



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK T. BENTON • Deputy Secretary for Health
KELLY CROSBIE • Director

SOR 3 GPRA FAQ

What is SOR? The State Opioid Response (SOR) grant program aims to increase access to medication assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reduce unmet treatment need, and reduce opioid overdose deaths through the provision of prevention, treatment and recovery, support services for OUD, including prescription opioids, heroin and illicit fentanyl, fentanyl analogs and stimulants. (Substance Abuse and Mental Health Services Administration)

What is the GPRA? GPRA is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the federal government and to link resources and management decisions with program performance. GPRA requires that all federal agencies:

- Develop strategic plans specifying what they will accomplish over a 3- to 5-year period.
- Annually set performance targets related to their strategic plans.
- Annually report the degree to which the targets set in the previous year were met.
- Regularly conduct evaluations of their programs and use performance monitoring data to understand their successes and opportunities for improvement.

The GPRA Modernization Act of 2010 updated some aspects of the GPRA Act of 1993. It placed greater emphasis on setting goals, cross-organizational collaboration, and improving programs using performance metrics. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools.

What is the current Contract/Grant ID? SOR 3 is T1085757

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.

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What exactly do we need 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 State Benefit Plan. Then, each staff person who will be administering the GPRA will need a FEI WITS account, log-in and pin. Please email sor.gpras@dhhs.nc.gov with the name and email address of the staff person to be added and the associated LME-MCO.

Who can perform the GPRA? It doesn't have to be a licensed clinician.

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. <https://nc.witsweb.org/>

Is there a training on how to complete the GPRA? Who is this training for? Yes, all individuals accessing the FEI WITS system should review the training before entering GPRAs. Job aides, guides and training are found at this link [Grants | NCDHHS](#).

Do we have to complete a follow-up interview for each client? What is the target follow-up rate? Yes, each agency should conduct a GPRA follow-up on every client, regardless of discharge status (completion/graduate or termination) or timing (e.g., discharged prior to follow-up window opening). The minimum follow-up rate is 80%. Please note that agencies should attempt to complete 100% of follow-ups on all clients that received an intake GPRA interview.

Which clients should we complete a GPRA for? Clients who are at 300% poverty line and below that do not have health insurance or are underinsured. You will need to enroll the client in the ASOUD State Benefit Plan with the LME-MCO contracted for that client.

Is the intake GPRA required on day one or is there a window of time 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 State Benefit Plan, or with an invoice-based program that is using SOR funding.

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For an interview to be considered “complete” or “conducted” the provider needs to interview the individual. Is that correct? Yes, and you must “Complete” and “Lock” your GPRA once you enter all data after each interview. If you must make any edits, you can “Unlock” and then you must “Lock” it again. If not, your GPRA will remain in the pending status. You can always check the status in the client activity list. Status should show as “Completed”.

When can the six-month follow-up GPRA be conducted with the client? Follow-Up GPRA interviews can be entered five (5) months after the initial intake date. That starts the three (3) month window in which you must reach out to complete an interview. The interview is how you stay in compliance. Please use the three months to reach out to the client. No credit is given unless an interview is conducted. The client may or may not be receiving services at your facility, but you are responsible for the Follow-up GPRA interview. Best practice is to obtain multiple contacts for the client at the outset and to explain that the GPRA is a part of the grant that is funding their treatment. If the person has transferred to another facility, you can transfer their GPRA account to the new facility (please see the Consent and Refer section of the training).

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 GPRA is due. The agency is responsible conducting the intake and follow up GPRAs for all individuals who initiate services paid for by SOR funds.

How do we complete the follow-up or discharge GPRA if we can’t locate the patient, patient refuses to engage or patient stops coming to treatment? 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 3 funding to discuss the need for the follow-up GPRA interview 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.

The GPRA six-month follow-up interview and GPRA Discharge interviews can be conducted on the phone and still be reimbursed? In other words, they do not need to be face-to-face.

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Are there consent forms and confidentiality statements that we can access? SAMHSA recommends this be included with the GPRA, [Certificate of Confidentiality \(CC\) | SAMHSA](#). 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 tool 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), and 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 does the error message mean that says "There is a problem creating this client program enrollment record. Please contact your system administrator to resolve this conflict"? This message lets you know that this client is already in the FEI WITS system, and the Consent and Referral process should be completed.

How do you transfer clients from one facility to another? You must follow the Consent and Referral process. Instructions are found starting on page 59 of the SOR 3 User Guide. [Grants | NCDHHS](#)

Does at least one person have super user access for your facility? Each agency should have one or more persons with administrative access. As a super user you can reset and unlock accounts for your staff. The lead staff member should send an email to sor.gpras@dhhs.nc.gov to request access.

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

What does the agency billing team need to know? In the SOR 3 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. Before entering a client and enrolling them in SOR 3 staff will need to know which LME-MCO is the payer for the client. Each staff person has a different login for each LME-MCO.

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How will the GPR reimbursement work? You will be reimbursed through the LME-MCO that you have a contract with and that has approved your agency to use the ASOUD State Benefit plan.

Do we need to keep track of how many GPRAs 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. Please work with the LME-MCOs that you have contracts with for incentive funds. In phase 2 of the new FEI WITS tool there will be reports that agencies and LME-MCOs can run to show what work has been completed.

If I have additional questions, who can I contact to discuss these? The main email contact is sor.gpras@dhhs.nc.gov and is monitored Monday - Friday. You can contact the State Opioid Response (SOR) Data Coordinator, Jaquetta Foreman, via email Jaquetta.Foreman@dhhs.nc.gov.

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