



**Office of
Mental Health**

Integrating PSYCKES Consent into Workflows

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Agenda

- PSYCKES Overview
- Levels of Access
- Enabling Access to Client-Level Data
- Policies & Procedures
- PSYCKES Consent FAQs
- Registrar Menu
- PSYCKES Mobile App
- Training & Technical Support

PSYCKES Overview



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What is PSYCKES?

- A secure, HIPAA-compliant online platform for sharing Medicaid billing data and other state administrative data
- Designed to support data-driven clinical decision-making, care coordination, and quality improvement
- Ongoing data updates:
 - Clinical Summary updated weekly
 - Quality Indicator reports updated monthly

Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (current or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
 - MAPP Health Home Enrolled: Clients linked to provider agency if enrolled with HH or CMA according to MAPP
- Behavioral Health Population (any history of):
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides data across the treatment spectrum (e.g., BH/medical services, living support/residential, dental/vision, etc.)

What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data (updated weekly)
- All Medicaid FFS claims and Managed Care encounter data:
 - Medications, medical and behavioral health outpatient and inpatient services, ER, crisis, care coordination, residential, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
 - New York City Correctional Health Services (CHS)
 - New York City Department of Homeless Services (DHS)
 - Health Home enrollment & CMA provider (DOH MAPP)
 - Managed Care Plan & HARP status (MC Enrollment Table)
 - MC Plan assigned Primary Care Physician (Quarterly, DOH)
 - State Psychiatric Center EMR
 - Assisted Outpatient Treatment provider contact (OMH TACT)
 - Assertive Community Treatment provider contact (OMH CAIRS)
 - Adult Housing/Residential program Information (OMH CAIRS)
 - Suicide attempt (OMH NIMRS)
 - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
 - IMT and AOT Referral Under Investigation (DOHMH)

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concerns in order to inform the treating provider or care coordinator, and to support clinical review and quality improvement
- Examples of current quality flags include:
 - Health Home-Related, e.g., Eligible for Health Home Plus, No Health Home Plus Service Past 12 Months, Past 3 Months
 - Medication-Related, e.g., Polypharmacy, Medication Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - General Medical, e.g., No Diabetes Screening Schiz or Bipolar on Antipsychotic, No Outpatient Medical Visit Past Year
 - Performance Tracking, e.g. No Follow-Up After MH Inpatient - 7/30 Days, No Follow-Up After MH ED Visit - 7/30 Days

What Types of Reports are Available?

- Individual Client Level Reports
 - Clinical Summary: Medicaid and state database treatment history, up to 5 years' worth of data
- Provider Level Reports
 - My QI Report: Displays current performance on all quality indicators, review the names of clients who meet flag criteria, enable access
 - Recipient Search: run ad hoc reports to identify cohorts of interest, Advanced Views, enable access
 - Usage Reports: monitor PHI access by staff
 - Utilization Reports: support provider VBP data needs
- Statewide Reports
 - Can select a quality indicator and review statewide proportions by provider location region/county, client residence region/county, plan, network, provider, etc.

Levels of Access



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Client Linkage to Agency

▪ Automatically:

- Client had a billed service at the agency within the past 9 months, OR
- Client is currently enrolled in Health Home or Care Management Agency according to DOH MAPP

▪ Manually:

- Provider attests to one of the following through the Enable Access module:
 - Signed consent (PSYCKES consent, DOH Health Home Patient Information Sharing consent, or BHCC consent)
 - Verbal PSYCKES consent
 - Clinical emergency
 - Client is currently served by or being transferred to my agency

Levels of Access to Client Data

- **Signed Consent** (*PSYCKES, BHCC, DOH Health Home*)
 - Allows access to all available data (including data with special protections such as substance use, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal PSYCKES Consent**
 - Allows access to limited data (excluding data with special protections) for 9 months
- **Clinical Emergency**
 - Allows access to all available data (including data with special protections) for 72 hours
- **Attestation of Service** (*Client is currently served by or being transferred to my agency*)
 - This will link client to your agency for Recipient Search reports but will **not** provide access to the Clinical Summary

Levels of Access to Client Data

Without consent or emergency (ER) access:

- **No data provided** without consent or ER access...
 - Users *will not* be able to access a client's Clinical Summary when clients are linked solely via billing or attestation of service
 - Clients will still be linked to your agency's reports (e.g., Recipient Search, My QI Report)
- **Rationale:**
 - The quality flag level of access was removed to facilitate and support future interoperability between PSYCKES and Electronic Medical Records (EMRs), in order to streamline entry of the PSYCKES consent and allow access of PSYCKES Clinical Summary data directly within EMRs.


Levels of Access to Client Data

With signed consent or emergency (ER) access:

- **All available data provided** with signed consent or ER access...
 - Users ***will be*** able to access a client's Clinical Summary, including data with special protections (i.e., substance use, HIV, family planning, genetic testing)
 - With signed consent:
 - Access to Clinical Summary will be available for 3 years after the client's last billed service at your agency, or until client withdraws consent
 - With ER access:
 - Access to Clinical Summary will be available for 72 hours

PSYCKES Consent

- Best option for viewing client-level data!
- User-friendly design
- Available in 10 languages on our website (www.psyckes.org)



Office of Mental Health | PSYCKES

Consent Form

ABC Agency
Provider/Facility Name

About PSYCKES

The New York State (NYS) Office of Mental Health maintains the Psychiatric Services and Clinical Enhancement System (PSYCKES). This online database stores some of your medical history and other information about your health. It can help your health providers deliver the right care when you need it.

The information in PSYCKES comes from your medical records, the NYS Medicaid database and other sources. Go to www.psyckes.org, and click on **About PSYCKES**, to learn more about the program and where your data comes from.


This data includes:

- Your name, date of birth, address and other information that identifies you;
- Your health services paid for by Medicaid;
- Your health care history, such as illnesses or injuries treated, test results and medicines;
- Other information you or your health providers enter into the system, such as a health Safety Plan.

Your Choice. Please check 1 box only.

I GIVE CONSENT for the provider, and their staff involved in my care, to access my health information in connection with my health care services.

I DON'T GIVE CONSENT for this provider to access my health information, but I understand they may be able to see it when state and federal laws and regulations allow it.



Office of Mental Health | PSYCKES

Information and Consent

- How providers can use your health information.** They can use it only to:
 - Provide medical treatment, care coordination, and related services.
 - Evaluate and improve the quality of medical care.
 - Notify your treatment providers in an emergency (e.g., you go to an emergency room).
- What information they can access.** If you give consent, ABC Agency can see ALL your health information in PSYCKES. This can include information from your health records, such as illnesses or injuries (for example, diabetes or a broken bone), test results (X-rays, blood tests, or screenings), assessment results, and medications. It may include care plans, safety plans, and psychiatric advanced directives you and your treatment provider develop. This information also may relate to sensitive health conditions, including but not limited to:
 - Mental health conditions
 - Alcohol or drug use
 - Birth control and abortion (family planning)
 - Genetic (inherited) diseases or tests
 - HIV/AIDS
 - Sexually transmitted diseases
- Where the information comes from.** Any of your health services paid for by Medicaid will be part of your record. So are services you received from a state-operated psychiatric center. Some, but not all information from your medical records is stored in PSYCKES, as is data you and your doctor enter. Your online record includes your health information from other NYS databases, and new databases may be added. For the current list of data sources and more information about PSYCKES, go to: www.psyckes.org and see "About PSYCKES"; or ask your provider to print the list for you.
- Who can access your information, with your consent.** ABC Agency's doctors and other staff involved in your care, as well as health care providers who are covering or on call for ABC Agency. Staff members who perform the duties listed in #1 above also can access your information.
- Improper access or use of your information.** There are penalties for improper access to or use of your PSYCKES health information. If you ever suspect that someone has seen or accessed your information – and they shouldn't have – call:
 - John Smith at (555) 555-5555, or
 - the NYS Office of Mental Health Customer Relations at 800-597-8481.
- Sharing of your information.** ABC Agency may share your health information with others only when state or federal law and regulations allow it. This is true for health information in electronic or paper form. Some state and federal laws also provide special protections and additional requirements for disclosing sensitive health information, such as HIV/AIDS, and drug and alcohol treatment.¹

BHCC Consent Logic

- The BHCC Patient Information Sharing Consent is intended to cover data sharing by and among the BHCC and the providers in the BHCC network
- Selecting that the client signed the BHCC consent will:
 - Grant users at your provider agency access to clinical summary
 - Grant users at the selected BHCC access to clinical summary when they use their specialized BHCC PSYCKES access view
 - Not automatically grant users at other provider agencies within the network access to the Clinical Summary; each provider serving the client has to check the BHCC consent box in their own PSYCKES view (client only has to sign once)
- Access is granted for 3 years after the last billed service or until the client withdraws their BHCC consent
- If the client withdraws their BHCC consent, the provider agency *and* BHCC will lose their access to the client's Clinical Summary

DOH Health Home Consent (5055/5021)

- Access to client-level data via a signed DOH HH consent form only covers staff who work for the Health Home (HH) or the Care Management (CM) program
- In PSYCKES, the DOH HH consent check box option will only be available for:
 - Provider Agencies recognized as a DOH HH or CMA according to MAPP, **and**
 - Users who say they work for Health Home Administration or the Care Management program, according to their PSYCKES User Role Profile
- Access is granted to the Clinical Summary in real time and will stay active as long as the client's HH/CM enrollment is verified in MAPP system (90-day grace period after entry in PSYCKES)

Obtaining/Documenting Verbal Consent

- The following procedures are required to obtain verbal consent from a client to access their information in PSYCKES:
 1. Content of the PSYCKES consent form is verbally reviewed with the client
 - Explain to the client what PSYCKES is and what information is available
 - Clarify that the client has a choice to either give consent or not give consent
 - Explain that they can withdraw their consent at any time
 2. Staff obtaining verbal consent completes the PSYCKES Consent form
 - Check the “I give consent” check box
 - In the “Signature of Patient” line enter: “Verbal consent with [name of staff obtaining verbal consent]”
 - Enter the client’s name in the “Name of Patient” line
 - Enter the date verbal consent was obtained in the “Date” line
 3. The completed PSYCKES consent form is filed and saved in agency’s records; this can be saved in the client’s paper chart or electronic chart
 4. A copy of the completed PSYCKES consent form with the date of verbal consent is provided to the client via mail, email, or in person at a future date

Clinical Emergency

- Provides access to all available data in the Clinical Summary for 72 hours
- In terms of what constitutes a clinical emergency, you may reference the definition from New York State Public Health Law as guidance (shown below)
- When using the clinical emergency option to access data in PSYCKES, it is best to document the emergency in the client's chart

New York State Public Health Law Section 4900.3

"Emergency condition" means a medical or behavioral condition, **the onset of which is sudden**, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the **absence of immediate medical attention** to result in (a) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of **a behavioral condition placing the health of such person or others in serious jeopardy**; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

Attestation of Service

- When to use:
 - Clients for whom you do not yet have consent
 - Clients that you are beginning to work with but have not yet billed for
 - At the point of intake or during the first few months of treatment
 - Program provides clinical Medicaid services, but does not bill Medicaid (e.g., non-billable partner in a health home or a state-operated inpatient service)
- Level of access :
 - Does **not** provide access to the Clinical Summary
 - Will link clients to your reports (e.g., Recipient Search, My QI Report)

Access Level Comparison Chart

Client data-agency link Type	Client data access type	Any client data?	Data with special protection? (SUD, HIV, Family Planning, Genetic)	Duration
Automatic	Billed service in past 9 months	No, client name only	N/A	9 months after last service
	Attest client is being served at / transferred to agency	No, client name only	N/A	9 months after last service
Manual	Clinical emergency	Yes	Yes, all data	72 hours
	Verbal PSYCKES Consent	Yes	No, limited release	9 months
	PSYCKES Consent BHCC consent	Yes	Yes, all data	3 years after last service
	DOH Health Home Consent	Yes	Yes, all data	Active as long as client's Health Home enrollment is verified in MAPP system

Impact of Entering Consent

- PSYCKES Consent:
 - Any PSYCKES user at your agency will be able to view the Clinical Summary
- BHCC Consent:
 - Any PSYCKES user at your agency AND the BHCC will be able to view the Clinical Summary
- DOH HH Consent:
 - Any PSYCKES user at your agency who has indicated in their User Role Profile that they work for the HH or CM program will be able to view the Clinical Summary
- The Clinical Summary will include all available data (including enhanced PHI substance use, HIV, family planning, genetic testing)

Enabling Access to Client-Level Data

How to Enable Access to Client Data

- Recipient Search

- Search for an individual client using Recipient Identifiers

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Adult Home

Recipient Search Limit results to 50 Search Reset

Recipient Identifiers ← Search in: Full Database MAIN STREET AGENCY

Medicaid ID SSN First Name Last Name DOB

AB12345C MM/DD/YYYY

- Or perform a group cohort search and select “Enable Access” on the Recipient Search results page

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Adult Home

Modify Search 286 Recipients Found View: Standard PDF Excel

High Need Population Health Home Plus (HH+) - Eligible

AND Provider Specific Provider MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ▾	DOB ▾	Gender ▾	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access
QU3PUIRPLA QUVHRUM	UUEoMpioN EE	MTEIMT2IM TavNQ	TQ LQ M96	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-AP, Adher-AP (DOH), Adher-MS (DOH), Cloz Candidate, HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 30d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult	Fidelis Care New York	No Access Enable Access 🔒

How to Enable Access to Client Data

- My QI Report
 - Drill into an indicator's "Recipients" tab

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Adult Home

MAIN STREET AGENCY ⓘ
Quality Indicator Overview As Of 03/01/2024

View: Standard ▾ PDF Excel

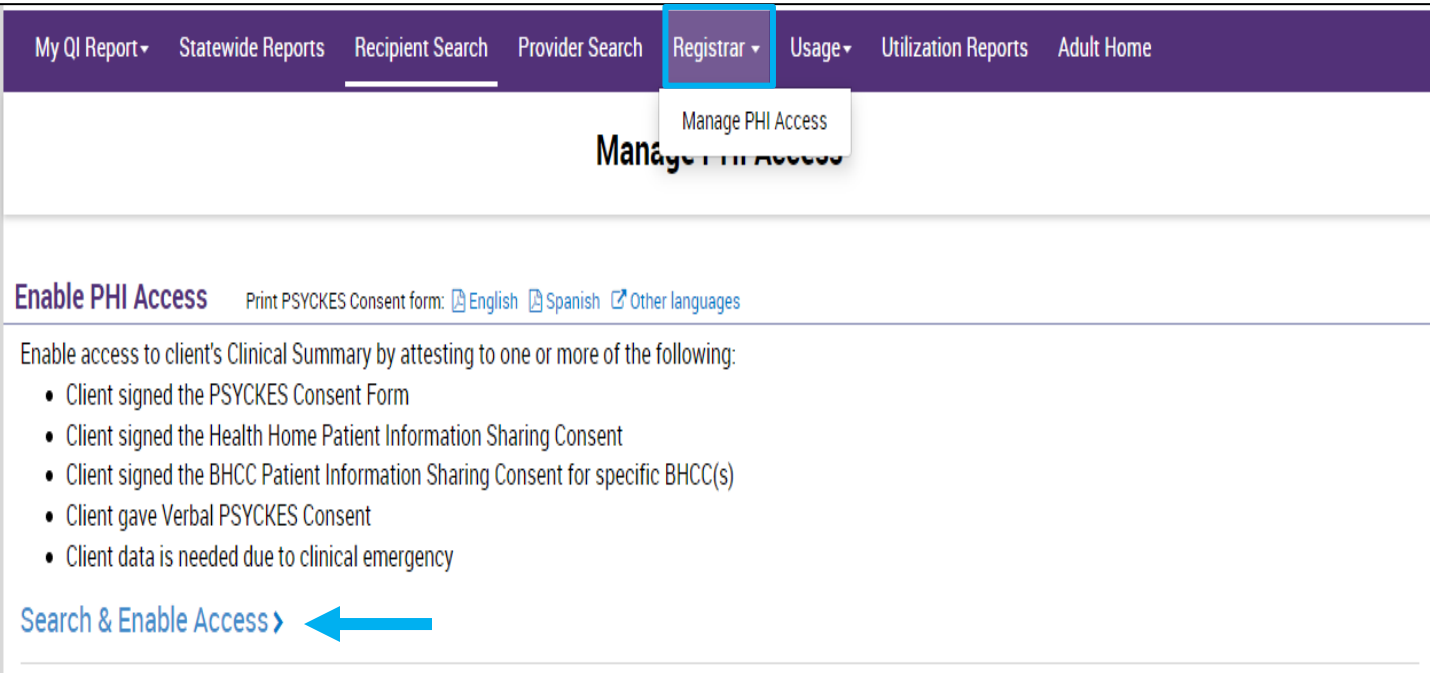
SITE: ALL PROGRAM TYPE: ALL AGE GROUP: ALL MC PRODUCT LINE: ALL CLIENT REGION: ALL CLIENT COUNTY: ALL PROVIDER REGION: ALL PROVIDER COUNTY: ALL MANAGED CARE: ALL [Filters](#) [Reset](#)

Indicator Set: High Utilization - Inpt/ER **Indicator:** 4+ Inpatient/ER - MH

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
		Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access	
QU7NRUQ SVFCQUm SA	Uaio0DauNqU	MDUIMTIIMTauN6	Asian	2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-MH, Adher-AP (DOH), Cloz Candidate, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, MH Plcmt Consid, POP Cloz Candidate, POP High User	No Access	Enable Access 🔒		
UazEUabHVUVU SazTRQ TA	Vr6mN9asNq2	MTEIM9UIMTasNA	Hispanic or Latinx	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Adher-MS (DOH), Cloz Candidate, Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need,	No Access	Enable Access 🔒		

How to Enable Access to Client Data

- Registrar Menu
 - Select the “Manage PHI Access” submenu
 - Next, select “Search & Enable Access”



The screenshot shows a navigation bar with the following items: My QI Report, Statewide Reports, Recipient Search, Provider Search, Registrar, Usage, Utilization Reports, and Adult Home. The Registrar menu is highlighted with a red box, and a dropdown menu is visible with 'Manage PHI Access' selected. Below the navigation bar, the page title is 'Manage PHI Access'. The main content area has the heading 'Enable PHI Access' followed by a link to 'Print PSYCKES Consent form' and three language options: English, Spanish, and Other languages. Below this, there is a paragraph stating 'Enable access to client's Clinical Summary by attesting to one or more of the following:' followed by a bulleted list of five conditions. At the bottom left, there is a link 'Search & Enable Access' with a red arrow pointing to it.


My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Adult Home

Manage PHI Access

Enable PHI Access Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency

[Search & Enable Access](#) 

Enable Access Module

- Recipient Search

- Step 1: Enter recipient identifier(s) and click “Search”

- Medicaid ID
- Social Security Number (SSN)
- First Name (*at least first two characters required, if entered*)
- Last Name (*full last name required, if entered*)
- Date of Birth (DOB) (*enter to improve search results when searching with name*)

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Adult Home

Recipient Search

Limit results to

50 ▾

Search

Reset

Recipient Identifiers

Search in: Full Database MAIN STREET AGENCY

Medicaid ID

SSN

First Name

Last Name





DOB

AB12345C

MM/DD/YYYY

Enable Access Module

- Step 2: Confirm client match and select “Enable Access”
 - If there’s no match, select “Modify Search”

My QI Report ▾ Statewide Reports Recipient Search <u>Provider Search</u> Registrar ▾ Usage ▾ Utilization Reports Adult Home							
← Modify Search		1 Recipients Found				 	
Medicaid ID		AB12345C					
Review recipients in results carefully before accessing Clinical Summary. Maximum Number of Rows Displayed: 50							
Name (Gender - Age)	Unique Identifiers	DOB	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	123 MAIN STREET MAIN CITY, NY 11111	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER- BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid	Amida Care	No Access	 Enable Access 

Enable Access Module

- Step 3: Select the appropriate level of access and click “Next”
 - If you’d like to learn more about what each access level entails, click the “About Access Levels” link

PHI Access for DOE, JANE (F - 60)

Select the level of access [About access levels](#)

The client signed consent

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

- Client gave Verbal PSYCKES Consent
- This is a clinical emergency

Provider attests to serving the client
Will link client to your agency, but will not provide access to clinical summary

- Client is currently served by or being transferred to my agency

Cancel Next

Name (Gender - Age)	Unique Identifier	Current PHI Access
DOE JANE F - 60	Medicaid ID: AEB...	No Access

Enable Access Module

- Step 4: Confirm client's identity before enabling
- Step 5: Select "Enable" or "Enable and View Clinical Summary"

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Adult Home

PHI Access for DOE, JANE (F - 60) ×

PDF Excel

Confirm this is the correct individual before enabling

Unique Identifiers: Medicaid ID: AB12345C
Date Of Birth: 01/01/1964
Address: 123 MAIN STREET, MAIN CITY, NY 11111

Maximum Number of Rows Displayed: 50

How do you know this is the correct person?

Provider attests to client identity

Client provided 1 photo ID or 2 forms of non-photo ID

Identification 1 ▾

Identification 2 ▾

MAIN STREET AGENCY will be given access to all available data for 3 years (renews automatically with billed service).

Previous Cancel **Enable** **Enable and View Clinical Summary**

Name (Gender - Age)	Unique Ident	Care	Current PHI Access
DOE JANE F - 60	Medicaid ID: AB	No Access	Enable Access

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Policies & Procedures



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Policies & Procedures

- To help promote the integration of PSYCKES, organizations are advised to develop, document, and implement policies and procedures for PSYCKES use
- These suggested guidelines/policies provide a framework that should help establish staff accountability, and ideally integrate PSYCKES tasks into existing workflows
- It may be helpful to designate staff to specific PSYCKES-related tasks such as confirming PSYCKES eligibility and obtaining/documenting consent

Essential PSYCKES Tasks	Sample Procedures	Sample Policies
<p>1. Identify All Potential PSYCKES Clients</p> <ul style="list-style-type: none"> • Check if client was previously consented • Obtain Medicaid ID • Verify identity 	<ul style="list-style-type: none"> • Designate staff who will: <ul style="list-style-type: none"> • Identify potential PSYCKES clients (current or previous Medicaid enrollees) • Determine if client is already consented • Obtain/document Medicaid ID or SSN • Verify client's identity • Consider flagging client's medical record for PSYCKES eligibility or if client already signed PSYCKES consent form 	<ul style="list-style-type: none"> • All clients should be screened upon arrival for PSYCKES eligibility • Eligible clients should be consented at earliest opportunity • PSYCKES Clinical Summary should be obtained for all eligible individuals
<p>2. Obtain Client Consent</p> <ul style="list-style-type: none"> • Obtain signature of PSYCKES-eligible client for the applicable consent form: PSYCKES consent, DOH HH consent, BHCC consent • Give copy of the consent form to client 	<ul style="list-style-type: none"> • Designate staff who will: <ul style="list-style-type: none"> • Pre-print PSYCKES consent form and make accessible to staff • Include consent in intake/admission package • Ask clients for consent/answer PSYCKES questions • Provide copy of signed consent form to client • If client refuses to sign, consider if another effort will be made 	<ul style="list-style-type: none"> • Consent to view PSYCKES data should be requested of all eligible individuals with capacity to consent (unless clinically contra-indicated) • Only PSYCKES Consent Form, printed from Registrar Menu, may be used • A DOH HH Consent Form is available to agency users who work for the HH or CM program • A copy of consent form must be given to client

Essential PSYCKES Tasks	Sample Procedures	Sample Policies
<p>3. Determine Whether there is a Clinical Emergency</p> <ul style="list-style-type: none"> In a clinical emergency, the Enable Access module may be used to obtain 72-hour emergency access to client-level data 	<p>**Skip this step if client consented**</p> <ul style="list-style-type: none"> Designate staff who will: <ul style="list-style-type: none"> Determine if there is a clinical emergency Ensure that the medical record supports emergency access by documenting why/how client meets criteria for a clinical emergency Determine if an attempt to consent will occur after 72 hours elapses 	<ul style="list-style-type: none"> Emergency access is available only in a clinical emergency Specify staff authorized to certify clinical emergency Develop guidelines for what constitutes clinical emergency If the client refuses to sign consent form but criteria for emergency access are met, agency may still access client's data (as stated on PSYCKES consent form)
<p>4. Use Enable Access Module to Access Clinical Summary</p> <ul style="list-style-type: none"> PSYCKES user uses Enable Access Module in Recipient Search, My QI Report, or Registrar Menu to: <ul style="list-style-type: none"> Look-up client and verify identity Attest to the right to access client's data 	<ul style="list-style-type: none"> Designate staff who will: <ul style="list-style-type: none"> Navigate to Recipient Search, My QI Report, or Registrar 'Enable PHI Access' menu Search for client using recipient identifiers Select "Enable Access" or "Update Access" Specify basis for accessing client's data Verify client's identity Proceed to access/print Clinical Summary 	<ul style="list-style-type: none"> Designate which staff, or which type of staff will use Recipient Search, My QI Report, or Registrar Menu 'Enable PHI Access' menu to enable access to client-level data Sharing of Office of Mental Health (OMH) User IDs and security tokens is prohibited Consider developing guidelines for when/why staff may attest to client identity

Essential PSYCKES Tasks	Sample Procedures	Sample Policies
<p>5. Retain Signed Consent in Client's Medical Record</p>	<p><i>**Skip this step emergency access was used**</i></p> <ul style="list-style-type: none"> • Designate staff who will be responsible for this task • Specify how/when/where PSYCKES consent form will be filed: <ul style="list-style-type: none"> • Will paper consent form be retained or scanned into EMR? Which section will it be kept in? • Consider barcoding PSYCKES consent form for inclusion in EMR 	<ul style="list-style-type: none"> • The PSYCKES consent form (original or scanned) must be retained in the client's medical record
<p>6. Print Clinical Summary</p>	<ul style="list-style-type: none"> • Designate staff who will: <ul style="list-style-type: none"> • Access client's Clinical Summary via Recipient Search or 'Enable PHI Access' menu • Make selections for printing Clinical Summary (e.g., specify time period, sections) • Export Clinical Summary to PDF and print, or append PDF to EMR • Close PDF document without saving or save only to secure server 	<ul style="list-style-type: none"> • PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients • Designate which staff or types of staff will have PSYCKES access • 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)

Essential PSYCKES Tasks	Sample Procedures	Sample Policies
<p>7. Place Clinical Summary in Client's Medical Record</p>	<ul style="list-style-type: none"> • Designate staff who will: • Specify how/when Clinical Summary will be filed: <ul style="list-style-type: none"> • Will hard copy be retained? • Will PDF be scanned to client's EMR and hard copy shredded? • Which section of the record will the Clinical Summary be filed? 	<ul style="list-style-type: none"> • PSYCKES Clinical Summary should be obtained/retained in medical record for all eligible clients • Redisclosure of confidential information is prohibited, and additional restrictions apply to health information with special protections (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)
<p>8. Review Clinical Summary</p>	<ul style="list-style-type: none"> • Designate staff who will: • Be responsible for reviewing PSYCKES Clinical Summary and when? <ul style="list-style-type: none"> • Prior to documenting psychiatric evaluation and psychosocial assessment? During treatment planning? • Staff reviewing a printed summary should have access to PSYCKES to access further details 	<ul style="list-style-type: none"> • PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients • Designate which staff or types of staff will have PSYCKES access

PSYCKES Consent FAQs

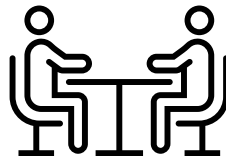


Office of
Mental Health

PSYCKES Consent Script

- To help assist staff members when they are quickly explaining PSYCKES to clients, scripts have been developed to address frequently asked questions
- Below is a script for introducing the PSYCKES consent form to clients:

“Signing this consent form will allow us to know more about your health, your medications, and the other services you receive, so we can provide you with the best possible care.”



PSYCKES Consent FAQs

- What is PSYCKES?
 - PSYCKES is an application that has information from Medicaid and other New York State (NYS) databases about your health history.
- I don't currently have Medicaid. Do I still need to sign?
 - If you have been insured by any Medicaid healthcare plan at any time in the past 5 years or if you are not sure, we recommend that you sign the form.
- What kind of information is in PSYCKES?
 - All services and medications paid for by Medicaid in the past 5 years are in PSYCKES. It shows who provided the service and what condition was being treated. Your record can also include your health information from other NYS databases, and new databases may be added.
- Can I see my PSYCKES health information?
 - Yes, we can provide you with a copy of your PSYCKES Clinical Summary upon request.

PSYCKES Consent FAQs

- I'm not here for psychiatric reasons. Would this consent still apply to me?
 - Yes. PSYCKES has information about your medical health history and medications you've taken. This information helps us give you the best possible care.
- Who will see my data and how will it be used?
 - The information will be safeguarded just like your medical record. Only staff members that need the information to deliver the right care to you will be able to see it.
- What happens if I don't sign the form?
 - While we recommend that you sign, your choice will not affect your ability to receive treatment from us.
- Can I withdraw my consent after I sign?
 - Yes, you PSYCKES consent can be withdrawn at any time.

Registrar Menu

Manage PHI Access

- Enable PHI Access
 - Enable access to a client's Clinical Summary
 - Print PSYCKES Consent form
- Provider Details for Consent form
 - Enter contact information for agency that will pre-populate in PSYCKES Consent form
- Withdraw Consent
 - Register client's withdrawal of consent
 - Print PSYCKES Withdrawal of Consent form
- Deactivate an attestation of service

Manage PHI Access

On the Manage PHI Access screen, users can enable PHI access, edit consent details, withdraw consent, and deactivate attestation of service

Enable PHI Access

Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency

[Search & Enable Access](#) >

Provider Details for Consent form

Use this function to add/edit name(s) and phone number(s) displayed in the consent form before printing.

[Add/Edit Details](#) >

Withdraw Consent

Print Withdrawal of Consent form: [English](#) [Spanish](#) [Other languages](#)

Register client's withdrawal of consent to disable access to client data. Client must sign the PSYCKES withdrawal of Consent form, the DOH Health Home Withdrawal of Consent form, or the BHCC Withdrawal of Consent form, as applicable. For verbal withdrawal of consent the provider can complete the PSYCKES withdrawal of consent form on behalf of the client.

[Search & Withdraw Consent](#) >

Deactivate Attestation of Service

Deactivate an attestation of service that created a manual link between a client and your provider agency.

Note: Clients may still be linked to your provider agency based on Medicaid data.

[Search & Deactivate Attestation](#) >

Enable PHI Access

Manage PHI Access

Manage PHI Access

Print the PSYCKES Consent form in English or Spanish, navigate to our public website for other consent form languages, or search & enable access

Enable PHI Access Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency

[Search & Enable Access >](#) 

[Manage PHI Access](#)

Search & Enable Access

Recipient Identifiers

Medicaid ID	SSN	First Name	Last Name	DOB
<input type="text" value="ABCD1234"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

Provider Details for Consent Form

Provider Details for Consent form

Use this function to add/edit name(s) and phone number(s) displayed in the consent form before printing.

[Add/Edit Details >](#) 

Enter in applicable contact details for improper use and withdrawal of consent

My QI Report - Statewide Reports Recipient Search **Provider Search** Registrar - Usage - Utilization Report

[Back to PHI access](#) **MAIN STREET AGENCY**
Add/Edit Provider Details for consent form

Provider/Hospital to contact for improper use of PSYCKES PHI

Contact Name/Title	<input type="text" value="John Smith"/>		
Phone Number	<input type="text" value="(555) 555-5555"/>	Ext.	<input type="text" value="123"/>

Provider/Hospital to contact for PSYCKES Withdrawal of Consent form

Contact Name/Title	<input type="text" value="Jane Doe"/>		
Phone Number	<input type="text" value="(123) 456-7890"/>	Ext.	<input type="text" value="987"/>
Name/Title of Person to give form to	<input type="text" value="James Brown"/>		

Withdraw Consent

Withdraw Consent

Print Withdrawal of Consent form [English](#) [Spanish](#) [Other languages](#)

Register client's withdrawal of consent to disable access to client data. Client must sign the PSYCKES withdrawal of Consent form, the DOH Health Home Withdrawal of Consent form, or the BHCC Withdrawal of Consent form, as applicable. For verbal withdrawal of consent the provider can complete the PSYCKES withdrawal of consent form on behalf of the client.

[Search & Withdraw Consent >](#)



To withdraw consent, select Search & Withdraw Consent, enter in a recipient identifier, and click "Search"

- [My QI Report](#)
- [Statewide Reports](#)
- [Recipient Search](#)
- [Provider Search](#)
- [Registrar](#)
- [Usage](#)
- [Utilization Re](#)

[Manage PHI Access](#)

Search & Withdraw Consent

Recipient Identifiers

Medicaid ID	SSN	First Name	Last Name	DOB
<input type="text" value="ABCD1234"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

Limit results to [Search](#) [Reset](#)

Withdraw Consent

Confirm you've found the correct client and select "Withdraw Consent"

◀ Manage PHI Access ◀ Modify Search



1 Recipients Found



Medicaid ID ABCD1234

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Unique Identifiers	DOB	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
SMITH JOHN M - 40	Medicaid ID: ABCD1234	01/01/1984	111 MAIN STREET, MAIN CITY, NY 12345	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Adher-MS, Adher-MS (DOH), Cloz Candidate, High MH Need, MH Plcmt Consid, No Engage after MH IP, No ICM after MH ED, No ICM after MH Inpt, No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	MetroPlus Health Plan	PSYCKES Consent	 Withdraw Consent 

Withdraw Consent

Select the consent(s) that needs to be withdrawn and click "Withdraw". You will then see a confirmation message that the consent(s) has successfully been withdrawn.

Withdraw Consent for **SMITH, JOHN (M - 40)**

Select which active consent to withdraw:

- PSYCKES Consent for MAIN STREET AGENCY
- DOH Health Home Patient Information Sharing Consent for MAIN STREET AGENCY

[Cancel](#) [Withdraw](#)

[Manage PHI Access](#)

Search & Withdraw Consent

Consent withdrawn for SMITH, JOHN (M - 40)

Recipient Identifiers

Medicaid ID	SSN	First Name	Last Name	DOB
AB00000A				MM/DD/YYYY

Deactivate Attestation of Service

Deactivate Attestation of Service

Deactivate an attestation of service that created a manual link between a client and your provider agency.

Note: Clients may still be linked to your provider agency based on Medicaid data.

[Search & Deactivate Attestation >](#) 

To deactivate attestation of service, select “Search & Deactivate Attestation”, enter in a recipient identifier and click “Search”

[My QI Report](#) [Statewide Reports](#) [Recipient Search](#) [Provider Search](#) [Registrar](#) [Usage](#) [Ut...](#)

[Manage PHI Access](#)

Search & Deactivate Attestation

Recipient Identifiers

Medicaid ID	SSN	First Name	Last Name	DOB
<input type="text" value="AB12345D"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

Limit results to [Search](#) [Reset](#)

Deactivate Attestation of Service

Confirm you've found the correct client and select "Deactivate"

1 Recipients Found





[Manage PHI Access](#) [Modify Search](#)

Medicaid ID AB12345D

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Unique Identifiers	DOB	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
BROWN JOSEPH M - 60	Medicaid ID:AB12345D	02/01/1964	555 MAIN STREET, MAIN CITY, NY 11111	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP (DOH), Adher-MS, Adher-MS (DOH), HARP No Assessment for HCBS, HHPlus No HHPlus Service > 3 mos, High MH Need, MH Plcmt Consid, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, POP Cloz Candidate, POP High User	Healthfirst PHSP, Inc.	No Access	 Deactivate 

Deactivate Attestation of Service

Deactivate Attestation ✕

Do you wish to deactivate Attestation of service for BROWN JOSEPH (M - 60)

Cancel Deactivate

Select "Deactivate"
You will then see a confirmation message that the attestation has successfully been deactivated.

[Manage PHI Access](#)

Search & Deactivate Attestation

✔ Attestation deactivated for BROWN JOSEPH (M - 60)

Recipient Identifiers

Medicaid ID	SSN	First Name	Last Name	DOB
AB00000A				MM/DD/YYYY

PSYCKES Mobile App



Office of
Mental Health

Mobile App Consent Options


- E-sign PSYCKES consent
 - Available in the mobile app only!
- Client signed (physical) consent
 - PSYCKES
 - BHCC
 - DOH Health Home
- Provider attests to other reason for access
 - Verbal PSYCKES Consent
 - Clinical emergency
- Provider attests to serving the client (*will link client to your agency, but will not provide access to clinical summary*)
 - Client is currently served by or being transferred to my agency

9:25 5G 74%

Cancel

PHI Access for John Doe

e-sign PSYCKES consent

 Review consent form and get client's signature on the screen >

The client signed consent

Client signed a PSYCKES Consent

Client signed a BHCC Patient Information Sharing Consent

Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

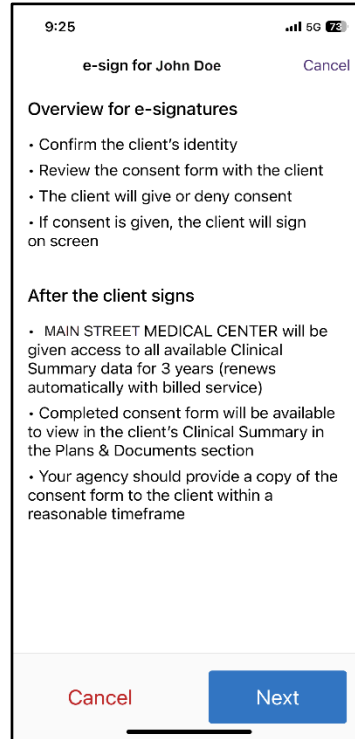
Client gave Verbal PSYCKES Consent

This is a clinical emergency

Cancel Next

E-Sign PSYCKES Consent

- Read overview and tap “Next”
- Attest to client identity via one of the following:
 - “Provider attests to client identity,” if you or someone at your agency has experience with the client
 - Client presented 1 photo ID
 - Client presented 2 forms of non photo ID
- Tap “Next” once a selection has been made



9:25 5G 78%

e-sign for John Doe Cancel

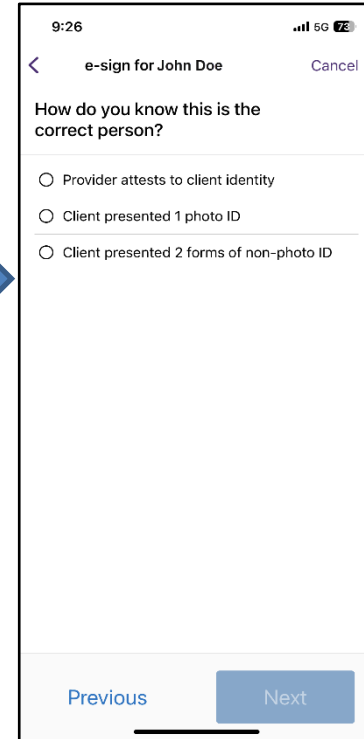
Overview for e-signatures

- Confirm the client's identity
- Review the consent form with the client
- The client will give or deny consent
- If consent is given, the client will sign on screen

After the client signs

- MAIN STREET MEDICAL CENTER will be given access to all available Clinical Summary data for 3 years (renews automatically with billed service)
- Completed consent form will be available to view in the client's Clinical Summary in the Plans & Documents section
- Your agency should provide a copy of the consent form to the client within a reasonable timeframe

Cancel Next



9:26 5G 78%

< e-sign for John Doe Cancel

How do you know this is the correct person?

- Provider attests to client identity
- Client presented 1 photo ID
- Client presented 2 forms of non-photo ID

Previous Next

E-Sign PSYCKES Consent

- Once you've confirmed identity, you'll review the PSYCKES Consent form with the client within the mobile app
- Once fully reviewed, tap "Next"

The screenshot shows a mobile app interface for the PSYCKES Consent Form. At the top, the time is 2:12 and the signal strength is 5G+ with a 98% battery level. The title bar reads "e-sign for John Doe" with a back arrow on the left and a "Cancel" button on the right. The main content area is titled "PSYCKES Consent Form" and includes a section "About PSYCKES" with a paragraph of text and a bulleted list of information stored in the system. Below this is a section "What you Need to Do" with a paragraph of text and a "Please review the choices carefully:" prompt. At the bottom, there are two buttons: "Previous" and "Next".

2:12 5G+ 98%

< e-sign for John Doe Cancel

PSYCKES Consent Form

About PSYCKES

The New York State (NYS) Office of Mental Health maintains the Psychiatric Services and Clinical Enhancement System (PSYCKES). This online database stores some of your medical history and other information about your health. It can help your health providers deliver the right care when you need it.

The information in PSYCKES comes from your medical records, the NYS Medicaid database and other sources. Go to www.psyckes.org, and click on About PSYCKES, to learn more about the program and where your data comes from.

- Your name, date of birth, address and other information that identifies you
- Your health services paid for by Medicaid
- Your health care history, such as illnesses or injuries treated, test results and medicines
- Other information you or your health providers enter into the system, such as a health Safety Plan.

What you Need to Do

Your information is confidential, meaning others need permission to see it. Complete this form now or at any time if you want to give or deny your providers access to your records. What you choose will not affect your right to medical care or health insurance coverage.

Please review the choices carefully:

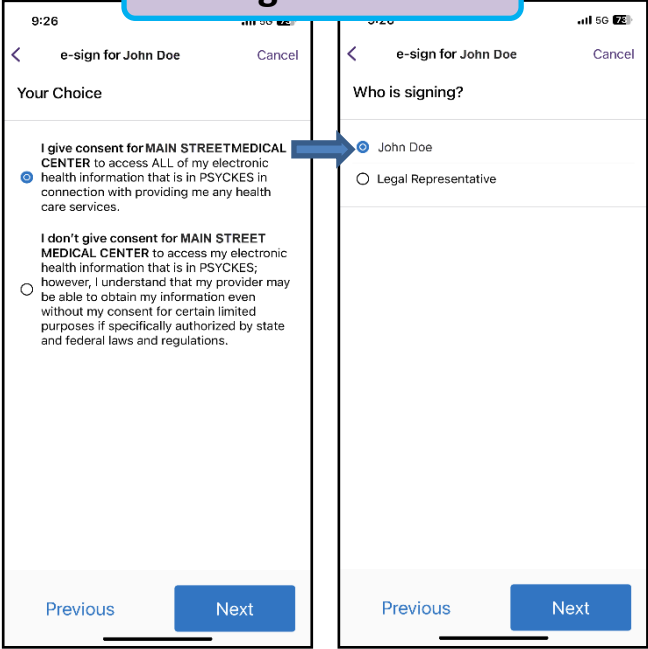
.....

Previous Next

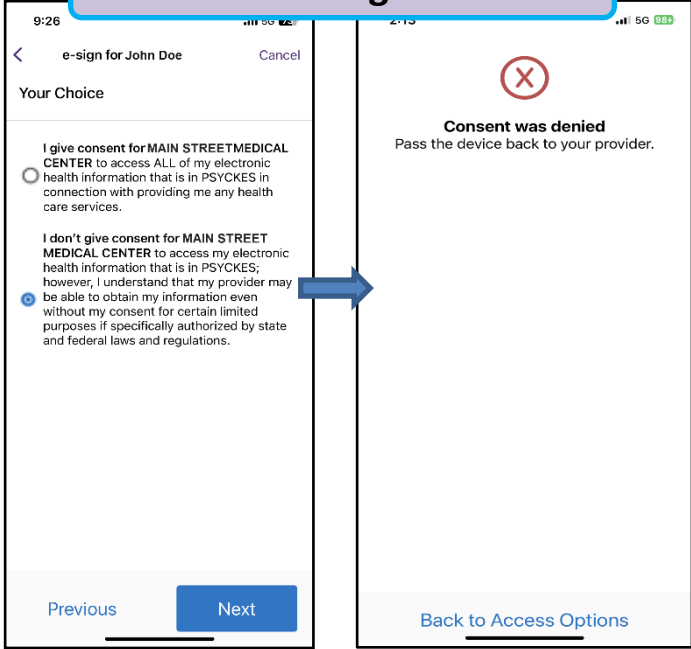
E-Sign PSYCKES Consent

- Client is then prompted to give or deny consent
 - If the client gives consent, they will be prompted to select who will provide the e-signature
 - If the client denies consent, client will be prompted to go back to access options

Client gives consent

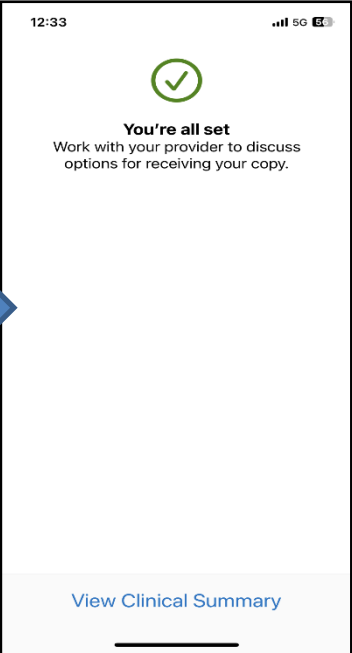
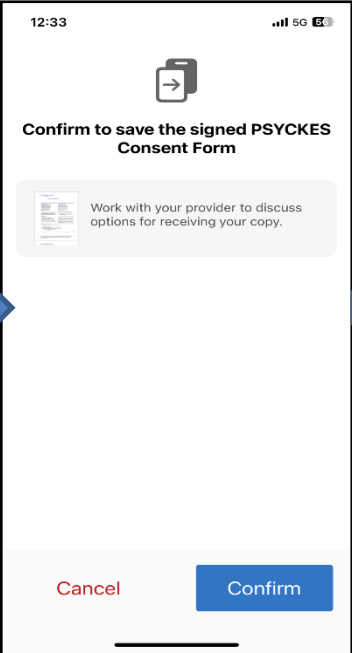
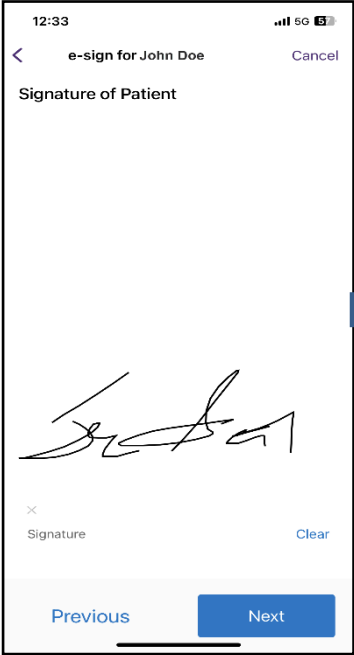


Client does not give consent



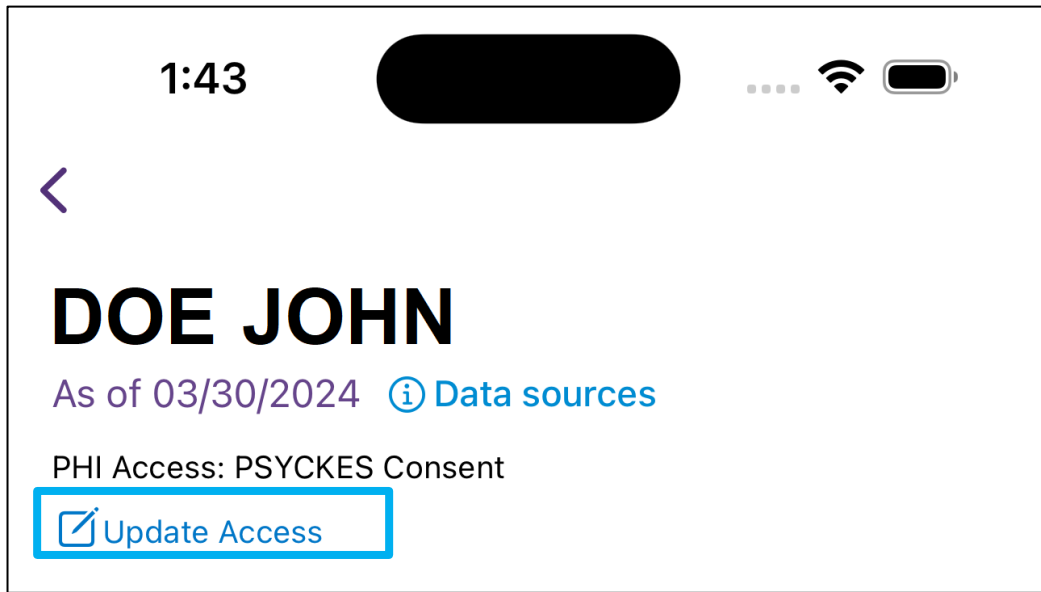
E-Sign PSYCKES Consent

- If the client gives their consent, they will sign their name on the screen (they will have the option to clear their signature if needed)
- Click “Confirm” to save client’s e-signed consent form in the Plans & Documents section of their Clinical Summary
- You’ll then be prompted to view the client’s Clinical Summary



Changing PHI Access

- The Clinical Summary will display the level access your agency has for the client (consent or emergency) at the top
- Tap “Update Access” to change the level of PHI access



Training & Technical Support



Office of
Mental Health

Technical Support

- For more PSYCKES resources, please go to our website at:
www.psyckes.org
- If you have any questions regarding the PSYCKES application, please reach out to our helpdesk:
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- If you're having issues with your token or logging in, contact the OMH or ITS helpdesk:
 - **OMH (Non-OMH/Non-State PC Employee) Helpdesk:**
 - 518-474-5554, opt 2; healthhelp@its.ny.gov
 - **ITS (OMH/State PC Employee) Helpdesk:**
 - 1-844-891-1786; fixit@its.ny.gov