

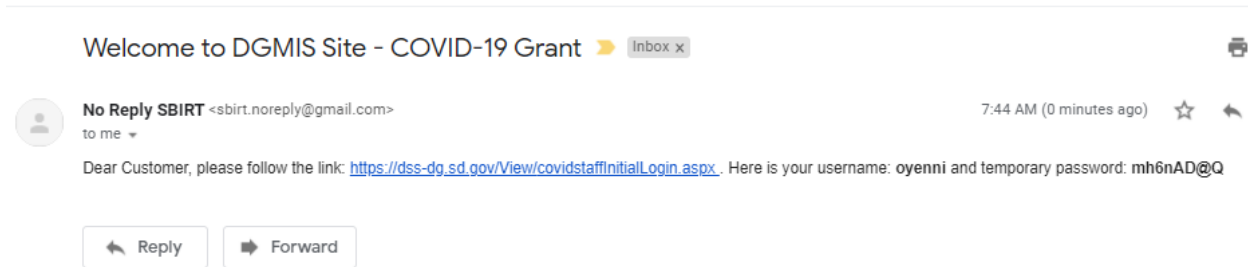
Discretionary Grant Management Information System (DGMIS) Access for COVID GPRA Data Reporting

Note: Only approved providers will be granted access to the DGMIS reporting system. Once approved, a representative of the Behavioral Health Voucher Program (BHVP) will create the initial provider/agency settings. The following email will automatically be sent once the initial account setup is completed for a Clinic Staff Member. For additional staff access and questions regarding the DGMIS platform, contact: Colleen Beyer: Colleen.Beyer@state.sd.us.

Account Setup

Initial DGMIS Account Activation Email:

Username will be assigned by the BHVP representative setting up the account. Click the provided link to continue.



Initial Account Activation:

Copy over the assigned username and initial password where indicated. Create a new password following the password requirements and click "Login", and you will automatically be directed to the Staff Login page to begin entering client data.

Emergency COVID-19 Grant

Staff Login

Username:


Temporary password:

New password:

Hint: Should contain 0-9; a-z; A-Z and a Special Character

Confirm New password:

Login



Account Access

DGMIS Access:

Go to dss-dg.sd.gov to access the DGMIS portal and select “Emergency COVID-19 Grant (COVID-19 Grant)” for entering GPRA data.



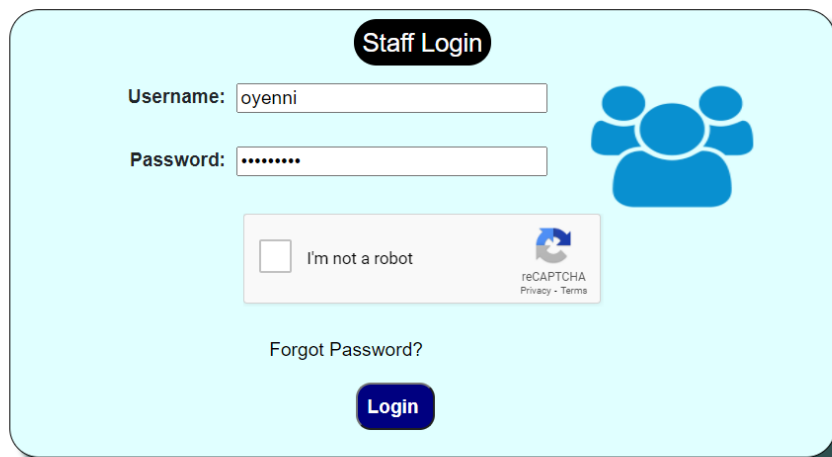
The screenshot shows a web browser at the URL dss-dg.sd.gov. The header features the DSS logo and the text "South Dakota Department of Social Services". Below the header, there are three main navigation options, each with a corresponding icon:

-  Screening, Brief Intervention, Referral to Treatment (SBIRT)
-  State Opioid Response (SOR)
-  Emergency COVID-19 Grant (COVID-19 Grant)

Account Login:

Enter your assigned username along with the password you created during the initial account setup and click “Login” to access DGMIS reporting. Note: A password reset can also be completed on this page.

Emergency COVID-19 Grant



The screenshot shows a "Staff Login" form with the following fields and elements:

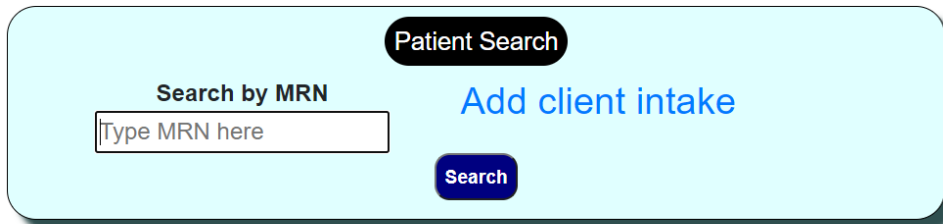
- Staff Login** (Title)
- Username:**
- Password:**
- I'm not a robot (reCAPTCHA)
- Forgot Password?
- Login** (Button)

Client Data Entry

Entering a New Client:

Click "Add client intake" to enter a new client into the DGMIS system.

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A light blue rounded rectangular interface for patient search. At the top center is a black button labeled "Patient Search". Below it, on the left, is the text "Search by MRN" above a text input field containing the placeholder "Type MRN here". To the right of the input field is the text "Add client intake" in blue. Below the input field and "Add client intake" text is a dark blue button labeled "Search".

Client Record Management:

Begin with entering the patient MRN number. This will be the number used to enter 6-month and Discharge data for the same clients in the future. Complete the remaining fields and click "Continue" to begin entering GPRA data. (Contract/Grant ID is prepopulated)

Emergency COVID-19 Grant

RECORD MANAGEMENT

Medical Record Number:


Contract/Grant ID:

Client Type:

- Treatment Client
- Client in Recovery

Interview Type

Intake Yes

Interview Date 

Entering GPRA Data:

You will now be prompted through entering the GPRA data. This tool can be used directly with the client (recommended)

or the paper version of this form can be used, and data can be manually entered after the fact. This data must be entered as soon as possible to assure meeting reporting requirements of SAMHSA. Take some time to do a brief review of the sections that will be addressed in the GPR data collection. **Please note** that this is only a sample of the sections of the data that will be asked and is not a comprehensive review of all the data that will be asked.

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Behavioral Health Diagnoses

Behavioral Health Diagnoses	Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.		
SUBSTANCE USE DISORDER DIAGNOSES			
Alcohol-related disorders	Primary	Secondary	Tertiary
F10.10 – Alcohol use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.11 – Alcohol use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.21 – Alcohol use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.9 – Alcohol use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid-related disorders	Primary	Secondary	Tertiary

Emergency COVID-19 Grant

In the past 30 days, was this client diagnosed with an opioid use disorder?

- Yes
- No
- Don't know
- Missing Data

In the past 30 days, was this client diagnosed with an alcohol use disorder?

- Yes
- No
- Don't know
- Missing Data

Continue

Emergency COVID-19 Grant

Demographics

Gender:

1. Are you Hispanic or Latino?

- Yes
- No
- Refused

2. What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Yes

No

Refused

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FAMILY AND LIVING CONDITIONS

In the past 30 days, where have you been living most of the time? [If client spent greater than 15 nights in Jail / Prison you must select Institution, Jail / Prison.]

- Shelter (safe havens, transitional living center [TLC], low-demand facilities, reception centers, other temporary day or evening facility)
- Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- Institution (hospital, nursing home, jail/prison)
- Housed
- Refused
- Don't know

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DRUG AND ALCOHOL USE

During the past 30 days, how many days have you used any of the following:

Any alcohol

Alcohol to intoxication (5+ drinks in one sitting)

Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)

Illegal drugs

Both alcohol and drugs (on the same day)

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EDUCATION, EMPLOYMENT, AND INCOME

Are you currently enrolled in school or a job training program? [IF ENROLLED] Is that full time or part time?

Not enrolled

Enrolled, full time

Enrolled, part time

Other (Specify)

Refused

Don't know

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CRIME AND CRIMINAL JUSTICE STATUS

In the past 30 days, how many times have you been arrested?

Times

Refused

Don't know

In the past 30 days, how many nights have you spent in jail/prison?

Nights

Refused

Don't know

In the past 30 days, how many times have you committed a crime?

Times

Refused

Don't know

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MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

How would you rate your overall health right now?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Refused

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F. VIOLENCE AND TRAUMA

Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?

- Yes
- No
- Refused
- Don't know

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G. SOCIAL CONNECTEDNESS

In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a nonprofessional, peer-operated organization that is devoted to helping individuals who have addiction-related problems, such as Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?

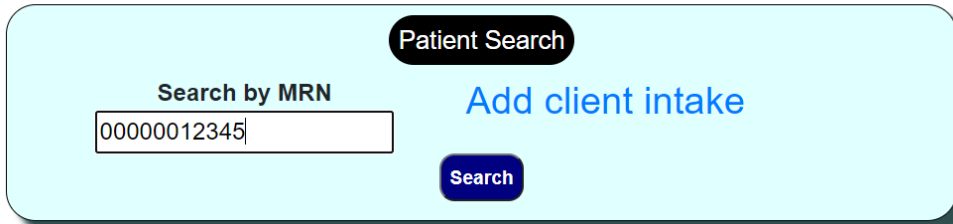
- Yes
- No
- Refused
- Don't know

Conducting a Patient Search

Patient Search:

Use the MRN you previously created to search for an existing client.

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Patient Search

Search by MRN

00000012345

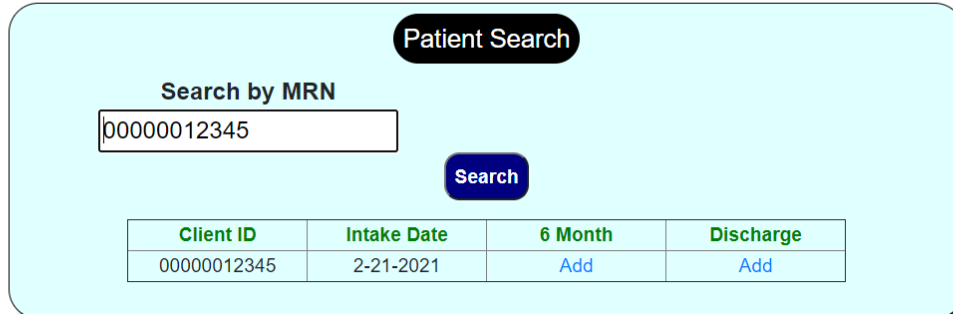
Search

Add client intake

Add 6-Month Review or Discharge Notes:

Simply click the “Add” link under “6 Month” or “Discharge” to add DGMIS reports for the corresponding client interaction. You will return to the Record Management screen and will be prompted with slightly modified questions based on your selection. Complete all questions and sections as required.

Emergency COVID-19 Grant



Patient Search

Search by MRN

00000012345

Search

Client ID	Intake Date	6 Month	Discharge
00000012345	2-21-2021	Add	Add