

*Appendix D.6: State Cost Survey Follow Up Interview Email*

OMB #: 0584-xxxx  
Expiration Date: xx/xx/20xx

**From:** Joshua Leftin  
**Sent:** [DATE]  
**To:** [STATE CN OR MEDICAID REPRESENTATIVE]  
**Cc:** Anne Gordon  
**Subject:** DC-Medicaid Evaluation Cost Survey Request - [STATE]

Greetings. Thank you for your participation in the DC-Medicaid Evaluation Cost Survey. Please let me know if you will be available on [DATE] at [TIME] for a telephone call. The purposes of the phone call are to follow up on your responses (clarifying any questions we have) and to give you a chance to provide feedback (so that we can make the workbook easier to use in future quarters).

You may want to review your responses before the call.

Thanks,  
Josh

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