



**Office of
Mental Health**

PSYCKES for Health Homes & Care Management Agencies

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Agenda

- PSYCKES overview
- Access to client-level data
- User Role Profile
- Population health with Recipient Search
- Quality improvement with My QI Report
- Review client-level details within the Clinical Summary
- Training & technical support

PSYCKES Overview



Office of
Mental Health

What is PSYCKES?

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

Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (current or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
 - MAPP Health Home Enrolled: Clients linked to provider agency if enrolled with HH or CMA according to MAPP
 - **99% of Health Home population is included in PSYCKES!**
- Behavioral Health Population (any history of):
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides data across the treatment spectrum (e.g., BH/medical services, living support/residential, dental/vision, etc.)

What Data is Available in PSYCKES?

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

Quality Indicators “Flags”

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

What Types of Reports are Available?

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

Access to Client-Level Data

Client Linkage to Agency

- **Automatically:**
 - Currently enrolled in the Health Home or Care Management Agency according to MAPP, or
 - Client had a billed service at the agency within the past 9 months

- **Manually:**
 - Provider attests to one of the following:
 - Client signed PSYCKES consent, DOH Health Home Patient Information Sharing consent, BHCC consent
 - Verbal consent
 - Clinical emergency
 - Client is currently being served by/transferred to your agency

Levels of Access to Client Data

- **Signed Consent** (*PSYCKES, BHCC, DOH HH 5055/5021*)
 - Allows access to all available data (including data with special protections such as SUD, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal Consent**
 - Allows access to limited data (excluding data with special protections) for 9 months
- **Clinical Emergency**
 - Allows access to all available data (including data with special protections) for 72 hours
- **Attestation of service** (*Client currently being served by/transferred to your agency*)
 - This will link client to your agency for Recipient Search reports but will **not** provide access to the clinical summary

DOH Health Home Consent Logic (5055/5021)

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

How to Enable Access to Client Data

- Recipient Search

- Search for an individual client using Recipient Identifiers

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

Recipient Search Limit results to 50 Search Reset

Recipient Identifiers ← Search in: Full Database MAIN STREET HEALTH HOME

Medicaid ID SSN First Name Last Name DOB

AB00000A MM/DD/YYYY

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

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

286 Recipients Found View: Standard PDF Excel

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

AND [Provider Specific] Provider MAIN STREET HEALTH HOME

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ▾	DOB ▾	Gender ▾	Medicaid Quality Flags ▾	Medicaid Managed Care Plan ▾	Current PHI Access ▾
QU3PurRPLA QUVHRUM	UUEoMplon EE	MTEIMT2IM TavNQ	TQ LQ M96	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-AP Adher-AP (DOH), Adher-MS (DOH), Cloz Candidate, HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 30d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult	Fidelis Care New York	No Access Enable Access

How to Enable Access to Client Data (Cont'd)

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

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

MAIN STREET HEALTH HOME ⓘ
Quality Indicator Overview As Of 02/01/2024

View: Standard ▾ PDF Excel

SITE: ALL PROGRAM TYPE: ALL AGE GROUP: ALL MC PRODUCT LINE: ALL CLIENT REGION: ALL CLIENT COUNTY: ALL PROVIDER REGION: ALL PROVIDER COUNTY: ALL MANAGED CARE: ALL **Filters** Reset

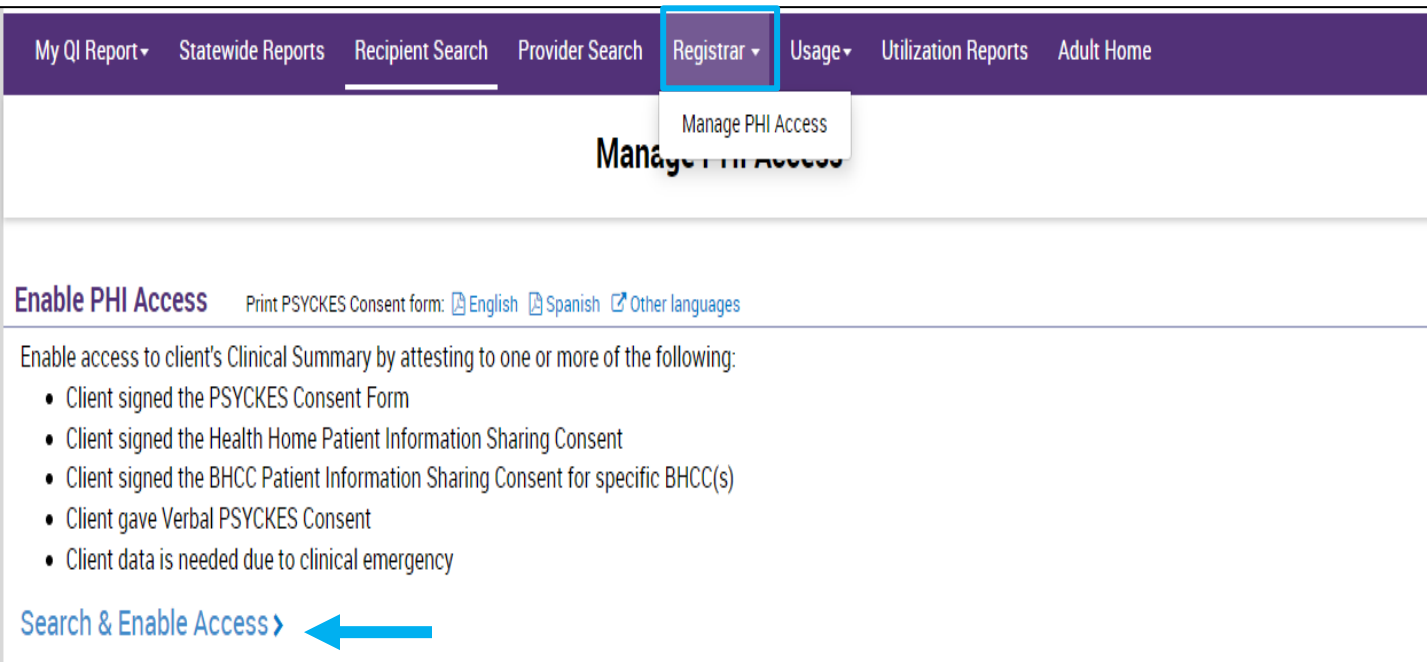
Indicator Set: Health Home Care Management - Adult **Indicator:** Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
		Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access	
REzVRqnBUm UEFUUabDSm Um	Vq2oN9IsNEQ	MDaIMD2IMTavNA	Asian	2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 30d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	No Access	Enable Access 🔒		
UaFZ QabBTaNB	Vq6sMDMrMr6	MDIIMTIIMTatN6	Black	2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	No Access	Enable Access 🔒		

First Previous **1** Next Last

How to Enable Access to Client Data (Cont'd)

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



The screenshot shows a navigation bar with the following items: My QI Report, Statewide Reports, Recipient Search, Provider Search, Registrar, Usage, Utilization Reports, and Adult Home. The 'Registrar' item is highlighted with a blue box, and a dropdown menu is open showing 'Manage PHI Access'. Below this, the 'Manage PHI Access' page is visible, featuring a heading 'Enable PHI Access' and a list of conditions for enabling access to client data. At the bottom left, there is a link 'Search & Enable Access' with a blue arrow pointing to it.

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

Manage PHI Access

Enable PHI Access

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

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

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

[Search & Enable Access](#) > ←

Enable Access Module

▪ Recipient Search

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

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

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

Recipient Search

Limit results to

50 ▾

Search

Reset

Recipient Identifiers

Search in: Full Database MAIN STREET HEALTH HOME

Medicaid ID

SSN

AB12345C

First Name




Last Name

DOB

MM/DD/YYYY

Enable Access Module

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

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

Enable Access Module

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

PHI Access for DOE, JANE (F - 60)

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

The client signed consent

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

Provider attests to other reason for access

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

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

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

Cancel Next

Enable Access Module

- Step 4: Confirm client's identity
- Step 5: Select “Enable” or “Enable and View Clinical Summary”

PHI Access for DOE, JANE (F - 60)

Confirm this is the correct individual before enabling

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

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 HEALTH HOME Health Home and/or Care Management users will be given access to all available data while the client is enrolled in your Health Home program. Only staff who work for the Health Home and/or Care Management program should view the clinical summary with this access.

Previous Cancel Enable Enable and View Clinical Summary

User Role Profile

User Role Profile

- You will be prompted to complete the User Role Profile the first time you login to PSYCKES, and then on an annual basis
- If your agency is a DOH-recognized HH or CMA, and you work with clients who sign the DOH Health Home Patient Information Sharing Consent, please check your User Role Profile to indicate the appropriate information:
 - Care Management users: In “Primary Work Setting” select “Provider Agency” and in “Setting/Program Type” select “Care Management
 - Health Home Administration users: In “Primary Work Setting” select “Health Home Administration”
- The appropriate User Role Profile setting will enable the DOH Health Home consent check box in PSYCKES when you are attesting to client consent for access to the Clinical Summary

User Role Profile



De-identify

Settings -

Log Off

- Change My Home Page
- Update My User Profile
- User Access Administration

Recipient Search

Limit results to 50 Search Reset

Recipient Identifiers

Search in: Full Database MAIN STREET HEALTH HOME

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 03/04/2024

Age Range <input type="text"/> To <input type="text"/>	Gender <input type="text"/>	Region <input type="text"/>
Race <input type="text"/>		County <input type="text"/>
Ethnicity <input type="text"/>		

Special Populations

Population	<input type="text"/>
High Need Population	<input type="text"/>
AOT Status	<input type="text"/>
Alerts	<input type="text"/>
Homelessness Alerts	<input type="text"/>

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial ci
- Problems related to medical facilities and
- Problems related to housing and econom

SDOH Conditions: Selected

User Role Profile

Your primary work setting

Provider Agency



[Change Setting >](#)

Your primary role(s) in your organization (Up to 2)

Direct Service Provider/Clinician/Care Manager

Supervisor of Direct Services

Program Director/Manager

Medical Director

Agency/Facility-Wide Leadership

Quality Management (QI/QA)

Utilization Management

Administrative Support/Medical Records

Information Technology

Business Intelligence/Data Analysis/Evaluation

Peer Advocate

Intern/Resident/Trainee

Setting or program type in which you regularly work(up to 2)

Agency/Facility-Wide

ACT Team

Care Management

Emergency Department/CPEP

Mobile Crisis

MIT (Mobile Integration Team)

Telephonic Crisis Services (e.g., 988)

Inpatient - Psychiatry

Homeless Outreach

Inpatient - Withdrawal & Stabilization

User Role Profile

Your primary work setting

Health Home Administration



[Change Setting](#) >

Your primary role(s) in your organization (Up to 2)

Direct Service Provider/Clinician/Care Manager

Supervisor of Direct Services

Program Director/Manager

Medical Director

Agency/Facility-Wide Leadership

Quality Management (QI/QA)

Utilization Management

Administrative Support/Medical Records

Information Technology

Business Intelligence/Data Analysis/Evaluation

Peer Advocate

Intern/Resident/Trainee

NPI & License Details

Do you have an individual NPI number?

Yes No

Do you have a NYS Professional License?

Yes No

Recipient Search

Recipient Search

- Clients linked to a provider agency if billed for in the past year or currently linked through MAPP
- Options in Recipient Search:
 - Look up one individual client to view Clinical Summary (with applicable consent or clinical emergency access)
 - Identify clients in a specific population cohort of interest, such as:
 - Health Home Plus – Eligible
 - CORE eligible
 - Alerts (e.g., suicide attempt, ideations, opioid overdose, etc.)
 - Experiencing homelessness (any homelessness past year, shelter, unsheltered, outreach, etc.)
 - Social Determinants of Health (SDOH)
- Enable access on the results page or export results to Excel or PDF
- **Advanced Views:** Care Coordination, High Need/High Risk, Hospital Utilization, Outpatient Providers

Recipient Search

Limit results to

50

Search

Reset

Recipient Identifiers

Individual Search

Search in: Full Database MAIN STREET HEALTH HOME

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

MM/DD/YYYY

Characteristics as of 03/04/2024

Group Search

Age Range To Gender Region Race County Ethnicity

Special Populations

Social Determinants of Health (SDOH)

Past 1 Year

Population

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

High Need Population

-Problems related to upbringing

-Problems related to social environment

-Problems related to physical environmen

-Problems related to other psychosocial c

-Problems related to medical facilities anc

-Problems related to housing and econom

AOT Status Alerts Homelessness Alerts

Managed Care Plan & Medicaid

Managed Care Children's Waiver Status MC Product Line HARP Status Medicaid Enrollment Status HARP HCBS Assessment Status Medicaid Restrictions HARP HCBS Assessment Results

Special Populations

Social De

SDOH Cor

Population



High Need Population

**Search for:
CORE Eligible,
Health Home Plus
– Eligible, or HH+
Service Received
in the High Need
Population filter
dropdown**

ACT Status

- CORE Eligible (Community Oriented Recovery and Empowerment)

Alerts

POP : High User (All)

POP : High User (New)

Alerts

POP : Potential Clozapine Candidate (New)

POP : Potential Clozapine Candidate (All)

High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%

High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%

OnTrackNY Early Psychosis Program : Enrolled

aid

OnTrackNY Early Psychosis Program : Discharged < 3 years

OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years

OPWDD NYSTART - Eligible

Health Home Plus (HH+) - Eligible

HH+ Service - Received at least once in past 3 mo. (Source: DOH MAPP)

MC Product Line

AOT - Active Court Order

Medicaid Enrollment Status

AOT - Expired < 6 months

AOT - Expired < 12 months

Medicaid Restrictions

ACT - Enrolled

ACT - Discharged < 12 months

3+ Inpt MH < 13 months

Special Populations

Population

High Need Population

AOT Status

Alerts

Search for clients with a history of suicide attempts, ideations, or opioid overdose by using the "Alerts" filter

- Alerts - Any below
- Suicide Attempt (Medicaid/NIMRS) past 1 year
- Suicide Attempt (Medicaid/ NIMRS)
- Suicidal Ideations (Medicaid)
- Self-Inflicted Harm/ Injury (Medicaid)
- Self-Inflicted Poisoning (Medicaid)
- Overdose - Opioid past 1 year
- Overdose - Opioid (Intentional) past 1 year
- Overdose - Opioid (Unintentional) past 1 year
- Overdose - Opioid past 3 years
- Overdose - Opioid (Intentional) past 3 years
- Overdose - Opioid (Unintentional) past 3 years
- Overdose Risk - Concurrent Opioid & Benzodiazepine
- Registry - Suicide Care Pathway - active at any agency
- Registry - High Risk List - active at any agency
- Registry - COVID-19 - active at any agency
- OMH Unsuccessful Discharge

Special Populations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Any (DHS/Medicaid) or Outreach (DHS) or Unshe...

Homelessness: All Sources

- Any (DHS/Medicaid)
- Any past 1 year (DHS/Medicaid)

Homelessness: NYC DHS

- Any (DHS)
- Any past 1 year (DHS)
- Shelter (DHS)
- Shelter past 1 year (DHS)
- Outreach (DHS)
- Outreach past 1 year (DHS)
- Behavioral Health Shelter past 1 year (DHS)
- Safe Haven or Stabilization Shelter past 1 year (DHS)

Homelessness: Medicaid

- Any (Medicaid)
- Any past 1 year (Medicaid)
- Unsheltered past 1 year (Medicaid)
- Sheltered past 1 year (Medicaid)

Search for homelessness alerts such as: Any, Outreach, Unsheltered past 1 year, etc. Select up to 4 in each search.

Medicaid Restrictions

Quality Flag as of 02/01/2024

HARP Enrolled - Not Health Home Enrolled
HARP-Enrolled - No Assessment for HCB
Eligible for Health Home Plus - Not Health Home Plus
Eligible for Health Home Plus - No Health Home Plus
HH Enrolled, Eligible for Health Home Plus
High Mental Health Need

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

- Problems related to housing and economic circumstances
- Problems related to living in residential institution
- Homelessness
- Housing instability, housed
- Housing instability, housed, with risk of homelessness
- Inadequate housing
- Inadequate social insurance and welfare support

SDOH Conditions: Selected

Select a domain category or expand the domain category to select a specific SDOH condition within that domain (up to 4 different SDOH filters can be selected at one time)

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

- Other problems related to housing and economic circumstances
- Sheltered homelessness
- Material hardship
- Transportation insecurity
- Extreme poverty
- Lack of adequate food

SDOH Conditions: Selected

- Problems related to housing and economic circumstances
 - Homelessness
 - Transportation insecurity
 - Extreme poverty

Managed Care Plan & HARP Status

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"/>	HCBS Assessment Status	<input type="text"/>
Medicaid Restrictions	<input type="text"/>	HARP HCBS Assessment Results	<input type="text"/>

Search for a specific HARP status

- Eligible/Enrolled (H1-H9)
- HARP Enrolled (H1)
- HARP Enrolled Tier 1 BH HCBS Eligible (H1 with H2)
- HARP Enrolled Tier 2 BH HCBS Eligible (H1 with H3)
- HIV SNP Enrolled BH High-Risk (H4)
- HIV SNP, Tier 1 BH HCBS Eligible (H4 with H5)
- HIV SNP, Tier 2 BH HCBS Eligible (H4 with H6)
- BH High-Risk/ HARP Eligible (H9)
- Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

Quality Flag as of 02/01/2024

[Definitions](#)

Services: Specific Provider as of 02/01/2024

- HARP Enrolled - Not Health Home Enrolled - (updated weekly)
- HARP-Enrolled - No Assessment for HCBS - (updated weekly)
- Eligible for Health Home Plus - Not Health Home Enrolled

Provider MAIN STREET H

Quality Flags

Quality Flag as of 02/01/2024



 Definitions

- HARP Enrolled - Not Health Home Enrolled - (updated weekly)
- HARP-Enrolled - No Assessment for HCBS - (updated weekly)
- Eligible for Health Home Plus - Not Health Home Enrolled
- Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months
- Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months
- HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months

- High Mental Health Need
- Mental Health Placement Consideration
- 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

Search for HARP and HH+ related quality flags. Select up to 4 quality flags per search.

Services: Specific Provider

Services: Specific Provider as of 02/01/2024

Past 1 Year

Provider MAIN STREET HEALTH HOME

Click on the “+” sign to expand a category and view a list specific service settings in your organization

County

Number of Visits

Service Setting:

Telehealth coded

Service Detail: Selected

+ Care Coordination

- Health Home - Enrolled (Source: DOH MAPP)
- Health Home - Enrolled/Outreach (Source: DOH MAPP)
- Health Home - Outreach (Source: DOH MAPP)
- Health Home Plus
- Health Home Plus (Source: DOH MAPP)
- Health Home and/or Care Management - Enrolled (Source: DOH MAPP and Medicaid)
- Health Home and/or Care Management - Outreach/Enrolled (Source: DOH MAPP and Medicaid)

Services by Any Provider

Services by Any Provider as of 02/01/2024

Past 1 Year

Provider

Region

Service Utilization

Service Setting:

Telehealth coded

Service

In the “Services by Any Provider” section you can search for clients in your agency receiving specific services from other agencies within the state

— Care Coordination

- ACT - MH Specialty
- 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)
- Case Management - ALL
- Case Management - DD
- Case Management - DOH
- Case Management - OMH
- Child Waiver Services - OMH
- Health Home - Enrolled (Source: DOH MAPP)
- Health Home - Enrolled/Outreach (Source: DOH MAPP)
- Health Home - Outreach (Source: DOH MAPP)

13,676 Recipients Found

View:

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

[← Modify Search](#)

[Provider Specific] Provider

MAIN STREET HEALTH HOME

AND [Provider Specific] Service Setting:


Health Home - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Medicaid Quality Flags ⇅	Medicaid Managed Care Plan ⇅	Current PHI Access ⇅	⬇
QUJBRCm REVOTba	UqlmN9Mv NEY	MSyoM8yn OT6r	TQ LQ Mpa	2+ ER-Medical, 4+ Inpt/ER-Med	Amida Care	No Access	Enable Access 🔒
QUJBUrMi QRrBTUFUTrU	UFYrM96rO Ve	MSynOCynO TYu	R6 LQ NTY	Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid		No Access	Enable Access 🔒
QUJBWUVWLA QJJSQUNIQQ	Vb6uNTEvN rM	MSynMoyn OTQn	TQ LQ ODM		HealthPlus	No Access	Enable Access 🔒
QUJCUbV0WabPLA SqFSRUu	WVIsODAn MFQ	MTAIMTaIM TarOQ	R6 LQ N9Q		Amida Care	PSYCKES Consent	
QUJERUnBwAvNLA RaFSSUQ	SqItOTMsN UY	NSyoOSyoM DEs	TQ LQ Nm		UnitedHealthcare Community Plan	No Access	Enable Access 🔒
QUJERUnIQRZLA TqrBU6 VA	UUEmNDYm Nb6	MTEIM92IM 9AmNQ	TQ LQ MT6		ElderServe Health, Inc dba RiverSpring Health Plans	No Access	Enable Access 🔒
QUJERUnLQV3ZLA QJERUnLQV3Z TQ	Ub6pMDIuO EM	MSynMoyn OTUt	TQ LQ N92		Centers Plan for Healthy Living	Health Home Consent	
QUJERUnMQVRJR8 m Rq7BRE	WUenN9Qv MV6	OCynOCynO T6u	R6 LQ MpU	Adher-AD <12wks	HealthPlus	No Access	Enable Access 🔒
QUJERUnNRU3VSU Qi UqFMQURB SA	TUEnM9IoN FY	MSyoLpEvN D2	TQ LQ Np2	2+ ER-Medical	HealthPlus	No Access	Enable Access 🔒

Drill into a client's Clinical Summary (with consent/ER access), enable access, export results to PDF or Excel, or change to one of our Advanced Views!

13,676 Recipients Found

View: Care Coordination 

[Provider Specific] Provider: MAIN STREET HEALTH HOME
 AND [Provider Specific] Service Setting: Health Home - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	Medicaid ID	DOB	Gender	Medicaid Managed Care Plan	MC Product Line	Current PHI Access
QUJBRCm REVOTba	UqImN9Mv NEY	MSyom8Yn OT6r	TQ LQ Mpa	Amida Care		No Access
QUJBURMi QURBTUFUTRU	UFYrM96rO Ve	MSynOCyn OTYu	R6 LQ NTY			No Access
QUJBWUVWLA QUJSQUNIQ	Vb6uNTEVN rM	MSynMoyn OTQn	TQ LQ ODM	HealthPlus		No Access
QUJCUBV0WabPLA SqFSRUu	WVIsODAn MFQ	MTAIMTaLM TarOQ	R6 LQ N9Q	Amida Care		PSYCKES Consent
QUJERUnBwaVNLA RaFSSUQ	SqItOTMsN UY	NSyooSyo MDEs	TQ LQ Nm	UnitedHealthcare		No Access
QUJERUnIQRZLA TqrBU6 VA	UUEmNDYm Nb6	MTEIM92IM 9AmNQ	TQ LQ MT6	ElderServe Health, Inc dba RiverSpring Health Plans		No Access
QUJERUnLQV3ZLA QUJERUnLQV3Z TQ	Ub6pMDIuO EM	MSynMoyn OTUt	TQ LQ N92	Centers Plan for Healthy Living	Partial MLTC Plan	Health Home Consent
QUJERUnMQVRJR8m Rq7BREE	WUenN9Qv MV6	OCynOCynO T6u	R6 LQ MpU	HealthPlus		No Access
QUJERUnNRU3VSUQi UqFMQUrB SA	TUEnM9IoN FY	MSyolpEvN D2	TQ LQ Np2	HealthPlus		No Access
QUJERUnNRVNTSU6i QUJERUnNRVNTSQ		MoyvLpEvN Ta	TQ LQ N9Q	VNSNY Choice Select Health	Partial MLTC Plan	Health Home Consent
QUJERUnNRVNTSU6i RVNJUm	NUM	MTEIMT6IM TapOQ	R6 LQ ODD	VNSNY Choice Select Health		No Access
QUJERUn0QU7FU8m	Ub2wTUo	N8ysLpEvN	TQ LQ	ElderPlan		No Access

When an Advanced View is added on, additional columns related to that view will now display on the results page

Click here to scroll...

[Modify Search](#)**13,676 Recipients Found**View: Care Coordination

[Provider Specific] Provider

MAIN STREET HEALTH HOME

AND

[Provider Specific] Service Setting:


Health Home - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	HARP Status (H Code)	CORE Eligible	HARP HCBS Assessment Date (most recent)	Children's Waiver Status (K Code)	Health Home
QUJBRCm REVOTba					
QUJBUrMi QUrBTUFUTrU					
QUJBWUVWLA QUJSQUNIQQ					
QUJJCubV0WabPLA SqFSRUu	HARP Enrolled (H1)	Yes			MAIN STREET HEALTH HOME
QUJERUnBWaVNLA RaFSSUQ					
QUJERUnIQURZLA TqrBU6 VA					
QUJERUnLQV3ZLA QUJERUnLQV3Z TQ					MAIN STREET HEALTH HOME
QUJERUnMQVRJR8m Rq7BREE					
QUJERUnNRU3VSUQi UqFMQURB SA					
QUJERUnNRVNTSU6i QUJERUnNRVNTSQ	BH High Risk/ HARP Eligible (H9)	Yes			MAIN STREET HEALTH HOME
QUJERUnNRVNTSU6i RVNJUm					
QUJERUn0QU7FU8m					

Click here
to scroll...



[← Modify Search](#)**13,676 Recipients Found**View: Care Coordination ▾

[Provider Specific] Provider

MAIN STREET HEALTH HOME

AND [Provider Specific] Service Setting:

Health Home - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	Health Home Name (Enrolled)	Care Management Name (Enrolled)	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)
QUJBRCm REVOTba				
QUJBUrMi QUrBTUFUTrU				
QUJBWUVWLA QUJSQUNIQQ				
QUJCUbv0WabPLA SqFSRUu	MAIN STREET HEALTH HOME	HOUSING WORKS INC AI		
QUJERUnBWaVNLA RaFSSUQ				
QUJERUnIQURZLA TqrBU6 VA				
QUJERUnLQV3ZLA QUJERUnLQV3Z TQ	MAIN STREET HEALTH HOME	JEMCARE LLC		
QUJERUnMQVRJR8m Rq7BREE				
QUJERUnNRU3VSUQi UqFMQURB SA				
QUJERUnNRVNTSU6i QUJERUnNRVNTSQ	MAIN STREET HEALTH HOME	JEMCARE LLC		
QUJERUnNRVNTSU6i RVNJUm				
QUJERUnOQU7FU8m				

Click here
to scroll...

[← Modify Search](#)**13,676 Recipients Found**View: Care Coordination ▾

Excel

[Provider Specific] Provider

MAIN STREET HEALTH HOME

AND [Provider Specific] Service Setting:

Health Home - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)	AOT Status	AOT Provider (Active)
QUJBRCm REVOTba				
QUJBUrMi QrBTUFUTrU				
QUJBWUVWLA QUJSQUNIQQ				
QUJCubV0WabPLA SqFSRUu				
QUJERUnBWaVNLA RaFSSUQ				
QUJERUnIQRZLA TqrBU6 VA				
QUJERUnLQV3ZLA QUJERUnLQV3Z TQ				
QUJERUnMQVRJR8m Rq7BREE				
QUJERUnNRU3VSUQi UqFMQURB SA				
QUJERUnNRVNTSU6i QUJERUnNRVNTSQ			Expired < 6 months	Rockland Psychiatric Center
QUJERUnNRVNTSU6i RVNJUm				
QUJERUn0QU7FU8m				

My QI Report



Office of
Mental Health

My QI Report

- Tool for managing quality improvement efforts
- Updated on a monthly basis
- Eligible Population (denominator): clients served plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients who meet criteria for the flag
- Compare prevalence rates for provider agency, region, state
- Filter report by: Program Type (e.g., HH or CM enrolled), MC Plan, Age
- HH/CM Sites tab breaks out QI prevalence by HH/CMA
- Drill down into list of recipients who meet criteria for flag
- Reports can be exported to Excel and PDF

Understanding My QI Report

- Attributing clients to agency QI reports:
 - Billing: Clients linked to provider agency if billed by agency in the past 9 months
 - MAPP HH/CMA Database: Clients linked to provider agency if enrolled in HH or CMA according to MAPP
 - This rule is used to automatically link clients to providers so that current clients are included in the report each month
- Period of observation for the quality indicator:
 - Assessed by a measure, varies for each measure
 - For example, the period of observation for the High Utilization quality indicator is 13 months
- QI Reports trending over time:
 - QI Trends Past Year show the prevalence rates of quality flags by provider over time

MAIN STREET HEALTH HOME

Quality Indicator Overview As Of 02/01/2024

View: Standard

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

Filters

Reset

Indicator Set

Quality Improvement Indicators (As Of 02/01/2024) Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%				
BH QARR - Improvement Measure	All	2,009	708	35.2				
General Medical Health	All	17,985	2,488	13.8				
Health Home Care Management - Adult	Adult 18+	3,901	2,028	52	87.1	87.1		
High Utilization - Inpt/ER	All	17,987	4,751	26.4	20.4	21.4		
Polypharmacy	All	3,995	734	18.4	11.8	12.3		
Preventable Hospitalization	Adult	17,167	312	1.8	0.8	0.9		
Readmission Post-Discharge from any Hospital	All	4,183	827	19.8	11.2	12.1		
Readmission Post-Discharge from this Hospital	All	3,702	748	20.2	11.2	12		
Treatment Engagement	Adult 18-64	1,815	576	31.7	35.4	35.5		

If needed, apply filters to your agency's My QI Report page to narrow down the population you'd like to view

Performance Tracking Indicators (As Of 08/01/2023) Reflects the most recent performance tracking data run by the Department of Health (DOH)

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
General Medical Performance Tracking Measure	All	5,304	2,334	44	38	36.5	
MH Performance Tracking Measure	All	2,760	1,281	46.4	52.3	51.7	
SUD Performance Tracking Measure	Adol & Adult (13+)	3,250	2,552	78.5	76.9	80.5	

QI Filters

Site

ALL

Program Type

ALL

Managed Care

ALL

Care Management - Enrolled (Source: DOH MAPP)

Care Management - Enrolled/Outreach (Source: DOH MAPP)

Care Management - Outreach (Source: DOH MAPP)

MC Product Line

Health Home - Enrolled (Source: DOH MAPP)

Health Home - Enrolled/Outreach (Source: DOH MAPP)

Age Group

Health Home - Outreach (Source: DOH MAPP)

Health Home Plus

Client Residence

Health Home Plus (Source: DOH MAPP)

Health Home and/or Care Management - Enrolled (Source: DOH MAPP and Medicaid)

Health Home and/or Care Management - Outreach/Enrolled (Source: DOH MAPP and Medicaid)

Provider Location

Provider Region

ALL

Provider County

ALL

Apply

Cancel

In the "Program Type" dropdown, select from a variety of filters such as 'Care Management - Enrolled' or 'Health Home - Enrolled'

87.1

21.4

12.3

0.9

20.21

18.4
11.80
12.30

1.80
0.80
0.90

MAIN STREET HEALTH HOME

Quality Indicator Overview As Of 02/01/2024

View: Standard

PDF



Excel

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters

Reset

Indicator Set

Quality Improvement Indicators (As Of 02/01/2024)

Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
BH QARR - Improvement Measure	All	1,593	554	34.8	37.7	36.5	
General Medical Health	All	14,229	1,833	12.9	13.2	12.2	
Health Home Care Management - Adult	Adult 18+	3,152	1,281	40.6	87.1	87.1	
High Utilization - Inpt/ER	All	14,231	3,574	25.1	20.4	21.4	
Polypharmacy	All	3,384	640	18.9	11.8	12.3	
Preventable Hospitalization	Adult	13,627	251	1.8	0.8	0.9	
Readmission Post-Discharge from any Hospital	All	3,125	574	18.4	11.2	12.1	
Readmission Post-Discharge from this Hospital	All	2,785	525	18.9	11.2	12	
Treatment Engagement	Adult 18-64	1,493	435	29.1	35.4	35.5	

Performance Tracking Indicators (As Of 08/01/2023)

Reflects the most recent performance tracking data run by the Department of Health (DOH)

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
General Medical Performance Tracking Measure	All	4,309	1,875	43.5	38	36.5	
MH Performance Tracking Measure	All	2,152	947	44	52.3	51.7	
SUD Performance Tracking Measure	Adol & Adult (13+)	2,383	1,876	78.7	76.9	80.5	

MAIN STREET HEALTH HOME 0

Quality Indicator Overview As Of 02/01/2024

View: Standard ▾



PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

[Filters](#) [Reset](#)

Indicator Set: Health Home Care Management - Adult

Indicator Set Indicator

Indicator	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
HARP Enrolled - Not Health Home Enrolled	Adult 21+	2,817	0	0	75.6	75.8	0.00 75.60 75.80
HARP-Enrolled - No Assessment for HCBS	Adult 21+	2,817	1,005	35.7	78.4	77	35.70 78.40 77.00
Eligible for Health Home Plus - Not Health Home Enrolled	Adult 18+	594	0	0	47.3	58.4	0.00 47.30 58.40
Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months	Adult 18+	594	266	44.8	60.4	73.9	44.80 60.40 73.90
Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months	Adult 18+	594	344	57.9	69.4	80.4	57.90 69.40 80.40
HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months	Adult 18+	594	123	20.7	15.9	24.5	20.70 15.90 24.50
Health Home Care Management - Adult Summary	Adult 18+	3,152	1,281	40.6	87.1	87.1	40.60 87.10 87.10

MAIN STREET HEALTH HOME 0

Quality Indicator Overview As Of 02/01/2024

View: Standard ▾



Filters Reset

The "HH/CM Site(s)" tab links clients according to DOH MAPP. Here you can sort by the CMA or HH prevalence rates that your agency is a part of.

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Indicator Set: Health Home Care Management - Adult Indicator: Eligible

Indicator Set	Indicator	Site	HH/CM Site(s)	Site Name (Source:DOH)	Site Address	ProgramType (Enrollment Status)	Eligible Population	# with QI Flag	%
				TRANSITIONAL SER FOR NY MH	1016 162ND ST	Care Management - Enrolled (Source: DOH MAPP)	30	11	36.7
				FED OF ORG FOR NYS MENTALLY DISABLE	1 FARMINGDALE RD	Care Management - Enrolled (Source: DOH MAPP)	2	2	100
				FAMILY SERVICES NETWORK NY AI	1420 BUSHWICK AVE	Care Management - Enrolled (Source: DOH MAPP)	5	2	40
				ARGUS COMMUNITY INC	760 E 160TH ST FL 2	Care Management - Enrolled (Source: DOH MAPP)	53	34	64.2
				CCN GENERAL MEDICINE PLLC	1262 BOSTON RD STE 2	Care Management - Enrolled (Source: DOH MAPP)	8	8	100
				JEMCARE LLC	1224 E 23RD ST	Care Management - Enrolled (Source: DOH MAPP)	8	8	100
				SALVATION ARMY AI	120 W 14TH ST	Care Management - Enrolled (Source: DOH MAPP)	23	18	78.3
				CABS HOME ATTENDANTS SERVICES INC	44 VARET ST	Care Management - Enrolled (Source: DOH MAPP)	5	5	100
				AIDS CENTER QUEENS COUNTY INC	16121 JAMAICA AVE FL 6	Care Management - Enrolled (Source: DOH MAPP)	7	4	57.1

MAIN STREET HEALTH HOME 📍

Quality Indicator Overview As Of 02/01/2024

View: Standard ▾



PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

[Filters](#) [Reset](#)

Indicator Set: Health Home Care Management - Adult **Indicator:** Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag	Quality Flags	Current PHI Access
	Recipient	Medicaid ID	DOB	Race & Ethnicity						
TFU WEbBTr7JQUu	RFitN9MuNE2	MD2IMT2IMTarNA	Asian			2+ ER-Medical, 2AD, 3AD, 3AP, 4PP(A), Breast Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, MH Plcmt Consid, POP Cloz Candidate, POP High User			No Access	Enable Access 🔒
TUzSQUnFUm VqFOREE TQ	UbarNT6sMEE	MTIIMDUIMTauMQ	Hispanic or Latinx			Adher-AD - Acute (DOH), HARP No Assessment for HCBS, HHPlus No HHPlus			No Access	Enable Access 🔒
VEzSUaVT QUvHRUm TA	VFMsnDEvNUe	MD2IMDQIMTatNQ	Hispanic or Latinx			2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-MH, Cloz Candidate, Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, MH Plcmt Consid, POP Cloz Candidate, POP High User			No Access	Enable Access 🔒
T-FWQVJCT-CHVBTG	THQ-NT-NUUM	MTEIMDMVME-MA	Hispanic or Latinx			Adher-AD - Acute (DOH), HARP No Assessment for HCBS, HHPlus No HHPlus			No Access	Enable Access 🔒

Enable access or export to PDF or Excel

Clinical Summary

Clinical Summary

- Summarizes up to 5 years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
 - e.g., Health Home contact information and CMA name from DOH MAPP, AOT court orders from OMH TACT, hospitalizations from Medicaid billing, State PC residential services from State PC EMR, suicide risk from incident management (NIMRS), etc.
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnoses and procedures)
- Clinical Summary organized by sections like an EMR
- Export to Excel or PDF

DOE, JANE

As of 3/4/2024 [Data sources](#)

[Recipient Search](#)



Brief Overview Full Summary

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

DOB: 01/01/1964 (60 Yrs)	Medicaid ID: AB12345C	Medicare: No	HARP Status: BH High-Risk/ HARP Eligible (H9)
Address: 123 MAIN ST, MAIN CITY, NY 11111	Managed Care Plan: MetroPlus Health Plan (Mainstream)		HARP HCBS Assessment Status: Never Assessed
Phone (Source: NYC DHS): (555) 555-5555	MC Plan Assigned PCP : N/A		Medicaid Eligibility Expires on: 08/30/2024

Current Care Coordination

NYC Jail Based Care NYC CORRECTIONAL HEALTH SERVICES (Jail Admission Date: 10/06/2023, Jail Discharge Date: 10/10/2023, Released to: Community)

AOT BRONXCARE HEALTH SYSTEM (Enrolled Date: 03-MAY-23, Expiration Date: 03-MAY-24)
Main Contact : Shivani Jassan: (718) 579 - 7359

Health Home (Enrolled) SOUTHWEST BROOKLYN HEALTH HOME LLC (Begin Date: 01-JUN-23) • Status : Active
Main Contact Referral : Matthew Caiazzo: 718-283-8073, mcaiazzo@maimonidesmed.org • 24 Hour Referral Line: 800-356-7480, healthhome@maimonidesmed.org
Care Management (Enrolled): CAMBA INC

NYC Dept of Homeless Services Shelter: LINDEN WOMEN'S SHELTER (Single Adult, Mental Health) • BROOKLYN
Most Recent Placement Date: 13-NOV-23
Shelter Director Contact : Jessica Moore : 3477595795, jessica.moore@samaritanvillage.org

Notifications

Prescription Prior Authorization This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Oxycodone Hcl, Pantoprazole Sodium, Risperidone.
To obtain a prior authorization call (877) 309-9493 or fax the appropriate Prior Authorization Form to (800) 268-2990.
Standard PA Form : https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf
Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp

Health Home Plus Services last received January 2024 from BRONXCARE HOSPITAL CENTER

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 : Healthfirst PHSP, Inc. • Behavioral Health Clinical Department, (844) 892-6855, #CTI@healthfirst.org

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 : Healthfirst PHSP, Inc. • Behavioral Health Clinical Department, (844) 892-6855, #CTI@healthfirst.org

Health Home Plus Eligibility This client is eligible for Health Home Plus due to:
3+ Inpt MH < 13 months, AOT - Active Court Order

High Mental Health Need due to:
1+ Inpt MH in past 13 months ; AOT active or expired 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+ PROS services in past 5 years; 1+ inpatient MH past 5 years; AOT History: Active or Expired; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service 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>

Alerts • all available

Most Recent

4	Homelessness - NYC DHS Shelter	Current	LINDEN WOMEN'S SHELTER (Single Adult, Mental Health)
5	Homelessness - reported in billing (2 Unspecified, 3 Sheltered)	10/12/2023	LENOX HILL HOSPITAL (ER - Medical, Homelessness - Unspecified)

DOE, JANE

As of 3/4/2024 [Data sources](#)[Recipient Search](#)

Sections

Brief Overview

Full Summary

Data with Special Protection [Show](#) Hide
This report contains all available clinical data.

General

Name

DOE, JANE

DOB

01/01/1964 (60 Yrs)

Address

123 MAIN ST,
MAIN CITY, NY 11111

Phone (Source: NYC DHS)

(555) 555-5555

Medicaid ID

AB12345C

Medicaid Aid Category

SAFETY NET W/O DEPRIV

Medicaid Eligibility Expires on

08/30/2024

Medicare

No

Managed Care Plan

MetroPlus Health Plan (Mainstream)

MC Plan Assigned PCP

N/A

HARP Status

BH High-Risk/ HARP Eligible (H9)

HARP HCBS Assessment Status

Never Assessed

Current Care Coordination

NYC Jail Based Care

NYC CORRECTIONAL HEALTH SERVICES (Jail Admission Date: 10/06/2023, Jail Discharge

AOT

BRONXCARE HEALTH SYSTEM (Enrolled Date: 05-JUL-23, Expiration Date: 05-JUL-24)
Main Contact : Shivani Jassan: (718) 579 - 7359

Health Home (Enrolled)

SOUTHWEST BROOKLYN HEALTH HOME LLC (Begin Date: 01-JUN-23) • Status : Active
Main Contact Referral : Matthew Caiazzo: 718-283-8073, mcaiazzo@maimonidesmed.org •
healthhome@maimonidesmed.org
Care Management (Enrolled):
CAMBA INC

NYC Dept of Homeless Services Shelter:

LINDEN WOMEN'S SHELTER (Single Adult, Mental Health) • BROOKLYN
Most Recent Placement Date: 13-NOV-23
Shelter Director Contact : Jessica Moore : 3477595795, jessica.moore@samaritanvillage.org

Notifications

Prescription Prior Authorization

This client has been taking a prescription medication in the past 3 months that may require NVRx prior authorization: Oxycodone Hcl, Pantoprazole Sodium, Risperidone.
To obtain a prior authorization call (877) 309-9493 or fax the appropriate Prior Authorization Form to (800) 268-2990.
Standard PA Form : https://newyork.fhsc.com/downloads/providers/NVRx_PDP_PA_Fax_Standardized.pdf
Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp

Health Home Plus

Services last received January 2024 from BRONXCARE HOSPITAL CENTER

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 : Healthfirst PHSP, Inc. • Behavioral Health Clinical Department, (844) 892-6855, #CTI@healthfirst.org

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 : Healthfirst PHSP, Inc. • Behavioral Health Clinical Department, (844) 892-6855, #CTI@healthfirst.org

Health Home Plus Eligibility

This client is eligible for Health Home Plus due to:
3+ Inpt MH < 13 months, AOT - Active Court Order

The "General" section will include information such as MC Plan, HARP status, Medicaid eligibility expiration date, and more

Alerts




Drill-in to view more information (e.g., reporting/billing program, source, etc.) about each alert type

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

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	3	12/22/2023	1/19/2024	LINDEN WOMEN'S SHELTER	Single Adult, Assessment	 
C-SSRS (Suicide Screen)	2	9/14/2020	3/22/2023	NYC-HHC Correctional Health Services		High Risk: Suicide Intent with Specific Plan Past Month 
PHQ-9 (depression screening and monitoring)	2	9/14/2020	3/22/2023	NYC-HHC Correctional Health Services		Mild Depression (Score = 5 out of 27) - Thoughts of better off dead and/or hurting self 
Treatment for Suicidal Ideation	7	3/4/2014	5/10/2020	NORTH CENTRAL BRONX HOSPITAL	ER - SU	Suicidal Ideation 

All Alerts for Homelessness - NYC DHS Shelter

Alert/Incident Type	Reporting/Billing Provider	Reporting/Billing Program	Date of Incident/Service	Medical Classification	Source
Homelessness - NYC DHS Shelter	LINDEN WOMEN'S SHELTER	Single Adult, Assessment	1/18/2024		NYC DHS
Homelessness - NYC DHS Shelter	LINDEN WOMEN'S SHELTER	Single Adult, Assessment	12/26/2023		NYC DHS
Homelessness - NYC DHS Shelter	LINDEN WOMEN'S SHELTER	Single Adult, Assessment	12/22/2023		NYC DHS



Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) reported in billing

Problems related to employment and unemployment	Unemployment, unspecified
Problems related to housing and economic circumstances	Sheltered homelessness • Homelessness
Problems related to other psychosocial circumstances	Problems related to other legal circumstances
Problems related to social environment	Acculturation difficulty
Problems related to upbringing	Personal history of physical and sexual abuse in childhood

Click on a SDOH to drill-in and view more details

Services provided for the selected Social Determinants of Health: Unemployment, unspecified


 PDF
  Excel
 

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
1/3/2024	Inpatient-ER	Inpatient - MH - Physician - Psychiatry	LANTZ MELINDA S MD	Bipolar disorder, unspecified, Cannabis use, unspecified, uncomplicated, Sheltered homelessness, Unemployment, unspecified
1/1/2024	Inpatient-ER	Inpatient - MH	LINCOLN MEDICAL/MENTAL HLTH	Bipolar disorder, current episode manic severe with psychotic features, Cannabis use, unspecified, uncomplicated, Cocaine use, unspecified, uncomplicated, Encounter for screening for COVID-19, Patient's other noncompliance with medication regimen for other reason, Sheltered homelessness, Unemployment, unspecified
12/30/2023	Inpatient-ER	ER - MH	LINCOLN MEDICAL/MENTAL HLTH	Anxiety disorder, unspecified, Cannabis abuse, uncomplicated, Schizoaffective disorder, unspecified, Sheltered homelessness, Unemployment, unspecified, Unspecified mood [affective] disorder

Quality Flags

Quality Flags as of monthly QI report 2/1/2024 [Definitions](#)

- Recent
- All (Graph)
- All (Table)



Click on the “Definitions” link or a specific quality flag to view the indicator description

Indicator Set	
Health Home Care Management - Adult	Eligible for Health Home Plus - No Health Home • Assessment for HCBS
High Mental Health Need	1+ Inpt MH in past 13 months • AOT active d
High Utilization - Inpt/ER	2+ ER - BH • 2+ ER - MH • 2+ Inpatient - BH • 4+ Inpatient/ER - MH • POP : High User • POP : Potential Clozapine Candidate
MH Performance Tracking Measure (as of 08/01/2023)	Low Antipsychotic Medication Adherence - Schizophrenia • Low Mood Stabilizer Medication Adherence - Bipolar • No Follow Up after MH Inpatient - 7 Days
Mental Health Placement Consideration	1+ inpatient MH past 5 years • 4+ ER MH < 12 months • AOT History: Active or Expired
SUD Performance Tracking Measure (as of 08/01/2023)	No Follow Up after SUD ER Visit (30 days) • No Follow Up after SUD ER Visit (7 days) • No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence
Vital Signs Dashboard - Adult (as of 08/01/2023)	Low Antipsychotic Medication Adherence - Schizophrenia • No Follow Up after MH Inpatient - 7 Days (adult)

Plans & Documents/Screenings & Assessments

Click on "Upload" to upload safety plans, Psychiatric Advanced Directives (PADs), care plans, discharge plans, etc.

Click on "Create New" to fill out a safety plan or Psychiatric Advanced Directive (PAD) template

Plans & Documents [Upload](#) [Create New](#)

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
2/26/2024	Safety Plan	AIDS CENTER OF QUEENS COUNTY, INC.	Smith, John	Therapist	
3/24/2023	Safety Plan	NYC-HHC Correctional Health Services	Smith, John	Therapist	

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	2	3/22/2023	Client Entered	Administered in PSYCKES mobile app	High Risk: Suicide Intent with Specific Plan Past Month	
PHQ-9	2	3/22/2023	NYC-HHC Correctional Health Services	Administered in PSYCKES mobile app	Mild Depression (Score = 5 out of 27) - Thoughts of better off dead and/or hurting self	

Diagnoses

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

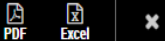
[Schizoaffective Disorder](#) • [Cannabis related disorders](#) • [Cocaine related disorders](#) • [Schizophrenia](#) • [Other psychoactive substance related disorders](#) • [Tobacco related disorder](#) • [Alcohol related disorders](#) • [Hallucinogen related disorders](#) • [Unspecified/Other Depressive Disorder](#) • [Major Depressive Disorder](#) • [Unspecified/Other Anxiety Disorder](#) • [Unspecified/Other Personality Disorder](#) • [Substance-Induced Psychotic Disorder](#) • [Unspecified/Other Psychotic Disorders](#) • [Adjustment Disorders](#) • [Other Mental Disorders](#) • [Selective Mutism](#) • [Substance-Induced Depressive Disorder](#)

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

Certain infectious and parasitic diseases	Pediculosis and phthiriasis • Dermatophytosis
Codes for special purposes	COVID-19
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	Vitamin B12 deficiency anemia
Diseases of the circulatory system	Essential (primary) hypertension • Hypertensive chronic kidney disease • Hypotension • Other peripheral vascular diseases

Click on a diagnosis to drill-in and view more details such as date of service, service type & subtype, provider, and other diagnoses

Services provided for the selected Diagnosis: Schizoaffective Disorder



Previous 1 2 3 4 5 6 7 8 9 10 ... 24 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
1/28/2024	Inpatient-ER	ER - SU	LINCOLN MEDICAL/MENTAL HLTH	Alcohol use, unspecified with unspecified alcohol-induced disorder, Anxiety disorder, unspecified, Cannabis use, unspecified, uncomplicated, Essential (primary) hypertension, Hallucinogen abuse, uncomplicated, Homelessness unspecified, Major depressive disorder, single episode, unspecified, Nicotine dependence, cigarettes, uncomplicated, Schizoaffective disorder, unspecified, Scoliosis, unspecified

Care Coordination (Historical)

Care Coordination [Details](#)



Table

Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of bills	
Homeless Outreach - Single Adult Outreach (Source: NYC DHS)	LINDEN WOMEN'S SHELTER	5/5/2023	Current	8	
Care Management - State Psych Center (Source: State PC)	SOUTH BEACH PC	4/25/2013	Current	1	
Health Home - Outreach (DOH MAPP)	NEW YORK CITY HLTH & HOSP CORP (HH), CONEY ISLAND HOSPITAL SCM (CM)	4/1/2019	1/31/2024	6	
Assertive Community Treatment (ACT)	FEDERATION OF ORG. F/T NYS MENT.DISABLED, INC	5/13/2022	7/28/2023	1	
ACT - MH Specialty	FEDERATION OF ORGANIZATIONS FOR THE	11/30/2022	4/30/2023	6	
AOT (TACT Data)	FEDERATION OF ORG. F/T NYS MENT.DISABLED, INC	3/3/2022	3/3/2023	1	
ACT - MH Specialty (Telehealth)	FEDERATION OF ORGANIZATIONS FOR THE	6/30/2022	10/31/2022	5	
Health Home - Enrolled (DOH MAPP)	NORTH SHORE UNIVERSITY HOSPITAL (HH, CM)	5/1/2022	8/31/2022	2	
Health Home - Enrolled	NORTH SHORE UNIVERSITY HOSPITAL	5/1/2022	8/1/2022	4	
Non-Medicaid Care Coordination (NMCC) (Source: OMH CAIRS)	CENTRAL NEW YORK PSYCHIATRIC CENTER	3/3/2022	3/3/2022	1	
Homeless Outreach - Outreach (Source: NYC DHS)	BOWERY RESIDENTS COMMITTEE, INC.	3/25/2020	9/1/2021	3	
Health Home - Outreach	ST LUKES ROOSEVELT HSP CTR	4/1/2019	10/1/2019	4	

Medications (Controlled Substance, BH, Medical)

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	2 Year(s) 2 Month(s) 3 Week(s)	9/6/2019	11/26/2021	Details

Medication: Behavioral Health [Details](#)

[Table](#) [Graph](#)

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up	
Antipsychotic	Risperidone	1 MG , 2/day	4 Month(s) 1 Week(s)	9/25/2023	1/2/2024	Details
Antidepressant	Duloxetine Hcl	20 MG , 1/day	3 Month(s) 2 Week(s) 5 Day(s)	9/25/2023	12/14/2023	Details
Antipsychotic	Haloperidol	10 MG , 1/day	1 Week(s)	10/23/2023	10/23/2023	Details
Withdrawal Management	Nicotine	7 MG/24HR	4 Week(s)	9/25/2023	9/25/2023	Details
Antipsychotic	Fluphenazine Decanoate, Injection	UP TO 25 MG	2 Year(s) 0 Month(s) 3 Day(s)	4/14/2021	3/27/2023	Details

Medication: Medical [Details](#)

[Table](#) [Graph](#)

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up	
Diagnostic Tests	Covid-19 At Home Test (Flowflex Covid-19 Ag Home Test)	--	2 Week(s)	1/2/2024	1/2/2024	Details
Calcium	Calcium Carb-Cholecalciferol (Oyster Shell Calcium W/D)	500-5 MG-MCG	4 Week(s) 2 Day(s)	1/2/2024	1/2/2024	Details
Multivitamins	Multiple Vitamin (Tab-A-Vite)	--	4 Week(s) 2 Day(s)	1/2/2024	1/2/2024	Details
Water Soluble Vitamins	Thiamine Mononitrate	100 MG , 1/day	4 Week(s) 2 Day(s)	1/2/2024	1/2/2024	Details

Hospital/ER/Crisis: Integrated Behavioral/Medical

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)	
CPEP Mobile Crisis	QUEENS HOSPITAL	1/20/2024	1/20/2024	1	Major depressive disorder, single episode, unspecified	- Crisis Intervention Mental H	
ER - MH	NEW YORK CITY HEALTH AND HOSPITALS	1/28/2024	1/29/2024	1	Suicidal ideations	-	
ER - MH	NEW YORK CITY HEALTH AND HOSPITALS	1/26/2024	1/29/2024	3	Suicidal ideations	- Complete Cbc Automated, Drug Screen Quantalcohols, Drug Test Prsmv Chem Anlyzr, Electrocardiogram Tracing, Emergency Dept Visit Hi Mdm, Hepatic Function Panel, Hospital Observation Per Hr, Metabolic Panel Total Ca, Urinalysis Auto W/Scope	
ER - MH	HARLEM HOSPITAL CENTER	1/16/2024	1/16/2024	1		- Assay Of Magnesium, Complete Cbc Automated, Ct Lumbar Spine W/O Dye, Drug Test Prsmv Chem Anlyzr, Emergency Dept Visit Hi Mdm, Metabolic Panel Total Ca, Rbc Sed Rate Nonautomated	
ER - SU	MONTEFIORE NEW ROCHELLE HOSP	1/7/2024	1/8/2024	1	Other psychoactive substance abuse, uncomplicated	- Complete Cbc W/Auto Diff Wbc, Comprehen Metabolic Panel, Drug Screen Quantalcohols, Emergency Dept Visit Low Mdm	
ER - SU	MONTEFIORE MOUNT VERNON HOSPITAL	1/7/2024	1/7/2024	1	Other psychoactive substance abuse, uncomplicated	- Analgesics Non-Opioid 1 Or 2, Complete Cbc W/Auto Diff Wbc, Comprehen Metabolic Panel, Drug Screen Quantalcohols, Drug Test Prsmv Chem Anlyzr, Emergency Dept Visit Mod Mdm, Sars-Cov-2 Covid-19 Amp Prb	
Inpatient - Medical	BROOKDALE HOSPITAL MEDICAL CENTER	12/25/2023	1/2/2024	8	Toxic effect of unspecified substance, intentional self-harm, initial encounter	-	
ER - SU	NEW YORK CITY HEALTH AND HOSPITALS	11/28/2023	11/28/2023	1	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder	- X-Ray Exam Of Ankle, X-Ray Exam Of Foot	
ER - SU	NEW YORK CITY HEALTH AND HOSPITALS	11/27/2023	11/28/2023	1	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder	- Assay Of Magnesium, Complete Cbc Automated, Drug Screen Quantalcohols, Drug Test Prsmv Chem Anlyzr, Emergency Dept Visit Hi Mdm, Hepatic Function Panel, Hospital Observation Per Hr, Metabolic Panel Total Ca, Urinalysis Auto W/Scope	

Training & Technical Support



Office of
Mental Health

Technical Support

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