



**Office of  
Mental Health**

# New PSYCKES Features Release 6.8.0

**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”**

**Erica Van De Wal-Ward  
Medical Informatics Project Director, PSYCKES Team  
February 26, 2020**

# 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

- Demonstration of New Features in Release 6.8.0
  - Transition from WMS to NYSoH: Filters & Clinical Summary Message
  - Quality Indicator Trends Past Year
  - New Bulk Population Management View in Recipient Search Results Page: Outpatient Providers
  - Primary Care Physician Assignment (MC Plan-Assigned)
  - HARP HCBS Assessment Status & Results from UAS
  - Electronic Medical-Record Compatible Clinical Summary Export
  - MyCHOIS High Risk List and Consent Enhancements
- Training & Technical Support

# Transition from WMS to NYSoH: Report Filters & Message



**Office of  
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# Transition from WMS to NYSoH: Report Filters

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage

## Recipient Search

Characteristics as of 02/11/2020

Age Range

To

Gender

Managed Care

Child

Population

High Need Population

AOT Status

Alerts & Incidents

OPWDD Services Eligible (RE95)

Any OMH Outpatient Specialty MH Services

Medicaid Managed Care - Any

Medicaid Managed Care +SSI

Medicaid No Managed Care(FFS Only)

Dual Eligible (Medicaid + Medicare)

Medicaid (No Medicare)

Transition from WMS to NYSoH: Medicaid Recertification Due < 3 mo.

Transition from WMS to NYSoH: Medicaid Eligibility Expired

HAR

HAR

Quality Flag as of 11/01/2019

Services: Specific Provider as of

# Transition from WMS to NYSoH: Results Page

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

[← Modify Search](#)

**94 Recipients Found**

View:  ▾



Population

Transition from WMS to NYSoH: Medicaid Recertification Due < 3 mo.

AND [Provider Specific] Provider

Main Street Mental Health Center

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Quality Flags ⇅	Managed Care Plan ⇅
<a href="#">QU7NQUQ TaFGSVNB</a>	RFepNTasN FA	OCyvLpEvO DA	R6 LQ Mpa	Adher-MS, HARP No Assessment for HCBS, HARP No Health Home	Independent Health's MediSource
<a href="#">QVVHRUnMTm VE7PTUFT RQ</a>	QVEtNpQm Ma2	OCynNCynO T2q	TQ LQ NDU	HARP No Assessment for HCBS, HARP No Health Home, No Rehab f/u 14d	Fidelis Care New York
<a href="#">QaFDSqVSVA QUrZ</a>	QVEtNTMv Mqe	N8ynN8ynO T2t	R6 LQ NDI	No MAT Utilization - OUD, No Outpt Medical	Fidelis Care New York
<a href="#">QaFLRVI SqFSQQ Q6</a>	RFlvN9MtM rU	MoynMCyn OT2p	R6 LQ NDY	2AD, 4PP(A), HARP No Assessment for HCBS, HARP No Health Home	Fidelis Care New York
<a href="#">QaFMQUJJUm SaFDSqnZT6 RA</a>	REUtOT2m MEe	OSyoMSynO Tav	R6 LQ M9A	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, Readmit 30d - Medical to Medical	Fidelis Care New York

# Transition from WMS to NYSoH: Clinical Summary Message

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

◀ Recipient Search

SMITH, JANE  
Clinical Summary as of 2/24/2020



Brief Overview

1 Year Summary

5 Year Summary

Data with Special Protection  Show  Hide

This report contains all available clinical data.

DOB: 2/1/1983 (37 yrs)

Address: 123 Main Street,  
Albany, NY 12208

Medicaid ID:

AB12345C

Medicare: No

Managed Care Plan: Independent Health's  
MediSource (HARP)

MC Plan Assigned PCP: Sharma, Nisha

HARP Status: HARP Enrolled (H1)

HARP HCBS Assessment Status: Never  
Assessed

## Current Care Coordination

**Medicaid Eligibility Alert** This client must use the New York State of Health (NYSoH) enrollment system for Medicaid recertification (Expiration: 02/29/2020) • For More information contact NYSoH at 1-855-355-5777.

# Quality Indicator Trends Past Year



**Office of  
Mental Health**



# QI Trends Past Year: Graph

My QI Report  
QI Trends Past Year

## QI Trends Past Year

Select organization, indicator set, and indicator

Organization: Provider, Network, Plan  
Main Street Mental Health Center **1**

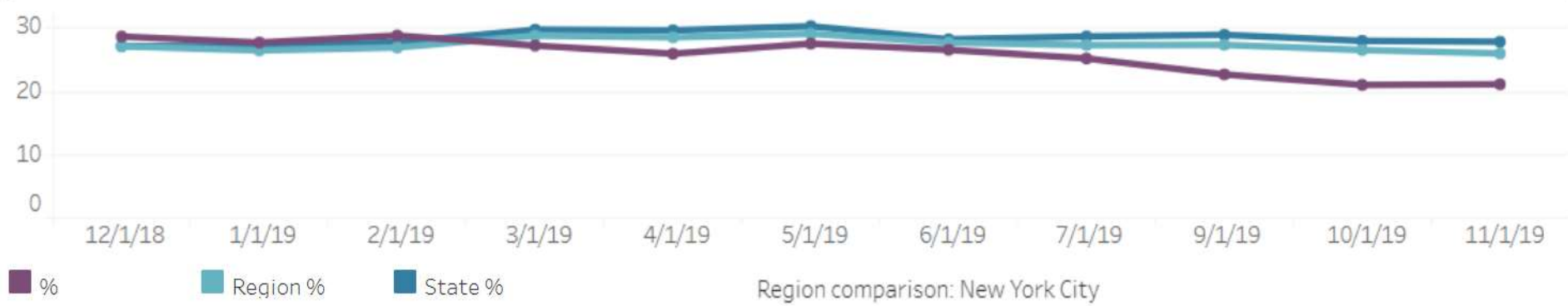
Indicator Set  
BH QARR - Improvement Measure **2**

Indicator  
6. No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz... **3**

Modify filters (optional)

Program Type: ALL  
Age Group: ALL  
Managed Care: ALL  
MC Product Line: ALL  
DSRIP PPS: ALL

6. No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz: The percentage of adults 18-64 years diagnosed with both schizophrenia and diabetes who not have both an HbA1c and an LDL-C test in the past 12 months.



# QI Trends Past Year: Table

	Eligible Population	# with QI flag	%	Region %	State %
12/1/18	189	54	28.6	27.0	27.1
1/1/19	181	50	27.6	26.4	27.0
2/1/19	181	52	28.7	26.8	27.6
3/1/19	199	54	27.1	28.7	29.7
4/1/19	205	53	25.9	28.5	29.6
5/1/19	204	56	27.5	29.0	30.2
6/1/19	170	45	26.5	27.6	28.1
7/1/19	219	55	25.1	27.2	28.6
9/1/19	217	49	22.6	27.3	28.8
10/1/19	215	45	20.9	26.4	27.9
11/1/19	214	45	21.0	25.9	27.8

# Bulk Population Management View: Outpatient Providers



**Office of  
Mental Health**

# Recipient Search

Limit results to

50

- 50
- 100
- 500
- 1,000
- 10,000
- 50,000
- 100,000
- 250,000
- 500,000

Search

Reset



## Recipient Identifiers

Medicaid ID:

SSN:

First Name:

Last Name:

DOB:

## Characteristics as of 02/24/2020

Age Range: <input type="text"/> To <input type="text"/>	Gender: <input type="text"/>	Managed Care: <input type="text"/>	Children's Waiver Status: <input type="text"/>
Population: <input type="text"/>	High Need Population: <input type="text"/>	MC Product Line: <input type="text"/>	HARP Status: <input type="text"/>
AOT Status: <input type="text"/>	Alerts & Incidents: <input type="text"/>	Medicaid Restrictions: <input type="text"/>	HARP HCBS Assessment Status: <input type="text"/>
		DSRIP PPS: <input type="text"/>	HARP HCBS Assessment Results: <input type="text"/>

## Quality Flag as of 11/01/2019

[Definitions](#)

## Services: Specific Provider as of 11/01/2019

Past 1 Year

- HARP Enrolled - Not Health Home Enrolled - (updated weekly)
- HARP-Enrolled - No Assessment for HCBS - (updated weekly)
- Antipsychotic Polypharmacy (2+ >90days) Children
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressant <12 weeks (MDE)
- Adherence - Mood Stabilizer (Bipolar)
- Adherence - Antipsychotic (Schiz)
- Treatment Engagement - Summary
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (Child)
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)
- No Metabolic Monitoring (Gluc/HbA1c) on Antipsychotic
- No Metabolic Monitoring (LDL-C) on Antipsychotic
- No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic Adults

Provider:

Region:

County:

Current Access:

Service Utilization:

Number of Visits:

Service Setting:

- Care Coordination
- Foster Care
- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD
- Outpatient - MU

Service Detail: Selected

Modify Search

# 1,115 Recipients Found

**View:** Standard



[Provider Specific] Provider Main Street Mental Health Center

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50000

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

Name	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan
QUFSTqu REVCUaE	WF2vNTYo MrU	NSynMoynO TYs	R6 LQ NTM	HARP No Assessment for HCBS	Healthfirst PHSP, Inc.
QUJBRA REbBTaE V6	SqUrND2tO E6	OCyqLpEvN T6	R6 LQ N9E		Fidelis Care New York
QUJBREa SVNbQUM S6	WE2sNTIm OEi	MoynMoyn OT2u	TQ LQ NDE	No Outpt Medical	Healthfirst PHSP, Inc.
QUJBRFa RbJJRURB	TaYmM9IpO UM	MTIIMT6IM TavN6	R6 LQ M9M	No Outpt Medical	
QUJBTEzT QVJJUqzMRVQ	VqInM9QuM FA	NSynOCynO Tan	R6 LQ M96	BH QARR - DOH, No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	Healthfirst PHSP, Inc.
QUJBTEzW SqFSSUvB Qm	UqioM9UqM Ui	OSyoNoynO T6p	R6 LQ MpY	2+ ER-BH, 2+ ER-Medical, HARP No Health Home, No MAT Utilization - OUD, No OUD MAT Initiation - 30d	UnitedHealthcare Community Plan
QUJBTay QUnFWEE QQ	UUeoMT6s NU2	MTIIM9AIM 9AmNm	R6 LQ MTI		Amerigroup New York
QUJBWUVW RUnJRVfFU6	UbAtM9QsN qQ	N8yoMSyo MDAr	TQ LQ MTQ		Amerigroup New York
QUJBWUVW WUVIVURB	VFEtNTEsN qU	M8ynNoyo MDAn	TQ LQ MTa	No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP	Healthfirst PHSP, Inc.
QUJBWUVW WUbTUaFFTA	UqMpN9Ym NrA	MSyvLplm MDQ	TQ LQ MTY		Amerigroup New York
QUJBWUVW WUzTRUY	Ur2vM9QnN	NCyoMoyo	TQ LQ		Fidelis Care New York

Modify Search

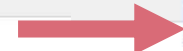
# 1,115 Recipients Found

**View:** Standard

- Standard
- Care Coordination
- Hospital Utilization
- Managed Care POP
- Outpatient Providers



[Provider Specific] Provider Main Street Mental Health Center



Maximum Number of Rows Displayed: 50000

Review recipients in results carefully before accessing Clinical Summary.

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

Name	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan
QUFSTqu REVCUaE	WF2vNTYo MrU	NSynMoynO TYs	R6 LQ NTM	HARP No Assessment for HCBS	Healthfirst PHSP, Inc.
QUJBRA REbBTaE V6	SqUrND2tO E6	OCyqLpEvN T6	R6 LQ N9E		Fidelis Care New York
QUJBREa SVNBUQUM S6	WE2sNTIm OEi	MoynMoyn OT2u	TQ LQ NDE	No Outpt Medical	Healthfirst PHSP, Inc.
QUJBRFa RbJJRURB	TaYmM9IpO UM	MTIIMT6IM TavN6	R6 LQ M9M	No Outpt Medical	
QUJBTEzT QVJJUqzMRVQ	VqInM9QuM FA	NSynOCynO Tan	R6 LQ M96	BH QARR - DOH, No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	Healthfirst PHSP, Inc.
QUJBTEzW SqFSSUvB Qm	UqioM9UqM Ui	OSyoNoynO T6p	R6 LQ MpY	2+ ER-BH, 2+ ER-Medical, HARP No Health Home, No MAT Utilization - OUD, No OUD MAT Initiation - 30d	UnitedHealthcare Community Plan
QUJBTay QUnFWEE QQ	UUeoMT6s NU2	MTIIM9AIM 9AmNm	R6 LQ MTI		Amerigroup New York
QUJBWUVW RUnJRVfFU6	UbAtM9QsN qQ	N8yoMSyo MDAr	TQ LQ MTQ		Amerigroup New York
QUJBWUVW WUVIVURB	VFEtNTEsN qU	M8ynNoyo MDAn	TQ LQ MTa	No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP	Healthfirst PHSP, Inc.
QUJBWUVW WUbTUaFFTA	UqMpN9Ym NrA	MSyvLplm MDQ	TQ LQ MTY		Amerigroup New York
QUJBWUVW WUzTRUY	Ur2vM9QnN	NCyoMoyo	TQ LQ		Fidelis Care New York

# Outpatient Providers: PCP Assignment

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

[← Modify Search](#)

1,115 Recipients Found

View: Outpatient Providers ▾



Excel

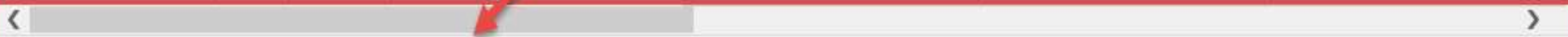
PROVIDER: MAIN STREET CLINIC

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	OB	Gender	Managed Care Plan	Primary Care Physician Assignment(Assigned by MC Plan)		
				Name	Most Recent Service Past 1 yr	# Visits with Assigned PCP past 1 yr
SMITH JOHN	/1964	M - 55	UnitedHealthcare Community Plan	KUMARI, JAISHREE	10/14/2019	14
DOE JANE	/1975	F - 44		SMALL, ALLEN	8/9/2019	21
JONES SUE	/1983	F - 37	Fidelis Car			
BROWN BOB	2/1990	M - 30	Healthfirst PHSE, Inc.	DOMINGUEZ-RAFER, CARMEN		

CLICK HERE TO SCROLL



# Outpatient Providers: Mental Health Outpatient

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

[← Modify Search](#)

1,115 Recipients Found

View: Outpatient Providers ▾



Excel

PROVIDER: MAIN STREET CLINIC

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name ▲	Mental Health Outpatient Provider			Medical Outpatient P	
	Most Recent Provider Facility Name ▾	Most Recent Service Past 1 yr ▾	# Services this Provider Past 1 yr ▾	Most Recent Provider Facility Name ▾	Most Recent Service
SMITH JOHN	MANHATTAN PSYCHIATRIC CENTER	11/12/2019	12	INSTITUTE FOR FAMILY HLTH	10/24/2019
DOE JANE	MONTEFIORE MEDICAL CENTER	12/9/2019	2	MEMORIAL HSP CANCER ALLIED	3/1/2019
JONES SUE	LONG ISLAND CONSULTATION CENTER, INC.	12/16/2019	23		
BROWN BOB	NYC-HHC METROPOLITAN HOSPITAL CENTER	12/17/2019	9	LENOX HILL HOSPITAL	10/9/2019

CLICK HERE TO SCROLL





# Outpatient Providers: Medical Outpatient

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

[← Modify Search](#)

1,115 Recipients Found

View: Outpatient Providers ▾



Excel

PROVIDER: MAIN STREET CLINIC

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Outpatient Provider		Medical Outpatient Provider		
	Most Recent Service Past 1 yr	# Services this Provider Past 1 yr	Most Recent Provider Facility Name	Most Recent Service Past 1 yr	# Services this Provider Past 1 yr
SMITH JOHN			HERITAGE HEALTH AND HOUSING, INC	1/17/2020	11
DOE JANE			COMMUNITY HEALTHCARE NETWORK	1/3/2020	2
JONES SUE		10	MORRIS HEIGHTS HEALTH CENTER	12/18/2019	1
BROWN BOB			NY HOSPITAL	12/17/2019	7

CLICK HERE TO SCROLL



# PCP Assignment in Clinical Summary

← Recipient Search

SMITH, JANE  
Clinical Summary as of 2/24/2020



- Brief Overview
- 1 Year Summary
- 5 Year Summary

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

**DOB:** 2/1/1983 (37 yrs)  
**Address:** 123 Main Street,  
Albany, NY 12208

**Medicaid ID:** AB12345C  
**Medicare:** No  
**Managed Care Plan:** Independent Health's  
MediSource (HARP)  
**MC Plan Assigned PCP:** Sharma, Nisha

**HARP Status:** HARP Enrolled (H1)  
**HARP HCBS Assessment Status:** Never Assessed

# HARP HCBS Assessment Status & Results



**Office of  
Mental Health**

# HARP HCBS Assessment Status Filter

## Recipient Search

Limit results to

50

SSN	First Name	Last Name	DOB
<input type="text" value="000-00-0000"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

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

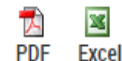
- Never Assessed
- Assessment Up to Date
- Reassessment Due in 90 days
- Reassessment Overdue
- Ever Assessed

Modify Search

163 Recipients Found



View: Standard



	HARP Status	HARP Enrolled (H1)
AND	HARP HCBS Assessment Status	Reassessment Overdue
AND	[Provider Specific] Provider	Main Street Mental Health Center

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan
QUJPRaY QqzSRVa QQ	TaEvM9YqN qM	NoypLpEvN pA	TQ LQ NDa	2+ Inpt-BH, 2+ Inpt-MH, 4PP(A), BH QARR - DOH, HARP No Health Home	UnitedHealthcare Community Plan
QUNFVaVETm TqnHQQ SQ	WbMmMpa mNrI	N8yoM8ynO TYr	R6 LQ NTQ	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, BH QARR - DOH, Cloz Candidate, HARP No Health Home, No Detox f/u 14d, No Gluc/HbA1c & LDL-C - AP, No HbA1c & LDL-C (DM & Schiz), No HbA1c-DM, No LDL-C - AP, No Outpt Medical, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH	Healthfirst PHSP, Inc.
QUfBTEE VEFJWUU R6	VUeuM9IoO Eu	MSynN8ynO TUv	R6 LQ N9E	BH QARR - DOH	Fidelis Care New York
QUnBTQ TUbSWaE	VVloM9Ao Mq2	M8ynM8yn OT6s	R6 LQ MpQ	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, BH QARR - DOH, HARP No Health Home	Healthfirst PHSP, Inc.
QUnMRUu TEFUTrbB	Vr6uNTarOV 2	MSyoMCyn OT6p	R6 LQ Mp2		Amerigroup New York
QVJKVUvF TUbDSEVBTA	SrapODUoN rM	MTIIMTaIM TavNQ	TQ LQ M9Q	2AP, Adher-MS, BH QARR - DOH	Healthfirst PHSP, Inc.
QVVCQubO RVfsQQ QQ	Uq2rMTAvN bQ	MTAIMpAIM TauMQ	R6 LQ Mp6	HARP No Health Home	Fidelis Care New York

# HARP HCBS Assessment Results Filter

## Recipient Search

Limit results to

50



Search

Reset

SSN

000-00-0000

First Name

Last Name

DOB

MM/DD/YYYY

Gender



Managed Care



Children's Waiver Status



MC Product Line



HARP Status



Medicaid Restrictions



HARP HCBS Assessment



DSRIP PPS



Status

HARP HCBS Assessment Results

- Most Recent Result: Not Eligible for HCBS
- Most Recent Result: Tier 1 HCBS Eligibility
- Most Recent Result: Tier 2 HCBS Eligibility

Modify Search

# 754 Recipients Found

View: Standard



HARP HCBS Assessment Results Most Recent Result: Tier 2 HCBS Eligibility

AND [Provider Specific] Provider Main Street Mental Health Center

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan
<a href="#">QUNFVaVETm</a> <a href="#">UaFGQUVM RQ</a>	WaMqMTa mMEY	OSyoMCynO TYs	TQ LQ NTM	4PP(A)	Healthfirst PHSP, Inc.
<a href="#">QUNPUrRB</a> <a href="#">VqFOREE</a>	Wa6pN9Mv NqQ	N8ynOSynO T2m	R6 LQ NDa	2+ ER-Medical	Amerigroup New York
<a href="#">QURFTUa</a> <a href="#">TaVYSEFU</a>	VFUuNDAp MbM	MTIIMTYIM TatM6	TQ LQ ND2	BH QARR - DOH, No HbA1c & LDL-C (DM & Schiz), No HbA1c-DM	Amerigroup New York
<a href="#">QUfBTEE</a> <a href="#">VEFJWUU</a> <a href="#">R6</a>	VUeuM9IoO Eu	MSynN8ynO TUv	R6 LQ N9E	BH QARR - DOH	Fidelis Care New York
<a href="#">QUjJTarPTEFZQUu</a> <a href="#">VFVOREU</a> <a href="#">V6</a>	TbMsMpYr MaM	MTIIM9UIM TasMA	TQ LQ NTa	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, Readmit 30d - Medical to Medical	
<a href="#">QUJMSVBJ</a> <a href="#">QaVUVFa</a> <a href="#">RQ</a>	WaqnNp2rN qU	NoyoMSynO T2p	R6 LQ NDY	2+ ER-Medical, 4PP(A)	Fidelis Care New York
<a href="#">QUnBTQ</a> <a href="#">TUbsWaE</a>	VVIoM9Ao Mq2	M8ynM8yn OT6s	R6 LQ MpQ	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, BH QARR - DOH, HARP No Health Home	Healthfirst PHSP, Inc.
<a href="#">QUndQUvUQVJB</a> <a href="#">SazIT6</a> <a href="#">Qm</a>	WUirMDIqN Va	NCyoOCynO T6s	TQ LQ MpM	3AP	Amerigroup New York
<a href="#">QUndQUvUQVJBWazHV</a> <a href="#">UbFU6</a> <a href="#">QUnFWEFOREVS</a>	VUMmOTIv MV2	MTIIMTUIM TavNA	TQ LQ M9U	2+ ER-BH, 2+ ER-MH, 2AP	Amerigroup New York
<a href="#">QUnFWEbT</a> <a href="#">UaVHSUvBTEQ</a>	VFQnM92m MF2	MSyoNoynO T2s	TQ LQ NDQ	BH QARR - DOH, HARP No Health Home, No Outpt Medical, No SUD Tx Engage	HIP (EmblemHealth)

# HARP HCBS Assessment Status & Results in Clinical Summary – Example 1

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

SMITH, JANE

Clinical Summary as of 2/24/2020

◀ Recipient Search

Brief Overview

1 Year Summary

5 Year Summary

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

DOB: 2/1/1983 (37 yrs)

Address: 123 Main Street,  
Albany, NY 12208

Medicaid ID: AB12345C

Medicare: No

Managed Care Plan: Fidelis Care New York (HARP)

MC Plan Assigned PCP: Hathaway, Andrew

HARP Status: HARP Enrolled (H1)  
HARP HCBS Assessment Status: Never Assessed

Active Quality Flags • as of monthly QI report 11/1/2019

Health and Recovery Plan (HARP)

HARP Enrolled - Not Health Home Enrolled • HARP-Enrolled - No Assessment for HCBS

Diagnoses Past Year

**Behavioral Health (2)** Most Recent: Generalized Anxiety Disorder • Attention Deficit Hyperactivity Disorder  
Most Frequent (# of services): Generalized Anxiety Disorder (3) • Attention Deficit Hyperactivity Disorder (1)

**Medical (9)** 5 Most Recent: Open wound of wrist, hand and fingers • Encounter for immunization • Dorsalgia • Pain, not elsewhere classified • Other mononeuropathies ...  
5 Most Frequent (# of services): Personal history of certain other diseases (1) • Open wound of wrist, hand and fingers (2) • Dorsalgia (2) • Benign neoplasm of colon, rectum, anus and anal canal (1) • Other diseases of intestine (1) ...



Medications Past Year

Last Pick Up



# HARP HCBS Assessment Status & Results in Clinical Summary – Example 2

Recipient Search **DOE, JOHN**  
Clinical Summary as of 2/24/2020

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

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

DOB: 12/1/1983 (37 yrs)  
Address: 71 River Road,  
Queens, NY 55555

Medicaid ID: AB12345C Medicare: No  
Managed Care Plan: Fidelis Care New York (HARP)  
MC Plan Assigned PCP: Nagrare, Nupur

**HARP Status: HARP Enrolled Tier 2 HCBS (H1 with H3)**  
**HARP HCBS Assessment Status: Tier 2 HCBS Eligibility**  
(Reassess by 04/30/2020)

### Current Care Coordination

Health Home (Enrolled) CNYHHN INC (Begin Date: 01-MAR-18) • Status : Active  
Main Contact Referral: Jillian Gross: 315-624-9670 Ext. 2862, jillian.gross@cnyhealthhome.net • Christina Lounsbury: 315-624-9670 Ext. 2860, christina.lounsbury@cnyhealthhome.net  
Member Referral Number: 315-797-7249  
Care Management (Enrolled): NORTH COUNTRY TRANS LIV SERV

### Active Quality Flags • as of monthly QI report 11/1/2019

High Utilization - Inpt/ER  
+ ER - Medical

### Diagnoses Past Year

Behavioral Health (1) Most Recent: Major Depressive Disorder  
Most Frequent (# of services): Major Depressive Disorder (4)

Medical (35) 5 Most Recent: Other and unspecified osteoarthritis • Other joint disorder not elsewhere classified • Diseases of salivary glands • Persons



# HARP HCBS Assessment Status & Results in Clinical Summary – Example 3

THOMPSON, SMITH  
Clinical Summary as of 2/24/2020

Brief Overview | 1 Year Summary | 5 Year Summary

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

DOB: 1/1/1980 (40 yrs)  
Address: 99 Main Street,  
Buffalo, NY 55555

Medicaid ID: AB12345C Medicare: No  
Managed Care Plan: MetroPlus Health Plan (HARP)  
MC Plan Assigned PCP: Smith, Joan MD

HARP Status: HARP Enrolled (H1)  
HARP HCBS Assessment Status: Tier 2 HCBS Eligibility  
(Reassess overdue)

Alerts & Incidents • all available

Most Recent

53 Suicidal Ideation (16 Inpatient, 36 ER, 5 Other) 9/18/2015 NORTH CENTRAL BRONX HOSPITAL (Clinic - Medical Specialty)

Active Quality Flags • as of monthly QI report 11/1/2019

PH QARR - DOH Performance Tracking Measure - as of 06/01/2019  
No Engagement of Alcohol/Drug Treatment • No Initiation of Alcohol/ Drug Treatment

High Utilization - Inpt/ER  
2+ ER - Medical

Diagnoses Past Year

Behavioral Health (10) 5 Most Recent: Unspecified/Other Bipolar • Schizoaffective Disorder • Attention Deficit Hyperactivity Disorder • Unspecified/Other Depressive Disorder • Schizophrenia ...  
5 Most Frequent (# of services): Unspecified/Other Bipolar (14) • Schizoaffective Disorder (11) • Obsessive-compulsive disorder (7) • Schizophrenia (6) • Attention Deficit Hyperactivity Disorder (4) ...

Medical (18) 5 Most Recent: Iron deficiency anemia • Dorsalgia • Overweight and obesity • Acute upper respiratory infections of multiple and unspecified



# Electronic Medical Record-Compatible CCD Export



**Office of  
Mental Health**

# Electronic Medical Record-Compatible Clinical Summary Export

A new “CCD” export option in the Clinical Summary is available for **provider agency** and **statewide users** in the 1 Year Summary and 5 Year Summary, in addition to the PDF and Excel export options.

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

**SMITH JOHN**  
Clinical Summary as of 2/11/2020



PDF Excel CCD

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

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

Medicaid ID: ABCD1234      Medicare: No  
Managed Care Plan: WellCare of New York (Mainstream)  
MC Plan Assigned PCP: DOE, JANE

HARP Status: Eligible Pending Enrollment (H9)  
HARP HCBS Assessment Status: Never Assessed

# MyCHOIS Enhancements: High Risk List Registry



**Office of  
Mental Health**

# Main Street Mental Health Center

[← MyCHOIS Home](#)[Change Site](#)[Add Client](#)[Add Staff](#)

PDF



Excel

[All Clients](#)[Staff Roster](#)[Suicide Care Pathway](#)[High Risk List](#)Search: 

Name	DOB(Gender)	Assigned Staff	Medicaid QI Flag	Registries	Edit Client
<a href="#">QWniZWu, VGFp0GFk1cE6QQ</a>	MDEIMT2IM9AmNSAeR8a	Primary Therapist: Vasana, Prabhakar			
<a href="#">QWva2cVt2m, ScFe1WFfZWm</a>	MD2IMpEIMTauNCAeTSa	Primary Therapist: Vasana, Prabhakar	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2AP, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, BH QARR - DOH, No SUD ER f/u 30d, No SUD ER f/u 7d, No SUD Tx Engage, No SUD Tx Initiation	Suicide Care Pathway	
<a href="#">QcVo3A, TGzvIEE</a>	MDYIMT2IMTasMCAeTSa	Primary Therapist: Vasana, Prabhakar	2AP, BH QARR - DOH, HARP No Health Home, No Outpt Medical		
<a href="#">SGVvkZGVo2szkIEbf0Q, UtRb2G7b16</a>	MD6IMDalMTavOSAeTSa	Primary Therapist: Vasana, Prabhakar	2+ ER-Medical, Adher-MS		
<a href="#">TWboYWvaYQ, SdV71cbqYQ</a>	MDalMD6IMTasMoAeR8a	Primary Therapist: Vasana, Prabhakar			
<a href="#">TXbqZXNq, ScFjZXM</a>	MDEIMDEIMTauM8AeTSa	Primary Therapist: Vasana, Prabhakar		Suicide Care Pathway	
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- Client Profile
- PHI Access/Consent
- Client Registries**
- Link to Other Databases (Medicaid, MHARS)
- Reset Client Password
- Remove Client From Site

## Registries for THOMPSON, SMITH

### High Risk List Registry

#### Designations

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Antipsychotic Non-Adherence             | <input type="checkbox"/> Opioid Overdose Past Yr | <input type="checkbox"/> Other Designation |
| <input type="checkbox"/> AOT Court Order                         | <input checked="" type="checkbox"/> Self Harm    | <input type="text"/>                       |
| <input checked="" type="checkbox"/> High Hospital/ER Utilization | <input type="checkbox"/> Suicide Attempt/Intent  | <input type="checkbox"/> Not specified     |

### Suicide Care Pathway Registry

#### Manual

- Suicide Attempt
- Suicide Intent
- Suicide Related Clinical Concerns

#### Optional notes

#### Automated

Assigned from other sources (Medicaid/Provider Agency)

This client is not on any automated suicide care pathway at this time.

All clients will automatically be removed from the High Risk List 3 months after the last saved/renewed date. Clients can be removed at any time from the High Risk List.





# Main Street Mental Health Center

Add Client

Add Staff



PDF

Excel

Change Site

MyCHOIS Home

All Clients

Staff Roster

Suicide Care Pathway

High Risk List

Search:

Name	DOB (Gender)	Medicaid QI Flag	PSYCKES Alerts	High Risk List Designation(s)	Added On	Expires in	Renew	Remove	Edit
THOMPSON, SMITH	MD6IMDaIMTavOSAeTSa	2+ ER-Medical, Adher-MS		High Hospital/ER Utilization, Self Harm	2/26/2020	90 days			
DOE, JANE	MDaIMD6IMTasMoAeR8a		Suicide Attempt	Self Harm	2/26/2020	90 days			
SMITH, JOHN	MD6IMDEIMTatMSAeR8a		Suicide Attempt	AOT Court Order	2/26/2020	90 days			

# MyCHOIS Enhancements: PHI Access/Consent



**Office of  
Mental Health**

# Main Street Mental Health Center

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[Client Profile](#)[PHI Access/Consent](#)[Client Registries](#)[Link to Other Databases \(Medicaid, MHARS\)](#)[Reset Client Password](#)[Remove Client From Site](#)

# Confirm Correct Client

## PHI Access for Doe, Jane (F - 39)



Before changing PHI access, confirm this is the correct client

<b>Name</b>	Doe, Jane
<b>Date of Birth</b>	03/31/1980
<b>Gender</b>	F
<b>Address</b>	123 MAIN ST, NY, 12345

Cancel

Next



# Why are you allowed to view this data?

PHI Access for Doe, Jane (F - 39) ×

Why are you allowed to view this data? ?

**The client signed consent**

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH-5055 Health Home Patient Information Sharing Consent

**The client did not sign consent**

- This is a clinical emergency
- Client is currently served by or being transferred to my facility

Cancel Next

# How do you know this is the correct person?

PHI Access for Doe, Jane (F - 39) ✕

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 CLINIC** will be given access to all available data for 3 years (renews automatically with billed service).

[Previous](#) Cancel Enable

Client Overview

CSSRS

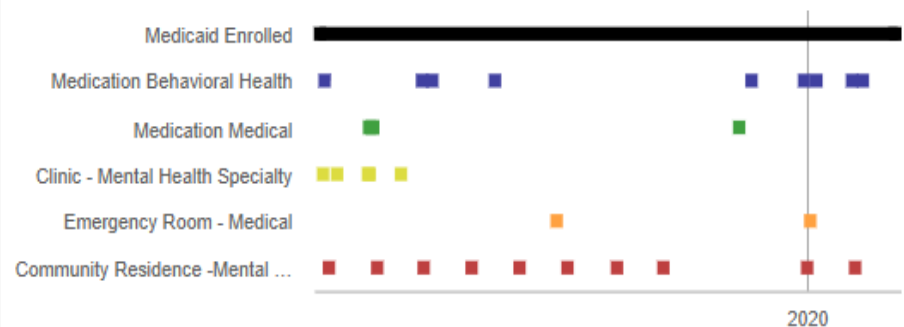
## Active Assessments

Due Date	Assessment Name	Frequency (Days)	Action
5/4/2019	Depression (PHQ-9)	30 <input type="text"/> Activated	Overdue
	CGAS	Select <input type="text"/> <a href="#">Activate</a>	
	PSC17	Select <input type="text"/> <a href="#">Activate</a>	
	Suicide Screen (C-SSRS)	Select <input type="text"/> <a href="#">Activate</a>	
	Depression (PHQ-3 To PHQ-9)	Select <input type="text"/> <a href="#">Activate</a>	
	CECI	Select <input type="text"/> <a href="#">Activate</a>	
	Depression & Suicide (PHQ-3 To PHQ-9 and C-SSRS)	Select <input type="text"/> <a href="#">Activate</a>	

## Quality Flags

Indicator Set	Indicators
High Utilization - Inpt/ER	2+ ER - Medical
Treatment Engagement	Adherence - Mood Stabilizer (Bipolar)

## Integrated View of Services Over Time



## Plans &amp; Documents

[Upload](#) [Create New](#)

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
2/26/2020	Safety Plan	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	ERICA VAN DE WAL	N/A	



# PSYCKES Training & Technical Support



**Office of  
Mental Health**

# PSYCKES Training

- PSYCKES website: [www.psyckes.org](http://www.psyckes.org)
- Webinars
  - Live: Register in “Calendar” section of website
  - Recorded: Posted in “Recorded Webinars” of website
    - Using PSYCKES for Clinicians
    - Enable Access to Client-Level Data in PSYCKES
    - Using PSYCKES Recipient Search
    - Using PSYCKES Quality Indicator Reports
    - PSYCKES Mobile App for iPhones & iPads
- User Guides
  - Available in “About PSYCKES” section of website



# PSYCKES Technical Support

- PSYCKES Help
  - Support using PSYCKES and questions about data
  - 9:00AM – 5:00PM, Monday – Friday
  - PSYCKES-help@omh.ny.gov
- ITS Help Desk
  - Token, login, and SMS support
  - Provider Partner ITS Helpdesk:
    - healthhelp@its.ny.gov; 1-800-435-7697
  - OMH Employee ITS Helpdesk:
    - fixit@its.ny.gov; 1-844-891-1786