50 states and the District of Columbia could submit SUD section 1115 demonstration applications. Therefore, this request encompasses all 50 states and the District of Columbia.

CMS awarded the Federal Meta-Analysis Support contract to RTI International in September 2018. Subsequently, CMS awarded a follow-up Section 1115 Federal Meta Analysis contract to RTI International in September 2023. The goal of the contracts is to understand the overall effectiveness of the groups of demonstrations with similar features and how variations in state demonstration features and the context in which they are implemented contribute to differences in effectiveness. Under the 2023 contract, RTI will continue to work with CMS to conduct a meta-analysis of Medicaid section 1115 SUD demonstrations.


The meta-analyses of the SUD demonstration will compare experiences of these demonstrations across states and will document and explore variation in state baseline conditions and demonstration design, approach, and implementation to explain differences in outcomes observed across demonstrations. The meta-analyses of the demonstrations will provide CMS and states with a deeper understanding of what levers affect successful outcomes—both implementation and impacts—as well as whether, under what conditions, and how these initiatives would best be replicated in other states.

Meta-analysis incorporates synthesis of qualitative and quantitative data. To support the meta-analyses, RTI is compiling a cross-state database for each group of demonstrations that includes states' applications, implementation and evaluation plans, monitoring reports, and evaluation plans. We will conduct qualitative analysis of primary and secondary data from demonstration states to document demonstration implementation and contextual features that will be used in quantitative analyses (see Supporting Statement Part B).

Qualitative data will also be used for targeted case studies that take a deep dive into demonstration design and implementation topics that will be identified in consultation with CMS. Primary data collection will include virtual interviews with leaders in the state Medicaid Agency and/or the single state agency for substance abuse in the states that have approved section 1115 SUD demonstrations. The currently approved collection of information request was for a first round of interviews in SUD demonstration states (referred to as Demonstration Characteristics and Implementation Interviews); this data collection is ongoing as new states'

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<sup>3</sup> Centers for Medicare & Medicaid Services. (2017, November 1). SMD # 17-003: Strategies to address the opioid epidemic. Retrieved from <https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf>

<sup>3</sup> Kaiser Family Foundation. (2023, November) Section 1115 Medicaid Demonstration Waivers: The Current Landscape of Approved and Pending Waivers. Retrieved from <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/> 

SUD demonstration applications are approved. A second approved revision in 2021 entailed data collection with managed care organization (MCO) leaders and behavioral health provider leadership (referred to as MCO and Behavioral Health Provider Stakeholder Interviews).

This 2025 revision increases the “MCO and Behavioral Health Provider Stakeholder Interviews” from 80 interviews (in 10 states) to 160 interviews (in 20 states) and seeks approval for a follow-up round of interviews (referred to as Follow-up Implementation Interviews) with SUD state Medicaid directors, single state agency representatives, or other state officials who are involved in SUD demonstration implementation. These interviews will occur only with state officials; no providers will be included in the “Follow-up Implementation Interviews.” This revision adds a thank you letter template for the initial Demonstration Characteristics and Implementation Interviews (**Attachment 1.g.**) as well as templates for the email correspondence and interview protocol for the Follow-up Implementation Interviews (see **Attachments 3.a. to 3.g.**).

In total, our request includes three sets of interviews— “Demonstration Characteristics and Implementation Interviews,” “MCO and Behavioral Health Provider Stakeholder Interviews,” and “Follow-up Implementation Interviews” (**Sections B.1, B.2, and B.3, respectively**).

Information from the interviews will be incorporated in Rapid Cycle Reports (RCRs) on the SUD demonstrations that RTI will prepare for CMS. For example, one RCR will provide information on how states plan to sustain demonstration activities. Information from the interviews will also be incorporated into later RCRs on the SUD demonstrations. The Summative Evaluation Report for the SUD demonstrations will incorporate data collected from the three sets of interviews in addition to other data analyses. This report will summarize the demonstrations’ accomplishments, challenges, lessons learned, findings and conclusions, and recommendations where applicable. Information from the interviews may also be used to contextualize results of the meta-analysis.

The use of statistical methods does not apply for purposes of this collection. We will not be using a statistical methodology for stratification and sample selection. Instead, we will use the population of states for the “Demonstration Characteristics and Implementation Interviews” and the “Follow-up Implementation Interviews.” For the “MCO and Behavioral Health Provider Stakeholder Interviews,” we will collect data from a purposively selected subset of SUD demonstration states.

## **B. DESCRIPTION OF INFORMATION COLLECTION**

RTI’s meta-analysis includes multiple rounds of qualitative data collection. At this time, we are submitting a request for documents related to our first, second, and third rounds of data collection activities, which are summarized below and detailed below in section D.4. (Information Collection Instruments and Instructions/Guidance Documents) of this Supporting Statement.

### **B.1 Demonstration Characteristics and Implementation Interviews**

Over the duration of the contract, RTI intends to interview Medicaid directors, single state agency representatives, or their state staff designees in *up to* 50 states and the District of Columbia that have an approved section 1115 SUD demonstration for the characteristics and implementation interviews. States will be invited to participate in these interviews as they receive approval. Because it is possible for any state to submit a demonstration application, our request includes up to all 50 states and the District of Columbia.

RTI will begin the interview (**Attachment 1.c.**) with an introduction informing respondents of the purpose of the interview, communicate that their participation is voluntary, and request their permission to record the interview solely for note-taking purposes. The interview introduction will also let respondents know that RTI will not attribute answers directly to an individual in any reports. RTI will refer to individuals anonymously as “state officials.” Information obtained during these interviews will be incorporated in RCRs that will be prepared for CMS and will also provide input for a Summative Evaluation Report.

## B.2 MCO and Behavioral Health Provider Stakeholder Interviews

RTI will conduct a second round of qualitative data collection for the SUD demonstration to learn about the perspectives of other types of stakeholders on the demonstration. RTI will conduct qualitative data collection from stakeholders with differing perspectives, including leadership of behavioral health service providers and leadership of MCOs or third-party administrators in states with fee-for-service SUD treatment services. Interviews will be conducted in up to 20 selected SUD demonstration states and up to 8 individuals/state for a total of 160 interviewees.

RTI will begin the interview (**Attachment 2.g., Attachment 2.h., Attachment 2.i.**) with an introduction informing interviewees of the purpose of the interview, communicate that their participation is voluntary, and request their permission to record the interview solely for notetaking and transcription purposes. The interview introduction will also let interviewees know that RTI will not attribute answers directly to an individual in any reports. RTI will refer to individuals anonymously as “MCO respondents” or “provider respondents.”

Information obtained during these interviews will be incorporated in RCRs that will be prepared for CMS and will also provide input for a Summative Evaluation Report. The RCR topics will be selected in consultation with CMS and will focus on emerging demonstration design and implementation issues. Report schedules will depend on when data required for the report is expected to be available. RTI and CMS will review the planned report topics periodically during the year in the event different priorities emerge.

## B.3 Follow-Up Implementation Interviews

RTI intends to interview Medicaid directors, single state agency representatives, or their state staff designees for the “Follow-up Implementation Interviews” from up to 50 states and the District of Columbia that have an approved section 1115 SUD demonstration. Because it is possible for any state to submit a demonstration application, our request includes up to all 50 states and the District of Columbia.

As with the characteristics and implementation interviews, RTI will begin the interview (**Attachment 3.f.**) with an introduction informing respondents of the purpose of the interview, communicate that their participation is voluntary, and request their permission to record the interview solely for note-taking purposes. The interview introduction will also let respondents know that RTI will not attribute answers directly to an individual in any reports. RTI will refer to individuals anonymously as “state officials.”

Information obtained during these interviews will be incorporated in RCRs that will be prepared for CMS and will also provide input for a Summative Evaluation Report.

### C. DEVIATIONS FROM GENERIC REQUEST

None.

### D. BURDEN HOUR DEDUCTION

#### D.1. Wage Estimates

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics’ (BLS’s) May 2024 National Occupational Employment and Wage Estimates for all salary estimates (<https://www.bls.gov/oes/tables.htm>). In this regard, the following table presents BLS’ mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

BLS’s wage estimates are updated annually. Current and historic wage figures can be found at the above BLS address and can be used to calculate current cost estimates. May 2024 is current as of the date of this collection of information request.

We are using BLS’ category of Social and Community Service Managers, as it most closely fits with state Medicaid Administrator/state designee and Administrator of single state agency for substance abuse/state designee, which are the two groups of interviewees that will be participating in these data collection efforts. We are using Healthcare Practitioners and Technical Occupations, as it most closely fits with MCO and behavioral health service providers.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Healthcare Practitioners and Technical Occupations	29-0000	50.59	50.59	101.18
Social and Community Service Managers	11-9151	41.39	41.39	82.78

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary

widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

## D.2. Collection of Information Requirements and Associated Burden Estimates

### *D.2.1 Demonstration Characteristics and Implementation Interviews*

RTI will interview up to two individuals in the 50 states and the District of Columbia that have an approved section 1115 SUD demonstration. The interviews will be conducted with state Medicaid directors, single state agency representatives, or their designees and will be conducted once, during the first year of data collection. To facilitate the data collection and interview, RTI will pre-populate a SUD state grid with program characteristics, based on available state information abstracted from state waiver applications, state special terms and conditions, and state implementation plans. The grid will be copied into an email and sent to interviewees in advance of the virtual interview. Interviewees will be asked to review it, make any updates, and return it via email to RTI.

We expect that delivering a pre-populated grid delineating RTI's understanding of each state's SUD program features will reduce the burden on state officials to perform additional data collection activities.

This is a one-time data collection activity for each approved state. We anticipate the amount of time associated with this data collection activity to be 2 hours per person per state consisting of 0.5 hour to respond to email correspondence and review, edit, update, and return the pre-populated grid (see **Attachment 1.b.**) and 1.5 hours to participate in the interview (see **Attachment 1.c.**). We assume that up to 2 people may need to be involved in this data collection effort. In total, the estimated burden is 204 hours (51 states x 2 responses/state x 2 hr/response) at a cost of \$16,887 (204 hr x \$82.78/hr).

#### Demonstration Characteristics and Implementation Interview Burden

Type of Respondent	Form Name	Number of Respondents	Total Number of Responses	Average Time per Response (hr)	Total Time (hr)	Average Hourly Wage Rate	Total Cost
State Medicaid director (and /or state staff designee)	Demonstration Characteristics and Implementation Interview (see Attachments 1.b. & 1.c.)	51 (50 States + DC)	102 (51 x 2 respondents/state)	2	204	\$82.78/hr	\$16,887

Note: **Attachments 1.b.** and **1.c.** have burden as they request that state officials spend time responding to a scheduling email, providing grid revisions, and participating in the 1.5-hour interview. Other email correspondence includes a CMS introduction, interview date confirmation, Outlook invitation, interview reminder, and thank you email (i.e., **Attachments 1.a., 1.d., 1.e., 1.f., and 1.g.** respectively). These emails do not require a response from state officials so have not been included in the burden calculations.

### *D.2.2 MCO and Behavioral Health Provider Stakeholder Interviews*

RTI will interview up to 8 individuals in each of the 20 states selected. States will be selected based on RCR topics, willingness to participate in round 1 interviews, and those with at least two years of demonstration implementation. The 1-hour interviews will be conducted with MCO and behavioral health service provider leaders (see **Attachments 2.g., 2.h., and 2.i.**). We anticipate it will take 0.5 hours to review and respond to email correspondence (see **Attachment 2.d.**) for a total of 1.5 hours.

State officials will be asked to nominate MCOs and behavioral health providers (see **Attachment 2.b.**), and if willing, send a warm hand-off email. (RTI will provide the template; see **Attachment 2.c.**). The burden table estimates approximately 1 hour of effort for a state contact person in each of the 20 states.

The estimated burden is 240 hours (160 responses x 1.5 hr/response) at a cost of \$24,283 (240 hr x \$101.18/hr), and 20 hours (20 state response x 1 hr/response) at a cost of \$1,656 (20 hr x \$82.78/hr).

#### **MCO and Behavioral Health Provider Stakeholder Interview Burden**

Type of Respondent	Form Name	Number of Respondents	Total Number of Responses	Average Time per Response (hr)	Total Time (hr)	Average Hourly Wage Rate	Total Cost
MCO/behavioral health provider leaders	MCO and Behavioral Health Provider Stakeholder Interview (see Attachments 2.d., 2.g., 2.h., & 2.i.)	160 MCO and Behavioral Health Service Provider Leaders	160	1.5	240	\$101.18/hr	\$24,283
State officials	(see Attachments 2.b., & 2.c.)	20 state officials	20	1.0	20	\$82.78/hr	\$1,656
TOTAL			180	varies	260	varies	\$25,939

Note: **Attachments 2.d., 2.g., 2.h., and 2.i.** have burden for MCO/behavioral health provider leaders as they respond to a scheduling email and participate in a 1-hour interview. **Attachments 2.b. and 2.c.** have burden for state officials as they request that state officials spend time nominating providers and sending a warm hand-off email. Other email correspondence includes a CMS introduction, Outlook invitation, interview date confirmation, and thank you email to MCO/behavioral health provider leaders (i.e., **Attachments 2.a., 2.e., 2.f., and 2.j.** respectively). These emails do not require a response from providers or state officials so have not been included in the burden calculations.

### D.2.3 Follow-up Implementation Interviews

RTI will conduct a follow-up interview with up to two individuals in the 50 states and the District of Columbia that have approved section 1115 SUD demonstrations.

This is a new one-time data collection activity for each approved state. We anticipate the amount of time associated with this data collection activity to be 2 hours per person per state consisting of 0.5 hour to respond to email correspondence and review, edit, and update and return the pre-populated grid (see **Attachment 3.b.**) and 1.5 hours to participate in the interview (see **Attachment 3.c.**). We assume that up to 2 people may need to be involved in this data collection effort. In total, the estimated burden is 204 hours (51 states x 2 responses/state x 2 hr/response) at a cost of \$16,887 (204 hr x \$82.78/hr).

#### Follow-up Implementation Interview Burden

Type of Respondent	Form Name	Number of Respondents	Total Number of Responses	Average Time per Response (hr)	Total Time (hr)	Average Hourly Wage Rate	Total Cost
State Medicaid director & director single state agency for substance abuse	Follow-Up Implementation Interview (see Attachments 3.b. & 3.f.)	51 (50 States + DC)	102 (51 x 2)	2	204	\$82.78/hr	\$16,887

Note: **Attachments 3.b.** and **3.f.** have burden as they request that state officials spend time responding to a scheduling email, provide grid revisions, and participate in the 1.5-hour interview. Other email correspondence includes a CMS introduction, interview date confirmation, Outlook invitation, interview reminder, and thank you email (i.e., **Attachments 3.a., 3.c., 3.d., 3.e., and 3.g.** respectively). These emails do not require a response from state officials so have not been included in the burden calculations.

### D.3 Burden Summary

Interview Type	Respondents	Total Number of Responses	Time per Response (hr)	Total Annual Time (hr)	Labor Rate (\$/hr)	Total Capital/Maintenance Costs (\$)	Total Cost (\$)
Demonstration and Implementation Characteristics Interview	51 (50 states and DC)	102 (2 State officials x 51)	2	204	82.78	0	16,887
MCO and Behavioral Health Provider Stakeholder Interview	20	20 (1 State official in 20 states)	1	20	82.78	0	1,656



Interview Type	Respondents	Total Number of Responses	Time per Response (hr)	Total Annual Time (hr)	Labor Rate (\$/hr)	Total Capital/Maintenance Costs (\$)	Total Cost (\$)
Follow-Up Implementation Interview	51 (50 states and DC)	102 (2 State officials x 51)	2	204	82.78	0	16,887
Subtotal (States)	51	224	varies	428	82.78	0	35,430
MCO and Behavioral Health Provider Stakeholder Interview	160 MCO and Behavioral Health Providers	160	1.5	240	101.18	0	24,283
Subtotal (Private Sector)	160	160	1.5	240	101.18	0	24,283
Total (States & MCO/Providers)	211	384	varies	668	varies	0	59,713

#### D.4. Information Collection Instruments and Instructions/Guidance Documents

All relevant documents for data collection are provided as attachments and listed below along with a short description of each.

##### *D.4.1 Documents Associated with the Demonstration Characteristics and Implementation Interview*

- **Demonstration Characteristics and Implementation Interview Introductory Email** (from CMS to State Medicaid Director) – CMS will send an email, prepared by RTI, to the Medicaid directors in all states with a SUD demonstration to introduce RTI and request the state's participation in this data collection (**Attachment 1.a.**). (No Change)
- **Demonstration Characteristics and Implementation Interview Email Invitation with Program Characteristics Grid** – RTI will follow up CMS's email with an email to respondents that will include an invitation for a 60-minute interview and the Program Characteristics Grid. The Program Characteristics Grid is a table within the email that RTI has filled out with information describing the state's pre- and post-demonstration characteristics. This PRA clearance package contains a sample grid that has been filled out for a hypothetical state. Respondents will be asked via the email invitation to review the grid prior to the interview, make corrections and updates, and return the revised grid via email to the RTI staff member identified in the email within 2 weeks (**Attachment 1.b.**). (No Change)
- **Demonstration Characteristics and Implementation Interview Questions** – A comprehensive list of interview questions (**Attachment 1.c.**) will be used in conjunction with the program characteristics grid (**Attachment 1.b.**) to guide the conversation with the respondent. RTI will only include questions from this list that pertain to topics in need of additional information. (No Change)

- **Demonstration Characteristics and Implementation Interview Confirmation Email**– This email will be sent immediately upon scheduling a date and time for the interview, providing instructions for connecting to the interview using telephone and/or Zoom videoconferencing technology. (**Attachment 1.d.**). (No Change)
- **Demonstration Characteristics and Implementation Interview Outlook Invitation** – RTI will send an interview invitation after receiving a date and time from the respondent. The invitation includes instructions on how to join the call using a telephone or computer, and the Zoom conference call information (**Attachment 1.e.**). (No Change)
- **Demonstration Characteristics and Implementation Interview Reminder Email** – This is a follow-up email to the respondent to remind them of the interview and to return the program characteristics grid (**Attachment 1.f.**). (No Change)
- **Demonstration Characteristics and Implementation Interview Thank You Email**– This email thanks the interview participant for their time. If the interview participant offered to share other resources during the interview, this email will ask the participant to send the resources at their earliest convenience (**Attachment 1.g.**). (New)

#### *D.4.2 Documents Associated with the MCO and Behavioral Health Provider Stakeholder Interview*

- **MCO and Behavioral Health Stakeholder Interview Introductory Email** (from CMS to State Medicaid Director) – CMS will send an email, prepared by RTI, to the Medicaid directors in selected states with a SUD demonstration to introduce RTI and request the state’s help providing a warm hand-off to MCO and behavioral health provider stakeholders (MCOs and behavioral health service provider leadership) (**Attachment 2.a.**). (No Change)
- **MCO and Behavioral Health Provider Stakeholder Interview Introductory Email** (from RTI to State Medicaid Director) – RTI will send a follow up email to Medicaid directors in selected states with a SUD demonstration to request the state’s help identifying MCOs and behavioral health service providers and provide a warm hand-off to the MCO and behavioral health provider stakeholders identified. The email will also provide selection criteria for both MCOs and behavioral health service providers (**Attachment 2.b.**). (No Change)
- **MCO and Behavioral Health Provider Stakeholder Interview Introductory Email** (from State Medicaid Director) – The State Medicaid Director will send an email, prepared by RTI, to the MCO and behavioral health provider stakeholders in states with a SUD demonstration to introduce RTI and request the stakeholder’s participation in this data collection. (**Attachment 2.c.**). (No Change)
- **MCO and Behavioral Health Provider Stakeholder Interview Email Invitation** – RTI will send an interview invitation via email and schedule a 60-minute interview with respondents (**Attachment 2.d.**). (No Change)

- **MCO and Behavioral Health Provider Stakeholder Interview Outlook Invitation** – RTI will send an interview invitation after receiving a date and time from the respondent. The invitation includes the agreed upon date and time of the interviews, instructions on how to join the call using a telephone or computer, and the Zoom conference call information (**Attachment 2.e.**). (No Change)
- **MCO and Behavioral Health Provider Stakeholder Interview Confirmation Email** – This email will be sent immediately upon scheduling a date and time for the interview, thanking the respondent for agreeing to be interviewed and providing instructions for connecting to the interview using telephone and/or Zoom videoconferencing technology. (**Attachment 2.f.**). (No Change)
- **MCO Protocol with Instructions** – The Interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer’s instructions, prompts, and indications of important questions are indicated in this document (**Attachment 2.g.**). (No Change)
- **Behavioral Health Stakeholder Interview Protocol with Instructions (Residential Providers)** – The Interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer’s instructions, prompts, and indications of important questions are indicated in this document (**Attachment 2.h.**). (No Change)
- **Behavioral Health Stakeholder Interview Protocol with Instructions (Non-Residential Providers)** – The Interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. Interviewer’s instructions, prompts, and indications of important questions are indicated in this document (**Attachment 2.i.**). (No Change)
- **MCO and Behavioral Health Provider Stakeholder Interview Thank You Email** – A thank you email will be sent to the interviewee following the interview call (**Attachment 2.j.**). (No Change)

#### *D.4.3 Documents Associated with the Follow-up Implementation Interviews*

- **Follow-Up Implementation Interview Introductory Email** (from CMS to State Medicaid Director and Single State Substance Abuse Agency Director) – CMS will send an email, prepared by RTI, to the Medicaid directors and directors of the single state agency for substance abuse in all states with a SUD demonstration to introduce RTI and request the state’s participation in this data collection (**Attachment 3.a.**). (New)

- **Follow-Up Implementation Interview Email Invitation** – RTI will send an interview invitation via email and schedule a 90-minute interview with respondents. This email will also include instructions for reviewing, updating, and returning the demonstration implementation grid (**Attachment 3.b.**). (New)
- **Follow-Up Implementation Interview Confirmation Email**– This email will be sent immediately upon scheduling a date and time for the interview, thanking the respondent for agreeing to be interviewed and providing instructions for connecting to the interview using telephone and/or Zoom videoconferencing technology. (**Attachment 3.c.**). (New)
- **Follow-Up Implementation Interview Outlook Invitation** – RTI will send an interview invitation after receiving a date and time from the respondent. The invitation includes the agreed upon date and time of the interviews, instructions on how to join the call using a telephone or computer, and the Zoom conference call information (**Attachment 3.d.**). (New)
- **Follow-Up Implementation Interview Reminder Email** – A reminder email will be sent to the interviewee prior to the interview call (**Attachment 3.e.**). (New)
- **Follow-Up Implementation Interview Protocol with Instructions** – The interview protocol starts with an introduction that informs the interviewee that participation in the interview is voluntary and confidential and the participant can refuse to respond to questions they do not want to answer. It also requests permission to record the call. The Implementation Interview protocol builds upon data from the previous interviews and includes states’ implementation progress and processes; implementation challenges, facilitators, and mitigation strategies; and potential impacts of other initiatives in the state on the demonstration. Interviewer’s instructions, probes, and indications of important questions are indicated in this document (**Attachment 3.f.**). (New)
- **Follow-Up Implementation Interview Thank You Email** – This email thanks the interview participant for their time. If the interview participant offered to share other resources during the interview, this email will ask the participant to send the resources at their earliest convenience (**Attachment 3.g.**). (New)

## **E. TIMELINE**

The 14-day notice published in the Federal Register on August 26, 2025 (90 FR 41566). Comments must be received on/by September 9.

The Federal Meta-Analysis Support contract for Section 1115 Demonstrations was awarded by CMS to RTI on September 24, 2018, and re-awarded under the Section 1115 Federal Meta Analysis contract on September 24, 2023. The re-awarded contract consists of a base year and four options years, terminating on September 23, 2028. Primary data collection activities are planned to begin in contract year 1 and may extend through contract year 5. The planned schedule for data collection activities in this package (i.e., those related to the “Characteristics and Implementation Interviews,” “MCO and Behavioral Health Provider Stakeholder Interviews,” and “Follow-up Implementation Interviews”) is provided in the following chart.

Dates in the timeline are all shown relative to OMB's clearance and CMS' approval to contact states.

#### Timeline for Use of Data Collection Instruments in this Request for OMB Approval

<b>Data Collection Activity</b>	<b>Dates</b>
<b><i>Characteristics and Implementation Interviews with State Administrators</i></b>	<b><i>Week following OMB Clearance and CMS Approval for Interviews</i></b>
CMS to send introductory emails to state administrators	Week 2
RTI to send email invitations with pre-populated grids to states	Week 2
Reminder emails sent to state administrators	Weeks 2 – 5
Characteristics and Implementation Interviews*	Weeks 3 – 10
RTI send draft RCR on programmatic changes to CMS	Week 16
<b><i>MCO and Behavioral Health Provider Stakeholder Interviews</i></b>	<b><i>Week following OMB Clearance and CMS Approval for Interviews</i></b>
CMS to send introductory emails to state Medicaid director	Week 2
State Medicaid director to send introductory emails to MCO and behavioral health service provider leaders	Week 2
RTI to send email invitations to MCOs and behavioral health service providers.	Week 3
Reminder emails sent to MCOs and behavioral health service providers.	Weeks 3 – 10
MCO and Behavioral Health Service Provider Interviews	Weeks 4 – 12
RTI send draft RCRs	Week 24
<b><i>Follow-up Implementation Interviews</i></b>	<b><i>Week following OMB Clearance and CMS Approval for Interviews</i></b>
CMS to send introductory emails to state administrators	Week 2
RTI to send email invitations with pre-populated grids to states	Week 2
Reminder emails sent to state administrators	Weeks 2 – 5
Follow-up Implementation Interviews	Weeks 3 – 10
RTI send draft RCR to CMS	Week 36

*\*Potential COVID-19 related delays, interviews are dependent on state staff availability*