Michigan Department of Health and Human Services

STI/HIV Operations and Resource System



JANUARY 29 RELEASE ENHANCEMENT UPDATE



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**This release is cosmetic and is meant to enhance the end-user experience. It does not change or add to the functionality of SHOARS.



GRANTS MANAGEMENT

Updates to Grants Management Amendment Language

USER STORY: As a Grants Management User, I want to see the button "Submit Amendment Request" updated, so that I can better understand the function of this button.

The language has been updated from "Submit Amendment Request" to "Create Contract Amendment Request."



Functionality is the same!

1. Enhancement changes can be seen in four main areas: The Dashboard



| DEAF Community Advo | cacy | HIV/STD Care, | Prevenu | on and support - | 2021 Ryan Write Services Hearing PLWH | |
|---|-------------------------------|----------------------|---------|------------------|--|---------------------------------------|
| DEAF Community Adv Oakland County Depa Human Services/ Heal | | Create Contr | act A | mendment | Request | Clinic, HIV Data to |
| St. Clair County Health | Organization [*] | Search Organizations | Q | Category | Budget Increase/[?ecrease | |
| | Program [*] | Search Programs | Q | | Budget Revision, No Net Change FaceSheet | |
| lo Start Materials and | Project * Title | Select an Option | • | | Work Plan New Project | ngs and Events |
| + Create Contract A | Project Contract Number | | | Reason for * | 0 | i i i i i i i i i i i i i i i i i i i |
| Amendments | | | | Request | | 2022 |
| Pending Approval Ame | | | | | 1 | • 2022 |
| Pending DHSP Interna | | | Cancel | Save | |) THU FRI SAT |
| Approval | | | | | 20 27 28 | 29 30 31 1 |

2. Enhancement changes can be seen in four main areas: The Modal

| SHOARS Home Organization | s Programs Amendments | Requests Profile | FAQs | Q Sear | ch | ProgramM Hub |
|-------------------------------------|-------------------------|------------------|------|--------|----------------------------------|-----------------------------------|
| HIV/STD Care, Preven | ntion and Support - 202 | 1 | | | | Create Contract Amendment Request |
| Grant Program Type HAPIS-2021 | | | | | μž | |
| Related | | | | | | |
| Associated Organization | ns (2) | | | | | |
| Organization Name | | | | | | |
| DEAF Community Advocacy | | | | | | • |
| Sunshine Family Care Clinic | | | | | | • |
| | | | | | | View All |
| Projects (2) | | | | | | |
| Project Title avascript:void(0); | ✓ Project C | ode | | ` | State Agreen | nent Amount V |

3. Enhancement changes can be seen in four main areas: **The Program Record by navigating to the Programs Tab**



| SHOARS Home | Organizations | Amendments Requests | Profile FAQs | Q Search | Pr | rogramM Hub 🔻 |
|--------------------------|--------------------------------|---------------------------------|------------------------------|-------------------------------------|---|---------------|
| Organization DEAF Cor | nmunity Advocacy | | Create Contract Ame | endment Request Chang | es to Organization info must be made | in EGrAMS |
| EIN Number 38-2427067 | Sigma Vendor Code CV0028654 | Phone (248) 332-3331 | Email deafcan@deafcan.org | لیک Address 2111 Orchard Lake | : Road Suite #101, Sylvan Lake, Ml, 48: | 320 |
| Related | Programs (3) | | | Changes | to Associated Programs must be made | e in EGrAMS |
| Program Name | ∨ Project | Title | ∨ Project Code | , | State Agreement Funding | ~ |
| HIV/STD Care, Preventio | on and Support - 2021 Ryan Wi | nite Services for Deaf and Hard | d of Hea RWDHOH-DC | | \$30,000.00 | |
| HIV/STD Care, Prevention | on and Support - 2022 | nite Services for Deaf and Hard | d of Hea RWDHOH-DC | | \$20,000.00 | |
| | | | | | | View All |
| | | | | | | |

Enhancement changes can be seen in four main areas: **The Organization Record by navigating to the Organizations Tab**



Updates to Grants Management Manager Language

USER STORY: As a Grants Management User, I would like to see the status changed from "Pending Internal Manager Approval" to "Pending DHSP Internal Manager Approval"

The language has been updated from "Pending Internal Manager Approval" to "Pending DHSP Internal Manager Approval."

| SHOARS Home Organizations | Programs Amendments F | Requests Profile FAQ | s Q Search | ProgramM Hub |
|---|------------------------------------|-----------------------|-------------------------------------|--------------------------------|
| Amendment AMD 0717 | | | | New Note |
| Status Pending DHSP Internal Manager Approva | | | | |
| Notes (0) | | | | |
| Thank you for submitting your Am MDHHS-HIVSTIOperations@michig | endment. Your amendment gan.gov | number is AMD 0717, a | nd if any changes are required, plo | ease contact the department at |
| DETAILS RELATED | | | | |
| Date of Request 10/14/2021, 9:15 AM | Reason for R asdfasdfasdf | equest | | |
| Name ProgramM Hub | Current Amo | unt | | |

Functionality is the same!

1. Enhancement changes can be seen in two main areas: In the Status section on the Amendment Record





Enhancement changes can be seen in two main areas: **On the Homepage in the Amendments Overview**



More SUBMIT Buttons

USER STORY: As a Grant Management User, I would like to see a Submit button in more places for submitting amendment request.

NOTE: To see the Submit button enhancement, the amendment must show in the draft status.

| ems • Sorte Da 1 10 | ate of Requ 1 ~ | • Filtered by A Ame V | II amendments • Update Organization V | d a few seconds ago Program V | Broject Title | Q Search this | s list | | \$ | | C | | 18 1 |
|---------------------|-------------------|--------------------------|--|-------------------------------|--------------------|--------------------|---------|-------|------------|----------|-------|----------|--------|
| Da 1 10 | ate of Req ↑ > | Ame ∨ AMD 0648 | Organization \lor | Program V | Drojost Titlo | | | | | | | | • |
| 1 10 | 0/6/2021, 12:05 P | AMD 0648 | | | Project fille V | Category \lor | A ∨ | Re 🗸 | Status | | | | \sim |
| 2 10 | | | Sunshine Family | HIV/STD Care, Pre | HIV Medical Care | Budget Increase/D | +\$5000 | Progr | Pending E | GrAMS | Appro | val Step | s |
| 2 10 | 0/6/2021, 12:11 P | AMD 0649 | Oakland County | Local Health Depa | Gonococcal Isolate | Budget Revision, N | | Progr | Fully Exec | uted | | | |
| 3 10 | 0/7/2021, 9:25 AM | AMD 0655 | Demo US 76336 | program_1 | Shoars SIT Project | Budget Increase/D | -\$1000 | Progr | Fully Exec | uted | | | |
| 4 10 | 0/7/2021, 9:47 AM | AMD 0656 | Demo US 76336 | program_1 | Shoars UAT Project | Budget Increase/D | +\$1000 | Progr | Pending E | GrAMS | Appro | val Step | - |
| 5 10 | 0/7/2021, 11:06 A | AMD 0660 | Wayne County De | Local Health Depa | HIV Data to Care | Budget Increase/D | +\$6000 | Progr | Processin | g in EGr | AMS | | |
| 6 10 | 0/11/2021, 9:26 A | AMD 0686 | DEAF Community | HIV/STD Care, Pre | Ryan White Servic | New Project | | Progr | Pending E | GrAMS | Appro | val Step | s |
| 7 10 | 0/14/2021, 9:15 A | AMD 0717 | DEAF Community | HIV/STD Care, Pre | Ryan White Servic | Budget Revision, N | | Progr | Pending D | HSP Int | ernal | Manage | r A |

1. The Submit for Approval button has been updated from being found in the drop-down menu to appearing next to the **Edit** and **Delete** buttons on the Amendment Record.

Functionality is the same!

| SHOARS Home | Organizations | Programs | Amendments | Requests | Profile | FAQs | Q Search | | Ρ | rogramM Hub 🔻 |
|--|---------------|----------|------------------------|----------|---------|------|----------|---------------|-------------|---------------|
| Amendment AMD 0718 | 3 | | | | | | | Edit Submit F | or Approval | Delete 🔻 |
| Status Draft | | | | | | | | | 4 | |
| 😰 Notes (0) | | | | | | | | | | |
| DETAILS RE | ELATED | | | | | | | | | |
| Date of Request 10/15/2021, 8:30 AM | | | Reason for adsfasdf | Request | | | | | | |



MATERIALS, SUPPLIES, & DATA REQUESTS

Update to Supply Order Request Form

USER STORY: As a SHOARS Materials & Information User, I want the Supply Order form to be updated to account for changes to the availability of materials.

To view the enhancements, navigate to the Start Materials and Information Request modal.

| SHOARS Home | Start Materials and Information Request | |
|-------------|---|------------------------------|
| | Data Request Form | ings and Events |
| | Technical Assistance Request Form | |
| | Supply Order Request Form | y 2022 > |
| | Communication Request Form | ed thu fri sat 19 30 31 1 |
| | Back Next | 5 6 7 8 |

1. Select SUPPLY ORDER REQUEST FORM and select NEXT.

| SHOARS Home | Supply Order Request Form | · · · · · · · · |
|-------------|--|-----------------|
| | SHOARS Supply Order Request Disclaimer: Please note - Some items may be out of stock, discontinued, or unavailable per contractual agreements. If there are any questions or concerns regarding this process, please reach out to MDHHS-SHOARS-SUPPORT@michigan.gov | ings and Events |

A New SHOARS disclaimer has been added in red with the <u>MDHHS-SHOARS-</u> <u>SUPPORT@michigan.gov</u> email below. Functionality of the form is the same.



| | | × | | | |
|-------------|---|------|--------|------|------------|
| SHOARS | Supply Order Request Form | | • | ? | . 🙆 |
| SHOAKS Mome | tal HIV, Syphilis, and Hepatitis B. For: medical providers. | | | | |
| | Preventing Congenital Syphilis - Medical provider brochure on testing and treat- ment of congenital syphilis. For:medical providers. | in | igs an | d Ev | ents |
| | CDC Pregnancy Screening Recommendations Quick reference of CDC recom- | - 8 | | | |
| | mended exception timeline through programmy. For modical providere | - 68 | | | œ |
| | Syphilis Testing Reference Guide - 8.5x11 double sided reference guide on syphilis | - 55 | | | |
| | testing. For: medical providers. | - 8 | | | • |
| | How many do you need? | - 8 | | | |
| | STI Screening Guidelines - Tri-fold printed CDC STI screening recommendations. | гy | 2022 | | > |
| | For: medical providers. | ED | THU | FRI | SAT |
| | STI Treatment Guidelines - Tri-fold CDC STI treatment recommendations. For: | .19 | 30 | 31 | 1 |
| | Back Submit | 5 | 6 | 7 | 8 |

 New options have been added to the list of brochures and communication materials to request. Links have been added to: Syphilis Testing Reference Guide

| | | × | | | |
|----------------------|---|----|----------------|-----|------------|
| SHOARS (GM User) | Supply Order Request Form | Mo | 8 ? | ¢ | . 6 |
| | Disease Intervention Specialists - Postcards and posters that promote aware- ness of Disease Intervention Specialists. For: patients/clients and waiting rooms | ^ | | - | |
| + Create Contract Ar | Expedited Partner Therapy: Information for Patients and Partners - Information sheets for patients about expedited partner therapy. For: providers to distribute to patients/clients. | ł | | | • |
| Amendments | How many do you need? | V | 2022 | | > |
| My Submitted Amendme | Expedited Partner Therapy Guidance for Healthcare Providers - Information for | ED | тни | FRI | SAT |
| | providers. To inform medical providers about expedited partner therapy. | 9 | | 31 | 1 |
| | The Next Steps - Brochure for patients/clients to share with their partners about STI testing and treatment. For: providers to distribute to patients/clients. | 5 | 6 | 7 | 8 |
| | Medical Information Booklet - Wallet sized booklet for patients/clients to write | 2 | 13 | 14 | 15 |
| | Back | 9 | 20 | 21 | 22 |
| | 23 (24) (25) | 26 | 27 | 28 | 29 |
| | 30 31 1 | 2 | 3 | 4 | 5 |

3. New options have been added to the list of brochures and communication materials to request. Links have been added to: **Expedited Partner Therapy Information for Patients and Partners.**



| | | × | | | |
|------------------------------------|--|-----|----------|-----|------------|
| SHOARS (GM User) | Supply Order Request Form | Mor | ₿? •• | \$ | + 6 |
| + Create Contract Ar | Expedited Partner Therapy Guidance for Healthcare Providers : Information for providers. To inform medical providers about expedited partner therapy. How many do you need? | | | | ł |
| Amendments My Submitted Amendme | The Next Steps - Brochure for patients/clients to share with their partners about STI testing and treatment. For: providers to distribute to patients/clients. | y 2 | 2022 | | > |
| | Medical Information Booklet - Wallet sized booklet for patients/clients to write | ED | THU | FRI | SAT |
| | Partner Services Patient Guide - Brochure for patients/clients that explains their | 9 | | 31 | 1 |
| | options for informing partners of an STI exposure. For: patients/clients. | 5 | 6 | 7 | 8 |
| | Medical Monitoring Project Documents | 2 | 13 | 14 | 15 |
| | Back Submit | 9 | 20 | 21 | 22 |
| | 23 (24) (25) | 26 | 27 | 28 | 29 |
| | (30) (31) 1 | 2 | 3 | 4 | 5 |

 New options have been added to the list of brochures and communication materials to request. Links have been added to: Expedited Partner Therapy Guidance for Healthcare Providers.

| | | × | | |
|-------------|---|---------------------|-----------|--------|
| SHOARS Home | Supply Order Request Form | | ? . | 6 |
| | Medical Information Booklet - Wallet sized booklet for patients/clients. Medical Information Booklet - Wallet sized booklet for patients/clients to write down their medical information. For: patients/clients. Partner Services Patient Guide - Brochure for patients/clients that explains their options for informing partners of an STI exposure. For: patients/clients. Medical Monitoring Project Documents | lings ar | nd Eve | nts |
| | <u>nPEP Guidance Excerpts</u>: Quick reference information and guidance for medical providers about nPEP. How many do you need? | -y 2022 | | * > |
| | <u>nPEP Guidance Booklet</u> : Detailed guidance on nPEP for medical providers. | ер тни 39 30 | FRI 31 | SAT |
| | Back Submit | 5 6 2) 13 | 7 | 8 |
| | Technical Assistance Requests — /3/ | 10 10 00 | 01 | 22 |

5. New options have been added to the list of brochures and communication materials to request. Links have been added to: **nPEP Guidance Excerpts**



| | | × | |
|----------------------|--|-----------------|------------|
| SHOARS (GM User) | Supply Order Request Form | More 👻 | . 6 |
| Enable Submit A | Medical Monitoring Project Documents <u>nPEP Guidance Excerpts</u> : Quick reference information and guidance for medical providers about pPEP | ings and | Î |
| Start Materials and | <u>nPEP Guidance Booklet</u> : Detailed guidance on nPEP for medical providers. How many do you need? | | |
| + Create Contract Ar | Other: Not seeing what you need? Submit a suggestion to us for HIV or STI related materials. | | • |
| Amendments | | x 2022 | <u> </u> |
| My Submitted Amendme | | ▼ y 2022 | |
| | Back Submit | ED THU FRI | SAT |
| | | 9 30 31 | 1 |
| | Gouthami PapaReddy Nikita Vinod Singh 2 3 | 4 5 6 7 | 8 |
| | IU rosIUSIT18 | 11 (12) (12) 11 | |

New options have been added to the list of brochures and communication materials to request. Links have been added to: **nPEP Guidance Booklet**



Update to DCH File Transfer Technical Assistance Request USER STORY: As a SHOARS user, I want to see changes to the Technical Assistance form and management to account for DCH File Transfer Technical

Assistance requests.

NOTE: These actions were made to the Registered User form. To see the enhancement, navigate to **"Start Materials and Information Request"** and select **"Technical Assistance Request Form"**.

| | Sandbox: SIT | × | | | |
|-------------|---|------|-------|------|------------|
| SHOARS Home | Technical Assistance Request Form | * | 8 | ? | . 6 |
| | What kind of assistance are you looking for? I am seeking technical assistance with implementing HIV/STI prevention and/or care | in | gs an | d Ev | rents |
| | programs I am interested in learning more about HIV/STI prevention and care I have other questions related to community engagement | 1 | | | • |
| | Please describe additional TA details below: What is the description of your technical assistance needs? | ry : | 2022 | FRI | > SAT |
| | | 29 | 30 | 31 | 1 |
| | Back Submit | 5 | 6 | 7 | 8 |
| | Technical Assistance Requests — /3/ | 2 | 13 | 14 | 15 |

1. The enhancement was made to the first question **"What kind of Assistance are you looking for?"** The rest of the form remains the same.





2. When selecting the first option, the same three questions appear. When you select the **Data Systems** sub-category option, you will see the addition of another option.

| | Sandbox: SIT | × | |
|-----------------------|---|-----------------|---|
| SHOARS SHOARS Home | Technical Assistance Request Form | x 🖬 ? 🗭 🤅 | 6 |
| | select more than one data system, multiple requests will be created in SHOARS and you might hear from separate people. | | |
| | CAREWare | ings and Events | |
| | APHIRM | | |
| | MDSS | | |
| | Lab Management System (LMS) | * | |
| | Electronic Lab Reporting | | |
| | EGRAMS DCH File Transfer | ry 2022 > | |
| | Programs (Assistance related to implementation of HIV/STI Prevention | ED THU FRI SAT | |
| | and Care programs i.e.: HIV Testing, STI screening and treatment guide- lines_Rvan White Part R_Svringe Service Programs_FIS_Provider educa- | 29 30 31 1 | |
| | Back Submit | 5 6 7 8 | |

3. **NOTE:** You can see a new option, DCH File Transfer, has been added.



| SHOARS (GM User) | Technical Assistance Request Form | |
|----------------------|---|-----------------------------|
| Enable Submit A | I need assistance gaining access to DCH File Transfer I need assistance sending or receiving | ings and |
| Start Materials and | I am getting notifications that I should not be receiving | ₩ = |
| + Create Contract Ar | I need assistance requesting additional Transfer Area access I need assistance requesting the creating of a new Transfer Area access | * |
| Amendments | I am a DHSP staff member that needs to audit access to my DCH file group | • y 2022 > |
| My Submitted Amendme | Back Submit | ED THU FRI SAT 9 30 31 1 |

4. When **DCH File Transfer** is selected a list of sub-options will appear to better assist the requestor. You have the Ability to select more than one option.

| | Sandbox: SIT | × |
|------------------------------------|-----------------------------------|------------------|
| SHOARS (GM User) | Technical Assistance Request Form | n More V |
| Enable Submit A | Hours Available for Contact | ings and |
| & Start Materials and | Area involved in | ⊡ = |
| + Create Contract Ar | Email | - |
| Amendments My Submitted Amendme | Phone | - y 2022 > |
| | Back Submit | 9 30 31 1 |

 When filling out the pre-text questions, you will need to fill in all fields (NAME, HOURS AVAILABLE FOR CONTACT, AREA INVLOVLED IN, EMAIL and PHONE.) Once the fields are answered, you can fill out the second half of the form and, SUBMIT.