

PSYCKES-Medicaid

Clinical Summary User's Guide



Office of
Mental Health

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Clinical Summary

Overview

The Clinical Summary provides up to five years of individual client data across all treatment settings, including both medical and behavioral health. Available data includes diagnoses; medications; care coordination; behavioral and medical outpatient services; inpatient and emergency room hospital services; dental and vision services; and medical equipment. Data can be viewed at the level of an individual order or service claim. The default view displays the “Brief Overview” which provides a shorter, more concise view of the most critical information in a client’s Clinical Summary. To display more data, click on the “Full Summary” (Figure 1). Clinical Summary data is refreshed on a weekly basis.

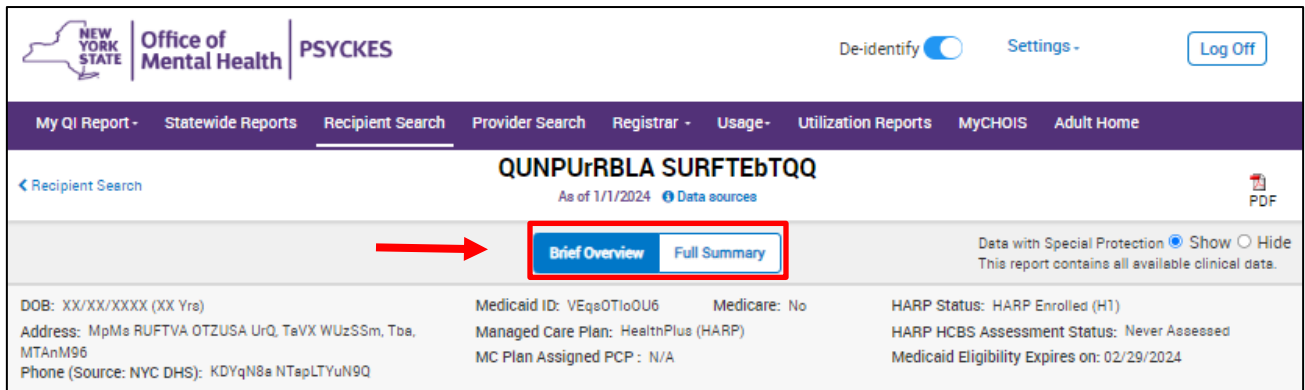


Figure 1. Clinical Summary: Report Header

Note: The “Data sources” link will display a PDF which lists all the data sources that PSYCKES uses to create a client’s clinical summary.

Report Header

The report header includes the following demographic information about the client:

- DOB
- Address*
 - The recipient’s home address is based on the most recent address registered for the recipient with Medicaid and is updated weekly
- Medicaid ID
- Medicare
- Managed Care Plan
- MC Plan Assigned PCP

- HARP Status
- HARP HCBS Assessment Status
- Medicaid Eligibility Expiration

Data with Special Protection

Throughout the Clinical Summary, when service type(s), procedure(s), or diagnoses contain evidence of data with special protection, the data will only be displayed if the recipient has been consented/clinical emergency attested to the agency or hospital viewing the Clinical Summary (see *PSYCKES-Medicaid Enabling Access to Client-Level Data User's Guide* for more details).

Note: Users with state-level access and users from Managed Care Organizations will see all available data, including data with special protection. The data with special protection “Show” and “Hide” feature allows users to toggle between showing and hiding data with special protection in the Clinical Summary and is always displayed for these types of users. Provider level users will see this feature in the Clinical Summary for recipients from whom they have obtained consent. When users select the “Hide” button, all data with special protection will be hidden throughout the Clinical Summary. See the below ‘Client Data’ chart for information on levels of access in PSYCKES.

Data with special protection (formerly known as ‘Enhanced PHI’) is data associated with:

- ❖ HIV
- ❖ substance use
- ❖ family planning
- ❖ genetic information



Use the data with special protection “Show” and “Hide” feature to toggle between showing and hiding data with special protection in the Clinical Summary.

Accessing client data in PSYCKES: Comparison

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 (90 day grace period)

Brief Clinical Summary

Upon opening a client's Clinical Summary, the "Brief Overview" is the default view and provides a shorter, more concise view of the most critical information in a client's Clinical Summary. The information is organized in the following sections:

- **Current Care Coordination**
- **Notifications**
- **Alerts**
- **Social Determinants of Health (SDOH) Past Year**
- **Active Quality Flags**
- **Diagnoses Past Year**
- **Medications Past Year**
- **Outpatient Providers Past Year**
- **All Hospital and Crisis Utilization**
- **Safety Plans**

Current Care Coordination, Notifications, Alerts, SDOHs, Active Quality Flags, and Safety Plans sections will only appear if the client has applicable data in the section. Diagnoses, Medications, Outpatient Providers, and All Hospital and Crisis Utilization sections will continue to appear, even if there is no data in the section. The message "No Medical claims for this data type in the past [time frame] will display in these sections.

The Brief Overview can be exported to PDF for printing by selecting the PDF icon located at the top right of page, or the "Export Overview" link located at the bottom of the page. An example of the exported Brief Overview can be found on the next page.

New York State Office of Mental Health- Confidential (Contains Protected Health Information)
QUFCREbOLA QbVSSEFO
 As of 3/30/2024 This report contains all available clinical data.

DOB	Medicaid ID	Children's Waiver Status
XX/XX/XXXX (XX Yrs)	WU2nNpauMUU	N/A
Address	Medicare	HARP HCBS Assessment Status
MTUnMm SEFSREbORm UEFSSm, QbJPTb6, Tba, MTAqNpM	No	N/A
	Managed Care Plan	Medicaid Eligibility Expires on
	Fidelis Care New York (Mainstream)	
MC Plan Assigned PCP		
N/A		

Notifications

Medicaid Eligibility Alert	This client uses the New York State of Health (NYSoH) enrollment system for Medicaid recertification • For more information contact NYSoH at 1-855-355-5777.
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Diagnoses Past Year

Behavioral Health	No Medicaid claims for this data type in the past year
Medical (7)	5 Most Recent: Viral infection of unspecified site • Illness, unspecified • Encounter for general examination without complaint, suspected or reported diagnosis • Encounter for immunization • Acute pharyngitis ... 5 Most Frequent (# of services): Acute pharyngitis(2) • Acute upper respiratory infections of multiple and unspecified sites(2) • Viral infection of unspecified site(1) • Illness, unspecified(1) • Encounter for general examination without complaint, suspected or reported diagnosis(1) ...

Medications Past Year

No Medicaid claims for this data type in the past year
--

Outpatient Providers Past Year

Outpatient Providers Past Year	Last Service Date & Type	
MONTEFIORE MEDICAL CENTER	8/24/2023	Clinic - Medical Specialty

All Hospital and Crisis Utilization • 5 Years

ER Visits	# Providers	Last ER Visit
No Medicaid claims for this data type in the past 5 years		
Inpatient Admissions	# Providers	Last Inpatient Admission
No Medicaid claims for this data type in the past 5 years		
Crisis Services	# Providers	Last Crisis Service
No Medicaid claims for this data type in the past 5 years		

Figure 2. Clinical Summary: Brief Overview exported to PDF

Current Care Coordination

The Current Care Coordination section (Figure 3) appears in the Clinical Summary of recipients for whom information is available in the databases listed below. Contact information is displayed for the following applicable services:

- **Health Home and Care Management (Enrolled/Outreach)**
- **Assisted Outpatient Treatment (AOT)**
- **Assertive Community Treatment (ACT)**
- **NYC Jail Based Care**
- **NYC Department of Homeless Services (Shelter or Outreach)**
- **Intensive Mobile Treatment**
- **OMH Unsuccessful Discharge/Sustained Engagement Support team**
- **Re-Engagement Alert**
- **Adult Housing/Residential Program Non-Medicaid Care Coordination**

Current Care Coordination	
AOT	ST. MARY'S HEALTHCARE (Enrolled Date: 26-APR-23, Expiration Date: 26-APR-24) Main Contact : Sue Ninan: (518) 770 - 7927
ACT	ST. MARY'S HEALTHCARE (Admission Date: 04-MAR-20) Main Contact : Susan Ninan: --
NYC Dept of Homeless Services Shelter:	PROSPECT PLACE (Single Adult, Mental Health) - BROOKLYN Most Recent Placement Date: 24-JAN-24 Shelter Director Contact : Bridget Mccarthy : 9292014701, Bridget.Mccarthy@cucs.org
Intensive Mobile Treatment (IMT)	Visiting Nurse Service of NY (VNSNY) Queens IMT I (Admission Date: 03-NOV-22) - Main Contact: Cherylann Campbell-McCalla, (718) 888-6947, cherylann.campbell-mccalla@vnsny.org

Figure 3. Clinical Summary: Current Care Coordination Contact Information

Notifications

The Notifications section (Figure 4) appears in the Clinical Summary of displays any potential services that the client is enrolled in, eligible for, or is being sought for care. These messages include:

- **OnTrackNY Early Psychosis Program**
- **OMH Unsuccessful Discharge**
- **Health Home Plus Eligibility**
- **Heath Home Plus service (DOH - MAPP)**
- **OPWDD NYSTART**

- **AOT Referral Under Investigation**
- **Prescription Prior Authorization**
- **High Mental Health Need**
- **POP Potential Clozapine Candidate**
- **POP High User: CORE Eligibility**
- **Mental Health Placement Consideration**
- **Medicaid Eligibility Alert**
- **Active PSYCKES Registry**

Notifications	
POP High User	In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate, please contact the client's managed care plan : UnitedHealthcare Community Plan • Provider Services Line, 866-362-3368, NYBH_QIDept@UHC.COM
POP Potential Clozapine Candidate	Evaluate for potential clozapine initiation/referral due to schizophrenia, high psychiatric inpatient/ER use, and no recent clozapine use. Identify a community-based clozapine prescriber and other supports for clozapine treatment by contacting the client's managed care plan : UnitedHealthcare Community Plan • Provider Services Line, 866-362-3368, NYBH_QIDept@UHC.COM
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: 3+ Inpt MH < 13 months, 4+ ER MH < 13 months
High Mental Health Need due to:	1+ Inpt MH in past 13 months ; ACT enrolled or discharged in past 5 years ; Intensive Mobile Treatment (IMT) in past 5 years
Mental Health Placement Consideration due to:	1+ ER or inpatient visit in the past year with a suicide attempt/ suicide ideation/ self-harm code; 1+ inpatient MH past 5 years; 4+ ER MH < 12 months; ACT enrolled or discharged in the past 5 years; Any history of forensic psych inpatient setting or forensic status in any OMH inpatient setting; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years; Intensive Mobile Treatment (IMT) in past 5 years
CORE Eligibility	This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: https://omh.ny.gov/omhweb/bho/core

Figure 4. Clinical Summary: Notifications

POP Intensive Care Transition Services

NYS Medicaid Performance Opportunity Project (POP) allows MCOs to track Milestones for Intensive Care Transition Services. The following criteria is required to initiate a 9-month episode of Intensive Care Transition Services:

1. The member meets POP eligibility criteria
2. The member is admitted to a medical or behavioral health inpatient unit or ED (the “index event”).
3. The first visit between the member and the care manager meets one of the following conditions:
 - a. An on-site visit by a care manager with the member occurs within 10 days prior to hospital discharge from the index event; or

- b. A face-to-face visit by a care manager with the member occurs in the community within 30 days following hospital discharge from the index event.
4. The Plan opens an episode of Intensive Care Transition Services (the “episode”) in PSYCKES by reporting the following information within 90 days of the first visit between the care manager and the member meeting the criteria.
- a. Date of admission and discharge from the index event; and
 - b. Date of the first visit between the member and the care manager

POP Intensive Care Transition Services	
Episode of intensive care transitions in progress since 10/12/2023 AIDS CENTER OF QUEENS COUNTY, INC.: Bridger Service	Add or view services >

Figure 5. Clinical Summary: POP Intensive Care Transition Services

Active Medicaid Restrictions

The Active Medicaid Restrictions section appears only for recipients who have Medicaid restrictions. The table includes the type of restriction(s) (e.g., inpatient pharmacy, physician), the begin date, and the name and contact information of the provider(s) to which the recipient is restricted (Figure 6). The data is updated weekly from the Medicaid database.

Active Medicaid Restrictions This individual can only receive the Medicaid service(s) from provider(s) identified below	
Restrictions Type	Restrictions Provider
Clinic	(Begin Date: 15-JUL-16) : P R O M E S A, 311 E 175th St, Bronx, NY, Phone: (347) 649-3083
Pharmacy	(Begin Date: 21-DEC-15) : JOLIN RX INC, 1870 Grand Concourse, Bronx, NY, Phone: (718) 294-5588
Inpatient	(Begin Date: 02-MAR-15) : BRONXCARE HEALTH SYSTEM, 1276 Fulton Ave Rm 208, Bronx, NY, Phone: (718) 901-8918
Dental Clinic	(Begin Date: 26-JAN-09) : BRONXCARE HEALTH SYSTEM, 1276 Fulton Ave Rm 208, Bronx, NY, Phone: (718) 901-8918

Figure 6. Clinical Summary: Active Medicaid Restrictions

Social Determinants of Health

The Social Determinants of Health (SDOH) section includes societal and environmental conditions that can impact a wide range of health risks and outcomes (i.e., food insecurity, inadequate housing, problems related to education, employment, etc.) Users can select a specific SDOH to view more details, such as: date of service, service type, service subtype, provider name, and any other primary/secondary/quality flag-related diagnoses. This data comes from Medicaid-billing codes.

The Social Determinants of Health section includes 18 different categories:


- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial circumstances
- Problems related to medical facilities and other health care
- Problems related to life management difficulty
- Problems related to housing and economic circumstances
- Problems related to employment and unemployment
- Problems related to education and literacy
- Problems related to certain psychosocial circumstances
- Persons encountering health services for other counseling and medical advice, not elsewhere classified
- Personal risk factors, not elsewhere classified
- Perpetrator of assault, maltreatment, and neglect
- Other problems related to primary support group, including family circumstances
- Other nutritional deficiencies
- Occupational exposure to risk factors
- Adult and child abuse, neglect and other maltreatment, suspected
- Adult and child abuse, neglect and other maltreatment, confirmed

Social Determinants of Health (SDOH) reported in billing	
Personal risk factors, not elsewhere classified	Other specified personal risk factors, not elsewhere classified
Problems related to employment and unemployment	Unemployment, unspecified
Problems related to housing and economic circumstances	Homelessness • Homelessness unspecified • Unsheltered homelessness • Sheltered homelessness
Problems related to other psychosocial circumstances	Imprisonment and other incarceration • Problems related to other legal circumstances

Figure 7. Clinical Summary: Active Medicaid Restrictions

Alerts

The Alerts section is organized chronologically and appears only for recipients who have had alerts from DHS, NIMRS and/or service invoices from Medicaid. These alerts data relate to suicide attempt, suicidal ideation, self-inflicted harm, self-inflicted poisoning, homelessness (DHS/billing) overdose risk: concurrent opioid & benzodiazepine past 1-year, intentional opioid overdoses, and/or positive suicide/depression screenings (CSSRS/PHQ9). The table includes the alerts type, number of events/meds/positive screens, first date, most recent date, provider name(s), program name, and severity/diagnosis/meds/results diagnosis (Figure 8).

 Suicide attempt data from NIMRS will show all available data and is not restricted to the 5 year look back period like the rest of the Medicaid claims data in the rest of the Alerts and Incidents section.






Alerts <small>Incidents from NIMRS, Service invoices from Medicaid</small>							Table	Graph
Alert Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/Meds/Results		
Homelessness - NYC DHS Shelter	1	12/10/2019	12/18/2019	ATLANTIC ASSESSMENT SHELTER	Single Adult, Assessment			
Overdose - Opioid	4	2/8/2023	9/27/2023	BRONXCARE HOSPITAL CENTER	Inpatient - SU	Overdose - Opioid		
Homelessness - reported in billing	3	12/18/2021	6/23/2023	BELLEVUE HOSPITAL CENTER	ER - Medical; Homelessness - Unspecified			
Treatment for Suicidal Ideation	2	8/25/2018	8/26/2018	KINGS COUNTY HOSPITAL CENTER	Inpatient - SU	Suicidal Ideation		

Figure 8. Clinical Summary: Alerts

Quality Flags

The default view of the Quality Flags section lists each of the indicator set(s) and quality flag condition(s) that the recipient is currently flagged for (Figure 9). If a recipient has been flagged for multiple indicators in which a condition overlaps, the indicator of higher-level concern will be displayed. For example, if a recipient was flagged for “Antipsychotic Two Plus” (2AP), the 2AP flag will not be displayed. However, this logic does not apply in the Flag History graph or table. The quality flags information is current as of the report date displayed on the monthly QI report.

 Quality flag definitions can be obtained by clicking on the “Definitions” link at the top of the quality flags table header. A pop-up table containing each indicator and its definition will appear.

- ❖ **Scroll** through the table to view the indicators/definitions.
- ❖ **Search** for a specific quality indicator using the search box in the upper right corner of the table.
- ❖ **Export** the indicators/definitions to a PDF by clicking the “Export to PDF” icon located on the lower right corner.

Quality Flags <small>as of monthly QI report 2/1/2024</small> Definitions		Recent	All (Graph)	All (Table)
Indicator Set				
BH QARR - Improvement Measure	No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic • No Metabolic Monitoring (Gluc/HbA1c) on Antipsychotic • No Metabolic Monitoring (LDL-C) on Antipsychotic			
General Medical Health	No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic Adults • No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)			
Health Home Care Management - Adult	HARP Enrolled - Not Health Home Enrolled • HARP-Enrolled - No Assessment for HCBS			
High Mental Health Need	1- Inpt MH in past 13 months • ACT enrolled or discharged in past 5 years • AOT active or expired in past 5 years			
High Utilization - Inpt/ER	2+ Inpatient - BH • 2+ Inpatient - MH			
Mental Health Placement Consideration	1- ER or inpatient visit in the past year with a suicide attempt/ suicide ideation/ self-harm code • 1+ inpatient MH past 5 years • 4- ER MH < 12 months • Any history of forensic psych inpatient setting or forensic status in any OMH inpatient setting • Any history of mental health diagnosis or treatment in jail • Any history of prison MH outpatient services • Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years			
Readmission Post-Discharge from any Hospital	BH to BH • MH to MH • Medical to All Cause			
SUD Performance Tracking Measure (as of 08/01/2023)	No Engagement in SUD Treatment (Last DOH Refresh As Of: 12/01/22) • No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence			
Treatment Engagement	Adherence - Antipsychotic (Schiz) • Discontinuation - Antidepressant <12 weeks (MDE)			
Vital Signs Dashboard - Adult (as of 08/01/2023)	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months (adult) • No Follow Up After MH ED Visit - 30 Days (adult) • No Follow Up After MH ED Visit - 7 Days (adult) • Readmission (30d) from any Hoosp: MH to MH (adult)			

Figure 9. Clinical Summary: Quality Flags (Default View)

To view a recipient’s quality flag history, users can click the “Graph” or “Table” option in the quality flags table header to view all the indicators for which the recipient has been flagged within the past 5 years. Clicking the “Current Flag” button will return the “Quality Flags” table, which lists current flags.

Graph: The graph view displays a timeline with a row for each recipient’s quality flag sorted by date and the dots indicate the months the flag was active. Data for five years will be displayed, if available (Figure 10).

Table: The table view displays the following data about the recipient for the summary period selected (Figure 11):

- Indicator set
- Quality flag
- First flag
- Most recent flag
- Number of months flagged
- Whether the quality flag is active (Yes/No)

For more information on Quality Flags, please view our My QI Report - Quality Indicator Overview User’s Guide.

Screenings & Assessments

The Screenings & Assessments section of the Clinical Summary will display the assessment name, number of assessments entered, last assessment date, last assessment provider, last assessment rated by (role), and last assessment results. Users can see the assessment results based on a client’s consent (Figure 12).

Plans & Documents

Plans and Documents section of the Clinical Summary will display the date document was created, the document type, provider name, document created by, and role. Provider users will be able to either upload an existing document or they may create a "new" document of either a Psychiatric Advance Directive or a Stanley Brown Safety Plan templates. Users can see uploaded plans or documents based on client’s consent (Figure 12).

PSYCKES Registries

The “PSYCKES Registries” section is available in the Clinical Summary if applicable for that client. The PSYCKES MyCHOIS application allows creation of a client registry to monitor specific clients at risk. The three registries currently in MyCHOIS are the Suicide Care Pathway, High Risk List, and State PC COVID-19 registry. Information contained in this section includes the type of registry, provider name who placed the client on this registry, date added to registry, date removed from registry (or “active” if still on the registry), and most recent registry designation (Figure 13).

Screenings & Assessments Definitions						Table	Graph
Assessment Name	Number of Assessments Entered	Last Assessment Date	Last Assessment Provider	Last Assessment Rated by (Role)	Last Assessment Results		
C-SSRS (Suicide Screen)	1	9/14/2020	Client	Administered in PSYCKES mobile app	PSYCKES consent or emergency required to view results		
PHQ-9 (depression screening and monitoring)	1	9/14/2020	Client	Administered in PSYCKES mobile app	PSYCKES consent or emergency required to view results		

Plans & Documents Upload Create New						
Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document	
7/28/2021	Safety Plan	CRYSTAL RUN HEALTHCARE	Mangillo, Melanie	N/A		

PSYCKES Registries About PSYCKES Registries					
Registry	Provider Name(s)	Added On	Removed on	Designations	
Suicide Care Pathway	HUTCHINGS PSYCHIATRIC CENTER	6/1/2021	9/1/2021	+C-SSRS	

Figure 12. Clinical Summary: Screenings & Assessments, Alerts & Incidents, and PSYCKES Registries

Diagnoses

The Diagnoses section of the Clinical Summary consists of Behavioral Health Diagnoses and Medical Diagnoses. The client-level Clinical Summary includes diagnoses in the primary, secondary, and tertiary level (if they are related to a quality flag in PSYCKES). The diagnoses will be listed in the order of ‘most frequent’ first.

If a diagnosis is selected, a table will display each service provided for that selected diagnosis. The table will include date of service, service type, service sub-type, provider name, and diagnosis (Figure 13).

Behavioral Health Diagnoses Primary, secondary, and quality flag-related diagnoses (most frequent first)	
Schizophrenia • Adjustment Disorder • Cocaine related disorders • Substance-Induced Psychotic Disorder	
Medical Diagnoses Primary, secondary, and quality flag-related diagnoses (most frequent first)	
Diseases Of The Musculoskeletal System And Connective Tissue	Dorsalgia • Other and unspecified soft tissue disorders, not elsewhere classified
Endocrine, Nutritional And Metabolic Diseases	Unspecified protein-calorie malnutrition
External Causes Of Morbidity	Striking against or struck by other objects
Factors Influencing Health Status And Contact With Health Services	Problems related to housing and economic circumstances • Persons encountering health services for specific procedures and treatment, not carried out • Encounter for screening for other diseases and disorders
Injury, Poisoning And Certain Other Consequences Of External Causes	Effects of other deprivation • Dislocation and sprain of joints and ligaments at wrist and hand level
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified	Headache • Abdominal and pelvic pain • Nausea and vomiting • Other symptoms and signs involving the digestive system and abdomen • Elevated blood glucose level • Symptoms and signs involving emotional state • Other symptoms and signs involving general sensations and perceptions • Symptoms and signs concerning food and fluid intake

Figure 13. Clinical Summary: Behavioral Health and Medical Diagnoses

Services provided for the selected Diagnosis: Schizophrenia				
Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
9/26/2023	Inpatient-ER	ER - Medical	NEW YORK PRESBYTERIAN HOSPITAL	Alcohol abuse, uncomplicated, Dorsalgia, unspecified, Dysuria, Essential (primary) hypertension, Hematuria, unspecified, Other abnormal findings on microbiological examination of urine, Schizophrenia, unspecified, Sedative, hypnotic or anxiolytic abuse, uncomplicated, Type 2 diabetes mellitus without complications
2/12/2023	Inpatient-ER	ER - MH - CPEP	BELLEVUE HOSPITAL CENTER	Schizophrenia, unspecified, Sheltered homelessness, Type 2 diabetes mellitus without complications

Figure 14. Clinical Summary: Selected Diagnosis (Schizophrenia)

Integrated View of Services Over Time

The Integrated View of Services Over Time section can present raw data on the client’s service utilization for up to the past 5 years (Figure 15). The graph view uses dots to represent distinct services and lines to represent continuous services (e.g., hospital inpatient stays). The graph view also displays a “Medicaid Eligibility” line showing the time period during which a recipient was eligible for Medicaid service and identifies any gaps in eligibility. The table view displays the following information for the time period selected: date of service, service type, service subtype, provider name, procedure/medication, and diagnoses.

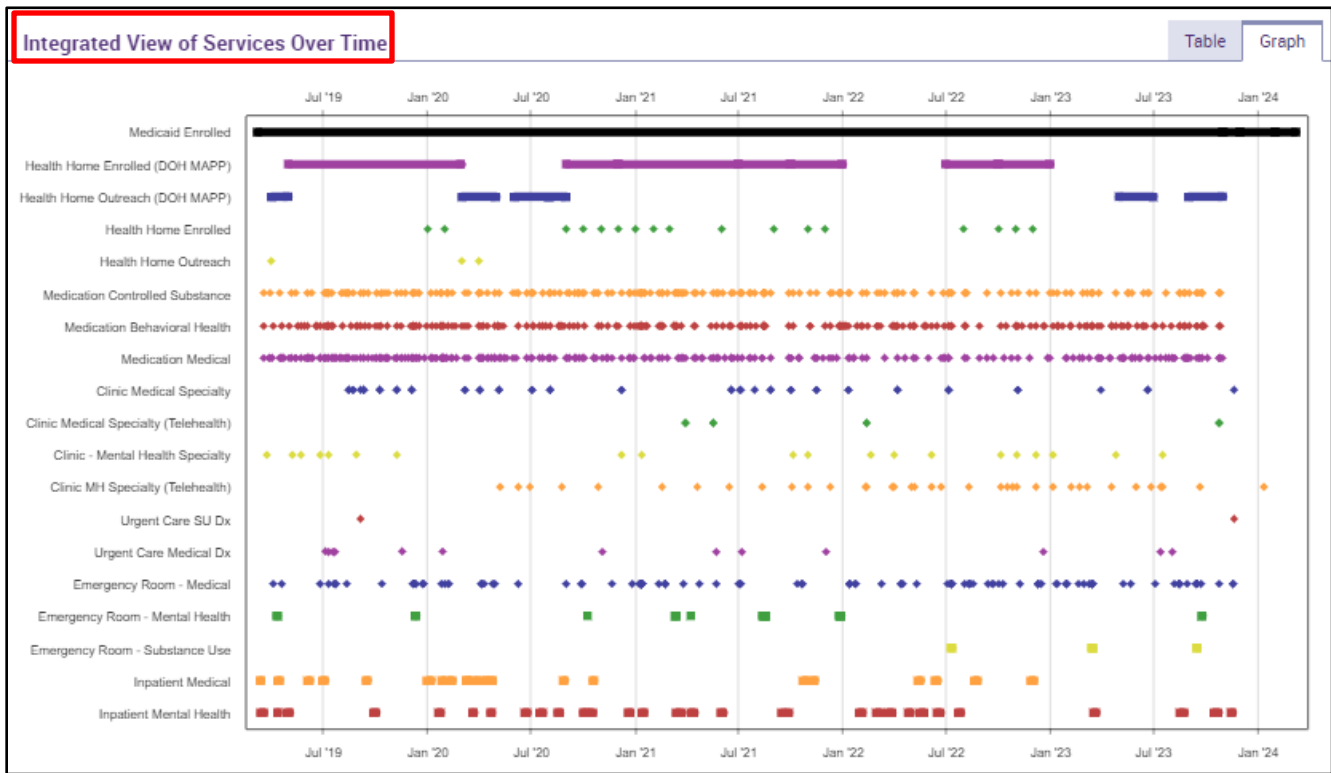


Figure 15. Clinical Summary: Integrated View of Services Over Time

Care Coordination

The Care Coordination section listed underneath the Integrated View of Services Over Time displays current and historical care coordination service type, provider, dates of initial and last billing, and number of bills for the following applicable services (Figure 16):

- Health Home and Care Management
- Assisted Outpatient Treatment (AOT)
- Assertive Community Treatment (ACT)
- Waiver Services (Adult and Child)
- Health Home Plus (DOH-MAPP/Medicaid)
- Non-Medicaid Care Coordination (CAIRS)
- Service Coordination – OPWDD
- Care Coordination Organization (DD Health Home)
- Intensive Mobile Treatment
- Mobile Integration Team (MIT) – State PC
- NYC Jail Based Care (CHS)

Note: The “Last Date Billed” table column will display “Current” if the service is still active.

Care Coordination Details					Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of bills		
Health Home - Outreach (DOH MAPP)	NEW YORK CITY HLTH & HOSP CORP (HH), CONEY ISLAND HOSPITAL SCM (CM)	11/1/2023	2/29/2024	3		Details
Health Home Plus	MONTEFIORE MEDICAL CENTER	6/1/2022	5/1/2023	8		Details
AOT (TACT Data)	UNIV. CONSULTATION & TX CTR FOR MH, INC.	10/15/2020	4/15/2021	1		Details
Health Home - Enrolled	JACOBI MEDICAL CENTER	10/1/2019	3/1/2020	6		Details


Figure 16. Clinical Summary: Care Coordination

Medications

The Medication section include: **Controlled Substance, Behavioral Health** and **Medical**.



These sections display trials of medications picked up at a pharmacy, prescribed by any provider, and the following information (Figure 17):




- Schedule (applicable to controlled substances)
- Drug class
- Drug name
- Last dose
- Estimated duration of medication
- First and last date of medication pick-up

 Clicking on the drug name will open a separate window to Micromedex with details about that specific medication.

Graph: You can also toggle to a Graph view for visual representation of the client's medication adherence.

Export all the client's medication information to PDF or Excel.

Medication: Controlled Substance Details							Table	Graph
Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up		
	Anxiolytic/Hypnotic	Lorazepam, Injection	2 MG	1 Month(s) 2 Week(s) 1 Day(s)	10/7/2023	11/21/2023		
	Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	1 Day(s)	10/1/2023	10/1/2023		

Medication: Behavioral Health Details							Table	Graph
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up			
Antipsychotic	Haloperidol	5 MG , 3/day	3 Month(s) 4 Week(s) 1 Day(s)	5/24/2023	6/24/2023			
Mood Stabilizer	Divalproex Sodium	500 MG , 2/day	4 Month(s) 1 Week(s)	5/15/2023	6/24/2023			
Antipsychotic	Olanzapine	10 MG , 1/day	2 Month(s) 4 Week(s) 1 Day(s)	9/7/2022	9/7/2022			




Medication: Medical Details							Table	Graph
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up			
Antiparkinson Anticholinergics	Benzotropine Mesylate	0.5 MG , 1/day	3 Month(s) 1 Week(s)	12/7/2023	2/13/2024			
Analgesics Other	Acetaminophen (Acetaminophen Extra Strength)	500 MG , 6/day	1 Week(s)	10/16/2023	10/16/2023			
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	Ibuprofen	600 MG , 3/day	1 Month(s) 1 Week(s) 5 Day(s)	9/11/2023	10/16/2023			

Figure 17. Clinical Summary: Controlled Substance, Behavioral Health and Medical Medications

The “Details” button next to the section header will display a list of trials and orders for all medications prescribed in the time frame of the Clinical Summary (Figure 18). The Orders tab will display information about each specific and distinct medication order. Information is provided on pick up date, brand name, generic name, drug class, medication strength, quantity dispensed, days supply, tabs per day, total daily dose, route of administration, name of prescriber, and name of pharmacy where the medication was picked up.

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up
Antipsychotic	Haloperidol	5 MG , 3/day	3 Month(s) 4 Week(s) 1 Day(s)	5/24/2023	6/24/2023

Pick Up Date	Brand Name	Generic Name	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabo Per Day*	Total Daily Dose*	Route	Prescriber	Pharmacy
6/24/2023	Haloperidol	Haloperidol	Antipsychotic	5 MG	270	90	3	5 MG, 3/day	Oral	Mamkin Igor	THE NEW YORK AND PRESBYTERIAN HOSPI
6/24/2023	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	180	90	2	500 MG, 2/day	Oral	Mamkin Igor	THE NEW YORK AND PRESBYTERIAN HOSPI
6/24/2023	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	250 MG	90	90	1	250 MG, 1/day	Oral	Mamkin Igor	THE NEW YORK AND PRESBYTERIAN HOSPI
5/24/2023	Divalproex Sodium	Divalproex Sodium	Mood Stabilizer	500 MG	60	30	2	500 MG, 2/day	Oral	Sikder Mobaswera Banu	THE NEW YORK AND PRESBYTERIAN HOSPI

Figure 18. Clinical Summary: Medication “See All Prescription Details”

The “See Details” button at the end of each medication row will populate a list of trials and orders specifically for that medication (Figure 19). In the example below, clicking on “See Details” for Fluvoxamine Maleate provides a history of all Fluvoxamine Maleate trials and orders in the time frame of the Clinical Summary.

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up
Antipsychotic	Haloperidol	5 MG , 3/day	3 Month(s) 4 Week(s) 1 Day(s)	5/24/2023	6/24/2023

Pick Up Date	Brand Name	Generic Name	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabo Per Day*	Total Daily Dose*	Route	Prescriber	Pharmacy
6/24/2023	Haloperidol	Haloperidol	Antipsychotic	5 MG	270	90	3	5 MG, 3/day	Oral	Mamkin Igor	THE NEW YORK AND PRESBYTERIAN HOSPI
5/24/2023	Haloperidol	Haloperidol	Antipsychotic	5 MG	90	30	3	5 MG, 3/day	Oral	Sikder Mobaswera Banu	THE NEW YORK AND PRESBYTERIAN HOSPI
7/13/2021	Haloperidol	Haloperidol	Antipsychotic	20 MG	30	30	1	20 MG, 1/day	Oral	El Sara Ammar	1746 PHARMACY CORP

Figure 19. Clinical Summary: Medication “See Details”

Services

The Clinical Summary provides information on the following services:

- Behavioral health and medical
- Laboratory and pathology outpatient services
- Laboratory Results (State PC)
- Radiology
- Hospital/ER/Crisis services
- Medical equipment
- Dental and vision services
- Transportation services
- Living support/residential treatment

In the summary views of the **Behavioral Health Services** and **Medical Outpatient Services** sections (Figure 20), each row displays the:

- Service type
- Provider
- First/Last date billed
- Number of visits
- Most recent primary diagnosis
- Most recent procedures (Last 3 months)



Clicking “See All Service Details” or “See Service Details” will provide specific information for each service/visit including primary/secondary/quality flag related diagnoses, practitioner, and procedure diagnoses.

Behavioral Health Services Details							Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)		
CCBHC	BESTSELF BEHAVIORAL HEALTH, INC	11/17/2020	10/21/2021	60	Opioid dependence, uncomplicated	- Comm Bh Clinic Svc Per Diem		

Medical Outpatient Services Details							Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)		
Clinic - Medical Specialty	MOUNT ST MARYS HSP OF NIAGARA FALLS	3/16/2021	3/23/2021	2	Atherosclerotic heart disease of native coronary artery without angina pectoris	- Hospital Outpt Clinic Visit - Electrocardiogram Tracing		

Figure 20. Clinical Summary: Behavioral Health & Medical Services

The **Hospital/ER/Crisis Services** section provides details on Inpatient, Emergency Room, or Crisis Services. Multiple visits to the same hospital that are a day apart are rolled up into one service in the summary table, whereas multiple visits to different hospitals that are a day apart will appear as separate services (Figure 21). Service Types are separated between Medical, Mental Health, or Substance Use.

Please note: Services related to ePHI (i.e., substance use, HIV, genetic information, or family planning) will not be displayed if the provider user does not have consent or attest to an emergency.

Hospital/ER/Crisis Services Details							Table	Graph
Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)		
ER - MH	BROOKDALE HOSPITAL MEDICAL CENTER	12/21/2023	12/21/2023	1	Adjustment disorder, unspecified	- Emergency Dept Visit Sf Mdm, Haloperidol Injection, Lorazepam Injection		
ER - MH	BROOKDALE HOSPITAL MEDICAL CENTER	12/18/2023	12/18/2023	1	Schizophrenia, unspecified	- Emergency Dept Visit Sf Mdm		
ER - Medical	MEDS OOS ER & OUTPATIENT	12/5/2023	12/5/2023	1	Encounter for screening, unspecified	- Emergency Dept Visit Low Mdm, Reagent Strip/Blood Glucose		

Figure 21. Clinical Summary: Hospital/ER/Crisis Services

Information in the **Laboratory and Pathology** section can be used to establish if or when a certain procedure (e.g., blood work) was performed. Service type and provider is also available. This information can help determine whether a recipient has been keeping up to date with blood tests and screenings. However, the test results are not available because Medicaid claims do not provide test results.

However, for clients who received laboratory testing from a State-Operated Psychiatric

Center, results of the lab tests will be available in the section called “**Laboratory Results (EMR).**” The data source for this information is an OMH database called Cerner. Information in this “Laboratory Results (EMR)” section (Figure 22) will be organized by test name and the information provided will include:

- Test Name
- Most Recent Test Panel
- Date first collected
- Date last collected
- Number of Tests
- Number of Abnormal Tests
- Most Recent Test Results and an indication if the most recent result was Low, Critically Low, High, or Critically High
- Normal Range for that test
- Critical Range for that test

Laboratory Results (State PC) Details											Table	Graph
Test Name	Most Recent Test Panel	# Tests	First Collected	Most Recent	Most Recent Results	L or H	# Abnormal Tests	Last Abnormal	Last Abnormal Results	Normal Range		
WBC	Complete Blood Count	16	10/6/2020	4/1/2024	6.7 x10e3/uL		0			4.8 - 10.8		
MCV	Complete Blood Count	35	10/6/2020	4/1/2024	83.0 fL		0			80.0 - 94.0		
Hematocrit	Complete Blood Count	35	10/6/2020	4/1/2024	45.5 %		1			42.0 - 52.0		
MCHC	Complete Blood Count	35	10/6/2020	4/1/2024	34.0 g/dL		0			33.0 - 37.0		

Figure 22. Clinical Summary: Hospital/ER/Crisis Services

The additional service sections of the Clinical Summary, Dental, Vision, Living Support/Residential Treatment, Laboratory & Pathology, Radiology, Medical Equipment, and Transportation, are displayed below (Figure 23).

Dental Details							Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Procedures (Last 3 Months)			
Unspecified Setting	MEDS OOS PHYSICIAN & OTHE	5/11/2017	5/11/2017	1	- Preorthodontic Tx Visit - 2d Cephalometric Image - Oral/Facial Photo Images - Panoramic Image			

Vision Details							Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Procedures (Last 3 Months)			
Eye Appliances - Unspecified Setting	JACOBS ALYSHA KIM	10/15/2021	10/15/2021	1	- Lens Sphcyl Bifocal 4.00d/.1 - Vision Svcs Frames Purchases			

Living Support/Residential Treatment Details						Table	Graph
Program/Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits			
Home Care - Unspecified Type	NORTH SHORE UNIVERSITY HOSPITAL	6/1/2021	9/1/2021	3			

Laboratory & Pathology Details				Table	Graph
Program/Type	Test Name	Date Billed	Provider		
Office/ Outpatient/ Laboratory	Drug Test Prsmv Chem Anlyzr	10/6/2021	MEDS OOS LAB		

Radiology Details				Table	Graph
Program/Type	Test Name	Date Billed	Provider		
Emergency	Echo Exam Of Abdomen	7/8/2021	SBH PHYSICIANS PC		

Medical Equipment Details							Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)		
Pharmacy - DME - Home Care and Other	OCEAN BREEZE INFUSION CARE INC	3/16/2021	4/20/2021	2	Repeated falls	- Walker Folding Wheeled W/O S		

Transportation Details						Table	Graph
Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis		
Ambulance	EMT OF CVPH INC	10/10/2019	8/20/2021	4	Suicidal ideations		
Ambulance	MORRISONVILLE-SCHUYLER FALLS VOLUNT	7/16/2021	7/16/2021	1	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter		

Figure 23. Clinical Summary: Dental, Vision, Living Support/Residential Treatment, Laboratory & Pathology, Radiology, Medical Equipment, and Transportation

Tips for Using the Clinical Summary

Sections

Navigation links for each section of the Clinical Summary are available at the top of the page under Sections (Figure 24). Clicking on a link will bring the user to the selected section.

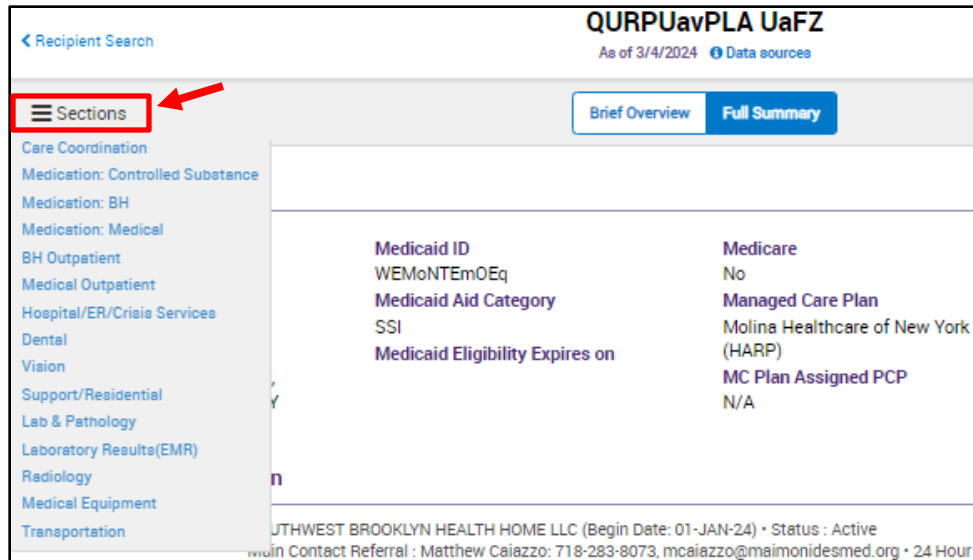


Figure 24. Clinical Summary: Navigation options at top of Clinical Summary

Graph View

Similar to the Integrated View of Services Over Time, all Clinical Summary sections can be viewed in graph format, in addition to table format, by clicking on the “graph” tab within the section heading.

Medications

Medication graphs are listed alphabetically by generic name on the left side and are represented by a solid horizontal bar on the timeline (from the first date of pick-up to the estimated end date of medication supply). Hover the cursor over the bar to see start and end dates.

Services

Service graphs are listed by provider and service type. They are represented by a dot or bar on the timeline. Hover the cursor over dots to view dates of services

The graph view also allows users to isolate a specific time period of interest by clicking on the table and dragging horizontally.

Printing the Clinical Summary: Use the Export Function

The Clinical Summary can be exported to: Portable Document Format (PDF) for saving and printing or Excel for spreadsheet functions (edit, calculate, etc.). A Continuous Care Document “CCD” export option is available for provider agency and statewide users. The “CCD” export is compatible with Electronic Medical Records (EMR) software standard of Health Level Seven (HL7-CDAR2-Level 1). The corresponding export icons appear at the top right corner of the Clinical Summary (Figure 25). When clicking the export icons, a window will appear allowing users to select the level of detail to export. Clinical Summary PDF and Excel exported reports include all categories of services, even when the recipient did not receive services in that category. In those cases, under the specific category it will include that there were no claims for the selected Clinical Summary time period. Additionally, with the PDF option the Brief Overview can be printed as a cover page.

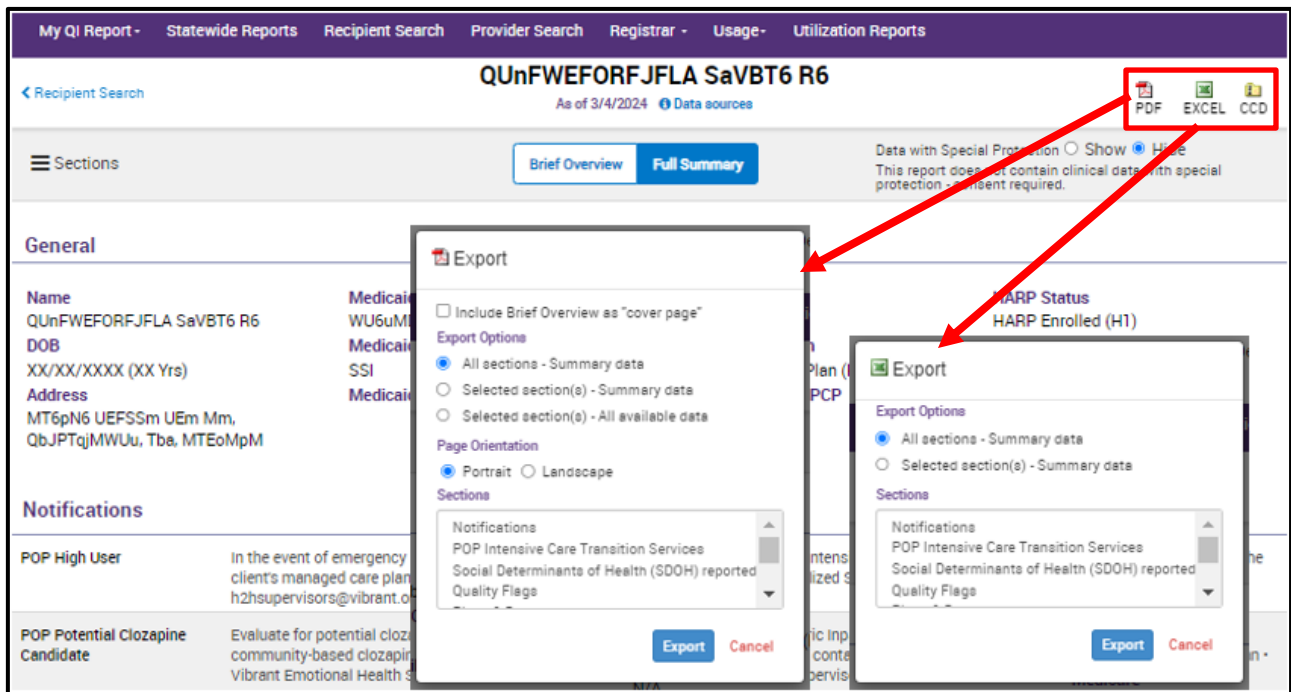


Figure 25: Clinical Summary: Export the Clinical Summary to PDF, Excel, or CCD

Individual sections of the Clinical Summary can be exported, rather than exporting the entire summary. After clicking on the PDF icon, the export options are as follows: All Sections – Summary Data (Default), Selected Sections – Summary Data, Selected Sections – All Available Data. To only export selected sections, the user can choose to export only the summary data of the selected sections, or all available data of the selected sections. The user will select sections by using the “Ctrl” key. After clicking the excel icon, the default view is to select all sections, however, the user has the option to select a specific section to export by using the control key to select one or more.

Non-Medicaid Clinical Summary

Overview

The Non-Medicaid Clinical Summary was added for clients who are not in the Medicaid population (Non-Medicaid client), but have been served by a state-operated Psychiatric Center (PC) or have been served by a provider agency utilizing the PSYCKES MyCHOIS application. The PSYCKES Consent Form is required when accessing a Clinical Summary for a Non-Medicaid client. To look-up a Clinical Summary for a non-Medicaid client, you must enter an individual identifier in Recipient Search, such as *Name* and *Date of Birth* or *Social Security Number*. Additionally, users from State PCs can search by OMH State ID or OMH Facility Case Number. If the client has a Clinical Summary available in PSYCKES, one or more potential matches will appear in the results page. You may then be able to identify the correct client and click "enable access" to proceed to consent steps.

Sections available in Non-Medicaid Clinical Summary

Depending on the information available for a specific client, the following sections may be included:

- General Demographic Information
- Current Care Coordination
- Alerts
- PSYCKES Registries
- Plans and Documents
- Screenings and Assessments
- Diagnoses, Behavioral Health and Medical
- Medications, Controlled Substances, Behavioral Health and Medical
- Behavioral Health Services
- Hospital/ER/Crisis Services
- Living Support/Residential Treatment
- Laboratory Results (State PC)

← Recipient Search

VEVTVEVSLA SrJJUrRFT6

As of 3/30/2024 [Data sources](#)

PDF

There is no record of Medicaid enrollment
Non-Medicaid Summary
Data with Special Protection Show Hide
This report contains all available clinical data.

General

Name VEVTVEVSLA SrJJUrRFT6	DOB XX/XX/XXXX (XX Yrs)	Address Mp6 UcbzZXI UtRoZWVg, TcVt WWzo0m, 1da, MTEnMTE	State PC Assigned Physician	Unique Identifiers MyCHOIS ID : KR TE001
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Alerts

Incidents from NIMRS, Service invoices from Medicaid [Details](#) Table Graph

Alert/Incident Type	# Events/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Results
PHQ-9 (depression screening and monitoring)	1	3/10/2022	3/10/2022	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES		Moderately Severe Depression (Score = 15 out of 27) - Thoughts of better off dead and/or hurting self

PSYCKES Registries

[About PSYCKES Registries](#)

Registry	Provider Name(s)	Added On	Removed On	Designations
High Risk List	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	2/22/2022	5/23/2022	AOT Court Order, High Hospital/ER Utilization
High Risk List	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	7/26/2021	11/18/2021	Antipsychotic Non-Adherence

Plans & Documents

Created	Document Type	Provider	Created By	Role	Delete Document
3/10/2022	Safety Plan	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	JANE DOE	N/A	
3/10/2022	Safety Plan	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	JANE DOE	Care Manager	

Screenings & Assessments

[Definitions](#) Table Graph

Assessment Name	# Assessment Entered	Most Recent Assessment	Last Assessment Provider	Last Assessment Rated By (Role)	Last Assessment Results
PHQ-9	1	3/10/2022	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	JANE DOE (Therapist)	Moderately Severe Depression (Score = 15 out of 27) - Thoughts of better off dead and/or hurting self

Behavioral Health Diagnoses

Primary, secondary, and quality flag-related diagnoses (most frequent first)

No Medicaid claims found for this data type

Medical Diagnoses

Primary, secondary, and quality flag-related diagnoses (most frequent first)

No Medicaid claims found for this data type

Integrated View of Services Over Time

Table Graph

Figure 26. Non-Medicaid Clinical Summary: Overview