

**Attachment 3.c. MCO and Behavioral Health Provider Stakeholder Interview
Introductory Email from State Medicaid Director**

To: MCO leader (or behavioral health provider leader)

CC: RTI SUD Team Lead

Subject: RTI International Evaluation of Section 1115 Substance Use Disorder
Demonstrations

Dear [MCO leader/BH provider leader],

Our state received approval from the Centers for Medicare & Medicaid Services (CMS) to implement a section 1115 substance use disorder (SUD) demonstration. States with section 1115 SUD demonstrations are required to conduct independent evaluations of their demonstrations and report monitoring data regularly. To complement individual state evaluations and monitoring, the CMS has contracted with RTI International to conduct a meta-evaluation of SUD demonstrations. This evaluation will look across states with SUD demonstrations to understand the demonstrations' effectiveness and how the context in which demonstrations are implemented lead to differences in effectiveness.

As part of the evaluation, RTI is conducting telephone interviews with [MCO/behavioral health provider leadership] in states implementing SUD demonstrations. We welcome you to participate in an interview to share your insights and support the meta-evaluation. This interview will take no more than 60 minutes.

Interviews will cover implementation of patient placement criteria, Medicaid billing and reimbursement, care coordination, transitions in care, care integration, recovery support services, and residential MAT. Your insights on the section 1115 SUD demonstration are important and will be used by policymakers as well as other Medicaid programs in improving Medicaid SUD services and developing resources and supports for MCOs, behavioral health organizations, and providers.

We recognize you are facing unprecedented challenges related to COVID-19 and will work to minimize the burden on you. RTI will ensure flexible interview scheduling, in which you can choose the date and time that best fits your schedule.

RTI will follow up with you via email to schedule a time for the first telephone interview. The calls will be conducted from [DATE RANGE]. We appreciate your participation in this important evaluation. Please contact RTI at [INSERT PHONE NUMBER AND EMAIL] if you have questions.

Thank you,

[NAME OF MEDICAID STATE DIRECTOR]

