



**Office of
Mental Health**

New PSYCKES Features Release 7.7.0

We will begin shortly

To hear the webinar, click “Call Me” in the Audio Connection box and enter your phone number - the WebEx system will call your phone

If you do not see the Audio Connection box, go to the top of your WebEx screen, click “Communicate” > “Audio Connection” > “Join Teleconference”

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Medical Informatics Director | PSYCKES
Office of Population Health & Evaluation
March 14, 2023

Q&A via WebEx

- All phone lines are muted
- Access “Q&A” box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor over bar at top of screen to see menu
- Type questions using the “Q&A” feature
 - Submit to “all panelists” (default)
 - Please do not use Chat function for Q&A
- Slides will be emailed to attendees after the webinar

Agenda

- PSYCKES Overview
- Demonstration of New Features in Release 7.7.0
 - Social Determinants of Health Section Added to Clinical Summary
 - Reorganization of Indicator Sets in My QI Report
 - New Quality Indicator Sets: Vital Signs Dashboard (Adult and Child)
 - CORE Eligibility Included in Report Filters and Clinical Summary
 - CSIDD in Report Filters and Clinical Summary
 - New “Region” Filter in Recipient Search
 - iOS Mobile App Release 6.0 Enhancements
- Training & Technical Support

PSYCKES Overview



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What is PSYCKES?

- A secure, HIPAA-compliant online application for sharing Medicaid claims and encounter 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 (currently or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
- Behavioral Health Population (any history of):
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides all data – general medical, behavioral health, residential

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, across treatment settings
 - Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
 - New York City Department of Homeless Services (NYC 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 network and to support clinical review and quality improvement
- When a client has an applicable quality flag, the provider is allowed access to that individual’s Clinical Summary
- Examples of current quality flags include:
 - No diabetes monitoring for individuals with diabetes and schizophrenia
 - Low medication adherence for individuals with schizophrenia
 - No follow-up after MH inpatient within 7 days; within 30 days
 - High utilization of inpatient/emergency room, Hospital Readmission
 - HARP Enrolled-Not Assessed for HCBS, HARP Enrolled, Not Health Home Enrolled

7.7.0 New Features!



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Social Determinants of Health



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Social Determinants of Health (SDH) Section Added to Clinical Summary

- A Social Determinants of Health (SDH) section has been added to the Clinical Summary
- Data Source: Z-codes in Medicaid billing
- 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 SDH to view more details, such as: date of service, service type, service subtype, provider name, and any other primary/secondary/quality flag-related diagnoses

13 SDH Domain Categories

1. Problems related to education and literacy
2. Problems related to employment and unemployment
3. Occupational exposure to risk factors
4. Problems related to physical environment
5. Problems related to housing and economic circumstances
6. Problems related to social environment
7. Problems related to upbringing
8. Other problems related to primary support group, including family circumstances
9. Problems related to certain psychosocial circumstances
10. Problems related to other psychosocial circumstances
11. Persons encountering health services for other counseling and medical advice, not elsewhere
12. Problems related to medical facilities and other health care
13. Personal risk factors, not elsewhere classified

[About included data sources](#)

Brief Overview

[Year Summary](#)

[5 Year Summary](#)

This report does not contain clinical data with special protection - consent required.

DOB: OCyoMSynOT2v (NDM Yrs)

Medicaid ID: WblrM9aoMaY

Medicare: No

HARP Status: HARP Enrolled (H1)

Address: MTEp Vm MTEpVE6 UrQ Npli TaVX WUZSSom Tbai MTAmM9Y

Managed Care Plan: Healthfirst PHSP, Inc. (HARP)

HARP HCBS Assessment Status: Never Assessed

MC Plan Assigned PCP: N/A

Medicaid Eligibility Expires on:

Current Care Coordination

NYC Dept of Homeless Services Outreach: BOWERY RESIDENTS COMMITTEE, INC. (Single Adult, Outreach)
Case Load Start Date: 04-MAY-22, Case Load End Date: 04-MAY-22.
Main Contact: Jose Del Toro Alonso: 9174120384, jtoro@brc.org

POP High User In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate contact: Healthfirst PHSP, Inc. • Behavioral Health Clinical Department: (844) 892-6855, #CTI@healthfirst.org

Alerts • all available

Most Recent

5	Homelessness - NYC DHS Outreach	Current	BOWERY RESIDENTS COMMITTEE, INC. (Single Adult, Outreach)
13	Suicidal Ideation (1 Inpatient, 12 ER)	10/4/2022	KINGS COUNTY HOSPITAL CENTER (ER - MH)
30	Homelessness - reported in billing (28 Unspecified, 2 Unsheltered)	9/23/2022	NEW YORK PRESBYTERIAN HOSPITAL INC (Homelessness Unspecified)
2	Homelessness - NYC DHS Shelter	4/6/2022	HELP WOMEN'S CENTER (Single Adult, Assessment)

Social Determinants of Health (SDH) Past Year

Problems related to employment and unemployment	Unemployment, Unspecified
Problems related to housing and economic circumstances	Homelessness Unspecified • Unsheltered Homelessness • Housing Instability, Housed Unspecified • Housing Instability, Housed, With Risk Of Homelessness
Problems related to other psychosocial circumstances	Other Specified Problems Related To Psychosocial Circumstances
Problems related to social environment	Problem Related To Social Environment, Unspecified

Social Determinants of Health (SDH)

Problems related to employment and unemployment	Unemployment, Unspecified
Problems related to housing and economic circumstances	Homelessness Unspecified • Unsheltered Homelessness • Housing Instability, Housed Unspecified • Housing Instability, Housed, With Risk Of Homelessness
Problems related to other psychosocial circumstances	Other Specified Problems Related To Psychosocial Circumstances
Problems related to social environment	Problem Related To Social Environment, Unspecified

Quality Flag	Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
Indicator Set					
BH QARR - Improv	6/24/2022	Inpatient-ER	ER - Medical	NEW YORK PRESBYTERIAN HOSPITAL	Person encountering health services to consult on behalf of another person, Unsheltered homelessness, Unspecified asthma, uncomplicated
General Medical P					
Health Home Care Adult	6/23/2022	Inpatient-ER	ER - Medical	NEW YORK PRESBYTERIAN HOSPITAL	Person encountering health services to consult on behalf of another person, Unsheltered homelessness, Unspecified asthma, uncomplicated
High Mental Heal					Abnormal results of liver function studies, COVID-19, Chest pain,
High Utilization - Inpt/ER	10+ ER - All Cause • 10+ ER - MH • 2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH • 4+ Inpatient/ER - Med • Clozapine Candidate with 4+ Inpatient/ER - MH • POP : High User • POP : Potential Clozapine Candidate				
MH Performance Tracking Measure (as of 07/01/2022)	No Diabetes Monitoring - DM & Schizophrenia • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days				
Treatment Engagement	Adherence - Antipsychotic (Schiz)				

Reorganization of My QI Report



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My QI Report

- Now divided into two categories of indicator sets to help easily identify between “real time” measures versus “mature” measures
 - **Quality Improvement Indicators:**
Considered more “real time” and are run on a monthly basis, as of the refresh date
 - **Performance Tracking Indicators:**
Considered more mature data and are calculated monthly after a 6-month data maturation period to allow for services to be invoiced
- Reflected in Statewide Reports and the client-level Clinical Summary quality flag section
- The “BH QARR DOH Performance Tracking Measure” set was renamed to “**MH Performance Tracking Measure**” and the “Substance Use Disorders” set will be renamed to “**SUD Performance Tracking Measure**”

MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 02/01/2023

View: Standard



REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL

Filters

Reset

Indicator Set

Quality Improvement Indicators (as of 02/01/2023) Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
BH QARR - Improvement Measure	All	7,353	2,404	32.7	35.8	36.4	32.70	35.80	36.40	
General Medical Health	All	187,055	15,885	8.5	12.4	12.4	8.50	12.40	12.40	
Health Home Care Management - Adult	Adult 18+	10,404	8,224	79	79.5	85.8	79.00	79.50	85.80	
High Utilization - Inpt/ER	All	187,156	49,732	26.6	22.5	20.8	26.60	22.50	20.80	
Polypharmacy	All	17,157	2,384	13.9	16.1	12.2	13.90	16.10	12.20	
Preventable Hospitalization	Adult	131,535	1,910	1.5	0.9	0.8	1.50	0.90	0.80	
Readmission Post-Discharge from any Hospital	All	36,547	5,560	15.2	13.8	11.3	15.20	13.80	11.30	
Readmission Post-Discharge from this Hospital	All	25,327	3,188	12.6	12.2	11.4	12.60	12.20	11.40	
Treatment Engagement	Adult 18-64	5,874	1,982	33.7	31.9	34.2	33.70	31.90	34.20	

Performance Tracking Indicators (as of 07/01/2022) Run with intentional lag of 6+ months to allow for complete data

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
Vital Signs Dashboard - Adult	Adult	33,066	14,695	44.4	48.1	47.7	44.40	48.10	47.70	
Vital Signs Dashboard - Child	Child & Adol	54,308	15,022	27.7	36	33.8	27.70	36.00	33.80	

New Quality Indicator Sets

New Quality Indicator Sets

Vital Signs Dashboard – Adult Vital Signs Dashboard – Child

- These new indicator sets have replaced the previously existing “General Medical QARR – DOH Performance Tracking Measure” set and measures within that set were relocated to the Vital Signs Dashboard indicator sets
- The majority of the VSD indicator set measures are run by the Department of Health (DOH) after a 6-month data maturation period to allow for services to be invoiced
- There are also indicators within these sets that are considered more “real time” and are run monthly, without the 6-month data maturation period
 - The “real time” measures note this in their hover-over text

Hover-over Text Measure Descriptions

Vital Signs Dashboard – Adult

A summary measure indicating the number of unique individuals who meet criteria for any of the Vital Signs Dashboard – Adult indicators. Most of the measures in this set are calculated by the NYS Department of Health (DOH) and are run monthly after a 6-month data maturation period to allow for services to be invoiced. The measures are calculated for a 12-month period of services. Measures run monthly on all available data as of the run date, not requiring a 6-month maturation period, are indicated in the hover-over text.

Vital Signs Dashboard – Child

A summary measure indicating the number of unique individuals who meet criteria for any of the Vital Signs Dashboard – Child indicators. Most of the measures in this set are calculated by the NYS Department of Health (DOH) and are run monthly after a 6-month data maturation period to allow for services to be invoiced. Measures run monthly on all available data as of the run date, not requiring a 6-month maturation period, are indicated in the hover-over text.

MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 02/01/2023

View: Standard



REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL

Filters Reset

Indicator Set

Quality Improvement Indicators (as of 02/01/2023) Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	7,353	2,404	32.7	35.8	36.4	32.70, 35.80, 36.40
General Medical Health	All	187,055	15,885	8.5	12.4	12.4	8.50, 12.40, 12.40
Health Home Care Management - Adult	Adult 18+	10,404	8,224	79	79.5	85.8	79.00, 79.50, 85.80
High Utilization - Inpt/ER	All	187,156	49,732	26.6	22.5	20.8	26.60, 22.50, 20.80
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Preventable Hospitalization	Adult	131,535	1,910	1.5	0.9	0.8	1.50, 0.90, 0.80
Readmission Post-Discharge from any Hospital	All	36,547	5,560	15.2	13.8	11.3	15.20, 13.80, 11.30
Readmission Post-Discharge from this Hospital	All	25,327	3,188	12.6	12.2	11.4	12.60, 12.20, 11.40
Treatment Engagement	Adult 18-64	5,874	1,982	33.7	31.9	34.2	33.70, 31.90, 34.20

Performance Tracking Indicators (as of 07/01/2022) Run with intentional lag of 6+ months to allow for complete data

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
Vital Signs Dashboard - Adult	Adult	33,066	14,695	44.4	48.1	47.7	44.40, 48.10, 47.70
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Vital Signs Dashboard - Adult	Adult	33,066	14,695	44.4	48.1	47.7	
Vital Signs Dashboard - Child	Child & Adol	54,308	15,022	27.7	36	33.8	

No Follow Up for Child on ADHD Med - Continuation	Child (6-12)		102	23	22.5
No Follow Up for Child on ADHD Med -	Child (6-12)		462	145	31.4
	Child & Adol (1-17)		219	49	22.4
	Child & Adol (3-21)		54,216	13,358	24.6
Readmission (30d) from any Hosp: MH to MH	Child & Adol (1-20)		523	64	12.2
Vital Signs Dashboard Child Summary	Child & Adol		54,308	15,022	27.7

The percentage of individuals with a MH (Mental Health) hospitalization who had one or more MH re-hospitalizations within 30 days of discharge, in the past 13 months. This is a Quality Improvement Indicator, run monthly on all available data as of the run date.



CORE Eligibility

CORE Eligibility in Report Filters & Clinical Summary

- **Recipient Search**
 - New Filter: **CORE Eligible (Community Oriented Recovery and Empowerment)**
 - In the “Characteristics” section, within the existing “High Need Population” filter
- **Care Coordination Advanced View**
 - Two new columns added for **CORE Eligible** and **MC Product Line**
- **Clinical Summary**
 - When applicable, the client-level Clinical Summary will show the CORE eligibility message in the “Current Care Coordination” section
 - 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/>

Recipient Search

Limit results to

Recipient Identifiers

Search in: Full Database MAIN STREET MENTAL HEALTH CLINIC

Medicaid ID	SSN	First Name	Last Name	DOB
<input type="text" value="AB00000A"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

Characteristics as of 02/27/2023

Age Range <input type="text"/> To <input type="text"/>	Gender <input type="text"/>	Population <input type="text"/>
Race <input type="text"/>		High Need Population <input type="text"/>
Ethnicity <input type="text"/>		AOT Status <input type="text"/>
Region <input type="text"/>		Alerts <input type="text"/>
County <input type="text"/>		Homelessness Alerts <input type="text"/>

Managed Care Plan & Medicaid

Managed Care <input type="text"/>	Children's Waiver Status <input type="text"/>
MC Product Line <input type="text"/>	HARP Status <input type="text"/>
Medicaid Enrollment Status <input type="text"/>	HARP HCBS Assessment Status <input type="text"/>
Medicaid Restrictions <input type="text"/>	HARP HCBS Assessment Results <input type="text"/>

- CORE Eligible (Community Oriented Recovery and Empowerment)**
- POP : High User (All)
- POP : High User (New)
- POP : Potential Clozapine Candidate (All)
- POP : Potential Clozapine Candidate (New)
- High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%
- High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%
- OnTrackNY Early Psychosis Program : Enrolled
- OnTrackNY Early Psychosis Program : Discharged < 3 years
- OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years
- Transition Age Youth - Behavioral Health (TAY-BH)
- OPWDD NYSTART - Eligible
- Health Home Plus (HH+) - Eligible
- HH+ Service - Received at least once in past 3 mo. (Source: DOH MAPP)
- AOT - Active Court Order
- AOT - Expired < 12 months
- ACT - Enrolled
- ACT - Discharged < 12 months
- 3+ Inpt MH < 12 months



12,942 Recipients Found

View: Standard ▾

- Standard
- Care Coordination**
- High Need/High Risk
- Hospital Utilization
- Outpatient Providers



← Modify Search

High Need Population CORE Eligible (Community Oriented Recovery and Empowerment)

AND [Provider Specific] Provider MAIN STREET MENTAL HEALTH CLINIC

Maximum Number of Rows Displayed: 50000

1 2 3 4 5 6 7 8 9 10 << >>

Name ▲	Medicaid ID ▾	DOB ▾	Gender ▾	Medicaid Quality Flags ▾	Medicaid Managed Care Plan ▾	Current PHI Access ▾
QUNFVaVETm TFbOTaVUVEU	VqYmOD6o OUu	NCynN8ynO T6n	R6 LQ NDE	Adher-AP (DOH), HARP No Assessment for HCBS, HARP No Health Home, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP	Fidelis Care New York	Quality Flag
QUNFVaVETm TUFSSUE	WbMnNTar NEY	N8ypLpEvN 9I	R6 LQ NQA		Healthfirst PHSP, Inc.	PSYCKES Consent
QUNFVaVETm TUFSSUE Qm	WUEvOTIsM al	N8yqLpEvN 9a				
QUNFVaVETm TUFSSUE RQ	WausMp6rO FY	MTEIMTM MTasMm				
QUNFVaVETm TUFSSUJFTA	WauqN9Uu OVa	OSyrLpEvN E				
QUNFVaVETm TUFSSVNPTA	WUEqMDYq MqQ	NoyvLpEvN 9U	R6 LQ NT2	HARP No Assessment for HCBS, HARP No Health Home	Healthfirst PHSP, Inc.	Quality Flag
QUNFVaVETm TUbHVUVM QQ	WbMuMDIu Mal	OCyoNCynO TYm	TQ LQ N9I	Colorectal Screen Overdue (DOH), HARP No Assessment for HCBS, HARP No Health Home	Fidelis Care New York	Quality Flag

When searching with the CORE Eligible (Community Oriented Recovery and Empowerment) filter, the results will be displayed in the Standard view. Change the View to **Care Coordination Advanced View** to view two new columns: **CORE Eligible** and **MC Product Line**

12,942 Recipients Found

View: Care Coordination ▾



High Need Population CORE Eligible (Community Oriented Recovery and Empowerment)

AND [Provider Specific] Provider MAIN STREET MENTAL HEALTH CLINIC

Maximum Number of Rows Displayed: 50000

Applicable data is displayed for recipients with quality flag or consent.

1 2 3 4 5 6 7 8 9 10 << >>

Name ▲	MC Product Line ⇅	Current PHI Access ⇅	HARP Status (H Code) ⇅	CORE Eligible ⇅	HARP HCBS Assure
QUNFVaVETm TFb0TaVUVEU	Health and Recovery Plan (HARP)	Quality Flag	HARP Enrolled (H1)	Yes	
QUNFVaVETm TUFSSUE	Health and Recovery Plan (HARP)	PSYCKES Consent	HARP Enrolled (H1)	Yes	7/19/2021
QUNFVaVETm TUFSSUE Qm	Medicaid Advantage Plus (MAP)	Health Home Consent	Eligible Pending Enrollment (H9)	Yes	
QUNFVaVETm TUFSSUE RQ	Health and Recovery Plan (HARP)	Quality Flag	HARP Enrolled (H1)	Yes	
QUNFVaVETm TUFSSUJFTA	Health and Recovery Plan (HARP)	Quality Flag	HARP Enrolled (H1)	Yes	
QUNFVaVETm TUFSSVNPTA	Health and Recovery Plan (HARP)	Quality Flag		Yes	

Click and drag here to scroll

VrbNQbMi VEBNTrRIWQ TQ

Clinical Summary as of 2/27/2023



PDF

← Recipient Search

About included data sources

- Brief Overview**
- 1 Year Summary
- 5 Year Summary

Data with Special Protection Show Hide
This report contains all available clinical data.

DOB: MTEIM8ynOT6u (MpQ Yrs)

Medicaid ID: UEeqNDEsMrE

Medicare: No

HARP Status: HARP Enrolled (H1)

Address: M9MvNQ VqFTSEbORrRPT6 QVZFTbVFLA QbJPTb6i
Tbai MTAqNT6

Managed Care Plan: HealthPlus (HARP)

MC Plan Assigned PCP: N/A

HARP HCBS Assessment Status: Not Eligible for HCBS
(Reassess overdue)

Medicaid Eligibility Expires on:

Current Care Coordination

Health Home (Enrolled)

MONTEFIORE MEDICAL CENTER (Begin Date: 01-JAN-23) • Status : Active
Main Contact Referral: BAHN Health Home Number: 1-855-680-2273: BAHN Health Home Email: BAHNCentral@montefiore.org
Care Management (Enrolled): UNIVERSITY BEHAVIORAL ASSOCIATES IN

POP High User

This client is enrolled in an episode of intensive care transition services. To coordinate contact: Amerigroup New York • Behavioral Health Outpatient UM Team: 646-477-9831 (Sam Bicanic) 929-237-0120 (Eitan Lidergot), outpatientutilizationmanagement@anthem.com

Health Home Plus Eligibility

This client is eligible for Health Home Plus due to: 4+ ER MH < 12 months

High Mental Health Need due to:

1+ ER or Inpatient past 12 months with suicide attempt, suicide ideation, or self-harm diagnosis ; 1+ Inpt MH in past 12 months

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>

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.

Alerts • all available

Most Recent



Community Oriented Recovery and Empowerment (CORE) Overview

- Overview
- Children's Transition
- Behavioral Health Parity
- Crisis Intervention
- Community Oriented Recovery and Empowerment (CORE) Services
- Adult Behavioral Health Home and Community Based Services (BH HCBS)
- Compliance
- Behavioral Health Resources
- Technical Assistance
- Contact Us

CORE Services are:

- person-centered
- recovery-oriented
- mobile behavioral health supports

They build skills and self-efficacy that promote and facilitate community participation and independence.

CORE Services provide opportunities for eligible adult Medicaid beneficiaries with serious mental illness and/or substance use disorders to receive services in their own home or community.

Designated CORE providers work together with:

- individuals and their managed care (insurance) plan
- other service providers
- family
- government partners

CORE consists of four services:

1. Community Psychiatric Support and Treatment (CPST)

- Goal-directed supports and solution-focused interventions with the intent to achieve person-centered goals.
- Multi-component service that consists of therapeutic interventions.

2. Psychosocial Rehabilitation (PSR)

- Assists individuals in improving their functional abilities to the greatest degree possible in settings where they live, work, learn, and socialize.
- Rehabilitation counseling, skill building, and psychoeducational interventions.

New Service Setting



**Office of
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Crisis Services for Intellectually and Developmentally Disabled (CSIDD)

- **Recipient Search**

- In the “Services by Specific Provider” or “Services by Any Provider” sections, the **CSIDD - Crisis Service - DD** filter is available within the “Service Setting” filter box under the “Crisis Service” category

- **Program Type filters**

- In the My QI Report/Statewide reports, **CSIDD - Crisis Service – DD** is available in the Program Type filter dropdown

- **Clinical Summary**

- If applicable, **CSIDD - Crisis Service – DD** will be displayed in the “Hospital/ER/Crisis Services” section

Provider MAIN STREET MENTAL HEALTH CLINIC

Region

County

Current Access

Service Utilization

Number of Visits

Service Setting:

Service Detail: Selected

- + - Care Coordination
- + - Crisis Service
 - CPEP Mobile Crisis
 - CSIDD - Crisis Service - DD
 - Crisis Intervention Service - Mobile Crisis Follow-up
 - Crisis Intervention Service - Mobile Crisis Response
 - Crisis Intervention Service - Telephonic Follow-up
 - Crisis Intervention Service - Telephonic Response
 - Crisis Residential Services - Childrens Crisis Residence (age 5-20)
 - Crisis Residential Services - Intensive Crisis Residence (age 18-20)
 - Crisis Residential Services - Intensive Crisis Residence (age 21+)
 - Crisis Residential Services - Residential Crisis Support (age 18-20)

- DD

MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 02/01/2023

View: Standard



Filters

Reset

QI Filters

Site

ALL

Program Type

ALL

Managed Care

MC Product

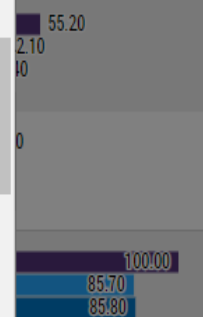
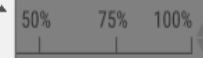
Line

Age

Region

County

- CORE or HCBS Community Psychiatric Support and Treatment
- CORE or HCBS Empowerment Services - Peer Support
- CORE or HCBS Family Support and Training
- CORE or HCBS Psychosocial Rehabilitation - Any
- CPEP Mobile Crisis
- CSIDD - Crisis Service - DD**
- Care Coordination Organization (DD Health Home)
- Care Management - Enrolled (Source: DOH MAPP)
- Care Management - Enrolled/Outreach (Source: DOH MAPP)
- Care Management - Outreach (Source: DOH MAPP)
- Child Care - MH - Residential Treatment Facility
- Child Waiver Services - OMH
- Childrens HCBS - Adaptive and Assistive Equipment
- Childrens HCBS - All
- Childrens HCBS - Caregiver Family Supports and Services
- Childrens HCBS - Community Habilitation
- Childrens HCBS - Community Self-Advocacy Training and Support
- Childrens HCBS - Day Habilitation
- Childrens HCBS - Environment Modifications
- Childrens HCBS - Palliative Care Expressive Therapy



REGION: ALL COUNTY: ALL SITE: ALL PROGRAM T

Indicator Set

Quality Improvement Indicators (as of 02/01/2023)

Indicator Set

BH QARR - Improvement Measure

General Medical Health

Health Home Care Management - Adult

High Utilization - Inpt/ER

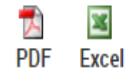
Polypharmacy

Preventable Hospitalization

Readmission Post-Discharge from any Hospital

Adult	322	4	1.2	0.6	0.8	0.60 0.80
All	74	9	12.2	11.3	11.3	12.20 11.30 11.30

Statewide Report



Select an Indicator

Indicator Set

Indicator Type

Region

County

Managed Care

MC Product Line

- CORE Psychosocial Rehabilitation - Education Focus
- CORE Psychosocial Rehabilitation - Employment Focus
- CORE or HCBS All
- CORE or HCBS Community Psychiatric Support and Treatment
- CORE or HCBS Empowerment Services - Peer Support
- CORE or HCBS Family Support and Training
- CORE or HCBS Psychosocial Rehabilitation - Any
- CPEP Mobile Crisis
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- Childrens HCBS - All
- Childrens HCBS - Caregiver Family Supports and Services
- Childrens HCBS - Community Habilitation
- Childrens HCBS - Community Self-Advocacy Training and Support



Program Type

Age Group

[Indicator Definitions](#)

Submit

Reset

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)	
CSIDD - Crisis Service - DD	YOUNG ADULT INSTITUTE INC	2/1/2023	2/1/2023	1	Mild Intellectual Disabilities		
Inpatient - MH	BRONXCARE HOSPITAL CENTER	12/6/2022	1/4/2023	29	Schizoaffective Disorder, Bipolar Type	- Group Psychotherapy	
CSIDD - Crisis Service - DD	YOUNG ADULT INSTITUTE INC	1/1/2023	1/1/2023	1	Mild Intellectual Disabilities		
ER - MH	BRONXCARE HOSPITAL CENTER	12/5/2022	12/5/2022	1	Restlessness And Agitation	- Metabolic Panel Total Ca	
CSIDD - Crisis Service - DD	YOUNG ADULT INSTITUTE INC	12/1/2022	12/1/2022	1	Mild Intellectual Disabilities		
ER - MH - CPEP	BRONXCARE HOSPITAL CENTER	3/14/2022	3/14/2022	1	Schizoaffective Disorder, Unspecified	- Compreh Metabolic Panel	
CSIDD - Crisis Service - DD	YOUNG ADULT INSTITUTE INC	3/1/2022	3/1/2022	1	Mild Intellectual Disabilities		

Dental [Details](#)

New “Region” Filter



**Office of
Mental Health**

New “Region” Filter in Recipient Search Characteristics

- The region groups are defined by the five OMH regions:
 - Central NY
 - Hudson River
 - Long Island
 - New York City
 - Western NY
- Regions are based on the county of fiscal responsibility, which refers to the county where clients are registered to be receiving Medicaid funds
- The existing “County of Fiscal Responsibility” filter has been renamed to “County”

Recipient Search

Limit results to

Recipient Identifiers

Search in: Full Database MAIN STREET MENTAL HEALTH CLINIC

Medicaid ID

SSN

First Name

Last Name

DOB

Characteristics as of 02/27/2023

Age Range To Gender

Race

Ethnicity

Region

County

- Central NY
- Hudson River**
- Long Island
- New York City
- Western NY

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Managed Care Plan

Managed Care

MC Product Line

Medicaid Enrollment Status

Children's Waiver Status

HARP Status

HARP HCBS Assessment Status



Recipient Search

Limit results to

Recipient Identifiers

<input type="button" value="Medicaid ID"/>	<input type="text" value="SSN"/>	<input type="text" value="OMH State ID"/>	<input type="text" value="OMH Case #"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="DOB"/>
<input type="text" value="AB00000A"/>						<input type="text" value="MM/DD/YYYY"/>

Characteristics as of 02/27/2023

Age Range <input type="text"/>	To <input type="text"/>	Gender <input type="text"/>	Population <input type="text"/>
Race <input type="text"/>			High Need Population <input type="text"/>
Ethnicity <input type="text"/>			AOT Status <input type="text"/>
Region <input type="text" value="Hudson River"/>			Alerts <input type="text"/>
County <input type="text"/>			Homelessness Alerts <input type="text"/>

Managed Care Plan

Managed Care Plan <input type="text"/>	Children's Waiver Status <input type="text"/>
MC Product <input type="text"/>	HARP Status <input type="text"/>
Medicaid Enrollment <input type="text"/>	HARP HCBS Assessment Status <input type="text"/>
Medicaid Restriction <input type="text"/>	HARP HCBS Assessment Results <input type="text"/>

Quality Flag as of 02/27/2023

Services: Specific Provider as of 02/01/2023

- Albany
- Columbia
- Dutchess
- Greene
- Orange
- Putnam
- Rensselaer
- Rockland
- Saratoga
- Schenectady
- Schoharie
- Sullivan
- Ulster
- Warren
- Washington
- Westchester



Live Demo

iOS Mobile App Release 6.0: eSignature for PSYCKES Consent



**Office of
Mental Health**

PSYCKES Training & Technical Support



**Office of
Mental Health**

PSYCKES Training

- PSYCKES website: www.psyckes.org
- PSYCKES Training Webinars
 - Live webinars: Register on PSYCKES Training Webinars page
 - Recorded webinars: Slides and recordings available
 - Using PSYCKES Quality Indicator Reports
 - Navigating PSYCKES Recipient Search for Population Health
 - Using the PSYCKES Clinical Summary
 - Consent, Emergency, Quality Flag: PSYCKES Levels of Access
 - PSYCKES Mobile App for iPhones & iPads
 - Using PSYCKES from Home
 - Introduction to PSYCKES
 - Where to Start: Getting Access to PSYCKES
 - PSYCKES Train the Trainer
 - MyCHOIS Consumer Access for “My Treatment Data”
- PSYCKES User’s Guides & Short How-To Videos
 - www.psyckes.org > PSYCKES Training Materials

Self-Service Console

- The Self-Service Console is a way to manage your RSA token and PIN, for logging into secure OMH applications, including PSYCKES
- The console is accessed at: mytoken.ny.gov
- From within your Self-Service Console account, you can:
 - Set security questions
 - Reset your PINs
 - Activate tokens
 - Request a replacement token
- We recommend all users set up security questions in the console so that you can reset your own PIN if ever needed
- As of April 2022, the console must be used when new users need a token or existing users need a replacement token



Helpdesk Support

- PSYCKES Help (PSYCKES support)
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- ITS Help Desk (Token, Login & SMS support)
 - Provider Partner OMH Helpdesk:
 - 1-518-474-5554; healthhelp@its.ny.gov
 - OMH Employee ITS Helpdesk:
 - 1-844-891-1786; fixit@its.ny.gov