

## Accessing the Clinical Summary in PSYCKES

1 Once PSYCKES consent is signed, log into PSYCKES at [www.psyckes.org](http://www.psyckes.org)

2 Click on **Recipient Search** in the purple navigation bar at the top of the screen

- On the Recipient Search page, look up the patient using one of their Recipient Identifiers, such as:
  - Medicaid ID
  - Social Security Number
  - Full name with date of birth
- Select the “Full Database” option
- After entering patient information, select “Search” on the top right of the page

3 Enable Access

- You should see your patient listed on the results page – confirm client match and select “Enable Access”

Name (Gender - Age)	Unique Identifiers	DOB	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access
DOE JOHN M - 64	Medicaid ID: ABCD12345	01/01/1960	123 Main Street, New York, NY 10000	2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP (DOH), Cloz Candidate, 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	MetroPlus Health Plan	No Access <a href="#">Enable Access</a>



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### 4 You will be asked to identify why you are allowed to view the client's data:

#### Signed Consent OR Clinical Emergency

- If you have a signed consent, click the "Client signed a PSYCKES Consent" checkbox and select Next
- The patient's clinical summary will be available for **3 years** (renews automatically with billed service)

**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

- If there is a clinical emergency per your organization's policy, click the "This is a clinical emergency" checkbox and select Next
- The patient's clinical summary will be available for **only 72 hours**

**Provider attests to other reason for access**

Client gave Verbal PSYCKES Consent

This is a clinical emergency

### 5 Confirm the Client's Identity

- You can attest to the patient's identity or select "Client provided 1 photo ID or 2 forms of non-photo ID"
- Then click "Enable and View Clinical Summary"

Confirm this is the correct individual before enabling

Unique Identifiers: Medicaid ID: ABCD12345  
Date Of Birth: 01/01/1960  
Address: 123 Main Street, New York, NY 10000

**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

ABC Hospital Medical Center, Inc. will be given access to all available data for 3 years (renews automatically with billed service).

### 6 Access the Clinical Summary

- You should now be able to access the patient's Clinical Summary – from here you can review up to five years of service data and can also save or print the information

New York State Office of Mental Health PSYCKES

De Identify Settings Log Off

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

**DOE, JOHN**  
As of 6/28/2024 Data access PDF

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

DOB: 01/01/1960 (64 Yrs) Medicaid ID: ABCD12345 Medicare: No HARP Status: HARP Enrolled (H1)  
Address: 123 Main Street, New York, NY 10000 Managed Care Plan: 1 Identi Care New York (HARP) HARP HCBS Assessment Status: Never Assessed  
Phone (Source: NYC DHS): (555) 555-5555 MC Plan Assigned PCP: N/A Medicaid Eligibility Expires on: 10/31/2024

**Current Care Coordination**

**Health Home (Enrolled)** NEW YORK CITY HLTH & HCSP CORP (Begin Date: 01-JAN-21) - Status: Active  
Main Contact: Referral - Nafisatu Issaka-Jafaro: 212-676-1921, Nafisatu Issaka-Jafaro@nycpsych.org - Destiny Francis: 646-458-6423, LeadHealthHome@nycpsych.org  
Member Referral Number: 1-833-692-HH4U (4448), HH@referrals@nycpsych.org  
**Care Management (Enrolled)** FED OF DRG FOR NYS MENTALLY DISABLE

**Notifications**

**Prescription Prior Authorization** This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Albuterol Sulfate (Albuterol Sulfate Inhaler, Concomitant, Fluoroantimonic Molecules, Zigaretten) 163  
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.thuc.com/downloads/providers/NYRx\\_PDF\\_PA\\_Form\\_Standardized.pdf](https://newyork.thuc.com/downloads/providers/NYRx_PDF_PA_Form_Standardized.pdf)  
Other Specialized PA Forms: [https://newyork.thuc.com/providers/pa\\_forms.asp](https://newyork.thuc.com/providers/pa_forms.asp)

**Mental Health Placement Consideration due to** 1+ ER or inpatient visit in the past year with a suicide attempt/ suicide ideation/ self-harm code; 1+ inpatient MH past 5 years

**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/bhbo/core>

**Alerts - all available** Most Recent

1	Homelessness - NYC DHS Shelter	8/28/2018	JACK RYAN RESIDENCE (Single Adult, Mental Health)
2	Overdose - Opioid (2 ER)	12/14/2022	MONTEPIRE MEDICAL CENTER (ER - SI)