

PSYCKES-Medicaid

Enabling Access to Client-Level Data

User's Guide



**Office of
Mental Health**

Table of Contents

Overview.....	3
Enable PHI Access.....	3
Registrar Menu.....	3
Recipient Search.....	3
My QI Report.....	4
Accessing client data in PSYCKES: Comparison.....	4
Types of Consent Forms in PSYCKES.....	5
<i>PSYCKES Consent Form</i>	5
<i>Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Consent</i>	6
<i>Department of Health - Health Home Patient Information Sharing Consent</i>	6
<i>Verbal PSYCKES Consent</i>	6
Obtaining consent from clients.....	7
A. <i>Set up PSYCKES Consent Form</i>	7
B. <i>Print PSYCKES Consent Form</i>	8
C. <i>Client Signs PSYCKES Consent Form</i>	9
D. <i>File Consent Form</i>	9
Manually attest right to access client data.....	9
1. <i>Login to PSYCKES and manage access</i>	9
2. <i>Search for client in the entire PSYCKES database</i>	10
3. <i>Select reason for having a right to access the client’s data</i>	10
4. <i>Indicate the way in which the client’s identity has been verified and submit</i>	14
<i>PSYCKES Withdrawal of Consent Form (written)</i>	15
<i>BHCC Withdrawal of Consent Form</i>	16
<i>DOH Health Home Withdrawal of Consent Form</i>	16
<i>Withdrawal of Verbal PSYCKES Consent Form</i>	16
Using the Registrar Menu for PSYCKES Withdrawal of Consent.....	17
A. <i>Print the PSYCKES Withdrawal of Consent Form</i>	17
B. <i>Client Signs PSYCKES Withdrawal of Consent Form</i>	17
C. <i>File PSYCKES Withdrawal of Consent Form</i>	17

D. Revoke PSYCKES Consent 18

Search clients with active PSYCKES consent 19

Overview

The New York State Office of Mental Health (OMH) developed the Enable PHI Access feature in PSYCKES to allow provider agencies access to client-level data via the Clinical Summary with consent or due to clinical emergency. Clients may be automatically linked to a provider agency via Medicaid billing and will be displayed in certain PSYCKES reports, however it will not provide access to the clinical summary. When a client provides written consent or provider attests to a clinical emergency, the provider agency can access all available data for said client, including certain categories of protected health information (e.g. data associated with HIV, substance use, family planning, and genetic information,)

Enable PHI Access

Registrar Menu

There are several different places with PSYCKES where a user can enable PHI access to client-level data. One way to access the Enable PHI Access feature is through the “Registrar Menu” in PSYCKES. The user has the following options with the Enable PHI access module:

1. Client has given written consent for staff at the agency/BHCC network to access PHI;
2. Client gave Verbal PSYCKES consent (limited access to PHI)
3. PHI is being disclosed due to a clinical emergency
4. Provider attests to serving the client (this level of access will link client to your agency but not provide access to the clinical summary)

Recipient Search

The second way to access the Enable PHI Access feature is through either an individual or cohort group search within the Recipient Search module. See the *PSYCKES-Medicaid Recipient Search User’s Guide* for more details.

Types of Written Consent in PSYCKES

- PSYCKES Consent
- Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Consent
- Department of Health Health Home Patient Information Sharing Consent

More detailed information to follow on pages 5-6.

My QI Report

The third way to access the Enable PHI Access feature is through the My QI Report’s “Recipients” tab. See the *PSYCKES-Medicaid Recipient Search User’s Guide* for more details.

Accessing client data in PSYCKES: Comparison

Client data-agency link Type	Client data access type	Any client data?	Data with special protection? (SUD, HIV, Family Planning, Genetic)	Duration
Automatic	Billed service in past 9 months	No, client name only	N/A	9 months after last service
Manual	Attest client is being served at / transferred to agency	No, client name only	N/A	9 months after last service
	Clinical emergency	Yes	Yes, all data	72 hours
	Verbal PSYCKES Consent	Yes	No, limited release	9 months
	PSYCKES Consent BHCC consent	Yes	Yes, all data	3 years after last service
	DOH Health Home Consent	Yes	Yes, all data	Active as long as client’s Health Home enrollment is verified in MAPP system (90 day grace period)

There are two ways that clients are assigned to a provider agency within PSYCKES:

- 1 **Automatically**, because **client received a billed service in the past nine months**:
User can view client name only, but NOT client data or data with special protections. The duration is as long as the client has been served by the agency within the past nine months.
- 2 **Manually**, because a PSYCKES user at the agency attests in the Enable PHI Access menu that:
 - **Client signed consent**: User can view all clinical data, including data with special protections. Please review the below consent options for additional information.

- **Client is experiencing a clinical emergency:** User can view all clinical data, including data with special protections, regardless of quality flag status. Access expires after 72 hours.
- **Client gave a Verbal PSYCKES consent:** Users can view all clinical data, EXCEPT data with special protections for 9 months.
- **Attest client is being served/transferred to agency:** User can view client name only, but NOT client data or data with special protections. The duration is as long as and the client has been served by the agency within the past nine months.

Types of Consent Forms in PSYCKES

PSYCKES Consent Form

- **Describes** the type of clinical information that will be available to the provider, including PHI with special protections.
- **Explains** that once consent is granted, information on services that occurred before or after the date of consent will be viewable in PSYCKES.
- **Remains in effect** until the day the client withdraws consent, or until three years after the last date the client received services from the agency, whichever comes first.

The PSYCKES consent form is currently available as a blank PDF on the PSYCKES website in the following languages:

- English
- Spanish
- Arabic
- Chinese
- Haitian
- Creole
- Japanese
- Khmer
- Korean
- Russian
- Urdu

Alternatively, a PSYCKES consent form that is pre-populated with your agency's information can be printed from the Registrar Menu of the PSYCKES application. Currently, only English, and Spanish PSYCKES consent forms are available within the application.

Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Consent

- **Describes** that the user will be able to view all clinical level data, including PHI with special protections. Data will be available to both the provider/agency that entered this BHCC Consent as well as the selected BHCC/IPA Network.
- **Explains** that once BHCC consent is granted, information on services that occurred before or after the date of BHCC consent will be viewable in PSYCKES.
- **Remains in effect** until the day the client withdraws BHCC consent, or until three years after the last date the client received services from the agency, whichever comes first.

Department of Health - Health Home Patient Information Sharing Consent

- **Describes** that this will enable access to all client level data for specific user types at their provider/agency, according to their user role survey. The user types that have access are Care Management and Health Home Administration
- **Explains** that once Health Home consent is granted, information on services that occurred before or after the date of Health Home consent will be viewable in PSYCKES. The health home and the partners listed on the form are allowed to get, see, read, copy, and share with each other all health information.
- **Remains in effect** until the day the client withdraws Health Home consent, or until the client is no longer enrolled in that Health Home, whichever comes first.

Verbal PSYCKES Consent

- **Describes** that this will enable access to clinical summary data excluding data with special protection (e.g., HIV, Substance Use). This differs from the written PSYCKES consent form (described above) that enables access to all client level data, including data with special protections.
- **Explains** that the use of Verbal PSYCKES Consent requires adherence to the following policies:
 - Content of the PSYCKES consent form is verbally reviewed with the client.
 - In the “Signature of Patient” line of the PSYCKES consent form enter: “Verbal consent with <name of staff obtaining verbal consent>.”
 - Client is offered a copy of the consent form.
 - The completed PSYCKES consent form is filed and saved in your agency’s’ records.
- **Note:** Users will have the option to download the policy as a PDF by clicking “View full policy”

- **Remains in effect** until the client withdraws verbal PSYCKES consent or 9 months from when verbal consent was enabled, whichever comes first.

Obtaining consent from clients

It is recommended that the PSYCKES consent form is set up ahead of time and multiple printed copies are available to have on hand for obtaining client consent. The following steps detail how to set up and print the PSYCKES consent form using the Registrar Menu in PSYCKES and how to obtain signed consent from clients (Figure 1):

A. Set up PSYCKES Consent Form

Set up the PSYCKES consent form ahead of time to include specific information about the agency within the consent form:

- Hover mouse over the “Registrar Menu” > Click on “Manage PHI Access” menu
- Click on “Add/Edit Details” for Provider Details for Consent form.

Note: The “Name of Provider” will be pre-populated with the agency’s name.

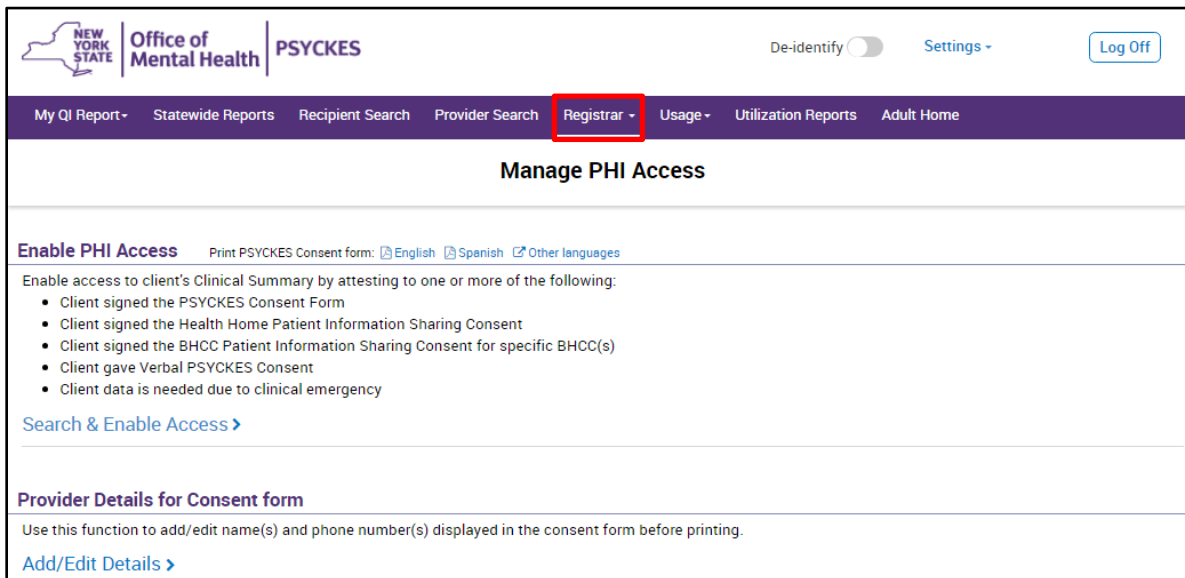


Figure 1. Registrar Menu: Administration

- Fill in the blank fields so that the relevant contact information below can be populated into the PSYCKES consent form, then click “Submit” (Figure 2):
 - Name (or title) and phone number of staff member to which clients can report suspected improper use of PSYCKES Protected Health Information
 - Name (or title) and phone number of staff member clients can contact to obtain the PSYCKES Withdrawal of Consent form

- Name (or title) of staff member to which clients can give the signed PSYCKES Withdrawal of Consent form

Note: The information entered in the Provider Detail for Consent Form will automatically populate on all PSYCKES consent forms printed by any PSYCKES user at the agency from within the application. The information can be edited at any time by returning to the Registrar menu.

The screenshot shows a web application interface for 'MAIN STREET CLINIC'. At the top, there is a navigation bar with links: My QI Report, Statewide Reports, Recipient Search, Provider Search, Registrar (selected), Usage Reports, Utilization Reports, and MyCHOIS. Below the navigation bar, there is a header for 'MAIN STREET CLINIC' with a sub-header 'Add/Edit Provider Details for consent form'. A link 'Back to PHI access' is on the left. The main content area has two sections:

- Provider/Hospital to contact for improper use of PSYCKES PHI**
 - Contact Name/Title: Dr. John Smith
 - Phone Number: (555) 555-5555
 - Ext.: 5
- Provider/Hospital to contact for PSYCKES Withdrawal of Consent form**
 - Contact Name/Title: Dr. John Smith
 - Phone Number: (555) 555-5555
 - Ext.: 5
 - Name/Title of Person to give form to: Dr. Jane Doe

At the bottom of the form is a blue 'Submit' button, which is highlighted with a red border and a red arrow pointing to it from the right.

Figure 2. Registrar Menu: Provider Details

B. Print PSYCKES Consent Form

Print the consent form via the Registrar Menu in PSYCKES (Figure 3):

- Hover mouse over the “Registrar Menu” and select “Manage PHI Access”
- Where it says “Print PSYCKES Consent form”, select language of consent form to be printed (English Version or Spanish Version).
- Print consent form PDF (click File → Print).

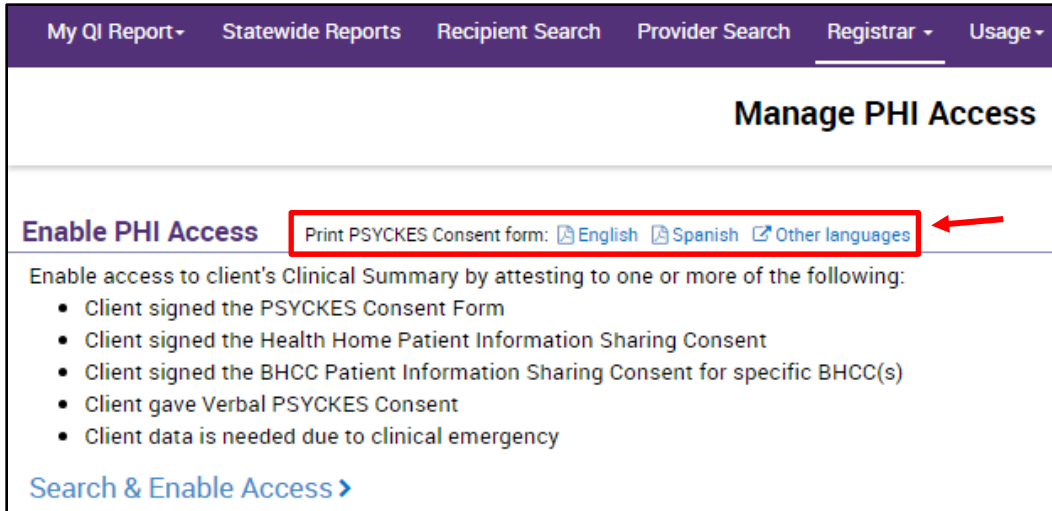


Figure 3. Registrar Menu: Print PSYCKES Consent Form

C. Client Signs PSYCKES Consent Form

There are options for when obtaining client consent including:

- The PSYCKES consent form in intake package, along with other forms or;
- When a clinician can explain PSYCKES during a session with client and request consent.

On the consent form, the client can grant (or deny) consent for an agency to access all electronic health information through PSYCKES in connection with providing health care services.

D. File Consent Form

Offer a copy of the signed consent form to the client and file the original consent form in the client’s chart (paper chart or Electronic Medical Record.)

Manually attest right to access client data

A PSYCKES user can enable access to client-level data by manually attesting to the right to access client data (via way of consent or clinical emergency.) As mentioned above, this can be done via the “Registrar Menu”, “Recipient Search”, or “My QI Report” within the PSYCKES application.

The following steps detail how to attest to the right to access client-level data using the Registrar Menu:

1. Login to PSYCKES and manage access

- a) Login to PSYCKES > Hover mouse over “Registrar Menu” > Click on “Manage PHI Access” menu > Click “Search & Enable Access” (Figure 4)

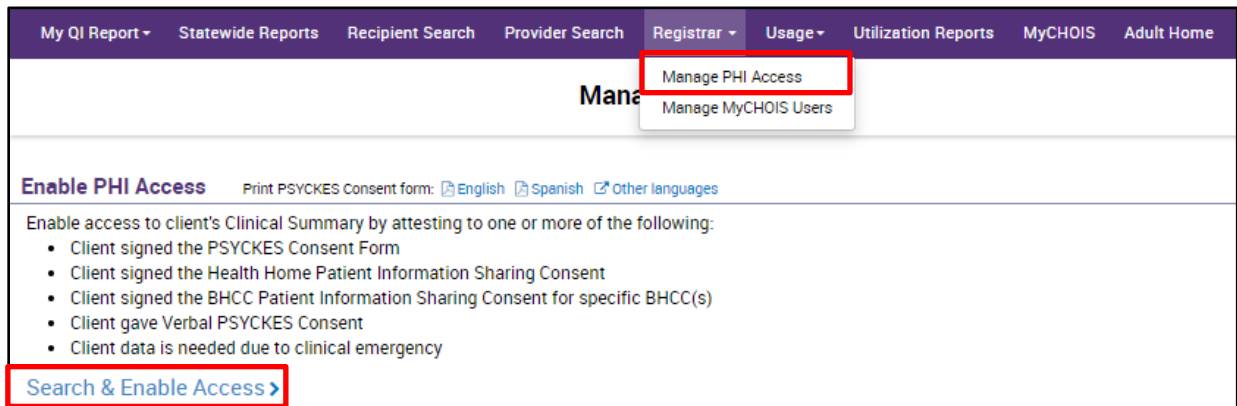


Figure 4. Registrar Menu: Manage PHI Access

2. Search for client in the entire PSYCKES database

- a) Enter any combination of the recipient identifiers (Medicaid ID, SSN, First Name, Last Name or DOB) > click “Search”
- b) Confirm recipient match and click “Enable Access” link on the rightmost column (Figure 5).

Note: If search yields more than 10 recipients, a message will appear indicating that there are too many recipients matching search criteria.

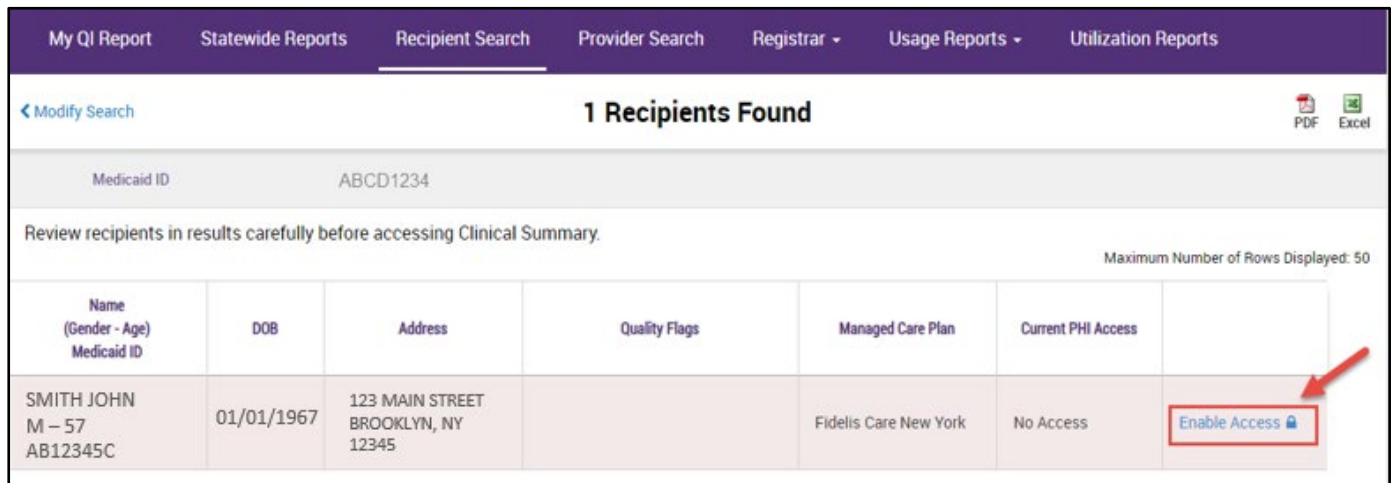


Figure 5. Registrar Menu: Enable Access

3. Select reason for having a right to access the client’s data

- If the *client signed consent*, select:
 - **Client signed the PSYCKES consent form for [provider agency name].** With signed consent, PSYCKES users at the agency will have

access to all available Clinical Summary data for three years after the consent was entered, or three years after the last Medicaid claim from the agency has been processed by the New York State Medicaid Program, whichever is later.

- **Client signed the BHCC consent form for [BHCC name].** With signed consent, users at the selected BHCC will have access to all available Clinical Summary data 3 years after the last billed service or until the client withdraws their BHCC consent.
- **Client signed the Department of Health - Health Home Patient Information Sharing Consent Form for [Health Home or CMA program name].** With signed consent, access is granted to the clinical summary in real time and will stay active as long as the clients Health Home enrollment is verified in DOH's MAPP system (90-day grace period after entry in PSYCKES). Access will expire after Health Home enrollment ends, according to DOH's MAPP system (access will remain for 90 days after end date).
- If the *provider attests to other reason for access*, select:
 - **Client gave Verbal PSYCKES consent [provider agency name]** – Checking this box will give the user the ability to view a client's Clinical Summary data, but it will not provide access to data with special protections (HIV, substance use information, family planning, genetic testing). The data will be available to PSYCKES users for 9 months after the last service.
 - **Attestation of Clinical Emergency by [provider agency name]** – Checking this box will only give the user the ability to view the client's data for 72 hours. Users can print the client's Clinical Summary during this time and place it in the client's chart.
- If the *provider attests to serving the client*, select:
 - **Attestation of Service: Client is currently served by / being transferred to [provider agency name]** – Checking this box will link client to provider agency but will not provide access to the client's Clinical Summary data.

PHI Access for Smith, John (M - 57)

Select the level of access [\(i\) 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

Figure 6. Enable PHI Access: Consent

Note: Users are able to view each Access Level Type and their definitions by clicking on the blue “About access levels” link next to the blue (i)icon in the top right-hand corner of the page (Figures 7 & 8).

PHI Access for Smith, John (M - 57)

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**

Figure 7. About Access Levels

About Access Levels ✕	
Access Level	Client level data available
PSYCKES Consent	Your provider agency will be given access to all available data for 3 years (renews automatically with billed service).
BHCC Patient Information Sharing Consent	Selected BHCC and your provider agency will be given access to all available data for 3 years (renews automatically with billed service).
DOH Health Home Patient Information Sharing Consent	Users at your provider agency who work in the Health Home or Care Management program will be given access to all available data while the client is enrolled. Users who work in other programs can gain access with a signed PSYCKES Consent, or in a Clinical Emergency. Work setting can be updated in the PSYCKES User Role Profile.
Verbal PSYCKES Consent	Your provider agency will be given access to clinical summary data excluding data with special protection (e.g., HIV, Substance Use) for 9 months.
Clinical Emergency	Your provider agency will be given access to all available data for 72 hours.
Client currently served by or being transferred to my provider agency	This will link client to your provider agency for Recipient Search reports, but will not provide access to the clinical summary.

Download printable PSYCKES Consent forms: [English](#) [Spanish](#)

[Close](#)

Figure 8. About Access Levels Definitions

4. Indicate the way in which the client’s identity has been verified and submit

- a) Attest client has been identified (Figure 9):
 - Review client’s unique identifiers, DOB, and address to confirm this is the correct individual
 - Check either the box next to “Service provider attests to client identity,” if you or someone at your agency has experience with the client or
 - Select the types of identification presented by the client from the two drop-down lists.
- b) Complete the process of enabling PHI access by clicking one of the following buttons:
 - Click **“Enable and View Clinical Summary”** to complete the process of enabling access to client’s Clinical Summary to all users at your agency and proceed to the client’s Clinical Summary;

- Click “**Enable**” to complete the process of enabling access to client’s Clinical Summary to all users at your agency and return to the main PHI Access menu or;
- Click “**Cancel**” to cancel the process of enabling access to that client’s data and return to the main PHI Access menu.

PHI Access for SMITH, JOHN (M - 57)

Confirm this is the correct individual before enabling

Unique Identifiers Medicaid ID: AB12345C
Date Of Birth: 01/01/1967
Address: 123 MAIN STREET BROOKLYN, 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 CLINIC will be given access to all available data for 3 years (renews automatically with billed service).

[Previous](#) [Cancel](#) [Enable](#) [Enable and View Clinical Summary](#)

Figure 9. Enable PHI Access: Client Identity Attestation of Consent

A client who has granted consent (PSYCKES consent, BHCC consent, DOH Health Home Patient Information Sharing, or Verbal consent) may withdraw consent at any time by signing a Withdrawal of Consent form. A PSYCKES user must revoke consent using the Registrar Menu in PSYCKES. Withdrawal of consent revokes an agency’s ability to view a consented client’s Clinical Summary.

Note: This functionality should also be used **immediately** if a user accidentally consents an incorrect client. If a user has any questions about withdrawing a client’s consent, they should reach out to PSYCKES-Help@omh.ny.gov.

PSYCKES Withdrawal of Consent Form (written)

Withdrawal of (written) PSYCKES consent revokes an agency’s ability to view a consented client’s full Clinical Summary.

Note: Provider agencies that accessed a client’s PSYCKES information while the consent was in effect may include the information in the client’s medical record. Even if the client decides to withdraw consent, agencies are not required to return the PSYCKES information accessed while the consent was in effect. In addition, they are not required to remove the information from their records. Consent may be reinstated by having the client sign a new PSYCKES consent form and having a PSYCKES user complete the steps to enable PHI access.

BHCC Withdrawal of Consent Form

Withdrawal of BHCC consent (if this is the only consent provided by a client) revokes both the provider agency and BHCC/IPA network users’ ability to view a client’s full Clinical Summary. However, if the agency had both a signed PSYCKES consent form and a BHCC consent form, and a client only withdraws a BHCC consent form, the agency would still have access to the client’s information as long as the PSYCKES consent was active.

DOH Health Home Withdrawal of Consent Form

Similar to the PSYCKES Consent withdrawal, a PSYCKES user may revoke Health Home Consent using the Registrar Menu in PSYCKES. By withdrawing the Health Home Consent this may revoke the agency’s ability to view the client’s full Clinical Summary unless there is any other type of consent active (i.e. the PSYCKES Consent). The Health Home Patient Information Sharing Withdrawal of Consent form is available on the DOH Health Home website.

Withdrawal of Verbal PSYCKES Consent Form

Withdrawal of Verbal PSYCKES consent will revoke the agency’s ability to view a verbally consented client’s Clinical Summary. The client can either sign the Withdrawal of PSYCKES consent form or, if withdrawal of consent is verbal, the user can complete the PSYCKES withdrawal of consent form on behalf of the client. In the Registrar menu in PSYCKES, once the user enters the Medicaid ID of the client to withdraw, the user will be presented with the options of which consent to withdraw. If the client has an active “Verbal PSYCKES Consent” then that option will be presented.

Note: Verbal PSYCKES Consent will not appear alongside other consent options to withdraw because verbal consent is not applicable when other signed consents are present.

Using the Registrar Menu for PSYCKES Withdrawal of Consent

The following steps detail how to use the Registrar Menu to print the PSYCKES Withdrawal of Consent form and revoke client consent:

A. Print the PSYCKES Withdrawal of Consent Form

- Hover mouse over the “Registrar Menu” and select “Manage PHI Access”
- Where it says “Print PSYCKES Withdrawal of Consent form”, select language (English or Spanish) of consent form to be printed (Figure 10). Additional languages of the PSYCKES Withdrawal of Consent Form are available by selecting the “other languages” link.
- Print consent form PDF (click File → Print).

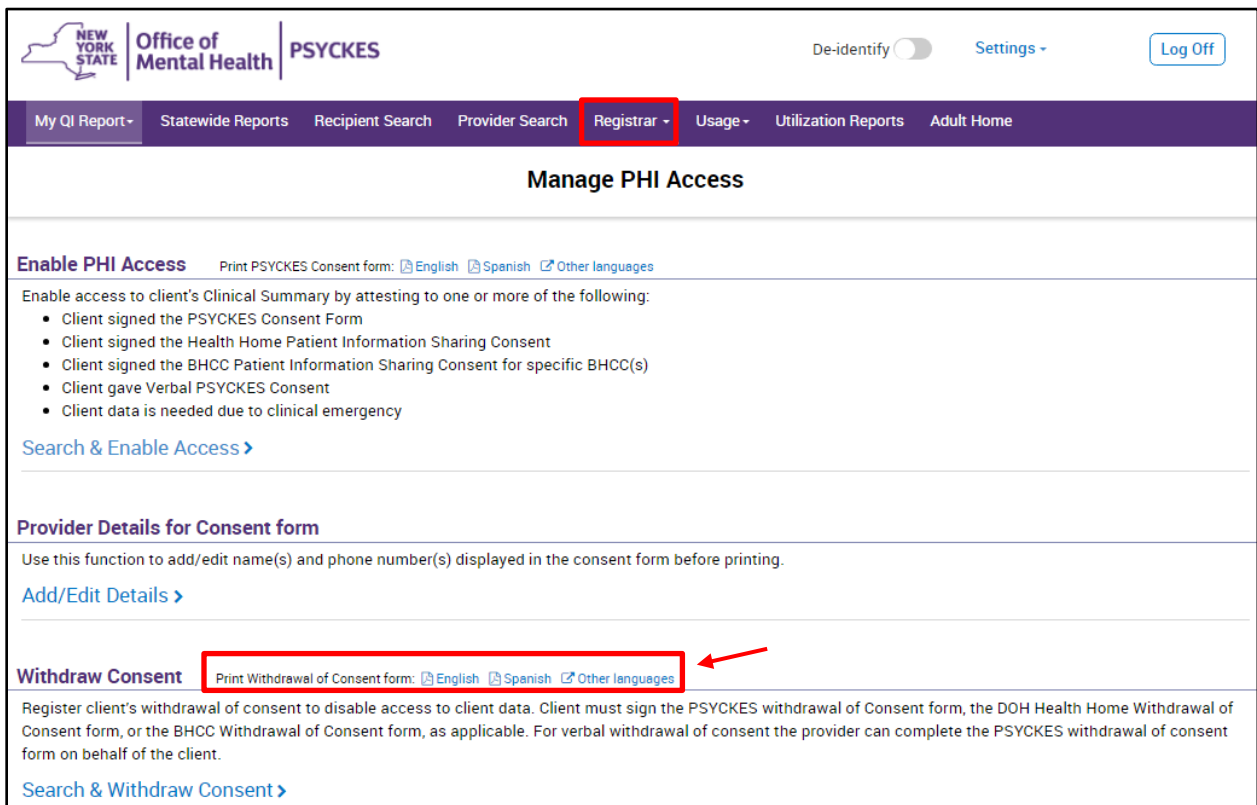


Figure 10. Registrar Menu: Print PSYCKES Withdrawal of Consent Form

B. Client Signs PSYCKES Withdrawal of Consent Form

C. File PSYCKES Withdrawal of Consent Form

Offer a copy of the signed PSYCKES withdrawal of consent form to the client and file the original consent form in the client’s chart (paper chart or EMR).

D. Revoke PSYCKES Consent

- Hover mouse over “Registrar Menu” > Click on “Manage PHI Access” menu > Click “Search & Withdraw Consent” to disable access to client data (Figure 11).
- Enter the client’s details, (e.g. Medicaid ID, Name + DOB) in the box provided and click “Submit” (Figure 12).
- Client’s demographic information will appear; confirm the client found is the client that signed the withdrawal of consent form > Click “Withdraw consent” (Figure 13) and the user will be presented with the options of which consent to withdraw (Figure 14). A confirmation message that consent has been withdrawn will be displayed on the next screen.

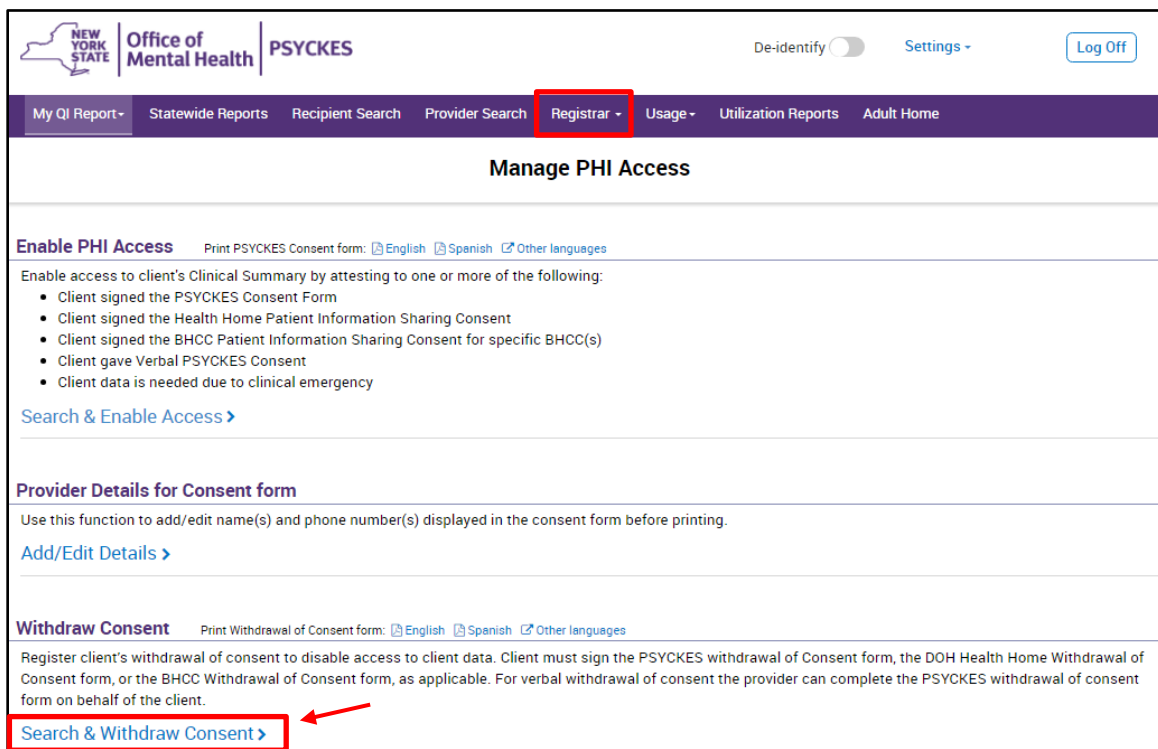


Figure 11. Registrar Menu: PHI Access Withdrawal of Consent

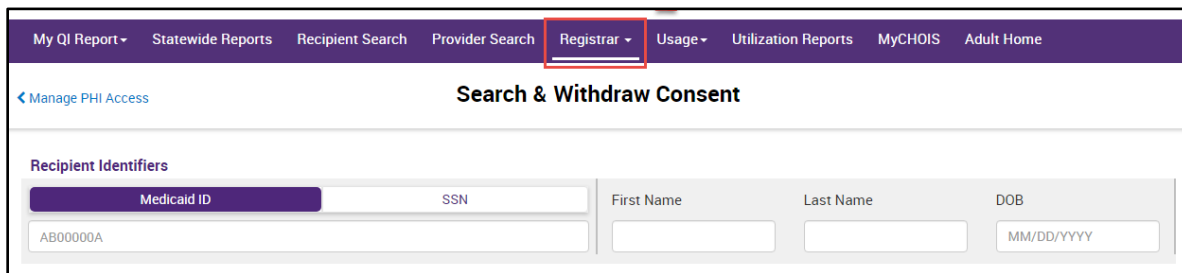


Figure 12. Registrar Menu: Withdrawal of Consent


My QI Report - Statewide Reports Recipient Search Provider Search Registrar Usage Utilization Reports MyCHOIS Adult Home							
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	
SMITH JOHN M - 57	Medicaid ID: AB12345C	01/01/1967	123 MAIN STREET BROOKLYN, NY 12345	HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, MH Plcmt Consid, No Gluc/HbA1c & LDL-C - AP No	Excelsus BlueCross BlueShield	PSYCKES Consent	Withdraw Consent 

Figure 13. Registrar Menu: Withdrawal of Consent

1 Recipients Found

Withdraw Consent for SMITH, JOHN (M - 57), DOB: 01/01/1967

Select which active consent to withdraw:

PSYCKES Consent for MAIN STREET CLINIC

Cancel
Withdraw

Figure 14. Registrar Menu: Select Active Consent to Withdraw

Search clients with active PSYCKES consent

The Recipient Search menu allows users to look up clients that have an active consent in PSYCKES. To view this list, follow these steps:

- a) Login to PSYCKES > Click on “Recipient Search” menu > Within the “Services by a Specific Provider” search box, locate the “Current Access Status” drop-down filter, select PSYCKES Consent and Search (Figure 15).

Note: The Recipient Search function defaults to display 50 recipients for each search. To view more names, select a larger number in the “Limit Results To” drop-down filter before clicking “Search”.

The screenshot displays the 'Recipient Search' interface with the following sections:

- Navigation:** My QI Report, Statewide Reports, Recipient Search (active), Provider Search, Registrar, Usage, Utilization Reports, MyCHOIS, Adult Home.
- Search Controls:** 'Limit results to' set to 50, 'Search' button, and 'Reset' button.
- Recipient Identifiers:**
 - Medicaid ID: AB00000A
 - SSN, OMH State ID, OMH Case #: (empty)
 - First Name, Last Name, DOB (MM/DD/YYYY): (empty)
- Characteristics as of 02/28/2024:**
 - Age Range, To, Gender, Race, Ethnicity: (empty)
 - Region, County: (empty)
- Special Populations:**
 - Population, High Need Population, AOT Status, Alerts, Homelessness Alerts: (empty)
- Social Determinants of Health (SDOH) Past 1 Year:**
 - SDOH Conditions (reported in billing): List of conditions including upbringing, social environment, physical environment, psychosocial, medical facilities, and housing/economic.
 - SDOH Conditions: Selected: (empty)
- Managed Care Plan & Medicaid:**
 - Managed Care, MC Product Line, Medicaid Enrollment Status, Medicaid Restrictions: (empty)
 - Children's Waiver Status, HARP Status, HARP HCBS Assessment Status, HARP HCBS Assessment Results: (empty)
- Quality Flag as of 02/01/2024:**
 - Definitions: HARP Enrolled - Not Health Home Enrolled, HARP-Enrolled - No Assessment for HCBS, Eligible for Health Home Plus, HH Enrolled, High Mental Health Need, Mental Health Placement Consideration, Antipsychotic Polypharmacy (2+ >90days) Children.
- Services: Specific Provider:**
 - Provider, Region: (empty)
 - Current Access:** Dropdown menu with options: PSYCKES Consent, DOH Health Home Consent, BHCC Consent, Verbal PSYCKES Consent, Emergency, Attestation of Service only, Linked through Medicaid Billing only.
 - Service Utilization, Number of Visits: (empty)

Figure 15. Recipient Search: Current Access Status Filter