

## PSYCKES Release Notes – Release 7.0.0

### Health Home Care Management – Adult Quality Measures

The Quality Indicator set “Health and Recovery Plan (HARP)” was renamed “Health Home Care Management – Adult” and two new quality measures were added:

- **Eligible for Health Home Plus – Not Health Home Enrolled:** Identifies clients that meet the eligibility algorithm for Health Home Plus but are not currently enrolled in a Health Home according to the Department of Health MAPP system.
- **Eligible for Health Home Plus – No Health Home Plus Service:** Identifies clients that meet the eligibility algorithm for Health Home Plus but have not had a Health Home Plus billed service in the past year, according to Medicaid.

These two new measures are available in My QI Report, Statewide Reports, Recipient Search, and the Clinical Summary.

### PSYCKES Clinical Summary for a Non-Medicaid Client

A new type of Clinical Summary was added for clients who are not in the Medicaid population (Non-Medicaid client), who either have been served by a state-operated Psychiatric Center (PC) or have been served by a provider agency utilizing the PSYCKES MyCHOIS application. Client consent using the PSYCKES Consent Form is required to access a Clinical Summary for a Non-Medicaid client. The information available in a Clinical Summary of a Non-Medicaid client is comprised of data from state health administrative databases. Depending on the information available for a specific client, the following sections may be included:

- General Demographic Information
- Current Care Coordination (*Sources: OMH State PC data; OMH CAIRS; OMH TACT*)
- Alerts and Incidents (*Sources: OMH NIMRS Suicide Attempt data; PSYCKES MyCHOIS*)
- PSYCKES Registries (*Source: PSYCKES MyCHOIS*)
- Plans and Documents (*Sources: Documents created or uploaded in PSYCKES MyCHOIS, Clinical Summary, or PSYCKES iOS*)
- Screenings and Assessments (*Sources: Screenings and assessments entered through PSYCKES MyCHOIS or PSYCKES iOS*)
- Diagnoses, Behavioral Health and Medical (*Source: OMH State PC data*)
- Medications, Behavioral Health and Medical (*Source: OMH State PC data*)
- Behavioral Health Services (*Source: OMH State PC data*)
- Hospital/ER Services (*Source: OMH State PC data*)
- Living Support/Residential Treatment (*Sources: OMH State PC data; OMH CAIRS*)

To look-up a Clinical Summary for a non-Medicaid client, enter an individual identifier in Recipient Search, such as Name and Date of Birth or Social Security Number; users from State PCs can search on OMH State ID or OMH Facility Case Number. If the client has a Clinical Summary available in PSYCKES, one or more potential matches will appear in the results page. Identify the correct client and click “enable access” to proceed to consent steps.

### Non-Medicaid Care Coordination Information from OMH-CAIRS

Information from two types of non-Medicaid Care Coordination programs was added in the Clinical Summary and Recipient search:

- Non-Medicaid Care Coordination (NMCC)
- Health Home Non-Medicaid Care Management (HHNMCM)

In the Clinical Summary this information is displayed in the “Current Care Coordination” section at the top, if the client is currently enrolled in this service or was enrolled during the past year and it is displayed in the “Care Coordination” section if the client was enrolled during the past five years. The information displayed includes program type, provider name, start and end date, and program contact information.

In Recipient Search, these two programs were added as service setting filters under “Care Coordination” category within “Services by Specific Provider” and “Services by Any Provider” filter boxes.

The data source for this information is the OMH CAIRS database.

## State Psychiatric Center Unit/Ward Filter in Recipient Search

For users from State-operated Psychiatric Centers (PCs) a new filter called “State PC Unit/Ward” was added to Recipient Search in the “Services by a Specific Provider” section. This filter identifies clients served by a specific unit or ward at that State PC and the data source is OMH State PC data (MHARS).

## Quality Indicator Definitions within Statewide Reports

A new link called “Indicator definitions” was added at the bottom of the Statewide Reports filter page to provide a quick reference to definitions of all quality indicators in PSYCKES. Clicking this “Indicator definitions” link will open a PDF document that provides a list of all quality indicators along with a brief definition for each indicator.

## Managed Care Performance Opportunity Project (POP) Changes

The following changes have been made to the Managed Care POP data entry portal in the Clinical Summary when entering an Intensive Care Transition service:

- **Date of Service** calendar for Intensive Care Transition Services will only go back 60 days from today’s date. Services must be entered within 60 days of the service date.
- Two new data entry elements were added, with the below options:
  - **Mode of Contact**
    - In-Person (Face to face)
    - Video Conference (e.g., Skype, Facetime)
    - Phone
    - SMS/Text
    - Email
    - Letter
    - Unknown
  - **Individual Involved**
    - Member
    - External Doctor/Provider
    - Family of Member (Includes close friends/de-facto family)
    - Other
    - Unknown

## PSYCKES iOS Mobile App Release 4.1

Along with PSYCKES Release 7.0.0, the PSYCKES iOS Mobile App for iPhones and iPads will launch release 4.1 and include the following enhancements. Mobile app users will be required to upgrade their PSYCKES iOS Mobile App to version 4.1 after the release.

- The PSYCKES “User Role Profile” will be added to the mobile app so that new and existing users will be able to complete and update their user profile using the mobile app. Previously

this could only be done on the desktop version of PSYCKES. For each of our PSYCKES users, the User Role Profile tells us the primary work setting, role, and discipline within the organization. In the mobile app, this can now be updated under “Settings.”

- Two new quality measures will be displayed if applicable to the client, “Eligible for Health Home Plus, Not Health Home Enrolled” and “Eligible for Health Home Plus, No Health Home Plus Service,” as described above.
- Non-Medicaid Care Coordination program information will be displayed if applicable to the client, as described above