

## Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) Using PSYCKES for Clinical Purposes: Guidelines for Policies and Procedures

**Implementation of PSYCKES involves assigning the essential PSYCKES tasks listed below.**

To help promote the integration of PSYCKES, organizations are advised to develop, document, and implement policies and procedures for PSYCKES use. These guidelines provide a framework that should help establish staff accountability, and ideally integrate PSYCKES tasks into existing workflows

Essential PSYCKES Tasks	Sample Procedures	Sample Policies
<p><b>1. Identify Potential PSYCKES Clients</b></p> <ul style="list-style-type: none"> <li>• Check if clients previously consented</li> <li>• Obtain clients' Medicaid identification (ID) #</li> <li>• Verify clients' identity</li> </ul>	<ul style="list-style-type: none"> <li>• Designate staff responsible for this task</li> <li>• This staff member will:                             <ul style="list-style-type: none"> <li>○ Identify potential PSYCKES client                                     <ul style="list-style-type: none"> <li>▪ Medicaid enrollee OR</li> <li>▪ Previous History of Medicaid</li> </ul> </li> <li>○ Determine whether the client is already consented                                     <ul style="list-style-type: none"> <li>▪ <b>**if yes, skip to Step 6**</b></li> </ul> </li> <li>○ Obtain and document the client's Medicaid ID # (or can use Social Security #)</li> <li>○ Verify client's identity                                     <ul style="list-style-type: none"> <li>▪ 2 forms of ID OR</li> <li>▪ Staff can attest to client identity</li> </ul> </li> </ul> </li> <li>• Consider a flag on client's medical record and/or "face sheet" to indicate whether the client:                             <ul style="list-style-type: none"> <li>○ Is PSYCKES eligible</li> <li>○ Has already signed a PSYCKES Consent Form</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• All clients should be screened upon arrival for PSYCKES eligibility</li> <li>• Eligible clients should be consented at the earliest opportunity</li> <li>• PSYCKES Clinical Summary should be obtained for all eligible individuals</li> </ul>
<p><b>2. Obtain Client Consent</b></p> <ul style="list-style-type: none"> <li>• Obtain signature of PSYCKES-eligible client for the applicable consent form: PSYCKES Consent, DOH Consent, BHCC Consent</li> <li>• Give a copy of the consent form to the client</li> </ul>	<ul style="list-style-type: none"> <li>• PSYCKES Consent Form is pre-printed and accessible to staff                             <ul style="list-style-type: none"> <li>○ Designate staff responsible for using Registrar Menu function to set up Consent Form (fill in blanks)</li> <li>○ Designate staff responsible for printing PSYCKES Consent</li> </ul> </li> <li>• PSYCKES Consent Form is included in intake/admission package and signed by client routinely along with any other paperwork (e.g., receipt of Client Rights / HIPAA privacy notice)                             <ul style="list-style-type: none"> <li>○ Alternatively, specify where blank forms are maintained</li> </ul> </li> <li>• Designate staff responsible for asking clients for consent and answering questions about PSYCKES, and when this will happen</li> <li>• Staff copy signed consent (front and back) and give copy to client</li> <li>• If client initially refuses consent, when will another effort be made?</li> </ul>	<ul style="list-style-type: none"> <li>• Consent to view PSYCKES data should be requested of all eligible individuals with capacity to consent (unless clinically contra-indicated)</li> <li>• Only PSYCKES Consent Form, printed from Registrar Menu, may be used</li> <li>• A DOH Health Home Consent Form is available to agency users who work for the Health Home or Care Management program</li> </ul>

Essential PSYCKES Tasks	Sample Procedures	Sample Policies
<p><b>3. Determine Whether there is a Clinical Emergency</b>                      In a clinical emergency, the Enable PHI Access Menu may be used to obtain 72-hour emergency access for client information</p>	<p><b>**Skip this step if client has consented**</b></p> <ul style="list-style-type: none"> <li>• Designate staff responsible for determining that it is a clinical emergency</li> <li>• Designate staff responsible for ensuring that the medical record supports emergency access by documenting why/how the client meets criteria for a clinical emergency</li> <li>• Specify where in the record this is documented</li> <li>• Emergency access expires in 72 hours, so another attempt should be made to obtain consent. How/when will that take place? (Front desk staff will ask before next appointment? Clinician will ask during next session?)</li> </ul>	<ul style="list-style-type: none"> <li>• A copy of the PSYCKES Consent Form (especially information on back) must be given to the client</li> <li>• Emergency access is available only in a clinical emergency</li> <li>• Specify staff authorized to certify a clinical emergency</li> <li>• Develop guidelines for what constitutes a clinical emergency (Agency may use existing criteria; PSYCKES information is available)</li> <li>• If the client refuses to sign the form but criteria for emergency access are met, agency may still access PSYCKES data (as stated on the Consent Form)</li> </ul>
<p><b>4. Use Enable PHI Access Menu or Recipient Search to Access Client’s Clinical Summary in PSYCKES</b>                      PSYCKES user uses Enable PHI Access Menu or Recipient Search to:</p> <ul style="list-style-type: none"> <li>• look up client,</li> <li>• verify client’s identity, and</li> <li>• attest to the right to access clinical data</li> </ul>	<ul style="list-style-type: none"> <li>• Designate staff responsible for this task</li> <li>• This staff member will:                             <ul style="list-style-type: none"> <li>○ Navigate to the PSYCKES Enable PHI Access Menu or Recipient Search screen</li> <li>○ Search for client by                                     <ul style="list-style-type: none"> <li>▪ Medicaid ID # or</li> <li>▪ Social Security # or</li> <li>▪ Name</li> <li>▪ Date of Birth</li> </ul> </li> <li>○ If using Recipient Search, select “Enable Access” or “Update Access”</li> <li>○ Specify the basis for accessing the client’s information                                     <ul style="list-style-type: none"> <li>▪ Client signed consent, or</li> <li>▪ Clinical emergency, or</li> <li>▪ Verbally consented (this level of access does not include data with special protections: substance use, HIV, genetic testing, or family planning)</li> </ul> </li> <li>○ Verify client’s identity and document:                                     <ul style="list-style-type: none"> <li>▪ Form(s) of ID, or</li> <li>▪ Staff attests to client’s identity</li> </ul> </li> <li>○ May proceed directly to accessing/printing clinical summary</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Designate which staff, specifically, or which type of staff will use the Enable PHI Access Menu or Recipient Search to enable access to client-level data; could be some or all PSYCKES users</li> <li>• Sharing of Office of Mental Health (OMH) User IDs and security tokens is prohibited</li> <li>• Consider developing guidelines for when/why staff may attest to client identity</li> </ul>

	All PSYCKES users at agency will have access to client's clinical info	
<b>5. Retain Signed PSYCKES Consent, DOH Consent, or BHCC Consent Form in Client's Medical Record</b>	<p><b>**Skip this step if emergency access was used**</b></p> <ul style="list-style-type: none"> <li>Designate staff responsible for this task</li> <li>Specify how/when/where PSYCKES Consent Form will be filed: <ul style="list-style-type: none"> <li>Will paper Consent Form will be retained, or will it be scanned into electronic medical record (EMR)?</li> <li>In which section of the record will it be kept?</li> <li>When will it be filed / scanned in?</li> </ul> </li> </ul> <p>(Consider bar-coding PSYCKES Consent Form for inclusion in EMR)</p>	<ul style="list-style-type: none"> <li>The PSYCKES Consent Form (original or scanned) must be retained in the client's medical record</li> </ul>
<b>Essential PSYCKES Tasks</b>	<b>Sample Procedures</b>	<b>Sample Policies</b>
<b>6. Print Clinical Summary</b>	<ul style="list-style-type: none"> <li>Designate staff responsible for this task</li> <li>The designated staff will: <ul style="list-style-type: none"> <li>Access client's Clinical Summary via: <ul style="list-style-type: none"> <li>Recipient Search or</li> <li>Enable PHI Access Menu</li> </ul> </li> <li>Make selections for printing Clinical Summary <ul style="list-style-type: none"> <li>Specify which sections / details to print</li> </ul> </li> <li>Export Clinical summary to PDF and print <ul style="list-style-type: none"> <li>Or, if applicable, append PDF to EMR</li> </ul> </li> <li>Close PDF document without saving or save only to <b>secure server</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients</li> <li>Designate which staff or types of staff will have PSYCKES access</li> <li>Prohibit saving the printable Clinical Summary PDF document anywhere other than a secure server. (Agency's existing policies may be sufficient but should be reviewed in relation to PSYCKES)</li> </ul>
<b>7. Place Clinical Summary in Client's Medical Record</b> (This may be done before or after the clinical summary is reviewed by staff)	<ul style="list-style-type: none"> <li>Designate staff responsible for this task</li> <li>Specify how/when Clinical Summary will be filed: <ul style="list-style-type: none"> <li>Will hard copy of Clinical Summary be retained? Will PDF document be appended to client's EMR? Will printed summary be scanned into EMR (and hard copy shredded)?</li> <li>In which section of the record will the PSYCKES Consent Form be filed?</li> <li>When will the Clinical Summary be filed/scanned/appended to medical record?</li> </ul> </li> </ul> <p>Consider placing bar-coded Consent Form as cover sheet on Clinical Summary and scanning into EMR as a single document</p>	<ul style="list-style-type: none"> <li>PSYCKES Clinical Summary should be obtained and retained in medical record for all eligible clients</li> <li><b>Redisclosure of confidential information is prohibited, and additional restrictions apply to health information with special protections</b> (HIV, substance abuse, family planning, genetic), which may appear in the PSYCKES Clinical Summary. (Agency's existing policies may be sufficient but should be reviewed in relation to PSYCKES)</li> </ul>

<b>8. Review Clinical Summary</b>	<ul style="list-style-type: none"><li>• Designate types of staff (which disciplines, settings, etc.) responsible for reviewing PSYCKES Clinical Summary</li><li>• Specify when Clinical Summary will be reviewed<ul style="list-style-type: none"><li>○ Prior to documenting psychiatric evaluation and psychosocial assessment?</li><li>○ During treatment planning?</li></ul></li></ul> <p>Clinical staff reviewing a printed summary should have access to PSYCKES to facilitate access to further detail</p>	<ul style="list-style-type: none"><li>• PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients</li><li>• Designate which staff or types of staff will have PSYCKES access</li></ul>
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