ID	GPRA
1	**What is the Government Performance and Results (GPRA) Act of 1993?** 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 departments do the following: • Develop a strategic plan specifying what they will accomplish over a 3 to 5 year period. • Set performance targets related to their strategic plan on an annual basis. • Report annually the degree to which the targets set in the previous year were met. • Conduct regular evaluations of their programs and use the results to explain their successes and failures based on the performance monitoring data. *The GPRA Modernization Act of 2010 updated some aspects of the GPRA Act of 1993 by establishing changes and building on lessons agencies have learned in setting goals and reporting performance. Additionally, it placed emphasis on setting priorities, cross- organizational collaboration to achieve shared goals, and the use and analysis of goals and measures to improve outcomes of federally funded programs. As part of this federal mandate, all Substance Abuse and Mental Health Services Administration (SAMHSA) grantees and subcontractors are required to collect and report performance data using approved measurement tools.*
2	**What is CSAT?** The Center for Substance Abuse Treatment (CSAT) is a division of SAMHSA. The mission of CSAT is to promote community based-substance abuse treatment and recovery services for individuals and family in every community. CSAT provides national leadership to improve access, reduce barriers, and promote high quality, effective treatment and recovery services.
3	**Is the State Opioid Response (SOR) a Discretionary Services grant?** Yes. CSAT discretionary services grant programs respond to the official need to address gaps (unmet and emerging needs) in treatment capacity. Responding to treatment capacity problems includes addressing the needs of communities with serious emerging drug problems and developing innovative solutions to unmet needs.
4	**Do we have to comply with GPRA?** All CSAT discretionary programs—both Best Practices and Discretionary Services—must comply with GPRA. All clients receiving State Opioid Response funds shall comply with GPRA and the collection of CSAT's GPRA Core Client Outcome Measures data elements at intake (baseline), 6-month post intake interviews and discharge.
5	**What are the Core Client Outcome Measures in the CSAT-GPRA data collection tool?** The CSAT-GPRA Core Client Outcome Measures in the CSAT-GPRA data collection tool (the GPRA tool) are client-level data items that have been selected from widely used data collection instruments (e.g., the Addiction Severity Index and the McKinney Homeless Program reporting system). Outcome measures include substance use, criminal activity, mental and physical health, family and living conditions, education/ employment status and social connectedness.
6	**How do I submit a GPRA?** GPRA interviews must be entered in Web Infrastructure for Treatment Services (WITS) and are transmitted to SAMHSA's Performance Accountability and Reporting System (SPARS) nightly.
7	**What is SPARS?** SPARS is an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA.

ID	GPRA
8	**How will these data be used?** These data will help CSAT do the following: • Demonstrate tangible CSAT contributions to meeting GPRA objectives. • Report to Congress via the GPRA Plan/Report, aggregated by program, along with a narrative developed by your Government Project Officer (GPO) on the status of grant activities, services provided, and client outcomes. • Report to SAMHSA on the National Outcome Measures (NOMs). For more information, go to SAMHSA's GPRA Measurement Tools web page. • Make the case to Congress that the money awarded to grantees is being spent effectively.
9	**Can projects change the GPRA?** No, the GPRA tool cannot be changed. CSAT encourages projects to use other data collection instruments to enhance their data collection efforts. However, data from additional questions should not be forwarded to CSAT as part of GPRA reporting.
10	**Do GPRA initial interviews need to be completed face-to-face?** Yes. Initial interviews must be conducted face-to-face. In addition, the GPRA interview must not be completed over the course of several different days but rather completed in one day. **03/17/20 UPDATE** In response to COVID-19, effective immediately SAMHSA has agreed to lift the requirement that intake GPRAs must be completed face to face. This means that intake GPRAs can be completed by a case manager telephonically or via video conference. As always, please be mindful of confidentiality when administering these GPRAs telephonically or by video conference.
11	**Should the client fill out the GPRA tool?** No. The client should never be allowed to fill out the GPRA tool. The client must be asked the questions on the GPRA tool by the subcontractor.
12	**Do we have to ask and report the questions as written in the GPRA tool?** Yes, questions must be asked as written. However, providers may use their existing instruments (in lieu of the GPRA tool) to collect data for GPRA reporting as long as their questions have the **exact same wording** as those in the CSAT-GPRA tool and the response categories are exactly the same or can be rolled up to the exact categories in the tool.
13	**What if the client refuses or doesn't know the know the answer to a question?** If the client refuses to answer a question, mark "REFUSED" on the tool. If the client does not know the answer to a question, mark "DON'T KNOW" on the tool. For items where response options are read to the client, do not offer "DON'T KNOW" and "REFUSED" to answer as response options—these options should be client-generated only. There are "DON'T KNOW" and "REFUSED" response options for all items that are asked of the client. These response options are not available for items that are supplied by program staff.
14	**Are SCAs and subcontractors responsible for submitting data for the first few months of their grant?** Yes. Service providers and Single County Authorities are expected to begin submitting data into WITS. In addition, case management providers and support services such as recovery housing will be expected to begin submitting data into WITS. Any delays in data submission should be discussed with the SCAs.
15	**Do we have to collect information on every person our program serves?** The designation of an individual as a client is left up to the program, not the individual grantee. Program staff

ID	GPRA
	must collect data on **all** clients as defined by the CSAT grant. If services are being funded in part or whole by SOR funds, then GPRA data must be collected at intake (baseline), 6-month post-intake and discharge. CSAT-GPRA Core Client Outcome Measures data items must be collected at intake (baseline), 6-month post-intake and discharge. Sites should collect follow-up data on all clients, regardless of whether a client drops out of the program. When a program cannot follow-up on a client, the program must use the GPRA tool to report that information to CSAT and explain why.
16	**Should we use the CSAT-GPRA Core Client Outcome Measures elements to collect data on adolescents and juveniles, even though the core elements are designed for use with adults? Will there be a separate set of GPRA core elements for use with adolescents? Should we just not collect data on adolescents?** CSAT recognizes the difficult issues involving collecting data on adolescents and juveniles. Currently, Discretionary Services grantees and their subcontractors are to use the GPRA tool to collect GPRA data on all juveniles and adolescents in their programs.
17	**Is Case Management and recovery housing a recovery support service?** Yes.
18	**When would the GPRA need to be administer for Case Management Services?** The GPRA would only need to be completed if the individual is engaged in ongoing SOR funded case management services beyond the level of care assessment.
19	**Does OUD need to be the <u>primary</u> diagnosis in order to utilize SOR funds?** No. SOR funds for treatment and recovery support services shall be utilized to provide services to individuals with a diagnosis of an OUD or to individuals with a demonstrated history or opioid overdose problems. Update 10/16/20: Clients receiving services funded by SOR II must have a history of opioid or stimulant use and misuse. SOR I funding can only be used to fund treatment and recovery support services for individuals with a history of opioid use or misuse.
20	**Is the GPRA considered a case management or treatment function?** As you are all determining how best to implement the SOR GPRA within your service delivery system, DDAP has heard your concerns related to duplication between the level of care assessment (the TAP) and the SOR GPRA. Effective immediately, DDAP is temporarily removing the requirement for the TAP and the Recovery Plan to be entered into PA WITS. With regard to a level of care assessment, SCAs and their contracted level of care assessment (LOCA) providers must use a tool that includes all of the components. A listing of the components is located on the DDAP website under For Professionals, Single County Authorities then GPRA Tool section. Generally, these components are what was required prior to the implementation of the TAP. The TAP is still available for use in PA WITS and is considered in compliance with DDAP's LOCA requirements. The attached document also delineates what SCAs and contracted case management providers, including those who do LOC assessments, must enter into PA WITS. For treatment providers, the elements required to be entered into PA WITS for the TEDS collection remain unchanged. As discussed during DDAP's 8/5/19 call with PACDAA's Treatment Committee, DDAP considers the administration of the SOR GPRA to be a case management function and therefore SCAs should not be passing this requirement to a treatment provider. There might be a specific circumstance from time to time where a treatment provider might need to complete a GPRA, but it should be the exception. Update 10/19/2020: DDAP recognizes the importance of gathering data, and the significant amount of time and staff resources necessary to effectively administer this tool. In order to increase the number staff available to assist in data collection, DDAP is permitting CRS's to administer the GPRA. Please note this is the ONLY

ID	GPRA
	function of case management that may be performed by a CRS.

21	**What are Administrative Interviews?**
	Administrative interviews occur only during the follow-up and discharge data collection points. You cannot complete an administrative interview at intake/baseline. An administrative follow-up or discharge occurs when the SCA or subcontracted provider is unable to conduct the client interview, such as when staff cannot locate the client to conduct the interview, or when staff locate the client, but the client refuses to participate in the follow-up or discharge interview.
	
	Six-Month Post Intake Follow-Up
	An administrative follow-up interview will not count toward your follow-up rate.
	Complete these sections during administrative follow-ups:
	    • Section A—Record Management
	    • Section I—Follow-up Status
	
	Discharge
	Complete these sections during an administrative clinical discharge:
	    • Section A—Record Management
	    • Section J—Discharge Status
	    • Section K—Services Received
	
	For more information, see the CSAT GPRA Client Outcome Measures for Discretionary Programs QxQ Guide.

22	**How do SCAs handle administering the GPRA for Warm Hand Off (WHO) clients since the CRS/other designated warm hand off staff are engaging the patient in screening and not in additional case management services or treatment services?** If the only services received by an individual are screening and level of care assessment (LOC) conducted as part of the WHO process, a GPRA does not need to be administered. However, when SOR funding is being used for these services, SCAs are still required to track and report these services to DDAP. DDAP has added several questions to the SOR monthly report so we can continue to capture data on how SOR dollars are being used related to WHO services. SCA's are responsible for submitting these monthly reports to include WHO data, beginning with data for services delivered November 1, 2019 forward. It is important to note that if the individual is receiving additional case management, recovery support, or treatment services, paid for with SOR funds, the GPRA would need to be administered within the applicable timeframes.
23	**Can SCAs use SOR funds for salary/benefits for case manager and certified recovery specialist positions for WHO since WHO services do not require a GPRA?** SCA's are allowed to use SOR funds for salary/benefits for case managers and certified recovery specialist positions related to WHO. However, if the SCA fails to submit an accurate and complete SOR monthly data report reflecting the services rendered by these positions, the SOR funding for WHO salary and benefits may be at risk. It is important to note that if the individual is receiving additional case management, recovery support, or treatment services, paid for with SOR funds, the GPRA would need to be administered within the applicable timeframes.

ID	GPRA COLLECTION POINTS
1	**What are the required data collection points for the GPRA information?** GPRA data are to be collected face-to-face for each individual client at these specific points: • Intake/baseline • Six months after the initial collection of CSAT-GPRA Core Client Outcome Measures data • Discharge DDAP strongly recommends that the GPRA is administered AFTER a client has entered treatment. The risk associated with administering the GPRA at the time of level of care assessment occurs when a client does not end up admitting to treatment. In this case, the GPRA was administered for a SOR funded service that never occurred, **and it must be deleted**. For instructions on how to delete a GPRA please see question #17 in the Data Collection section of this FAQ. To comply with the requirement to collect GPRA data at intake/admission, **residential services** must collect GPRA data on each client as the day of admission into the treatment program but no later than 3 days after the client officially enters residential services. All types of **non-residential services** shall be completed as soon as of the day of admission into the treatment program, but no later than 4 days after the client officially enters the non-residential service. For individuals **who are not in formal level of care** and are just receiving case management services or just receiving recovery support services, the GPRA intake should be completed no later than 4 days after the client enters case management or recovery support services.
2	**Should all potential planned services for the client be noted in the Record Management, Planned Services section of the GPRA tool?** Identify the services you plan to provide to the client during the client's course of treatment/recovery. (Note: Record only the planned services which are funded by this CSAT grant.)
3	**What if a client is SOR funded in the beginning of treatment, and then is able to get insurance coverage? Are we still responsible for completing all three GPRAs?** Yes.
4	**What if a client loses insurance coverage, and is now on SOR funding? Do we need to administer the GPRA, and when should the GPRA be administered?** The intake GPRA should be completed as soon as possible after they are transferred onto SOR funding. Please follow the GPRA intake guidelines based on the level of care or service the client is receiving located in Question #1 of the GPRA Collection Points section.

ID	GPRA INTAKE / BASELINE
1	**How should we handle clients who are readmitted for treatment services?** Providers have two options for readmitting clients. Providers are only required to administer the GPRA baseline one time per client. However, providers may choose to administer a second (or third, fourth, etc.) baseline GPRA. In this case, the subsequent 6-month follow- up will be required from the latest baseline only. Each client will only count once toward reaching the target number of clients to be seen, regardless of the number of GPRA intakes. The same client ID number should be used, regardless of the number of times the client presents for services. Update 10/16/20: If a client readmits during the same SOR Grant funding they initially received services under, SAMHSA is requiring another set of GPRAs be completed for the newest services received. For example, if a client initially received services in SOR I, and they readmit for services in SOR I, they would need to have two complete sets of GPRAs administered – one for each treatment episode. Please note that all three (intake, 6-month post intake and discharge) GPRAs in each episode must be completed before moving on to the new set of GPRAs. If a client readmits during a different funding year (SOR II) from which they initially received services under (SORI), they will need to have another set of GPRAs administered. In this example, one set of GPRAs under SOR I and another set of GPRAs under SOR II. Please note that all three (intake, 6-month post intake and discharge) GPRAs in each episode must be completed before moving on to the new set of GPRAs.
2	**If a client is discharged and returns for services, does the client count toward my GPRA targets as another client?** No. Only one GPRA intake for each client counts toward your target numbers.
3	**Does Section A questions four (4) and five (5) need to be completed if SBIRT is not an initiative being paid for by SOR funds?** No.
4	**Does Section H (Program Specific Questions) of the GPRA tool need to be completed?** Section H of the GPRA tool does not need to be completed for SOR funded clients.
5	**When completing the GPRA, do you include the day the GPRA is being completed as part of the "past 30 days"?** Yes

ID	GPRA DISCHARGE
1	**Does CSAT require a GPRA discharge on every client?** Yes, CSAT requires you to submit a GPRA discharge record for every client. The only exception to this rule is when the client is still in the program after the grant ends. You will not be responsible for submitting GPRA discharge interviews for clients who are still in treatment when the grant ends. At the time of a client's discharge (as defined by the grantee), you should complete a face-to-face GPRA discharge interview (see ID 2 and 3 below for more information on discharge).
2	**How does CSAT define discharge?** CSAT defines discharge in the following ways: If your program has an existing discharge definition or policy, you should follow it and conduct the discharge interview on the day of discharge. If you do not have a discharge definition or policy, you must complete a discharge interview for all clients for whom 30 days have elapsed from the time of last service. In other words, if the client does not present between May 16 and June 15, a GPRA discharge interview would have to be conducted. For an administrative discharge when the interview is not conducted, interviewers must complete the first four items in Section A (Client ID, Client Type, Contract/Grant ID, Interview Type), marking that the GPRA discharge interview was not completed; Section J (Discharge); and Section K (Services Received). Follow the skip pattern instructions on the tool. If a client is discharged from your program within 7 calendar days of his/her GPRA intake interview, a face-to-face interview is not required. You will be required to complete the first four GPRA items in Section A (Client ID, Client Type, Contract/Grant ID, Interview Type), marking that the interview was not completed; Section J (Discharge); and Section K (Services Received). Follow the skip pattern instructions on the tool.
3	**Is there a window period for conducting and submitting a GPRA discharge interview record?** *For programs with a discharge policy or definition:* If the client is present on the day of discharge, the GPRA discharge interview should be conducted on the day of discharge. If a client has not finished treatment, drops out, and is not present the day of discharge, the project shall attempt to find the client to conduct the GPRA discharge interview. The provider will have 14 days after discharge to contact the client and conduct the GPRA discharge interview. If the GPRA interview has not been conducted by day 15, conduct an administrative discharge (see ID 2 above). *For programs without a discharge policy or definition:* If you are using the CSAT policy of discharging a client for whom 30 days has elapsed from the time of last service, the grant will have 14 days after discharge to contact the client and conduct the GPRA discharge interview. If the interview has not been conducted by day 15, complete an administrative discharge (see ID 2 above).
4	**The typical episode of care for my clients is very short, so many clients may end up with GPRA intake and discharge interview dates very close to one another. Do we still have to collect both records?** Yes. Providers should collect all GPRA data for each data collection point, regardless of how close they are to one another; but for those clients who are discharged less than or equal to 7 calendar days from the GPRA intake/baseline interview, a face-to-face GPRA discharge interview is not required, but please remember to complete the follow up GPRA between 5-8 months after the baseline GPRA is completed. In this case, you will be required to complete an administrative discharge, which means that you must complete the first four items in Section A (Client ID, Client Type, Contract/Grant ID, Interview Type), marking that the interview was not completed; Section J (Discharge); and Section K (Services Received). Follow the skip pattern instructions on the tool. If the client receives services 8 or more days from the GPRA intake interview, then a full face-to-face GPRA discharge interview is required.

ID	GPRA DISCHARGE
5	**Is there a target discharge rate?** At this time, CSAT has not specified a discharge target rate. However, providers may want to encourage the administration of the discharge interview because it contains detailed information on the services the client received because of the grant.
6	**We are in the process of discharging all of our Year 2 GPRA clients (we have spent all of our funds). What should we put as the discharge option? There are only two choices:** - **Completion** - **Termination** **You can put a reason if they are terminated but there's no funding option, there is another option. If you select Completion, there is no explanation Please advise which one to choose because they really aren't discharged from treatment, they are still in treatment.** The only time a discharge GPRA should be administered is when a client is discharged from services – for any reason. In the situation noted above, a discharge GPRA should only be administered if a client is no longer engaged in any service – including case management, treatment, or recovery support services. Update 4/6/21: If a client is still receiving services at the time the SCA runs out of SOR I funds, the SCA is still responsible to complete the SOR I GPRA set. At the point the SCA starts drawing from SOR II to fund this client's services, they will need to create a program enrollment in WITS for SOR II and administer a new set of GPRAS under SOR II SCA. Please note that you are able to have two active sets of GPRAS at any given time – like the example above – because the GPRAS sets come from two different funding streams – SOR I and SOR II.

ID	GPRA SIX-MONTH POST INTAKE FOLLOW-UP
1	**Do we have to follow-up on each client? What is the targeted follow-up rate?** Yes, each site should attempt to conduct a GPRA follow-up on every client, regardless of discharge status (i.e. complete, dropout). The minimum targeted follow-up rate is 80 percent.
2	**What if the objective of our program is such that 6-month GPRA follow-ups are not anticipated or feasible?** The CSAT-GPRA Core Client Outcome Measures data items must be collected from all programs funded in the Discretionary Services line item in the budget at each required data collection point. If the provider is no longer seeing the client, a phone interview can also be conducted.
3	**Can the six-month post intake follow up be conducted over the phone?** Yes. The interviewer needs to ensure the individual on the phone is the client. On August 2, 2019, the Commonwealth of Pennsylvania has received a waiver from the grant's Government Project Officer (GPO) to collect GPRA data over the phone.
4	**What if we locate clients before or after their scheduled 6-month GPRA follow-up interview date?** The GPRA follow-up interview window is one month before and two months after the scheduled 6-month GPRA follow-up interview. For example, if you locate a client 5 to 8 months after the initial GPRA intake/baseline data collection, you may conduct a 6-month GPRA follow-up, and the client will be included in CSAT's report to Congress. If you locate a client for the 6-month GPRA follow-up 9 or 10 months after the initial GPRA data collection, you may conduct a GPRA follow-up interview and report the data, but the data

ID	GPRA SIX-MONTH POST INTAKE FOLLOW-UP
	from the GPRA follow-up interview may not be included in any analyses reported to Congress.
5	**Do we collect follow-up data on dropouts?** Yes. In the case that the client cannot be reached after a minimum of three attempts, the administrative follow up GPRA needs to be completed in the 5-8 month follow up window. Please see guidance of how to administer the administrative follow up GPRA located in Question #21 in the GPRA section titled "Administrative Interviews."
6	**What if the follow-up period for the last client served is past the funding period of the project?** Providers are expected to conduct 6-month follow-up GPRA data for all clients who receive grant-funded services. The sole exception to this rule is for follow-ups due after the grant ends. Grantees who receive no-cost extensions may be required to continue 6-month data collection past the normal ending date of the grant.
7	**We entered an administrative follow up GPRA on a client because we couldn't locate them, but client has now resurfaced and the 5-8 month window is open for follow up. Can we delete the administrative follow up GPRA and administer an actual GPRA?** Yes, you can delete the administrative follow up GPRA and administer the GPRA follow up interview. Please remember the GPRA follow up interview must be completed in the 5-8 month window in order to be considered "compliant" vs. "missed."
8	**What if the client passes away (deceased) before the GPRA follow up is due?** An administrative GPRA follow up and an administrative GPRA Discharge are still required to be entered in WITS by due date to close the GPRA episode or data collection.

ID	GPRA FOLLOW-UP AND DISCHARGE TIMING
1	**What if the discharge GPRA interview is due during the 6-month GPRA follow-up interview window? Do we still have to collect both records?** Yes. There may be cases when the client's GPRA discharge is due during the window of time that the 6-month GPRA follow-up interview is due. In other words, if a discharge is done anywhere between 5 and 8 months after GPRA intake/baseline (or 4 to 8 months after GPRA intake/baseline for those programs in the Co-Occurring and Homeless Activities Branch at CSAT), this interview could double as a GPRA follow-up interview. In these cases, you must still enter data for both the GPRA discharge **and** the 6-month GPRA follow-up interviews. Conduct the interviews using these guidelines: conduct an interview by completing the appropriate items in Section A, indicating that an interview was conducted; otherwise, you will not be able to enter the responses into the system for each section. You may conduct the face-to-face GPRA interviews simultaneously, completing all sections, including Sections I, J, and K. You will then enter the data into the system as two records: one for discharge with Sections J and K, so that the service provided is documented in the GPRA system; and the other for follow-up with Section I, so that the follow-up status is documented in the GPRA system. If the client's GPRA discharge interview from the program occurs during the 6-month follow-up window, and you have already conducted the GPRA follow-up interview, you will need to do a separate GPRA discharge interview. CSAT Discretionary Services Grantees who do not upload their GPRA data will have the option of having the SPARS system complete GPRA Sections A through G for the Discharge submission when both the Follow-Up interview and the Discharge interview occur on the same day and the Follow-Up interview occurs first.

ID	GPRA FOLLOW-UP AND DISCHARGE TIMING
	(Note: If the Discharge interview occurs first, Sections A through G will be completed for the Follow-Up interview.) To use this data, the following requirements must be met: • Both the Follow-Up and the Discharge must be completed on the same day; • The date must be on or after the follow-up window opens and before it closes; and • Neither the follow-up nor discharge GPRA has been conducted previously.
2	**Do we collect 6-month follow-up information if the GPRA discharge interview is before or after the 6-month GPRA follow-up interview?** Yes, providers must locate clients and complete the 6-month GPRA follow-up record, regardless of when the client is discharged.
3	**Do we need to conduct an in-person 6-month GPRA follow-up interview if the client could not be contacted to conduct the discharge interview?** If the client cannot be reached for the discharge GPRA interview and receives an administrative discharge, a separate 6-month GPRA follow-up interview must be conducted, completed, and entered into the system for the follow-up to count toward the program's target rate.

ID	DATA COLLECTION
1	**Do all programs use "the past 30 days" as the basis for client reported data?** All programs, except for the Offender Re-entry Program (ORP), for questions B1 thru B4, will use "the past 30 days" for questions that capture the number days. ORP grants should ask about drug use in "the past 90 days prior to incarceration" for questions B1 thru B4 at intake/baseline and "the past 90 days" at follow-up and discharge.
2	**Do we count a client's reported use of illegal drugs in Question B1c as having committed a crime for Question E4 ("In the past 30 days, how many times have you committed a crime?")?** Yes. If a client reports the use of illegal drugs in response to Question B1c but his/her answer to Question E4 is not consistent with Question B1c, the interviewer should probe the client for clarification. The interviewer must be certain that the number in Question E4 is equal to or greater than the number in Question B1c.
3	**Does CSAT allow offering incentives for completed interviews?** For certain types of interviews, CSAT funding can be used for incentives, with a maximum non-cash value of $30 per interview. Incentives are not permissible for the GPRA intake interview. Incentives are permitted for a GPRA follow-up interview. For GPRA discharge interviews, the incentive cannot be used for routine discharge interviews; they can only be used when program staff must search for a client who has left the program, or a client has dropped out of a program. (NOTE: SCAs will need to report these expenditures for incentives under activity 930D.) If incentives are going to be utilized, the service provider shall follow the State Opioid Response Gift Card Procedural Statement which is posted on the DDAP website under "For Professional" then "For Single County Authorities (SCA)."
4	**Is a service provider required to offer incentives for completed interviews?** No. A service provider **may** provide up to a $30 non-cash incentive to individuals to participate in data collection interviews. Incentives are permitted for a GPRA follow-up interview. For GPRA discharge interviews, the incentive cannot be used for routine discharge interviews; they can only be used when

ID	DATA COLLECTION
	program staff must search for a client who has left the program, or a client has dropped out of a program.
5	**How often should we enter our GPRA data?** Providers are required to have all their GPRA data entered in as close to real time as possible. Thus, providers should aim to enter their data within 1 day—but no later than 7 days—after the GPRA interview is conducted.
6	**What happens to the GPRA data once they are submitted via the Web site?** The data are stored in a central repository known as SPARS. Grantees, GPOs, and contractors associated with grantees can access reports that are generated from submitted GPRA data. It should be noted that there may be a 24-hour delay before uploaded data is integrated into the system because the data is being validated.
7	**Can a client be switch between two different SAMHSA funding sources?** Individuals enrolled or who will be enrolled in the MAT-PDOA grant cannot also be enrolled in the SOR grant. Each individual can only be enrolled in one grant in order to maximize the impact of the SAMHSA funding. A service provider cannot start data collection on a client in MAT-PDOA and transition them to SOR and vice-versa. For example, you can't conduct the baseline MAT-PDOA GPRA on a client but then use the SOR GPRA for their 6-month post intake or discharge. A service provider cannot enroll a SOR client through the MAT-PDOA portal and vice-versa. You must use the GPRA instrument that is designated for each project.
8	**Should the GPRA tool be administer to new clients as of August 1, 2019?** Yes.
9	**Can GPRA data be entered into the PA WITS electronically?** Yes.
10	**Is there a length of time to enter the GPRA data which was collected prior to the GPRA SOR module in PA WITS?** After an entity has access to enter GPRA data into PA WITS system, the previously collected GPRA data shall be entered within 30 calendar days.
11	**How would DDAP recommend SCAs track those that are not SCA funded? Providers are only putting in SCA funded clients in WITS?** DDAP mandated in August 2019 that all SOR funded patients complete the GPRA at intake, 6 months post-intake, and discharge. SCA's are responsible for maintaining a system for tracking SOR SCA funded individuals. As of December 5th, DDAP announced the availability of a new report that will enable SCAs to view the dates when the SOR Grant GPRA interviews are conducted by the SCA and its contracted case management providers. A new version of the SCA Compliance Report named "SCA Compliance Report GPRA" is available in PA WITS. SCAs have the option to generate a report specific to agencies that were contracted to conduct GPRA interviews. This report will allow SCAs to determine: The clients that are enrolled in a State Opioid Response (SOR) program and the dates when the GPRA interviews are completed and entered and when the data was entered in WITS.

ID	DATA COLLECTION
12	**Our providers are not completing initial GRPAs in real time due to claims lags (algorithm assignment—meaning that providers will not know the person is SOR funded until after the claim is submitted for payment). Can DDAP recommend how we might expedite getting the funding source assignment to providers in real time?** The GPRA must be completed in real time, specifically residential services must collect GPRA data no later than 3 days after they begin services, and no later than 4 days post admission for individuals in nonresidential services. As indicated in the 9-18-19 correspondence from DDAP, if the SCA can't identify the funding source early enough to comply with the GPRA completion timeframes, the GPRA could be administered for anyone with an OUD. Once the funding determination is made, if the person was not SOR funded, the SCA would contact the WITS help desk and request the GPRA to be inactivated.
13	**I have a client who was with the Department of Human Services (DHS) housing program and received the intake GPRA with this program. The client is now being discharged from the housing program and but will continue to receive case management with our SCA. Should the SCA obtain a consent and referral in PA WITS to get the intake GPRA sent to us, and change the SOR program in WITS to SOR SCA vs. SOR Housing, and then complete the follow and discharge GPRA when the time comes to do this?** Yes, the agency which was administering the housing services should consent and refer the client over to the SCA so they can administer the follow up and discharge GPRA. When the agency who administered the housing services GPRA does a referral they need to select "SOR SCA" as the program they are referring to. The agency should not change any of the existing program enrollments. If the provider or SCA has questions on consent and referral after they have watched the videos on it provided on the DDAP website, they can call the WITS Help Desk for any questions.
14	**I am a case manager at an inpatient treatment facility and was trying to administer an intake GPRA on a new SOR funded client. When I entered the client's name in WITS, I was informed the client already had received an intake GPRA at another provider. What do I do in this case? It looks like the 6 month follow up for the client is due while the client will be in our facility?** In this situation, please take the following steps: 1. Request that the client sign a release of information for the facility where the intake GPRA was completed. 2. Contact the facility where the intake GPRA was completed to verify the facility has a valid consent form allowing this intake GPRA to be consented and referred to the facility where the client is currently located. Ask this facility to consent and refer the GPRA to the facility where the client is currently located. 3. Once the intake GPRA is consented and referred, you should be able to administer the 6 month follow up GPRA on the client.
15	**What is the appropriate program dropdown to use for clients receiving services funded by SOR I No Cost Extension (NCE)?** Please continue to use the same dropdown options offered in SOR I.
16	**Can SCA's have Certified Recovery Specialists (CRS's) administer the GPRA?** No, SCA's cannot have CRS's administer the GPRA. GPRA is a case management function, so it is only appropriate to have case managers administer the GPRA. Update 10/16/20: DDAP recognizes the importance of gathering data, and the significant amount of time and staff resources necessary to effectively administer this tool. In order to increase the the number staff available to assist in data collection, DDAP is permitting CRS's to administer the GPRA. It is important to note this is the only function of case management that may be performed by a CRS.

ID	DATA COLLECTION
17	**How do I delete a GPRA entered in error?** The steps for adding, editing or deleting a GPRA are as follows: 1. At the Client Search screen, select a client by clicking on the pencil icon pertaining to the client, and click Activity List link. 2. Go the left blue navigation panel, where the GPRA menu is shown at the bottom. 3. Click on GPRA menu, which will show you the different GPRAs. You can view, edit or delete existing GPRAs or click on the GPRA Interview links at the top right to add a GPRA. 4. Enter the GPRA follow up (or delete, etc.).
18	**There is an automatic date of 1869 generated when completing administrate follow ups and discharges. Why is this number showing up, and could this be the reason we are showing noncompliance?** This arbitrary date will only show up as the "Interview Date" when the GPRA Follow-up or GPRA Discharge was done without an interview, so no interview date was entered in the system. This date appears even if they entered into WITS the administrative GPRA during the follow-up window, earlier or after the window. In terms of GPRA Follow-up Compliance calculation, this arbitrary date will not cause an issue.
19	**What will happen if the GPRA was originally started in _____ County but the client moves to an out of county provider? Will that out of county provider be responsible for the follow up and discharge GPRA?** The SCA paying for the services is ultimately responsible for ensuring that all three GPRAs (intake, follow-up and discharge) are completed. In the situation where a client moves to another county, the SCA can decide to administer the GPRA over the phone, or they can work with the provider the client is transferring to and consent and refer the GPRA so this receiving provider can administer remaining GPRAs.
20	**Our SCA generally finds out weeks after the intake into outpatient treatment that clients need funding. If we are not able to complete the GPRA in the required timeframe have been using other funding (not SOR) for that client. Is it possible to switch someone onto SOR funding after their intake has been completed and when should the GPRA intake be administered in this example?** Yes, clients can be switched onto SOR funding at any point in time as long as they are uninsured or underinsured and as long as they meet criteria (history of Opioid Use for SOR I, and history of Opioid use or history of Cocaine or Stimulant Use for SOR II). Please follow the GPRA intake administration guidelines based on the service or level of care they are receiving. For residential facilities, GPRA intake/baseline interviews must be completed within 3 days of the SOR II program enrollment. For nonresidential programs, GPRA intake/baseline interviews must be completed within 4 days of the SOR II program enrollment.

ID	MILITARY INFORMATION
1	**Should we collect data on a client's veteran status?** Effective March 5, 2012, CSAT no longer simply collects data on the number of clients who are veterans of the military. You should now collect data on a client's military service status, which includes active duty, separation, and retirement from the military. In addition, this section also collects information on persons close to the client who are or were deployed to a combat zone.
2	**What branches of the military are included in the U.S. Armed Forces?** The U.S. Armed Forces consists of the Army, the Navy, the Marine Corps, the Air Force, and the Coast

GPRA questions can be sent to RA-DAGrantsMgmt@pa.gov.

ID	MILITARY INFORMATION
	Guard.
3	**How does CSAT differentiate between separation and retirement from the U.S. Armed Forces, Reserves, or the National Guard?** When a client becomes separated from the U.S. Armed Forces, Reserves, or National Guard, he or she has left active duty but might still have an obligation to serve. Separation from the military typically occurs when the client reaches his or her Expiration of Term of Service (ETS) and is released from active duty but still must complete military reserve obligations. When a client completes his or her full military obligation, he or she is then discharged. When a client retires from the U.S. Armed Forces, Reserves, or National Guard, he or she has left active service and is entitled to a pension, a percentage of his or her base pay, or 100 percent of his or her base pay from the previously mentioned organizations.
4	**Are the military questions only confined to U.S. military service?** Yes, these questions only pertain to U.S. military service. Clients who have served in the military in another country are not counted.
5	**If a client states that he or she was discharged from the U.S. Armed Forces, the Reserves, or the National Guard, should we ascertain the client's discharge status?** No. A client's discharge status is not considered in the GPRA tool and therefore will not be asked by grantees. CSAT is not asking for data regarding a client's discharge status.
6	**Regarding question A6a, if a client states that a service member had not been deployed in support of combat operations, should we continue to ask the client questions A6b through A6d?** Yes. At this time, there is not a skip pattern for question A6a; therefore, you must read these questions to your client.
7	**Are the Military questions asked when conducting a Follow-up and/or Discharge?** No, the Military questions are asked at the Intake/Baseline only.

ID	OTHER
1	**What role do SCA's play when inmates are released from State Correctional Facilities and are receiving services that are SOR funded?** During the PACDAA meeting in Summer 2019 DDAP relayed the expectation that (Department of Corrections (DOC) staff will contact SCA's when they are planning for inmate release. The purpose of the DOC contacting the SCA is to discuss where the inmate will go to receive their 6-month post-intake and discharge GPRA interview. SCA's are responsible for ensuring the inmate either received the 6-month post-intake and/or discharge GPRA at the SCA, or if the SCA is administrative, the SCA would assist the DOC in connecting the released inmate to either the SCA or a provider/agency who can complete the 6-month post-intake and/or discharge GPRA. If an inmate is released from the DOC and this person is not receiving any SCA funded services once they're released from the DOC, then the SCA will have to decide which provider will do the follow-up/discharge GPRA. The DOC will consent and refer the GPRA to both the SCA and the provider/agency completing the GPRA, even if the provider/agency will be completing the GPRA. This will help the SCA track the GPRA to ensure all three GPRA's are completed in the appropriate windows of time. The DOC will complete a MAT Participant Information Form and send this form via email to the point of contact at the SCA and/or any providers involved in this MAT referral. This MAT Participant Information Form will accompany 100% of all SOR MAT referrals and includes the following information: - Reentrant Name

ID	OTHER
	- Release Date - Reentrant MA ID# - Reentrant Address and Phone # - County of Release - Date of last MAT Injection/Dosing - Type of MAT - Name and Location of Community Based MAT Provider - Date of 1st Community Based MAT Appointment - Name and Location of Community Based Counseling Provider - Date of 1st Community Based Counseling Appointment - SCI Name and Address - SCI Social Worker - Singe County Authority Name - Date SCA Was Informed - Initial GPRA Date - Comments
2	**Our Warm Handoff program engages with individuals who present at the emergency room for a substance emergency, not just Opioid overdoses. In capturing the numbers for the SOR Report, should we be reporting on any individual the CRS program screens or refers for assessment or only those individuals who have survived an Opioid overdose?** SCA's should be reporting on any individual screened or referred for assessment who meets criteria for Opioid Use Disorder or has a documented history of Opioid overdose.
3	**I am trying consent and refer a client to Cameron/Elkhorn/McKean SCA but cannot locate this agency in WITS. Why are they not listed?** Cameron/Elkhorn/McKean SCA is listed in PA WITS as T-ALCOHOL AND DRUG ABUSE SERVICES in PA WITS.
4	**What if we have a PacMAT client whose services are being funded jointly by a non SOR SAMHSA (like MAT PDOA) grant and also SOR PacMAT? Should we complete one GPRA and enter it into both SPARS and PA WITS?** The same exact GPRA should NOT be entered into both SPARS and PA WITS. You can only report the services received that are funded by each grant. You cannot enter a GPRA form for both and include the services received from both grants. The planned services in Section A and received services in Section K will likely be different.

ID	WITS REPORTS
1	**We are an administrative SCA, and do not administer GPRA interviews. How do we track which GPRA interviews done under our SCA, and when they are due?** All SCA's can run what is called GPRA Follow Up Due Detail Report in WITS. This is an extremely helpful report ONLY IF the agency administering GPRAs on behalf the SCA are consenting **and** referring the GPRA to the SCA so the SCA can track the GPRA across the continuum of care. If the agency administering the GPRA on the SCA's behalf does not consent and refer the GPRA, the SCA will not be able to see this GPRA on the report. Information on how to run and effectively utilize this report is available on the GPRA section of the DDAP website at https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx. In addition to regularly running the Follow Up Due Detail Report in WITS, DDAP strongly recommends that

ID	WITS REPORTS
	SCA's maintain an additional record keeping system to track GPRAs along the continuum of care, especially if your SCA is in the early stages of asking agencies administering the GPRA on your behalf have not been consenting and referring ALL GPRAs to the SCA.
2	**We do not want to send the GPRA Follow up Due Detail Report to DDAP because it has patient identifying information. How do we send the report to DDAP without patient information?** You can either black out the names on the report printed directly from WITS, or you can export the report in excel and delete the column with patient names. Please leave the UCN's so DDAP can assist in troubleshooting, if necessary.
3	**I completed the administrative follow up GPRA, so why is this still showing as "non-compliant?"** Administrative follow up GPRAs are considered "non-compliant" because an actual interview did not occur, only two sections of the interview occurred. DDAP asks that you continue to complete administrative interviews on all clients you are not able to contact after three attempts vs. no interview being completed at all which is counted as a "missed" interview.
4	How do we run a follow up compliance report for SOR II? Log on to PA WITS. Click Agency on the left navigation menu. Under Agency there are two GPRA Follow-up Due screen to choose from: Summary which gives compliance rates for Intake and Follow-up Agency type and Detail which displays details on clients GPRA status for Intake and Follow-up Agency type. Select SOR II in the Grant field drop down and click on the Go button.
5	**Is it possible to run a report that shows the clients that our SCA has consented and referred to outside agencies, and if these agencies have accepted these referrals? Also, is it possible to view a list of all the clients that have been consented and referred to our SCA?** Yes, you can run a report in WITS that shows all clients your SCA has consented and referred to outside agencies. It is also possible to run a report to view all consents and referrals your SCA has accepted. For additional guidance on this topic, please reference page 9 of the July 2020 guide titled "How to check GPRA Follow-up Status and Compliance" located on the DDAP GPRA resource page located here: https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx Update 4/6/21: As of 3/9/21 The GPRA Follow-up Due Detail screen has been enhanced to include two new columns: Agency Completing Intake and Agency Completing Followup.
6	**I am really confused by the different statuses listed on the compliance report. Can you provide a list of what these statuses mean?** A list of terms and corresponding definitions is located on page 3 of the of the July 2020 guide titled "How to check GPRA Follow-up Status and Compliance" located on the DDAP GPRA resource page located here: https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx
7	**How is the compliance rate on the bottom of the GPRA Follow-up report calculated?** The following is formula used to calculate Compliance Rate: Compliance Rate = Number Compliant/ (Number Compliant + Number Non-Compliant + Number Due + Number Missed) For more information, please reference "How to check GPRA Follow-up Status and Compliance" located on the DDAP GPRA resource page located here: https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx.

ID	WITS REPORTS
8	**How are we able to see referrals sent to us by the Department of Corrections?** A guide titled "DOC Referrals" discusses this topic and is located on the DDAP website located here: https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx.

ID	SOR II
1	**At what point should GPRAs under the SOR II grant be administered?** At the point when the SCA has expended all SOR I + NCE funds and it has received an amendment from DDAP that includes SOR II funds, our WITS team will activate the appropriate SOR II programs. They will become visible in the program dropdown list. This is when an SCA can start administering GPRAs for clients receiving services funded by SOR II. Update 4/6/21: GPRAS for SOR II SCA can be administered in PA WITS effective 3/29/21.
2	**I have a client who started receiving services in SOR I, and we gave the intake GPRA, but we are now drawing down from SOR II. Do I still use the SOR I option, or do I use a SOR II option in the dropdown list when administering the follow up and discharge?** Please complete the intake GPRA, the follow up GPRA and discharge GPRA using the SOR I option. As a rule of thumb, always complete an entire set of GPRAs using the appropriate grant option in the dropdown list used when administering the baseline GPRA. If the individual is receiving services funded by SOR II, another set of GPRAs will need to be administered for that grant as well, beginning with the date the individual first received services under SOR II. Please see the response to Question 6 in the SOR II Section of this FAQ for more specific guidance on this question.
3	**We had a client who started treatment in SOR I, and we administered the intake GPRA and an administrative follow up GPRA because he could not be located. We did not administer the discharge GPRA because we thought he might resurface – which he has, and we have now expended all of our SOR I and NCE funds. This client needs SOR funded treatment. How do we handle the GPRA for this situation?** First, if the 5-8 month follow up window is still open for the follow up GPRA to be completed under the SOR I program, please delete the administrative follow up and enter the complete follow up GPRA using the same program dropdown option you used when you administered the intake GPRA and administrative follow up GPRA. At the time the client is no longer receiving services, you can administer the discharge GPRA. Next you will want to administer a new set of GPRAs due the turnover in funding years, starting with an intake GPRA using the appropriate SOR II program. Please see the response to Question 6 in the SOR II Section of this FAQ for more specific guidance on this question.
4	**What does DDAP consider to be a stimulant for purposes of SOR II funding?** The SOR II Funding Announcement states, "This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine."

5	**I am confused as to what you mean by SOR II? I have heard SOR 3 used, and SOR II, Year 3. Can you clarify what these terms mean?**
	SOR I No Cost Extension
	    (September 30, 2020 to September 29, 2021)
	SOR II
	    September 30, 2020 to September 29, 2021 – SOR II Y3

ID	SOR II
	September 30, 2021 to September 29, 2022 – SOR II Y4
6	**I have a client who started receiving services during SOR I, and they are still in treatment, but now we are funding their treatment with SOR II. They still need a follow up GPRA for SOR I. Do I need to complete the follow up GPRA for SOR I, and also administer a new set of GPRAS for SOR II?** Please keep the SOR I program enrollment open so you can complete the follow up GPRA when the 5-8-month window opens and so you can complete the discharge GPRA at the time the client is no longer receiving services. At the time you start drawing down on SOR II funds, please complete a SOR II program enrollment and administer the intake GPRA – you are able to do this even when the SOR I program enrollment is still active.
7	**We administered a SOR I GPRA intake for one of our clients because at the time they started receiving services, our SCA was drawing from SOR I NCE funds. Less than a month after the SOR I GPRA intake was administered for this client, our SCA expended all SOR I NCE funds, and this client's treatment is now funded with SOR II. We understand that another set of GPRAS needs to be administered under SOR II – are we permitted to use the data from the intake GPRA under SOR I to enter a SOR II intake GPRA or does an entirely new GPRA intake need to be administered?** According to SAMHSA/CSAT guidance, "Intake/Baseline: For residential facilities, GPRA intake/baseline interviews must be completed within 3 days after the client enters the program. For nonresidential programs, GPRA intake/baseline interviews must be completed within 4 days after the client enters the program." Based on this requirement, the client should have a new baseline done in the SOR II grant. Since the client is receiving services funded by the SOR II grant, the intake must be done when the client enters that program.
8	**What is the SOR II SCA Program Dropdown called in PA WITS?** SOR II SCA
9.	**Are we supposed to back enter all the GPRAS from when we were awarded out SOR II SAF?** No, at the point that your SCA, and the providers contracted with your SCA, receive the SOR II SCA program dropdown in PA WITS, this is the indication of when you should start administering SOR II SCA GPRAS.
10.	**At what point will be no longer be able to administer GPRAS in SOR I?** The SOR I SCA program will close in WITS at the end of September 2021. At that point, no GPRAS will be able to be administered in that program. If clients are still receiving SOR funded programming (regardless of SOR I or SOR II funded) at the time SOR I ends, you are not responsible for administering the follow up or discharge GPRA.
11.	**When can SCAs start administering the SOR II SCA GPRAS in PA WITS?** March 29, 2021
12.	**Which providers will have the SOR II SCA Program dropdown in PA WITS?**

ID	SOR II
	Effective March 29, 2021 all SCAS and contracted providers who had a SOR I SCA program now have the SOR II SCA program.
13.	**What if we are contracting with new providers in SOR II that we did not contract with in SOR I?** Reach out to the PA-WITS Help Desk to have the SOR II program added. PA WITS Help Desk Monday – Friday 8am-4:30pm except State Holidays 717-736-7459 RA-DAPAWITS@pa.gov
14.	**What do we do with GPRAS that were entered under SOR I, but were really supposed to be SOR II?** The SCA can decide if they want to delete these GPRAS or if they want to leave them as is. For information on how to delete a GPRA please reference Q.17 under Data Collection in the GPRA FAQ. If you do not delete the GPRAS please remember to complete both the GPRA follow up and discharge under the SOR I Program. The SCA must also create a new SOR II Program Enrollment in PA WITS and administer a new set of SOR II GPRAS if the client is funded under SOR II beginning 3/29/21. Please do not back date these GPRAS. GPRAS can be dated 3/29/21 and forward.
15.	**Is it even possible to have two sets of GPRA and two program enrollments at the same time? In other words, can I have one active set of GPRAS from SOR I and another active set of GPRAS from SOR II at the same time?** Yes. These are two different program enrollments from two different funding years; therefore, you can have an active set of GPRAS for each funding year at any given time.
16.	**Do we still need to send the SOR I GPRA Follow Up Summary even when we stop sending the SOR I SCA Monthly Report?** At the point the SCA has spent all SOR I + NCE funds and is now drawing from SOR II funds, the following should occur with respect to SCA Monthly Reports and GPRA Follow Up Summaries: - The SCA should STOP submitting the original SOR SCA Monthly Report. - The SCA should continue to report their SOR I compliance rate by sending a screenshot of their SOR I GPRA Follow Up Summary. - The SCA should start to submit a SOR II SCA Monthly Report. - The SCA should begin to report their SOR II compliance rate by sending a screenshot of their SOR II GPRA follow up summary. For instructions on how to run the SOR II GPRA follow up summary reference Q. 4 of the WITS Reports section of this FAQ.
17.	**Even if a client has NOT had an interruption in services a new set of GPRAS under SOR II is required?** If a client was originally funded by SOR I, and they are still receiving services, and now they are covered by SOR II, you must complete all three GPRAS from SOR I and you must administer a GPRA set in SOR II.

ID	SOR II
18.	**Is there a timeframe for SOR II GPRAs or could it be at next appt. if they are moving from SOR I to SOR II funding?** DDAP is allowing flexibility for SOR II GPRAS – particularly as it relates to individuals who are transitioning from services funded from SOR I to SOR II.
19.	**If we need to do new GPRA's for those who transfer from SOR I to SORII, do we need to also administratively D/C in SOR II?** If a client is still receiving services and they were originally funded by SOR I, they should receive a GPRA follow up and discharge, or administrative follow up and discharge – depending on whether or not the interview was actually completed.
20.	**Is there a clear way to tell if DOCs are using SOR 1 or SOR II when entering GPRA intakes at SCIs?** At this time, DOC is not drawing from SOR II funds. DDAP will be in communication with SCAS at the point that DOC starts drawing from SOR II funds.
21	**The SCA keeps entering DOC GPRA's under SOR I even if we (the SCA) are using SOR II to pay?** Your SCA (or a mutually identified provider) must finish the GPRA set under SOR I, and if the client is receiving SOR II services by your SCA you must administer a GPRA set for SOR II.
22.	**If the SCI is doing a GPRA in SOR I and the SCA is drawing from SOR II, does that mean the another GPRA will need to be done?** Your SCA (or a mutually identified provider) must finish the GPRA set under SOR I, and if the client is receiving SOR II services by your SCA you must administer a GPRA set for SOR II.
23.	**We have to administer SOR I follow-up and discharge simultaneously with SOR II for clients who are transitioning from I to II?** Your SCA is responsible for ensuring the accurate completion of GPRA sets for both SOR I and SOR II.
24.	**We could be tracking two sets of GPRA's at one time? SOR I and SOR II?** Yes, that is correct – depending on the situation, an SCA could be tracking two sets of GPRAS at any given time – one from SOR I and one from SOR II.
25.	**The clarification of Admin vs regular D/C moving from SOR I to SOR II would be appreciated. My understanding is an Admin D/C counts as non-compliance?** If the SCA receives a consented and referred GPRA from the DOC under SOR I you (or a contracted provider you are working with) must finish the GPRA set under SOR I, and if the client is receiving SOR II services by your SCA you must administer a GPRA set for SOR II. Administrative discharges do not count towards compliance rate. For information on the factors contributing towards compliance rate please reference Question 7 in the WITS Reports Section of the GPRA FAQ.