



Office of
Mental Health

Upload a Psychiatric Advance Directive (PAD) in PSYCKES

JANUARY 2025



Go to Recipient Search

Recipient Search

Limit results to

50

Search

Reset

Recipient Identifiers

Search in: Full Database MAIN STREET HOSPITAL

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

Characteristics as of 01/09/2025

Age Range	To	Gender	Region
Race		County	
Ethnicity			

Special Populations

Population	
High Need Population	
AOT Status	
Alerts	
Homelessness Alerts	
Complex Needs	

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)	SDOH Conditions: Selected
<ul style="list-style-type: none"> 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 life management diffi 	



Recipient Search

Limit results to

50 ▾

Search

Reset

Recipient Identifiers

Search in: Full Database MAIN STREET HOSPITAL

Medicaid ID	SSN	First Name	Last Name	DOB
AB12345C				MM/DD/YYYY

Characteristics as of 01/09/2025

Enter any Recipient Identifiers such as Medicaid ID, SSN, or name & DOB

Age Range		Region	▾
Race	▾	County	▾
Ethnicity	▾		

Special Populations

Population	▾
High Need Population	▾
AOT Status	▾
Alerts	▾
Homelessness Alerts	▾
Complex Needs	▾

Social Determinants of Health (SDOH)

Past 1 Year ▾

<p>SDOH Conditions (reported in billing)</p> <ul style="list-style-type: none"> 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 life management diffi 	<p>SDOH Conditions: Selected</p> <div style="border: 1px solid gray; height: 100px;"></div>
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Recipient Search

Limit results to

50 ▾

Search

Reset

Click "Search"

Search in: Full Database MAIN STREET HOSPITAL

Recipient Identifiers

Medicaid ID	SSN	First Name	Last Name	DOB
AB12345C				MM/DD/YYYY

Characteristics as of 01/09/2025

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"/>
Complex Needs	<input type="text"/>

Social Determinants of Health (SDOH)

Past 1 Year ▾

SDOH Conditions (reported in billing)	SDOH Conditions: Selected
<ul style="list-style-type: none"> <input type="checkbox"/> Problems related to upbringing <input type="checkbox"/> Problems related to social environment <input type="checkbox"/> Problems related to physical environment <input type="checkbox"/> Problems related to other psychosocial ci <input type="checkbox"/> Problems related to medical facilities and <input type="checkbox"/> Problems related to life management diffi 	<div style="border: 1px solid gray; height: 100px;"></div>

[← 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	Race & Ethnicity	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, 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 ICM after MH ED, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , POP Cloz Candidate, POP High User	Fidelis Care New York	No Access	Enable Access

Confirm you found the correct client

◀ Modify Search

1 Recipients Found



Medicaid ID AB12345C

Review recipients in results carefully before accessing Clinical Summary.

Number of Rows Displayed: 50

Name (Gender - Age)	Unique Identifiers	DOB	Race & Ethnicity	Address	Medicaid Status	Current PHI Access
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ MH, 4+ Inpt/ER-MH, Admet Ad, 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 ICM after MH ED, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult, POP Cloz Candidate, POP High User	Fidelis Care New York No Access

Review Current PHI Access and select "Enable Access", if necessary.

Note: Consent or clinical emergency access required to view Clinical Summary.



Enable Access

← Modify Search

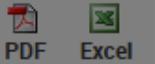
Medicaid ID

Review recipients in results carefully

Name (Gender - Age)	Unique Identifiers
------------------------	--------------------

DOE JANE F - 60	Medicaid ID: AB12
-----------------------	-------------------

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

Select the appropriate level of access and click "Next"

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

← Modify Search

Medicaid ID

Review recipients in results carefully

Name
(Gender - Age)

Unique Identifiers

DOE
JANE
F - 60

Medicaid ID: AB12

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 12345

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

Previous

Cancel

Enable

Enable and View Clinical Summary



Maximum Number of Rows Displayed: 50

Managed

Current PHI

Confirm client's identity and attest how you know this is the correct person.

Then select "Enable and View Clinical Summary" to go directly to the individual's Clinical Summary.

Enable Access 🔒

QUnWQVJBREyi QUvUSEzOWQ U6

As of 12/11/2024 [Data sources](#)



[← Recipient Search](#)

Brief Overview Full Summary

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

DOB: XX/XX/XXXX (XX Yrs) Medicaid ID: RainMpQtMrM No HARP Status: HARP Enrolled (H1)
 Address: MTIq TVVSUaFZ UrQ QVBU OQ, QabORq7BTVRPT6, Tba, Managed Care Plan status: Never Assessed
 MTMvMDU MC Plan Assigned on: 3/31/2025

Navigate to the "Full Summary" view

Current Care Coordination

Health Home (Enrolled) ONONDAGA CASE MGMT SVCS MH (Begin Date: 01-OCT-24) • Status : Pended
 Member Referral Number: 1-855-613-7659; referrals@hhuny.org
Care Management (Enrolled): ADDICTION CTR OF BROOME CNTY

Notifications

Complex Needs due to HH+ Eligibility , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH , 4+ER MH < 13 months,
Health Home Plus Eligibility This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH

Alerts • all available Most Recent

9	Treatment for Suicidal Ideation (2 Inpatient, 7 ER, 1 Other)	1/5/2022	ST JOHNS EPISCOPAL HOSPITAL (ER - MH)
1	C-SSRS (Suicide Screen) (1 C-SSRS)	9/14/2020	Administered in PSYCKES mobile app

Social Determinants of Health (SDOH) Past Year - reported in billing

Problems related to education and literacy Less than a high school diploma

Problems related to housing and economic circumstances Homelessness unspecified • Unsheltered homelessness • Food insecurity • Problem related to housing and economic circumstances, unspecified • Transportation insecurity

Active Quality Flags • as of monthly QI report 11/1/2024

General Medical Performance Tracking Measure (as of 04/01/2024)
Overdue for Breast Cancer Screening

High Utilization - Inpt/ER
2+ Inpatient - BH • 2+ Inpatient - MH

MH Performance Tracking Measure (as of 04/01/2024)
No Intensive Care Management after MH ED Visit • No Intensive Care Management after MH Inpatient

Diagnoses Past Year

Behavioral Health (5) 5 Most Recent:Other psychoactive substance related disorders • Schizoaffective Disorder • Tobacco related disorder • Cocaine related disorders • Cannabis related disorders ...
 5 Most Frequent (# of services):Cocaine related disorders(30) • Other psychoactive substance related disorders(20) • Schizoaffective Disorder(12) • Cannabis related disorders(6) • Tobacco related disorder(2)
 ...

Medical (32) 5 Most Recent:Encounter for screening for malignant neoplasms • Type 2

QUFSTqui SEzXQVJE S6

As of 12/11/2024 [Data sources](#)



PDF



EXCEL



CCD

[← Recipient Search](#)

Sections

Brief Overview

Full Summary

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

General

Name

QUFSTqui SEzXQVJE S6

DOB

XX/XX/XXXX (XX Yrs)

Address

Mp2r RQ QaFZ RFJJVaU,
TEzORm QaVBQq6, Tba, MTErN9E

Medicaid ID

SqlqNpEmMrQ

Medicaid Aid Category

MA-SSI

Medicaid Eligibility Expires on

03/31/2025

Medicare

Yes

Managed Care Plan

No Managed Care(FFS Only)

MC Plan Assigned PCP

N/A

HARP Status

Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

HARP HCBS Assessment Status

Tier 2 HCBS Eligibility (Reassess overdue)

Current Care Coordination

Health Home (Enrolled)

ONONDAGA CASE MGMT SVCS MH (Begin Date: 01-OCT-24) • Status : Pended
Member Referral Number: 1-855-613-7659; referrals@hhuny.org

Care Management (Enrolled): ADDICTION CTR OF BROOME CNTY

Notifications

Complex Needs due to

HH+ Eligibility , Ineffectively Engaged: No Outpt MH < 12 months, 2+ Inpt MH or 3+ ER MH , 4+ ER MH < 13 months

Health Home Plus Eligibility

This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH

Scroll down to the "Plans & Documents" section

Quality Flags as of monthly QI report 12/1/2024 [Definitions](#)

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

Indicator Set

High Mental Health Need	HH+ service in the past year with MH diagnosis
High Utilization - Inpt/ER	2+ ER - BH • 2+ ER - Medical • 4+ Inpatient/ER - Med
Mental Health Placement Consideration	1 or more inpatient MH stays in past year with a suicide attempt/ suicide ideation/ self-harm code • 1 or more inpatient MH stays in past 5 years or 1 or more inpatient MH stays in past 5 years with a suicide attempt/ suicide ideation/ self-harm code (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years
Vital Signs Dashboard - Adult (as of 05/01/2024)	

Select "Create New" from the "Plans & Documents" section

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

There are no Plans or Documents

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

- [Unspecified/Other Anxiety Disorder](#) • [Conversion Disorder](#) • [Unspecified/Other Psychotic Disorders](#) • [PTSD](#) • [Acute Stress Disorder](#) • [Major Depressive Disorder](#) • [Unspecified/Other Depressive Disorder](#) • [Bipolar II \(ICD10 only\)](#) • [Adjustment Disorder](#) • [Alcohol related disorders](#)

Quality Flags

as of monthly QI report

Indicator Set

High Mental Health Need	HH+ ser
High Utilization - Inpt/ER	2+ ER -
Mental Health Placement Consideration	1 or mor • Evid
Vital Signs Dashboard - Adult (as of 05/01/2024)	Overdue

Plans & Documents

Upload

There are no Plans or Documents

Behavioral Health Diagnoses

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

Unspecified/Other Anxiety Disorder • Conversion Disorder • Unspecified/Other Psychotic Disorders • PTSD • Acute Stress Disorder • Major Depressive Disorder • Unspecified/Other Depressive Disorder • Bipolar II (ICD10 only) • Adjustment Disorder • Alcohol related disorders

Create New Plans & Documents

Safety Plan

Psychiatric Advance Directive

Select "Psychiatric Advance Directive"

Close

Recent

All (Graph)

All (Table)

or more inpatient MH stays in past 5 years

Quality Flags

Indicator Set

High Mental Health Need

HH+ ser

High Utilization - Inpt/ER

2+ ER - E

Mental Health Placement Consideration

1 or more
• Evid

Vital Signs Dashboard - Adult (as of 05/01/2024)

Overdue

Plans & Documents

Upload

There are no Plans or Documents

Behavioral Health Diagnoses

Unspecified/Other Anxiety Disorder • Cor
Depressive Disorder • Bipolar II (ICD10 only) • Adjustment Disorder • Alcohol related disorders

Recent

All (Graph)

All (Table)

New Psychiatric Advance Directive

Psychiatric Advance Directive Form

1. **Download the form** and save to your computer.
2. **Complete the form** on your computer. Individuals can complete alone or in collaboration with their provider.
3. **The form needs to be signed** by the individual and 2 witnesses. Sign electronically in the PDF or print and sign.
4. **Print out copies** for individual and provider(s).
5. **Upload** in the Plans and Documents section.

[Download Psychiatric Advance Directive form \(fillable PDF\)](#)

**Download the fillable
“Psychiatric Advance
Directive” PDF and save
to your computer**

Close

ADVANCE DIRECTIVE FOR MENTAL & PHYSICAL HEALTH CARE

I, JOHN SMITH, hereby make known my desire that, should I lose the capacity to make health care decisions, the following are my instructions regarding consent to or refusal of medical treatment, and if I choose, the designation of my health care agent. I intend that all completed sections of this advance directive be followed.

PART I. HEALTH CARE PROXY

A. **APPOINTMENT OF A HEALTH CARE AGENT:** I hereby appoint the following individual as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This health care proxy shall take effect when and if I become unable to make my own health care decisions.

(Agent's Name)

(Agent's Home Address)

(Agent's Telephone Number)

B. **AUTHORITY OF HEALTH CARE AGENT:** My health care agent may make decisions regarding* (choose ONE):

- all mental and physical health care
- mental health care ONLY
- physical health care ONLY
- the following health care decisions ONLY

Note: While you may limit your health care agent's decision-making authority, you cannot appoint more than one health care agent at a time. For example, you cannot appoint one health care agent to make only physical health care decisions and another one to make only mental health care decisions.

C. **ALTERNATE HEALTH CARE AGENT (optional):** If the person appointed above is unable or unwilling to serve as my health care agent, I hereby appoint the following individual to act as my alternate health care agent.

On the computer, fill in all applicable sections of the "Psychiatric Advance Directive" PDF.

Individuals can complete this alone or with their provider.

PART IV. SIGNATURE AND STATEMENT OF WITNESSES

A. Your Signature: _____
Address: _____
Date: _____

B. Statement by Witnesses (must be age 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Name)

(Address)

Witness 2: _____
(Name)

(Address)

At the bottom of the form, a signature is required by the individual and two witnesses.

NOTE: If you are a resident at an OMH or OMRDD operated or licensed facility, special witnessing requirements apply. See instructions or ask staff to assist you.

Quality Flags as of monthly QI report 12/1/2024 [Definitions](#)

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

Indicator Set

High Mental Health Need	HH+ service in the past year with MH diagnosis
High Utilization - Inpt/ER	• 4+ Inpatient/ER - Med
Mental Health Placement Consideration	• 1 or more inpatient MH stays in past 5 years • 1 or more inpatient MH stays in past 5 years with a suicide attempt/ suicide ideation/ self-harm code • Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years
Vital Signs Dashboard (as of 05/01/2024)	• Screening

Once the form has been completed, go back to the Clinical Summary "Plans & Documents" section and select "Upload"

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

There are no Plans or Documents

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

- Unspecified/Other Anxiety Disorder
- Conversion Disorder
- Unspecified/Other Psychotic Disorders
- PTSD
- Acute Stress Disorder
- Major Depressive Disorder
- Unspecified/Other Depressive Disorder
- Bipolar II (ICD10 only)
- Adjustment Disorder
- Alcohol related disorders

Upload an Existing Plan or Health Document

Type of Document

Safety Plan

Date Document Created

Safety Plan

Relapse Prevention Plan

Document Created By

Psychiatric Advance Directive

Care Plans

Document Source

Discharge Plan

Other

Select "Psychiatric Advance Directive" from the "Type of Document" dropdown

Maximum File Size: 10 mb

Supported File Types: pdf, docx, jpg, png

This document will be accessible for the individual client and/or provider agency involved in uploading it. Other provider agencies may view only with client consent or in a clinical emergency.

Cancel

Upload

Upload an Existing Plan or Health Document

Type of Document *

Psychiatric Adva ▾

Date Document Created *

mm/dd/yyyy

Document Created By *

Jan 2025

Document Source *

Su Mo Tu We Th Fr Sa

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

File

This document will be accessible to the provider agency involved in uploading it. Other provider agencies may view only with client consent or in a clinical emergency.

Cancel

Upload

Select the date the PAD was created from the "Date Document Created" calendar



Upload an Existing Plan or Health Document



Type of Document *

Psychiatric Adva

Date Document Created *

01/13/2025

Document Created By *

John Doe

Role *

Therapist

Document Source *

Choose File

Maximum File Size:10 mb

Supported File Types:pdf, docx, jpg, png

This document will be accessible for the individual client and/or provider agency involved in uploading it. Other provider agencies may view only with client consent or in a clinical emergency.

Cancel

Upload

Enter name and role of staff member who helped client create their PAD

Upload an Existing Plan or Health Document ✕

Type of Document * ▼

Date Document Created *

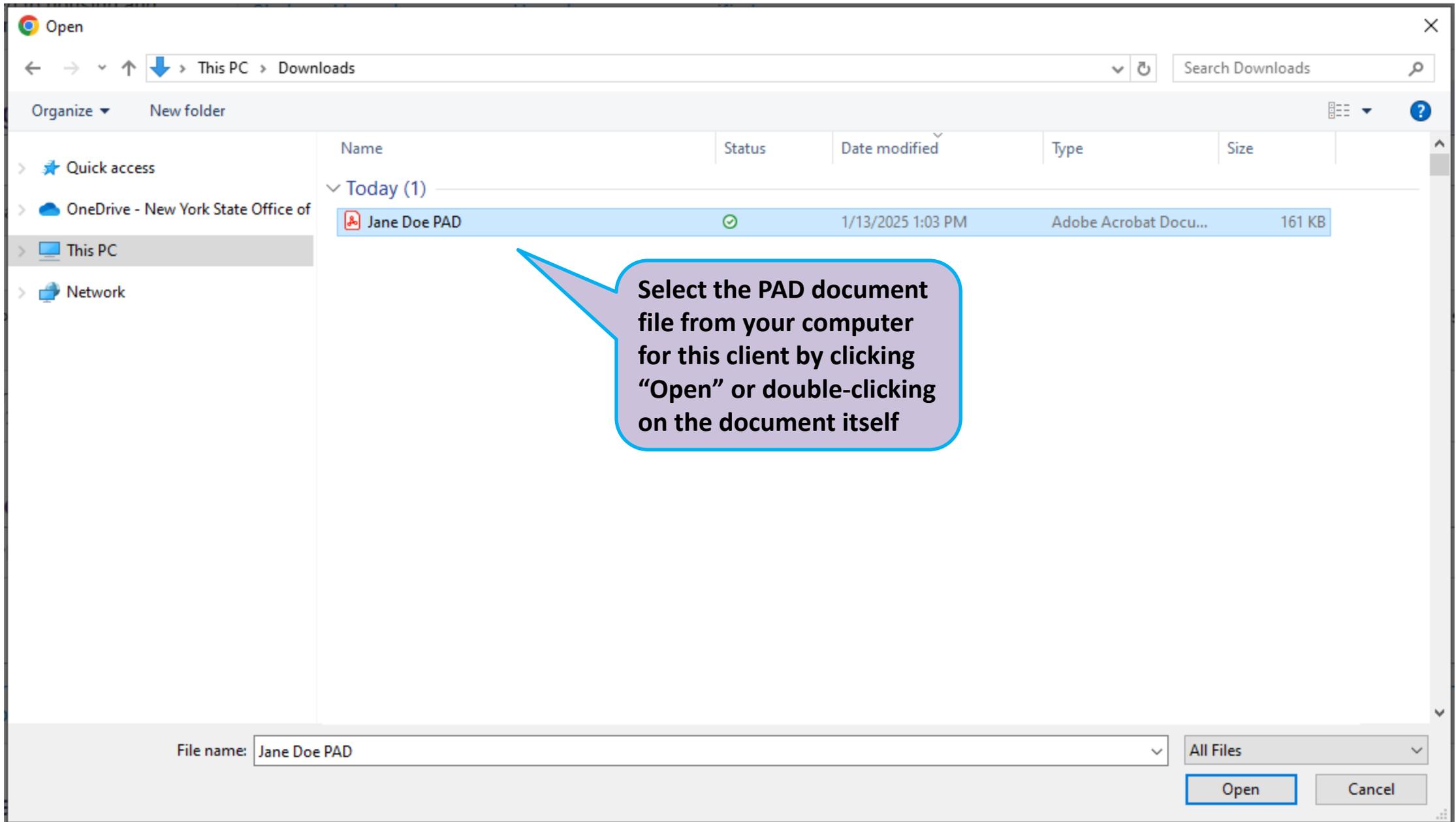
Document Created By * Role *

Document Source *

Maximum File Size: 10 mb
Supported File Types: pdf, docx, jpg, png

This document will be accessible for the individual client and/or provider agency involved in uploading it. Other provider agencies may view only with client consent or in a clinical emergency.

Select "Choose File" to locate the document from your computer



Upload an Existing Plan or Health Document

Type of Document

* Psychiatric Adva

Date Document Created

* 01/13/2025

Document Created By

* John Doe

Role

* Therapist

Document Source

* Jane Doe PAD.pdf

Choose File

Maximum File Size: 10 mb

Supported File Types: pdf, docx, jpg, png

This document will be accessible for the individual client and/or provider agency involved in uploading it. Other provider agencies may view only with client consent or in a clinical emergency.

Cancel

Upload

Select "Upload" to save the PAD to the client's Clinical Summary

Psychiatric Advance Directive (PAD) in PSYCKES Facts

Psychiatric Advance Directive (PAD) in PSYCKES Facts

- Uploaded PADs in PSYCKES appear in the “Plans and Documents” section of the client’s Clinical Summary.
- When a PAD is uploaded by your agency, other PSYCKES users at your agency will be able to view this document.
- PSYCKES users at any other agencies will only be able to view the PAD you uploaded if they have client consent or in a clinical emergency.