



SOR 2 GPRA FAQ

What is the GPRA? According to the Substance Abuse and Mental Health Services Administration, the Government Performance and Results Modernization Act of 2010 updated some aspects of the Government Performance and Results Act (GPRA) of 1993. Federal agencies are required to set long-term goals and objectives as well as specific near-term performance goals. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools.

Is there a computer program or website we can use to enter GPRA data? Yes, the State has contracted with FEI WITS to help agency staff manage GPRA data and for monitoring compliance. Account creation and log in information will be sent to contracted providers when the LME-MCO has given approval and has contracted with providers for treatment and/or has an invoiced based contract.

Is there a training on how to complete the GPRA? Who is this training for? Yes. A training can be found on the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services website at the following URL address: <https://www.ncdhhs.gov/divisions/mhddsas/grants> Here you will find a webinar with the latest demonstration, the PowerPoint presentation slides from the webinar, a guide from FEI (step-by-step directions with screen shots) and the FEI Common Difficulties Guide.

What does the billing team need to know? In the SOR 2 allocation letter there are limited funds for reimbursement for GPRA administration. If there are billing process questions from the LME-MCO, the SOR team is happy to help. Provider agencies should contact each of the LME-MCOs with whom they are contracted with for GPRA reimbursement funding.

Are there consent forms and confidentiality statements that we can access? SAMHSA recommends this be included with the GPRA, https://link.zixcentral.com/u/9552b56b/bnnhFQaZ6RGvZ9nH9e_1Kg?u=https%3A%2F%2Fwww.samhsa.gov%2Fgrants%2Fgpra-measurement-tools%2Fcertificate-confidentiality. You can adapt your current confidentiality form if you so choose. **It's important that patients understand that you are not collecting or submitting any identifying information.** The data collected from the GPRA tools is aggregated with thousands of other records. Patients will never be contacted by the grantor (partly because they have no way of knowing who the patient is), but because they have no need or desire for patient-specific information. Explaining to patients that data collection is necessary in order to pay for their services and report aggregated outcomes, are good things to share with them.

What is the Contract/Grant ID? SOR 2 is T1083312.

We only treat F11.20 and cannot diagnose any other issues listed on this form due to the restrictions of our license as a clinic. Can we just leave these blank? As a licensed OTP, an individual must have an opioid use disorder to be treated there. However, given the prevalence of polysubstance use, many individuals will also have other substance use issues, i.e., alcohol use,



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cocaine use, etc., which would be recorded as secondary or tertiary diagnoses on the GPRA form. OTP clinical staff should absolutely be working with patients on all substance use issues, not just opioid use. In SOR 2 there are funds set aside for treatment of Stimulant Use Disorder under the state benefit plan ASTIM. Similarly, if an individual also has a mental health diagnosis, if the licensed clinician has the appropriate training or background, the mental health issue should also be addressed. If no staff are qualified to treat MH, then the patient should be referred for additional care to another agency.

Do we have to complete a GPRA on all patients or just those receiving the SOR 2 Grant?

All individuals enrolled in SOR 2 in the ASOUD and/or ASTIM and/or ASCOV benefit plans must complete intake, six-month follow-up as well as a discharge GPRA. *A six month follow up is still required even if the person is no longer in services.*

When can the six-month follow-up GPRA be conducted with the client? SAMSHA has approved a three-month window to enter the six-month follow-up interview in FEI WITS and be in compliance with the State Opioid Response Grant reporting requirements. The compliance window opens five months after the GPRA Intake Interview and ends eight months after the GPRA Intake Interview. **SAMSHA requires that at least 80% of GPRA intakes have a six-month follow-up interview.**

What should we use for the Client ID? FEI WITS generates a Unique Client Number. This alphanumeric number should be used to request assistance from the SOR team as it does not contain Protected Health Information (PHI).

What does Interview Type mean on page 1? If this is the first administration of the GPRA, select Intake and then fill in the Interview Date. The GPRA interview can only be one type – either an Intake, six-month follow-up or Discharge. In other words, an Intake Interview can't also be a Discharge Interview – please select one type.

Do we have to complete all the questions? YES! Please follow the instructions for each question. There are some questions that will be skipped depending on the patient's response, but that's the only reason for not selecting an answer. **PLEASE DO NOT LEAVE QUESTIONS BLANK.** The federal repository system will not allow questions to be unanswered. It also does not allow for partial GPRA's. **Please read each question carefully.** Many of them have instructions like an "if this, then that" kind of answering process.

What happens with the GPRA data? Elements of the reports are given annually to the President of the United States. The GPRA data is intended to monitor performance of Federal Grant programs and inform Federal policy. The LME-MCOs and agencies will also be able to extract data from the FEI WITS system to examine program compliance with the GPRA process.

What is the difference between the grants called SOR and SOR 2? They are separate grant programs with their own unique timelines. While both grants use the same identifier, it is important to think of them as separate grant programs., Funding for SOR 1 has been expended, except for a few clients who started services toward the end of 2020 and beginning of 2021.



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These individuals will also need a six-month follow-up GPRA and then discharged from the SOR 1 program in FEI WITS. If the individual will continue to receive treatment using SOR 2 funding, the client will need to be enrolled in SOR 2 on the FEI WITS platform and start with an initial GPRA. A six-month follow-up will also be required for this individual. A client can be enrolled in SOR and SOR 2 at the same time due to this 6 month follow up requirement

What exactly do we need in order to start administering the GPRA? First your agency needs to have a state contract with your LME-MCO that allows you to access the ASOUD and/ or ASTIM benefit plans. Then, each staff person who will be administrating the GPRA will need a FEI WITS account and log-in. Please email sor.gpras@dhhs.nc.gov with the name and email address of the staff person to be added.

What happens with FEI WITS accounts of staff that leave the agency? Please send an email to sor.gpras@dhhs.nc.gov letting the SOR team know that the staff member is no longer at your facility so that person's account can be locked. You will still be able to access the GPRAs completed by that person. Inactive staff is a security issue and you are strongly encouraged to keep your staff list updated.

Who can perform the GPRA? (Licensed clinicians or can CSACs administer this?) It doesn't have to be a licensed clinician, a CSAC is fine.

We don't use the SBIRT screening tool? Correct, questions 4 & 5 of the behavioral health diagnosis portion of section 'A' in the GPRA do not need to be answered.

We have many patients who just stop coming to treatment. We attempt to make contact but sometimes they don't answer or return our phone calls, or their numbers are no longer in service. I see that the minimum targeted follow up rate is 80 percent. We understand that there are difficulties inherent to the six-month follow-up GPRA administration when patients discontinue treatment. The 80% follow up rate has been set by SAMHSA, the Federal administrator of the State Opioid Response grants. It may be helpful at the onset of a treatment episode that will use SOR 2 funding to discuss the need for follow-up with the individual receiving services paid for by SOR and include it as part of the treatment planning process. The data that you receive back from the GPRA will be more useful to you, the patient and your program when comparative data is available. Please attempt to contact the person and if the attempts fail please do an administrative discharge (page 5 of FEI Guide updated March 2021 and can be found on the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services website at the following URL address: <https://www.ncdhhs.gov/divisions/mhddsas/grants> you will find a webinar with the latest demonstration, the PowerPoint presentation slides from the webinar, a guide from FEI (step-by-step directions with screen shots) and the FEI Common Difficulties Guide. Reminder: when agency staff have determined an adult is eligible for SOR funding you are required to do a GPRA intake and GPRA six-month follow up no matter the person's relationship with the agency.



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Is the intake GPRA required on day one or is there a window of time like NC TOPPS to complete? For non-residential programs, GPRA intake/baseline interviews must be completed within four days after the client enters the program and within three days for a residential program. In this case “entering the program” means starting with SOR funding; i.e., the ASOUD and/or ASTIM benefit plans, or with an invoice-based program that is using SOR funding.

How will the GPRA reimbursement work? Is that billed through LME/MCO or does that come from the state? You will be reimbursed through the LME/MCO that you have a contract with and that has approved your agency to use the ASOUD and ASTIM benefit plans.

Do we need to keep track of how many GPRA's have been completed and send an invoice? It is extremely important that you keep records and work with your contracting LME-MCO as to how they want to be invoiced.

How do we complete the follow-up or discharge GPRA if we can't locate the patient or the patient refuses to engage? You will always complete the ‘Record Management’ portion of section A and then follow the *skip* instructions. For a follow-up GPRA on a patient you cannot locate or who refuses to engage, you would complete the ‘Record Management’ portion of section A and all of section I. For a discharge GPRA on a patient you cannot locate or who refuses to engage with you would complete the ‘Record Management’ also called an Admin Discharge, portion of section A and all of sections J and K. This is a last resort as doing this will hurt the 80 percent follow-up rate.

The GPRA six-month follow up interview and GPRA Discharge interviews can be conducted on the phone and still be reimbursed. Is that correct? In other words, they do not need to be face-to-face. Under COVID guidelines issued by NC DHHS, the interviews can be conducted without being face-to-face. It is important to remember that the person does not need to still be receiving services when the six-month follow up GPRA is done.

For an interview to be considered “complete” or “conducted” the provider needs to actually interview the individual. Is that correct? If it is an “interview”, then a person needs to have been interviewed. In the Discharge GPRA there is a place to put the date of the interview. If a date is not entered (i.e., the person was not available for an actual interview), then the information in the GPRA is considered an Administrative GPRA Discharge and the information inputted will be taken from treatment records. **Again, this is a last resort option.**

Is a GPRA six-month follow up interview needed if the individual left treatment Against Medical Advice (AMA)? Yes, the person may or may not be engaged in treatment when the six-month follow-up is due. The agency is responsible conducting all three GPRA's for all individuals who initiate services paid for by SOR funds.

I'm receiving an error message that says “There is a problem creating this client program enrollment record. Please contact your system administrator to resolve this conflict.” What



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does this mean? This message lets you know that this client is already in the FEI WITS system, and the Consent and Referral process should be completed.

I have a client that I need to have re-admitted into the program however there was a discharge completed, what should I do? Check the client's activity list to see if the GRPA intake date is within the eight month timeframe to complete a six month follow up. If so send an email to sor.gpras@dhhs.nc.gov with the unique client ID number. The administrator will delete the discharge so that you can continue with care. You should be able to conduct the six month follow up as scheduled. Reminder – in this case the client should not have been discharged from SOR or SOR2 as the agency is still responsible for conducting the six-month interview.

Does at least one person have access to pull reports for your facility? If not please email sor.gpras@dhhs.nc.gov to request super user access for your facility.

If you have additional questions, who can I contact to discuss these? The main email contact is sor.gpras@dhhs.nc.gov. You can contact the Data Coordinator SOR Project, Jaquetta Foreman, via email jaquetta.foreman@dhhs.nc.gov.

What is the difference between SOR/SOR 2 and E-COVID (ASCOV)? The E-COVID funding is a separate grant and the GPRA's will be entered directly into SPARS (NOT into FEI WITS). Clients of specific counties are eligible for ASCOV if they have been impacted by COVID-19. For more information, please contact Katherine, at katherine.arsenault@dhhs.nc.gov.