

## Attachment C–Notification Email

Dear (insert name):

We would like to invite you to participate in an assessment regarding your state's Medicaid policies regarding the use of ADHD medications. We are specifically interested in your state's Medicaid policies on prior-authorization for medications prescribed to treat pediatric ADHD as well as to understand if your state has a behavioral health service carve-out. This assessment is part of a larger effort by the Centers for Disease Control and Prevention (CDC) to understand the impact of these Medicaid policies on rates of ADHD treatment.

CDC researchers have collected documents, memos, and PDL lists from the Internet in order to compile state Medicaid policies for the coverage of prescription medications used to treat children younger than 18 years old with ADHD. The information found for each state has been inventoried and recorded in a LawAtlas database, which is available at this website for your reference: [www.lawatlas.org](http://www.lawatlas.org). We will ask you to answer some questions that allow us to better understand these policies. With your input, we hope to:

- Confirm, update, and supplement the current content on LawAtlas ([www.lawatlas.org](http://www.lawatlas.org))
- In conjunction with Medicaid claims data (MAX data), evaluate the impact of these policies on ADHD medication and behavior therapy treatment rates in young children.
- Create a publicly available, interactive database that characterizes the ADHD medication prior authorization policies and behavioral health services delivery models for all U.S. states and D.C.

The assessment will begin on **[insert date]**. You will receive an email with the survey on **[insert date]**, and we ask that you please complete the assessment by **[insert date]**. The assessment will take approximately 20 minutes to complete. We appreciate your help in completing the assessment. If a different staff member from your office will answer the survey, please forward the assessment to the appropriate staff member.

Participation in this assessment is voluntary. Data from your responses will be stored in a secure database maintained by CDC. Information collected will be reported in aggregate form and only state names will be included. Key findings may also be summarized in a published manuscript.

We strongly encourage you to take this opportunity to provide feedback on our characterization of your state's Medicaid ADHD treatment-related policies. If you have further questions during the completion of the assessment, please do not hesitate to contact us. Your participation in this assessment will improve the information provided in this database as well as CDC's understanding of the impact of these policies on ADHD medication and behavior therapy treatment rates in young children. CDC thanks you in advance for your participation. We look forward to working with you on this project.

Sincerely,

Susanna Visser, MS, DrPH  
Lead Epidemiologist, Child Development Studies Team  
National Center on Birth Defects and Developmental Disabilities  
Centers for Disease Control and Prevention  
4770 Buford Hwy, MS E88 Atlanta, GA 30341  
404-498-3008  
[SFV1@cdc.gov](mailto:SFV1@cdc.gov)