

**TRANSFER OF GPRA FOLLOW-UP COLLECTION
AGREEMENT FOR 6-MONTH FOLLOW-UP AND/OR DISCHARGE INTERVIEW
ATR CLIENT # _____**



Instructions

Use this form to identify the provider who will be responsible for conducting the GPRA 6-month Follow-up and Discharge interviews, IF THIS PROVIDER IS DIFFERENT THAN THE ACCESS CENTER WHICH INITIALLY SIGNED THE CLIENT UP FOR THE ATR PROGRAM.

ATR policy states that the Access and Care Coordination Center that conducts the GPRA Intake interview when the client first enters and becomes an ATR client is also responsible for conducting the 6 month follow-up and discharge interviews. However, if a client moves to another location or seeks services elsewhere, it may be more realistic for another Access Center or Tier 2 provider to conduct these follow-up interviews.

This form is to be used in the event that a provider **other than the initial Access and Care Coordination** Center accepts responsibility for GPRA Interview data collection. Both parties must agree and sign this form for the responsibility to shift from one provider to another. The ultimate responsibility lies with the initial Access and Care Coordination Center to maintain a minimum 80% follow-up rate. The GPRA Interview is billable for the provider who actually conducts the interview and faxes it to the Inter-Tribal Council of Michigan (\$80 for complete GPRA interview; \$10 for an "incomplete" GPRA where no client interview was conducted [Incomplete GPRA does NOT count towards the 80% mandated completion rate]).

Client ID# remains the same no matter who conducts the interview.

GPRA Interview to be collected:

6 Month Follow-up GPRA

Discharge GPRA

FAX the completed GPRA interview to the Inter-Tribal Council at 906-632-7744 or 906-632-3061

FAX a copy of this agreement to the Inter-Tribal Council of Michigan when signed. Maintain a copy in your client file.

This Access and Care Coordination Center (Check one) agrees that the provider named below will be responsible to collect the GPRA within the allowable interview "window."

- | | |
|--|---|
| <input type="checkbox"/> Keweenaw Bay | <input type="checkbox"/> Saginaw Chippewa |
| <input type="checkbox"/> Lac Vieux Desert | <input type="checkbox"/> Sault St. Marie |
| <input type="checkbox"/> Bay Mills | <input type="checkbox"/> Little Traverse Band |
| <input type="checkbox"/> Grand Traverse Band | <input type="checkbox"/> Little River Band |
| <input type="checkbox"/> Hannahville | <input type="checkbox"/> Huron Band of Potawatomi |
| <input type="checkbox"/> Pokagon Band of Potawatomi | <input type="checkbox"/> Match-E-Be-Nash-She-Wish |
| <input type="checkbox"/> Statewide Call-in Access Center | <input type="checkbox"/> Addiction Treatment Services |
| <input type="checkbox"/> Great Lakes Recovery Services | <input type="checkbox"/> Other Tier 2 Provider (specify): _____ |

_____ (Name of Provider) agrees to collect the GPRA for Client # _____

Authorized Signature/Date _____ Access & Care Coordination Center that collected Intake GPRA
Phone Number: _____ e-mail _____ Date of agreement: _____ (mm/dd/yyyy)

Authorized Signature/ Date _____ Provider organization that will collect Follow-up and/or Discharge GPRA
Phone Number: _____ e-mail _____ Date of agreement: _____ (mm/dd/yyyy)