Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)
Using PSYCKES for Clinical Purposes: Guidelines for Policies and Procedures

Implementation of PSYCKES involves assigning the essential PSYCKES tasks listed below.

To help promote the integration of PSYCKES, organizations are advised to develop, document, and implement policies and procedures for PSYCKES use. These guidelines provide a framework that should help establish staff accountability, and ideally integrate PSYCKES tasks into existing workflows

Essential PSYCKES Tasks		
1. Identify Potential PSYCKES Clients • Check if clients previously consented • Obtain clients' Medicaid identification (ID) # • Verify clients' identity	• Designate staff responsible for this task • This staff member will: ○ Identify potential PSYCKES client ▪ Medicaid enrollee ▪ Medicaid within the past 5 years ○ Determine whether the client is already consented ▪ *****if yes, skip to Step 6***** ○ Obtain and document the client's Medicaid ID # (or can use Social Security #) ○ Verify client's identity ▪ 2 forms of ID OR ▪ Staff can attest to client identity • Consider a flag on client's medical record and/or "face sheet" to indicate whether the client: ○ Is PSYCKES eligible ○ Has already signed a PSYCKES Consent Form	• All clients should be screened upon arrival for PSYCKES eligibility • Eligible clients should be consented at the earliest opportunity • PSYCKES Clinical Summary should be obtained for all eligible individuals
2. Obtain Client Consent • Obtain signature of PSYCKES-eligible client for the applicable consent form: PSYCKES Consent, DOH-5055 Consent, BHCC Consent • Give a copy of the consent form to the client	• PSYCKES Consent Form is pre-printed and accessible to staff ○ Designate staff responsible for using Registrar Menu function to set up Consent Form (fill in blanks) ○ Designate staff responsible for printing PSYCKES Consent • PSYCKES Consent Form is included in intake/admission package and signed by client routinely along with any other paperwork (e.g., receipt of Client Rights / HIPAA privacy notice) ○ Alternatively, specify where blank forms are maintained • Designate staff responsible for asking clients for consent and answering questions about PSYCKES, and when this will happen • Staff copy signed consent (front and back) and give copy to client • If client initially refuses consent, when will another effort be made?	• Consent to view PSYCKES data should be requested of all eligible individuals with capacity to consent (unless clinically contra-indicated) • Only PSYCKES Consent Form, printed from Registrar Menu, may be used • A DOH-5055 Health Home Consent Form is available to agency users who work for the Health Home or Care Management program

		• A copy of the PSYCKES Consent Form (especially information on back) must be given to the client
3. Determine Whether there is a Clinical Emergency In a clinical emergency, the Enable PHI Access Menu may be used to obtain 72-hour emergency access for client information	*****Skip this step if client has consented***** • Designate staff responsible for determining that it is a clinical emergency • Designate staff responsible for ensuring that the medical record supports emergency access by documenting why/how the client meets criteria for a clinical emergency • Specify where in the record this is documented • Emergency access expires in 72 hours, so another attempt should be made to obtain consent. How/when will that take place? (Front desk staff will ask before next appointment? Clinician will ask during next session?)	• Emergency access is available only in a clinical emergency • Specify staff authorized to certify a clinical emergency • Develop guidelines for what constitutes a clinical emergency (Agency may use existing criteria; PSYCKES information is available) • If the client refuses to sign the form but criteria for emergency access are met, agency may still access PSYCKES data (as stated on the Consent Form)

4. Use Enable PHI Access Menu or Recipient Search to Access Client's Clinical Summary in PSYCKES
PSYCKES user uses Enable PHI Access Menu or Recipient Search to:
• look up client,
• verify client's identity, and
• attest to the right to access clinical data
	• Designate staff responsible for this task
	• This staff member will:
	  ○ Navigate to the PSYCKES Enable PHI Access Menu or Recipient Search screen
	  ○ Search for client by
	    ▪ Medicaid ID # or
	    ▪ Social Security # or
	    ▪ Name
	    ▪ Date of Birth
	  ○ If using Recipient Search, select "Enable Access" or "Update Access"
	  ○ Specify the basis for accessing the client's information
	    ▪ Client signed consent, or
	    ▪ Clinical emergency, or
	    ▪ Attestation of service (this level of access does not include data with special protections: substance use, HIV, genetic testing, or family planning)
	  ○ Verify client's identity and document:
	    ▪ Form(s) of ID, or
	    ▪ Staff attests to client's identity
	  ○ May proceed directly to accessing/printing clinical summary
		• Designate which staff, specifically, or which type of staff will use the Enable PHI Access Menu or Recipient Search to enable access to client-level data; could be some or all PSYCKES users
		• Sharing of Office of Mental Health (OMH) User IDs and security tokens is prohibited
		• Consider developing guidelines for when/why staff may attest to client identity

	All PSYCKES users at agency will have access to client's clinical info	

5. Retain Signed PSYCKES Consent, DOH-5055 Consent, or BHCC Consent Form in Client's Medical Record	*****Skip this step if emergency access was used*****
	• Designate staff responsible for this task
	• Specify how/when/where PSYCKES Consent Form will be filed:
	  ○ Will paper Consent Form will be retained, or will it be scanned into electronic medical record (EMR)?
	  ○ In which section of the record will it be kept?
	  ○ When will it be filed / scanned in?
	(Consider bar-coding PSYCKES Consent Form for inclusion in EMR)
		• The PSYCKES Consent Form (original or scanned) must be retained in the client's medical record

Essential PSYCKES Tasks	**Sample Procedures**	**Sample Policies**

6. Print Clinical Summary	• Designate staff responsible for this task
	• The designated staff will:
	  ○ Access client's Clinical Summary via:
	    ▪ Recipient Search or
	    ▪ Enable PHI Access Menu
	  ○ Make selections for printing Clinical Summary
	    ▪ Specify time period (up to 5 years is available)
	    ▪ Specify which sections / details to print
	  ○ Export Clinical summary to PDF and print
	    ▪ Or, if applicable, append PDF to EMR
	  ○ Close PDF document without saving or save only to **secure server**
		• PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients
		• Designate which staff or types of staff will have PSYCKES access
		• Prohibit saving the printable Clinical Summary PDF document anywhere other than a secure server. (Agency's existing policies may be sufficient but should be reviewed in relation to PSYCKES)

7. Place Clinical Summary in Client's Medical Record
(This may be done before or after the clinical summary is reviewed by staff)
	• Designate staff responsible for this task
	• Specify how/when Clinical Summary will be filed:
	  ○ Will hard copy of Clinical Summary be retained? Will PDF document be appended to client's EMR? Will printed summary be scanned into EMR (and hard copy shredded)?
	  ○ In which section of the record will the PSYCKES Consent Form be filed?
	  ○ When will the Clinical Summary be filed/scanned/appended to medical record?
	Consider placing bar-coded Consent Form as cover sheet on Clinical Summary and scanning into EMR as a single document
		• PSYCKES Clinical Summary should be obtained and retained in medical record for all eligible clients
		• **Redisclosure of confidential information is prohibited, and additional restrictions apply to health information with special protections** (HIV, substance abuse, family planning, genetic), which may appear in the PSYCKES Clinical Summary. (Agency's existing policies may be sufficient but should be reviewed in relation to PSYCKES)

8. Review Clinical Summary	• Designate types of staff (which disciplines, settings, etc.) responsible for reviewing PSYCKES Clinical Summary
	• Specify when Clinical Summary will be reviewed
	    ○ Prior to documenting psychiatric evaluation and psychosocial assessment?
	    ○ During treatment planning?
	Clinical staff reviewing a printed summary should have access to PSYCKES to facilitate access to further detail
		• PSYCKES Clinical Summary should be obtained and reviewed for all eligible clients
		• Designate which staff or types of staff will have PSYCKES access

Please see also: PSYCKES Training Recommendations