



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

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

SOR 4 and GPRA FAQ

What is SOR? The State Opioid Response (SOR) grant program aims (1) increase access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD); (2) support the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders; and (3) support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine. With this program, SAMHSA aims to enhance the development of comprehensive strategies related to opioid and stimulant use/misuse and to reduce overdose deaths across America. (Substance Abuse and Mental Health Services Administration) The grant pays for treatment, recovery services, harm reduction, and prevention programming.

Who is eligible for SOR? Clients who are at least **16** years old, who are at 300% poverty line and below and that do not have health insurance or are underinsured are eligible. For treatment agencies will need to enroll the client in the ASOUD and/or ASTIM State Benefit Plan with the LME/MCO (Tailored Plan) contracted for that client. For ASOUD, clients must have an Opioid Use Disorder diagnosis (it does not have to be primary), would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability. For ASTIM, clients must age 18 or over, have a Stimulant Use Disorder diagnosis, and would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability.

What is the GPRA? The Government Performance and Measurement Act (GPRA) performance tool assesses a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Grantees are required to report client-level data on elements including but not limited to diagnosis, demographic characteristics, substance use, services received, types of medication received; length of stay in treatment; employment status, criminal justice involvement, overdose reversals, and housing. Data will be collected via an interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Contracted agencies are expected to conduct GPRA interviews on all clients funded through the SOR 4 grant and reach at least eighty (80) percent follow up to intake rate.

What is the current Contract/Grant ID? TI087844

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE USE SERVICES

LOCATION: 695 Palmer Drive, Anderson Building, Raleigh, NC 27603
MAILING ADDRESS: 3001 Mail Service Center, Raleigh, NC 27699-3001
www.ncdhhs.gov • TEL: 984-236-5000 • FAX: 919-508-0951

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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 (Tailored Plans) and agencies will also be able to extract data from the FEI WITS system to examine program compliance with the GPRA process.

What exactly do we need to start administering the GPRA? First, your agency needs to have a state contract with one or more LME/MCOs (Tailored Plans) that allows you to access the ASOUD and ASTIM State Benefit Plans. Then, each staff person who will be administering the GPRA will need a FEI WITS account log-in with a username, password 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 (Tailored Plan) and facility they need access to. A separate log-in is required for each contract you have with an LME/MCO (Tailored Plan) for SOR.

Who can perform the GPRA? Agency staff, 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. You can log in at <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 interview with every client who was enrolled in ASOUD and/or ASTIM, regardless of discharge status (completion/graduate or termination) or timing (e.g., discharged prior to follow-up window opening) and for each client that is in sustained recovery services. 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. Once a client is enrolled into the SOR program (ASOUD and/or ASTIM) the agency is committing to completing the SOR GPRA process – Intake interview, Six-Month Follow Up GPRA interview, and then discharge. At times there are extra payments available for interview completion, but they are not guaranteed. Payment for treatment services includes the GPRAs.

Which clients should we complete a GPRA for? A GPRA interview will need completed with all clients enrolled in the ASOUD and/or ASTIM State Benefit Plan with the LME/MCO (Tailored Plan) contracted for that client.

When is the intake GPRA required to be done? 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 State Benefit Plan, or with an invoice-based program that is using SOR funding.

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 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”. It is important to periodically check the client activity list to see if any GPRAs were accidentally left in pending status.

When can the Six-Month Follow Up GPRA be conducted with the client? Follow-Up GPRA interviews can be conducted and entered starting five (5) months after the initial intake date. That starts the three (3) month window in which you must reach out to the client to complete an interview. The interview is how you stay in compliance. Please use the three-month window 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 agency, but you are responsible for the Follow-up GPRA interview. Best practice is to obtain multiple contacts for the client at the outset and regularly throughout treatment as well as 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 Referrals 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 for 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 interview 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 percent follow up rate has been set by SAMHSA, the Federal administrator of the State Opioid Response grant. It may be helpful at the onset of a treatment episode that will use SOR 4 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.

Can the GPRA Six-Month Follow up interview and GPRA discharge interviews be conducted on the phone? Yes.

Are there consent forms and confidentiality statements that we can access? SAMHSA recommends this be included with the GPRA, please review the Confidentiality and Participant Protection information and sample forms to make sure all areas are covered in your consents and documentation provided to clients/patients. 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 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 the client is already in the FEI WITS system, and the Consent and Referral process should be completed.

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

What is the transition process from SOR 3 to SOR 4? For clients that were enrolled in services and have a completed intake GPRA during SOR 3 the 6-Month Follow up GPRA needs to be completed when it is due. Once the SOR 3 6-Month Follow up GPRA is complete the client will need to be enrolled in SOR 4 and complete an intake GPRA on their next visit. An eligibility determination for SOR 4 will need to be completed and records maintained. As of September 30, 2024, any new SOR 4 patients or those with a completed SOR 3 Intake, a SOR 3 6-Month Follow Up GPRA, and a SOR 3 Discharge should be enrolled into SOR 4 which starts the process all over. The following are required for SOR 4, a new SOR 4 Intake GPRA, SOR 4 6-Month Follow Up GPRA, and SOR 4 discharge. For clients that already completed the requirements of SOR 3 they can be started in SOR 4 and should be transitioned by December 1, 2024.

Does at least one person have super user access for our agency? Each agency should have one or more persons with administrative access who are called super users. Super user(s) at your agency 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. Super users are the primary contact for each agency and receive error reports and other communication that needs to be disseminated to all effected staff. If a super user leaves the agency the agency should email sor.gpras@dhhs.nc.gov to alert of the departure so the user’s account can be locked, and a new super user identified.

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? Before entering a client and enrolling them in SOR 4, staff will need to know which LME/MCO (Tailored Plan) is the payer for the client. Each staff person has a different login for each LME/MCO (Tailored Plan). There are limited funds for incentive/reimbursement for GPRA administration. If there are billing process questions from the LME/MCO (Tailored Plan), the SOR team is happy to help. Provider agencies should contact each of the LME/MCOs (Tailored Plans) with whom they are contracted with for GPRA incentive/reimbursement funding.

How will the GPRA reimbursement work? You will be reimbursed through the LME/MCO (Tailored Plan) that you have a contract with and that has approved your agency to use the ASOUD and ASTIM State Benefit plans on a first come first serve basis for as long as funds are available.

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 (Tailored Plan) as to how they want to be invoiced. Please work with the LME/MCOs (Tailored Plans) that you have contracts with for reimbursement funds.

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 SOR Data Coordinator, Jaquetta Foreman, via email Jaquetta.Foreman@dhhs.nc.gov.