

New PSYCKES Features Release 8.0.0

We will begin shortly

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Kristen McLaughlin, MA Medical Informatics Director | PSYCKES Office of Population Health & Evaluation March 13, 2024

Q&A via WebEx

- All phone lines are muted
- Access "Q&A" box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor over bar at top of screen to see menu
- Type questions using the "Q&A" feature
 - Submit to "all panelists" (default)
 - Please do not use Chat function for Q&A
- Slides will be emailed to attendees after the webinar



Agenda

- PSYCKES Overview
- Demonstration of New Features in Release 8.0.0
 - Elimination of Quality Flag Access
 - New Data Source: New York City Correctional Health Services (CHS)
 - Telehealth Identifier Added to Recipient Search and the Clinical Summary
 - New "Mental Health Placement Consideration" Flag
 - Homelessness Added to the High Need/High Risk Advanced View
 - New Quality Indicator Set: General Medical Performance Tracking
 - MyCHOIS Login Updates NY.gov
- Training & Technical Support



PSYCKES Overview



What is **PSYCKES**?

- A secure, HIPAA-compliant online application for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decisionmaking, care coordination and quality improvement
- Ongoing data updates
 - Clinical Summary updated weekly
 - Quality Indicator reports updated monthly



Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (currently or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
- Behavioral Health Population (any history of):
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides all data general medical, behavioral health, residential



What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- All Medicaid FFS claims and Managed Care encounter data, across treatment settings
 - Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
 - NEW! New York City Correctional Health Services (CHS)
 - New York City Department of Homeless Services (NYC DHS)
 - Health Home enrollment & CMA provider (DOH MAPP)
 - Managed Care Plan & HARP status (MC Enrollment Table)
 - MC Plan assigned Primary Care Physician (Quarterly, DOH)
 - State Psychiatric Center EMR
 - Assisted Outpatient Treatment provider contact (OMH TACT)
 - Assertive Community Treatment provider contact (OMH CAIRS)
 - Adult Housing/Residential program Information (OMH CAIRS)
 - Suicide attempt (OMH NIMRS)
 - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
 - IMT and AOT Referral Under Investigation (DOHMH)



Quality Indicators "Flags"

- PSYCKES identifies clients flagged for quality concerns in order to inform the treating provider or care coordinator, and to support clinical review and quality improvement.
- Examples of current quality flags include:
 - Health Home-Related, e.g., Eligible for Health Home Plus, No
 Health Home Plus Service Past 12 Months, Past 3 Months
 - Medication-Related, e.g., Polypharmacy, Medication
 Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - General Medical, e.g., No Diabetes Screening Schiz or Bipolar on Antipsychotic, No Outpatient Medical Visit Past Year
 - Performance Tracking, e.g. No Follow-Up After MH Inpatient -7/30 Days, No Follow-Up After MH ED Visit - 7/30 Days



8.0.0 New Features!



Elimination of Quality Flag Access



Elimination of Quality Flag Access

- The Quality Flag level of access is being removed to facilitate and support future interoperability between PSYCKES and EMRs
 - Including streamlining data entry for PSYCKES consent and access of PSYCKES directly within EMRs
- Users will still be able to view which of their clients have active quality flags, but will not be able to gain limited access to clinical summary data based on having a quality flag alone
 - Users can continue to access the full clinical summary for their clients with consent or a clinical emergency
- Enhancements to the application now allows users to enable access to individual clinical summary data within the My QI Report's "Recipients" tab and in Recipient Search cohort results page



Updated Data Access Type Table

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		N/A	9 months after last service
	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
Manual	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)

Enable Access - Recipient Search Cohort

My QI Report -Statewide Reports Recipient Search

Provider Search

Registrar -

568 Recipients Found

Usage-

Utilization Reports

MyCHOIS

O View: Standard

DF 3 Excel

[Provider Specific] Provider

< Modify Search

MAIN STREET AGENCY

Maximum Number of Rows Displayed: 100

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Name 🔺	Medicaid ID $\mbox{$\stackrel{\diamondsuit$}{=}$}$	DOB 🔶	Gender 🔶	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	¢
SMITH, JOHN	XXXXXXXXXX	5/2/1976	M - 47	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Cloz Candidate, Colorectal Screen Overdue (DOH), 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 MAT Utilization - OUD (DOH), No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, No OUD MAT Initiation - 30d (DOH), No Outpt Medical, No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	Molina Healthcare of New York	PSYCKES Consent	
DOE, JANE	ABCD1234	11/9/1963	F - 60			No Access	Enable Access
KENT, CLARK	xxxxxxxxx	3/19/1946	M - 77	2+ ER-Medical, MH Plcmt Consid	Centers Plan for Healthy Living	PSYCKES Consent, EngageWell IPA BHCC Consent	
MOUSE, MICKEY	XXXXXXXXXX	9/30/1982	M - 41	Adher-MS (DOH), HARP No Assessment for HCBS, HARP No Health Home,	Amida Care	No Access	Enable Access 🔒
DUCK, DONALD	XXXXXXXXXX	4/7/1969	M - 54	Adher-AD - Recovery (DOH)	Amida Care	No Access	Enable Access 🔒
BOOP, BETTY		5/12/1972	F - 51	2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AD - Acute (DOH), Adher-AD - Recovery (DOH), Adher-AP, Adher-AP (DOH), Adher-MS (DOH), Cervical Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), HARP No Assessment for HCBS, HARP No Health Home, HHPIus No HHPIus Service > 12 mos, HHPIus No	MetroPlus Health Plan	All Data - Emergency	

My QI Report -	Statewide Rep	orts Recipie	ent Search	Provider Search	Registrar -	Usage +	Utilization Repor	ts MyCHOIS			
				568 R	ecipients	Found		1 View: Stan	dard 🗸	PDF	Second Se
[Provider Spec	ific] Provider	MAIN STRE	ET AGENCY	,							
								Maxim	um Number of Ro	ws Displaye	ed: 100
Name 🔺	Medicaid ID	DOB 🔶	Gender 🔶		Medicaid Quali	ty Flags	Å	Medicaid Managed Care Plan	Current PHI Access		÷
SMITH, JOHN	XXXXXXXXX	5/2/1976	M - 47	2+ Inpt-MH, 4+ Inpt/E (DOH), Cloz Candidat Assessment for HCB Service > 12 mos, HH HH Enrolled, High MH OUD (DOH), No MH Ir Adult, No OUD MAT II Utilization of Pharma	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Cloz Candidate, Colorectal Screen Overdue (DOH), 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 MAT Utilization - OUD (DOH), No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, No OUD MAT Initiation - 30d (DOH), No Outpt Medical, No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH,			Molina Healthcare of New York	PSYCKES Consent		ſ
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KENT, CLARK	XXXXXXXXX	3/19/1946	M - 77	2+ ER-Medical, MH P	Plcmt Consid			Centers Plan for Healthy Living	PSYCKES Consent, EngageWell IPA BHCC Consent		

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		The client signed consent	Number of Rov	ws Displaye	d: 100
Name 🔺	Medicaid ID $\mbox{\clubsuit}$	Client signed a PSYCKES Consent Client signed a BHCC Patient Information Sharing Consent	Current PHI Access		Å
		Client signed a DOH Health Home Patient Information Sharing Consent			
		Provider attests to other reason for access			
SMITH, JOHN	XXXXXXXXX	Client gave Verbal PSYCKES Consent	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			
Doe, Jane	ABCD1234	Client is currently served by or being transferred to my agency	No Access	Enable Access	
			PSYCKES		
KENT, CLARK	*****	Cancel Next	Consent, EngageWell PA BHCC		
			Consent		

My QI Report -	Statewide R	About Access Levels		×			
K Modify Search]	*	DF	3 Excel
		Access Level	Client level data available	_			
[Provider Spec	cific] Provider	PSYCKES Consent	Your provider agency will be given access to all available data for 3 years (renews automatically with billed service).				
Name	Medicaid ID	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).	Number o Current P		s Display	ed: 100
Nume	Medicald ID		Users at your provider agency who work in the Health Home or Care Management program will be given access to all available	Access			_
		DOH Health Home Patient Information Sharing Consent	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.				
SMITH, JOHN	XXXXXXXXX	XXXXXX Your provider agency will be given access to clinical data excluding data with special protection (e.g., H Use) for 9 months.		PSYCKES Consent			
		Clinical Emergency	Your provider agency will be given access to all available data for 72 hours.				
DOE, JANE	ABCD1234	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.	lo Acces	Ŝ.	Enable Access	
		Download printable PSYCKES (Consent forms: 🔀 English 🔀 Spanish	SYCKES			
KENT, CLARK	XXXXXXXXX		Close	PA BHCC			

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		Client signed a DOH Health Home Patient Information Sharing Consent Provider attests to other reason for access			
SMITH, JOHN	XXXXXXXXXX	Client gave Verbal PSYCKES Consent This is a clinical emergency	PSYCKES Consent		
		Provider attests to serving the client Will link client to your agency, but will not provide access to clinical summary			
doe, jane	ABCD1234	Client is currently served by or being transferred to my agency	No Access	Enable Access	
KENT, CLARK	XXXXXXXXX	Cancel Next	PSYCKES Consent, EngageWell PA BHCC Consent		

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		OProvider attests to client identity				
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SMITH, JOHN	~~~	Identification 1 select	insent	t		
		Identification 2 select				
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SMITH, JOHN	XXXXXXXXXX	5/2/1976	M - 47	10+ ER, 10+ ER-MH, 2+ Inpt-MH, 4+ Inpt/U (DOH), Cloz Candidat Assessment for HCB Service > 12 mos, HH HH Enrolled, High MH OUD (DOH), No MH H Adult, No OUD MAT H Utilization of Pharma High User, Readmit 3 Readmit 30d - MH to	ER-BH, 4+ Inpt/ER te, Colorectal Scre 3S, HARP No Heal HPlus No HHPlus H Need, MH Plcm Inpt F/U 7d (DOH), Initiation - 30d (DC acotherapy (DOH) 30d - BH to BH, Re	R-MH, Adher-, een Overdue th Home, HH Service > 3 r t Consid, No , No MH Inpt OH), No Outp), POP Cloz C	AP, Adher-AP (DOH), HARP No IPlus No HHPlus nos, HHPlus Not MAT Utilization - F/U 7d (DOH) - it Medical, No andidate, POP	Molina Healthcare	PSYCKES Consent		
DOE, JANE	ABCD1234	11/9/1963	F - 60	No OUD MAT Ini	itiation - 30d (DOH)			PSYCKES Consent		
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Indicator Set: General Medical Health										
Indicator Set Indicator										
Indicator	Population 🔶	Eligible Population	# with QI Flag∳	*	Regional %	Statewide %	25%	50% I	75%	100%
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic	Adult 18-64	45	14	31.1	51.7	44.4	31.10	51.70 44.40		
Diabetes Monitoring-No HbA1c >1 Yr	All	61	8	13.1	24.1	22.1	13.10 24.10 22.10			
No Outpatient Medical Visit >1 Yr	(0-64) yrs	284	14	4.9	10.5	10.1	4.90 10.50 10.10			
No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic	Adult 18-64	13	1	7.7	26.2	22.4	7.70 26.20 22.40			
Preventable Hospitalization Summary	Adult	409	5	1.2	0.8	0.9	1.20 0.80 0.90			
General Medical Health Summary	All	409	36	8.8	13.2	12.2	8.80 13.20 12.20			

My QI Report - S	Statewide Reports	Recipient Search	Provider Search Re	gistrar + Usage+	Utilization Reports	MyCHOIS			
				REET AGENCY () verview As Of 02/01/2024		0 Vi	ew: Standard	✓ DF	Excel
SITE: ALL PROGRAM TY MANAGED CARE: ALL	YPE: ALL AGE GROU	IP: ALL MC PRODUCT LII	NE: ALL CLIENT REGION: AL	L CLIENT COUNTY: ALL	PROVIDER REGION: ALL	PROVIDER CO	UNTY: ALL	Filters	Reset
Indicator Set: Genera	al Medical Health	Indicator: No Outpa	atient Medical Visit >1 Y	r					
Indicator Set Inc	licator Site	HH/CM Site(s)	MCO Attending	Recipients New QI	Flag Dropped QI F	Flag			
Recipient 🔶	Medicaid ID 🍦	DOB 🔶	Race & Ethnicity	Å.	Quality Flags		Current PHI Access		¢
QazMSVZBU6 RUvSSVFVRQ U6	VEEtND6m0Uu	MDYIMDEIMTavM6	Hispanic or Latinx	No Outpt Medical			PSYCKES Consent		*
RqzNRVe SaFWSUVS	TaQtOTUuNFE	MDalMTQIMTatMm	Hispanic or Latinx _.		verdue (DOH), No Gluc/ HbA1c - AP, No LDL-C -		No Access	Enable Access	•
TEFSTqNDQQ SazTRVBI R6	VbMtNDAuOUE	MTAIMpAIMTatMA	White	Overdue (DOH), HHP HHPlus No HHPlus S Entered in MAPP > 3	l, 4+ Inpt/ER-MH, Colore Plus No HHPlus Service Service > 3 mos, HHPlu mos, MH Plcmt Consie C - AP, No Gluc/HbA1c - al, POP High User	> 12 mos, s Not d, No	No Access	Enable Access	•
TqJBVqVZQQ TqnVSqVNSQ	VUisN9QsMEE	MD6IM9EIMTavNm	Black	High MH Need, MH F	Plcmt Consid, No Outpt	Medical	Health Home Consent		
QbJFTEFORA QqzSUrRBTEU TQ	VbAtMTMqOEU	MDUIMD2IMTavNm	Black	No Outpt Medical			No Access	Enable Access	•

New York City Correctional Health Services (CHS) Data



New York City Correctional Health Services (CHS)

- New information has been added to PSYCKES Clinical Summary for people with a history of jail-based care in New York City
- This information is updated on a weekly basis, and is coming from the New York City Correctional Health Services (CHS) data source:
- The CHS information will be available in the following sections of the Clinical Summary, when applicable:
 - Current Care Coordination
 - Behavioral Health Diagnoses
 - Integrated View of Services (IVOS)
 - Care Coordination (historical)
- This data is considered specially protected and can only be viewed with signed consent or clinical emergency access



YORK STATE Mental H	lealth PSYCKES		De-identify Settings - Log Off				
My QI Report - Statewid	de Reports Recipient Search	Provider Search Registrar - Usage -	Utilization Reports MyCHOIS Adult Home				
Recipient Search		As of 3/4/2024 Data sources	DF				
		Brief Overview Full Summary	Data with Special Protection $\$ Show \bigcirc Hide This report contains all available clinical data.				
DOB: XX/XX/XXXX (XX Yrs) Medicaid ID: UbaoN96vMbY Medicare: Yes HARP Status: Not HARP Eligible (Current Medicaid Enrolle Address: UEy QazY MTEs, RaFMTFNCVVJH, Tba, MTItMpM Managed Care Plan: No Managed Care(FFS Only) excluding H1-H9) Phone (Source: NYC DHS): KDUnN8a N9AnLTIuMDM MC Plan Assigned PCP: N/A Medicaid Eligibility Expires on: Medicaid Eligibility Expires on:							
Current Care Coordination							
NYC Jail Based Care	NYC CORRECTIONAL HEALTH S Placed in Jail Mental Health Res		ischarge Date: 10/12/2023, Released to: State prison)				
			ose Due 10/6/23, Last Given 9/8/23, Diphenhydramine (Psych) 50 Mg 100mg At Bedtime, Haloperidol (Psych) 5 Mg Tablet: 5mg At Bedtime				
	Referral : Referral #1: Catholic Charities B Referral #2: ICL - Chapel Street S	lehavioral Health Center - Corona Clinic;91-14 37th Shelter ACT Team II	Ave, Jackson Heights, NY 11372;				
AOT	INSTITUTE FOR COMMUNITY LIVING, INC. (Enrolled Date: 26-JUL-23, Expiration Date: 26-JUL-24) Main Contact : Nikeechee Green: (646) 581 - 0950						

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

Schizoaffective Disorder • Schizophrenia • Unspecified/Other Depressive Disorder • Alcohol related disorders • Tobacco related disorder • Cocaine related disorders • Intellectual Disabilities • Cannabis related disorders • Other psychoactive substance related disorders • Unspecified/Other Psychotic Disorders • Unspecified/Other Bipolar • Attention Deficit Hyperactivity Disorder • Conduct Disorder • Specific Learning Disorder • Bipolar I • Other Neurodevelopmental Disorders • Antisocial Personality Disorder • Dementia (Neurocognitive) • Major Depressive Disorder

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Services provided for the selected Diagnosis: Bipolar I

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Date of Service 🔹	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
8/6/2023	Care Coordination	NYC Jail Based Care (Source: CHS)	NYC Correctional Health Services	Bipolar disorder, in partial remission, most recent episode depressed, Cocaine dependence, uncomplicated, Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
10/21/2022	Inpatient-ER	Inpatient - Medical	BELLEVUE HOSPITAL CENTER	Bipolar disorder, current episode mixed, moderate, Cocaine dependence, uncomplicated, Contact with and (suspected) exposure to COVID-19, Fracture of nasal bones, initial encounter for closed fracture, Imprisonment and other incarceration, Ocular laceration without prolapse or loss of intraocular tissue, left eye, initial encounter, Schizoaffective disorder, unspecified

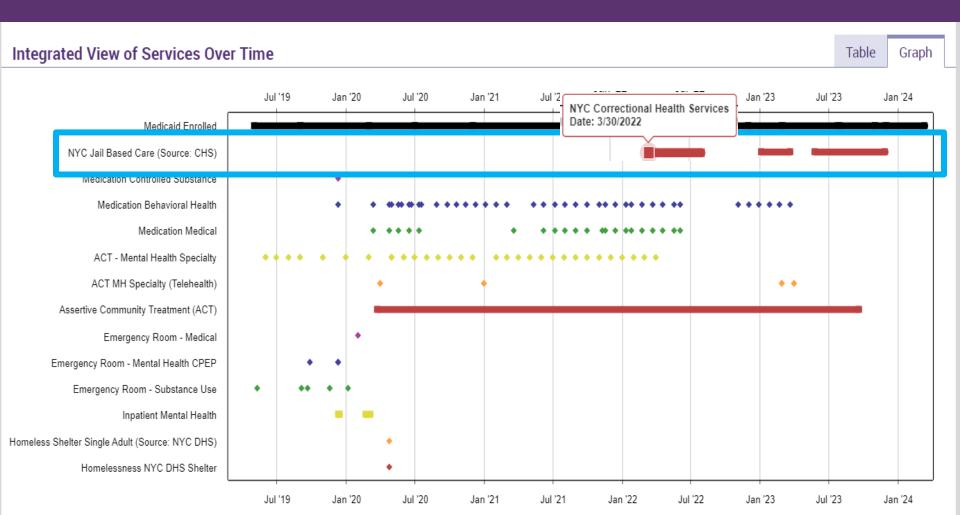


				Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of bills	
NYC Jail Based Care (Source: CHS)	NYC Correctional Health Services	3/30/2022	11/28/2023		G
Assertive Community Treatment (ACT)	VISITING NURSE SERVICE OF NY HOME CARE II	3/23/2020	9/19/2023	۱	Ū

Telehealth Identifier



Telehealth Identifier Added to Recipient Search and the Clinical Summary

- A new "Telehealth coded" filter has been added to the Recipient Search services sections & Clinical Summary
 - Telehealth services are specially coded in Medicaid claims data
- When the "Telehealth coded" filter is selected, users will then be able to choose from telehealth-specific services (e.g., Crisis services, residential programs, hospital-based programs, etc.).
- You can find the new "Telehealth coded" filter in the following sections:
 - Services: Specific Provider
 - Service by Any Provider
- For applicable services, the word "(Telehealth)" will display after the service type to indicate that the service received was telehealth coded.
 - E.g., Clinic Medical Specialty (Telehealth)

Services by Any Provider as of 02/01/2024 Past 1 Year Provider Region County Service Utilization Number of Visits Service Setting: Telehealth coded Service Detail: Selected Care Coordination Crisis Service "Telehealth Coded" should be selected Inpatient - ER prior to service selection as not all Living Support/Residential services are telehealth eligible +-Other -Outpatient - DD +-Outpatient - MH -Outpatient - Medical Outpatient - Medical Specialty -Outpatient - SU Outpatient - Unspecified Practitioner - BH

Behavioral Health Services Details									h
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Las	t 3 Months)		
Clinic - MH Specialty (Telehealth)	ASTOR HOME FOR CHILDREN	11/3/2021	1/31/2024	43	Schizoaffective disorder, bipolar type	- Psytx W Pt 30 Minutes - Psytx W Pt 45 Minutes - Office O/P Est Mod 30 N - Office O/P Est Hi 40 Min			6
Clinic - MH Specialty	ASTOR HOME FOR CHILDREN	4/4/2023	4/4/2023	1	Post-traumatic stress disorder, unspecified	- Med Serv Eve/Wkend/Ho 45 Minutes	oliday, Psytx	W Pt	0
Medical Outpatier	nt Services 🗇 Details						Table	Grapl	h
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Las	t 3 Months)		
Clinic - Medical Specialty (Telehealth)	SAMARITAN HOSPITAL OF Troy, New Yor	3/24/2020	3/24/2020	1	Unspecified asthma, uncomplicated	- Phone E/M Phys/Qhp 1 Telehealth Facility Fee	I-20 Min,		0
Hospital/ER/Crisis Services Details						Table	Grap	h	
Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)			
Crisis Intervention Service - Telephonic Follow-up (Telehealth)	MENTAL HEALTH AMERICA DUTCHESS CO	11/14/2023	11/25/2023	11		- Crisis Interven Svc, 15 M	in		0
Crisis Intervention Service - Mobile Crisis Follow-up	MENTAL HEALTH AMERICA DUTCHESS CO	11/14/2023	11/14/2023	1		- Crisis Interven Svc, 15 M	in		6

New "Mental Health Placement Consideration" Flag



Mental Health Placement Consideration Flag

- Clients who meet criteria for this flag will have it listed in the "Quality Flag" section of their Clinical Summary and the "Notifications" section of their Clinical Summary will describe the specific reason(s) why the individual meets one or more of the following criteria:
 - OMH Housing history in past 5 years
 - 1+ PROS services in past 5 years
 - 1+ HCBS/CORE services in past 5 years
 - Ineffectively Engaged No Outpatient MH < 12 months
 - Any history of forensic psych inpatient setting or forensic status in any OMH inpatient setting
 - Any history of prison MH outpatient services
 - Any history of mental health diagnosis or treatment in jail
 - AOT History: Active or Expired
 - ACT enrolled or discharged in the past 5 years
 - Intensive Mobile Treatment (IMT) in past 5 years
 - 1+ inpatient MH past 5 years
 - 1+ ER or inpatient visit in the past year with a suicide attempt/ suicide ideation/ self-harm code
 - 3+ inpatient medical visits in past 1 year AND have schizophrenia or bipolar past year
 - 4+ ER MH < 12 months</p>
 - Evidence of Supplemental Security Income (SSI) or Social Security Disability (SSD) and Any OMH Specialty MH Service in past 5 years

Quality Flag as of 02/01/2024



HARP Enrolled - Not Health Home Enrolled - (updated weekly) HARP-Enrolled - No Assessment for HCBS - (updated weekly) Eligible for Health Home Plus - Not Health Home Enrolled Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months High Montal Health Need Mental Health Placement Consideration Antipsychotic Polypharmacy (2+ >90days) Children Antipsychotic Two Plus Antipsychotic Three Plus Antidepressant Two Plus - SC Antidepressant Three Plus Psychotropics Three Plus Psychotropics Four Plus Polypharmacy Summary Discontinuation - Antidepressant <12 weeks (MDE) Adherence - Mood Stabilizer (Bipolar) Adherence - Antipsychotic (Schiz) Treatment Engagement - Summary

My QI Report -	Statewide Rep	orts Recipi	ent Search	Provider Search	Registrar 🗸	Usage •	Utilization Reports	MyCHOIS	Adult Hom	e		
✓ Modify Search	4,563 Recipients Found O View: Standard							¥	DF	XX Excel		
Quality Flag	Flag Mental Health Placement Consideration											
Review recipients i	n results caref	ully before ac	cessing Clir	nical Summary.				Ν	/laximum Num	per of Rows	Displaye	:d: 50
Name 🔺	Medicaid ID 🍦	DOB 🍦	Gender 🔶		Medicaid Quality Flags						Manage Plan	d 🍦
QUFCTrRJTbNLWS m QVJZRUm V6	RUisMD6n Mb2	N8ypLpEvN T2	R6 LQ N9Y	MH Plcmt Consid								Â
QUFDSCm Qq7SSVNUTrBIRUe	WV6vODAv Nr2	NCyoOCynO TUn	TQ LQ Npl	2+ ER-Medica MH F	Plcmt Consid					ElderPlan		
qufesumi Tvviqurnquq	WUQpNDUo MEe	MSyoNSynO T6q	TQ LQ NDA	MH Plcmt Consid, Io MAT Utilization - OUD (DOH)				Healthfirst Inc.	PHSP,			
QUFESUmi UrbFREE	VFIvMparOE 6	M8yoN8yo MDAp	R6 LQ M9A	-)н) - Child & Adol,	No MH Inpt	30d (DOH), No MH Inpt F F/U 7d (DOH), No MH Inp Medical					

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage -	Utilization Reports	MyCHOIS	Adult Home		
Recipient Search	ipient Search As of 3/4/2024 O Data sources									
Brief Overview Full Summary Data with Special Protection I Show O Hide This report contains all available clinical data.										
	DOB: XX/XX/XXXX (XX Yrs) Medicaid ID: RqqtOTEpOVU Medicare: No HARP Status: Not Eligible									
MTAMMTY	Address: MTQr RQ MpVUSA UrQ QVBU NrJF, TaVX WUZSSm, Tba, Managed Care Plan: No Managed Care(FFS Only) HARP HCBS Assessment Status: N/A MTAmMTY MC Plan Assigned PCP: N/A Medicaid Eligibility Expires on:									
Current Care Coo	Current Care Coordination									
AOT	AOT NYC-HHC BELLEVUE HOSPITAL CENTER (Enrolled Date: 17-JAN-24, Expiration Date: 17-JAN-25) Main Contact : Esther Pierre: (646) 872 - 5045									
Notifications										
Limited Data	Limited Data This individual has less than 1 year of Medicaid eligibility and therefore has limited data available in their Clinical Summary									
Mental Health Placement Consideration due to: 1+ inpatient MH past 5 years; AOT History: Active or Expired										
Active Quality Flags • as of monthly QI report 2/1/2024						Diagnoses Past Year				
Mental Health Placement Consideration 1+ inpatient MH past 5 years • AOT History: Active or Expired					Behavioral Health No Medicaid claims for this data type in the past year					

Homelessness Added to the High Need/High Risk Advanced View



Homelessness in Advanced View

- The High Need High Risk Advanced View contains two new columns for homelessness data.
- The columns are as follows:
 - Homelessness (Medicaid/DHS) Past 1 Year
 - Homelessness (Medicaid/DHS) Any
- The Advanced Views can be found in the upper right-hand corner of the Recipient Search results page, under the "View" dropdown
 - Applicable data will only be displayed for clients with consent or ER access



My QI Report +	Statewide Re	eports Rec	cipient Searc	h Provider Search	Registrar 🗸	Usage •	Utilization	Reports				
K Modify Search			4,	696 Recipi	ents Fo	und		0 View:	Standard Standard	~	PDF	X Excel
[Pro	Hospital U								d/High Risk			
									Maxim	num Number of R	ows Displa	yed: 50
Name	Medicaid ID 🔶	DOB	Gender 🔶		Medicaid Quality Flag	gs	Å		Managed Plan	Current PHI Access		¢
QURBTVMjQabDSqv FTEmi SaVTSUFI	RbYsN9QtN EY	MTAINCyoM DEs	TQ LQ Nm	No Well-Care Visit (DOH)						PSYCKES Consent		
QU3VSUnBUarPTbR BTayi SazSREFO QQ	RFUrNT6uM rU	NSyoNoyoM DAr	TQ LQ MT6	MH Plcmt Consid, No We	ell-Care Visit (DOH))		MVP		PSYCKES Consent		
QUnCQSm QUvUSEzOWQ R6	RU6vNpUnN UQ	MTAIMSyo MDAv	TQ LQ MTQ							PSYCKES Consent		
QUNFWEFOREVSLA QVJJRUnMQQ Um	RbAmNDEv NU2	MSyoMSyo MDEs	R6 LQ OA					MVP		PSYCKES Consent		
QUnWQVJFW8m TUVMSVNB	RUErMTYuN F6	MSyoMCyn OT6v	R6 LQ MpU	2+ ER-Medical, 4+ Inpt/EF	R-Med			HealthPlus		PSYCKES Consent		
	DHGpMpVu	MTIlMovoM	DELO					Fidalia Car	Now	DEVENES		

My QI Report +	State	ewide Reports	Recipier	nt Search	Provid	ler Search	Regis	strar 🕶	Usa	age + Utili	zation Reports		
Modify Search 1,305 Recipients Found													
[Provider Specific] Provider MAIN STREET AGENCY													
												Maximum N	umber of Rows Displaye
Applicable data is disp	layed	only for recipient	s with con	sent or ER a	ccess.								
					Homeles	siness			AOT		Suicide Risk		
Name	*	Health Home Plus	-Eligible 🕴	Homelessi (Medicaid/ Past 1 ye	DHS) 🛊	Homelessni (Medicaid/D Any		AOT Status	¢	AOT Expiration \$ Date	Suicide Attempt (Medicaid/NIMRS) Past 1 year	Suicidal Ideations (Medicaid)	Self - Inflicted Harm / 🕴 Injury(Medicaid)
QSm QUvUSEzOWUFSQUu						Yes			1				
QUFCQUui TUzIQUrNRUQ						Yes							
QUFDSCm Qq7SSVNUTrBIRUe												Yes	
QUFESUmi TVVIQUrNQUQ				Yes		Yes							

New General Medical Performance Tracking Indicator Set



New General Medical Performance Tracking Indicator Set

- A new quality indicator set has been added to My QI Reports, Statewide Reports, and Recipient Search in January 2024
- This indicator set is calculated by the Department of Health (DOH) on "mature" Medicaid data and sent to the Office of Mental Health to display in the PSYCKES application
- DOH calculates the measures in this set after a 6-month billing data maturation period to allow for services to be invoiced. The measures are based on a 12-month period of services



General Medical Performance Tracking Indicator Set – Sub Indicators

General Medical Performance Tracking Measure Set	Description
Low Asthma Medication Ratio	The percentage of individuals ages 5 to 64 years identified as having persistent asthma and have an asthma controller (preventative) medication ratio of .49 or less during the measurement period.
Overdue for Breast Cancer Screening	The percentage of women ages 50 to 74 years who did not have a mammogram to screen for breast cancer during the measurement period.
Overdue for Cervical Cancer Screening	The percentage of women ages 21 to 64 years who were not screened for cervical cancer (cervical cytology or hrHPV) during the measurement period.
Overdue for Chlamydia Screening	The percentage of women ages 16 to 24 years who are sexually active and did not have a chlamydia screening during the measurement period. NOTE: Provider agency users will only be able to see a list of recipients meeting criteria for this indicator when consent is obtained, due to this indicator containing data with special protections.
No Statin Therapy Medication - Cardiovascular Disease (CV)	The percentage of adults ages 21 to 75 years identified as having Clinical Atherosclerotic Cardiovascular Disease (ASCVD) who did not have at least one high-intensity or moderate-intensity statin medication dispensed to them during the measurement period.
Low Statin Therapy Medication Adherence - Cardiovascular Disease (CV)	The percentage of adults ages 21 to 75 years identified as having Clinical Atherosclerotic Cardiovascular Disease (ASCVD) who had a statin therapy medication available to them less than 80 percent of the treatment period.

Provider Search Registrar -

MAIN STREET AGENCY

Quality Indicator Overview As Of 02/01/2024

Usage - Utilization Reports

ion Reports

SITE: ALL PROGRAM TYPE: ALL AGE GROUP: ALL MC PRODUCT LINE: ALL CLIENT REGION: ALL CLIENT COUNTY: ALL PROVIDER REGION: ALL PROVIDER COUNTY: ALL MANAGED CARE: ALL

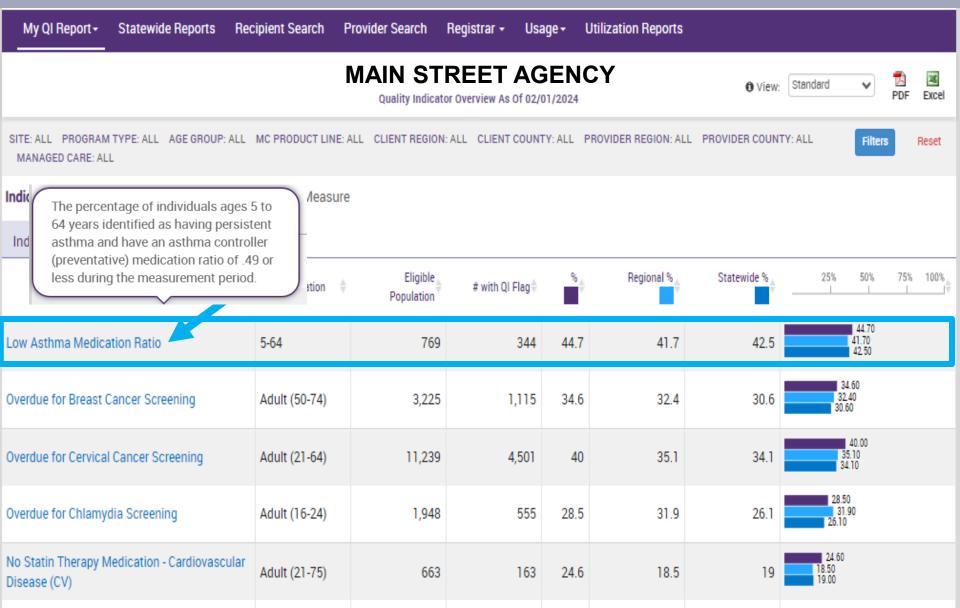
Filters Reset

Indicator Set

Quality Improvement Indicators (As Of 02/01/2024) Run monthly on all available data as of run date

								_
Indicator Set	Population 🔶	Eligible Population	# with QI Flag $\!$	%	Regional %	Statewide %	25% 50% 75% 100	0%
BH QARR - Improvement Measure	All	3,833	1,430	37.3	37.7	36.5	37.30 37.70 36.50	
General Medical Health	All	48,091	8,394	17.5	13.2	12.2	17.50 13.20 12.20	
Health Home Care Management - Adult	Adult 18+	4,708	4,386	93.2	87.1	87.1	(93520) 87410 87410 87410	
High Utilization - Inpt/ER	All	48,106	18,695	38.9	20.4	21.4	20.40 21.40	
Polypharmacy	All	4,091	397	9.7	11.8	12.3	9.70 11.80 12.30	
Preventable Hospitalization	Adult	38,484	532	1.4	0.8	0.9	1.40 0.80 0.90	
Readmission Post-Discharge from any Hospital	All	15,458	3,159	20.4	11.2	12.1	20.40 11.20 12.10	
Readmission Post-Discharge from this Hospital	All	14,930	3,008	20.1	11.2	12	20.10 11.20 12.00	
Treatment Engagement	Adult 18-64	2,023	978	48.3	35.4	35.5	48.30 35.40 35.50	
Performance Tracking Indicators (As Of								
Indicator Set	Population	Eligible Population	# with QI Flag≑	\$ \$	Regional %	Statewide %	25% 50% 75% 100 I I I	0%
General Medical Performance Tracking Measure	All	14,452	6,131	42.4	38	36.5	42.40 38.00 36.50	

My QI Report -	Statewide	Reports Re	cipient Search	Provider Search	Registrar + L	sage -	Utilization Reports			
				MAIN ST Quality Indice	REET A		CY	O View:	Standard 🗸	DF Excel
SITE: ALL PROGRA MANAGED CARE: A		AGE GROUP: ALL	MC PRODUCT LINE	E: ALL CLIENT REGIO	N: ALL CLIENT COU	NTY: ALL	PROVIDER REGION: ALL	PROVIDER COUNT	TY: ALL Filter	s Reset
Indicator Set: Ge	eneral Medica	al Performance	Tracking Measu	ire						
Indicator Set	Indicator									
	Indicator		Population	Eligible Population	# with QI Flag	÷	Regional %	Statewide %	25% 50%	75% 100% I
Low Asthma Medi	ication Ratio		5-64	769	9 34	4 44.7	41.7	42.5	44.70 41.70 42.50	
Overdue for Breast	t Cancer Scree	ening	Adult (50-74)	3,225	5 1,11	5 34.6	32.4	30.6	34.60 32.40 30.60	
Overdue for Cervic	cal Cancer Scr	eening	Adult (21-64)	11,239	9 4,50	1 40	35.1	34.1	40.00 35.10 34.10	
Overdue for Chlam	nydia Screenin	Ig	Adult (16-24)	1,948	3 55	5 28.5	31.9	26.1	28.50 31.90 26.10	
No Statin Therapy Disease (CV)	Medication -	Cardiovascular	Adult (21-75)	663	3 16	3 24.6	18.5	19	24.60 18.50 19.00	
Low Statin Therap Cardiovascular Dis	*	Adherence -	Adult (21-75)	500) 17	4 34.8	34.3	32.5	34.80 34.30 32.50	
General Medical P Measure Summary		racking	All	14,452	2 6,13	1 42.4	38	36.5	42.40 38.00 36.50	



500

14,452

174

6,131

34.8

42.4

34.3

38

Low Statin Therapy Medication Adherence -

General Medical Performance Tracking

Cardiovascular Disease (CV)

Measure Summary

Adult (21-75)

All

34.80

34.30 32.50

42.40

38.00

36.50

32.5

36.5

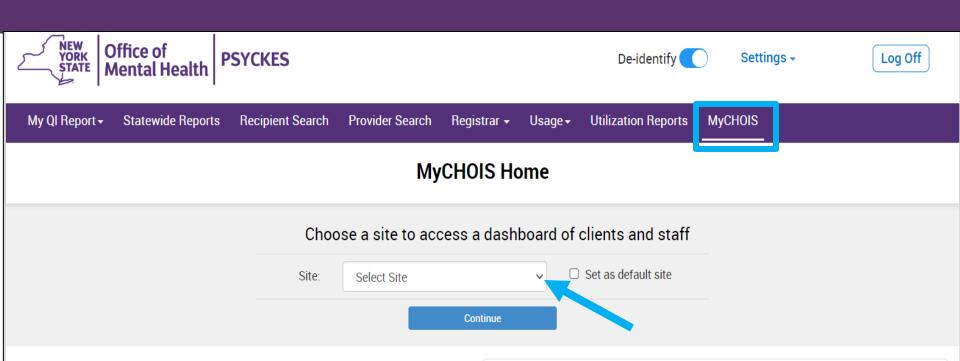
MyCHOIS Login Updates – NY.gov



MyCHOIS Login Updates

- MyCHOIS Consumer is the client-facing version of PSYCKES and offers clients a secure way to login and view their data
- The login process for consumers has recently changed for added security purposes and will require a NY.gov ID username
- To assist clients with creating a MyCHOIS account and/or locating their NY.gov ID account information, please reference the following resources on our website:
 - MyCHOIS How-To Guide for Providers Creating Client
 <u>Accounts</u>
 - How-To Guide for Clients to Obtain NY.gov ID Account
 Information





What is MyCHOIS

My Collaborative Health Outcomes Information System (MyCHOIS) is an interactive, web-based platform of evidence-based tools used by both consumers and providers to promote active participation by consumers in their mental health treatment and recovery. The program aims to increase empowerment, activation and health literacy amongst patients, improve doctor-patient communication, promote patient-centered care and recovery, and enhance the ability to make data-driven treatment decisions.

The provider-facing portal

- The Dashboard allows providers to manage their client caseload and staff roster
- Client Overview allows providers to assign, complete, and review clinical assessments and screenings and view PSYCKES Clinical Summary data, if available

The consumer-facing portal

- My Treatment Data allows Medicaid consumers to view their treatment history
- Recovery Resources contains educational materials and tools that can assist clients in their recovery

Recovery Resources

Educational materials and recovery tools that can be distributed to clients. Health Resources » Recovery Videos » Worksheets » Personal Medicine Cards » Multimedia Tutorials » Pat Deegan's Recovery Library »



Q

MyCHOIS Access

Access to MyCHOIS is managed by the PSYCKES implementation team. To request access to MyCHOIS at your site, contact the PSYCKES team at PSYCKES-Help@omh.ny.gov

My QI Report -	Statewide Reports	Recipient Search Pi	ovider Search	Registrar 🗸	Usage •	 Utilization Reports 	MyCHOIS			
MyCHOIS Home			МуСНО	IS User Er		ent	Add Cli	ent Add Staff	<mark>™</mark> PDF	تن Excel
All Clients Staff R	oster Suicide Care	Pathway High Risk List					Search:			
Name	*	DOB(Gender)	Assigned Staf	f	\$	Medicaid QI Flag	¥	Registries	▼	Edit Client
QWFaYW7iIA, SczpZ)	(Be	MDEIMDEIMTaqOCAeToa								G
QWFoYWY, SczpZXBe	2	MDYIMTAIMT6vNoAeTSa								G
QWFo1su, RWnf4cF8	ZXRe	MD2IMpAIMTavNCAeR8a				Cervical Cancer Screen Ove Plcmt Consid	rdue (DOH), MH			6
QWJ7ZGa, SsFq0WU		MDQIM92IMTasOCAeR8a				2+ ER-BH, 2+ ER-MH, 2+ Inp Inpt/ER-BH, 4+ Inpt/ER-MH, HHPlus Service > 12 mos, H Service > 3 mos, HHPlus No > 3 mos, High MH Need, MH POP Cloz Candidate, POP H	, HHPlus No IHPlus No HHPlus ot Entered in MAPP I Plcmt Consid,	Client Profile Link to NY.gov Remove Client		n Site

Link to NY.gov ID for Smith, John MyCHOIS User ID: SMIJOH001

Find by NY.gov Username or Email	
----------------------------------	--

John1234

Search

Data shown below comes from NY.gov ID. if there are multiple matches, select the client's preferred username.

Name, DOB, Address	Username	Email	
Smith, John 01/01/1900 123 Main Street, Main City, NY 11111	John1234	John.Smith@maincity.com	Link
Doe, John	John12345doe	Johndoe12@email.com	Link
Doe, Johnny 01/01/1901	John123456789	Johnny.Doe1@email.com	Link

Cancel

Link to NY.gov ID for Smith, John

MyCHOIS User ID: SMIJOH001

Linked NY.gov ID account information

Username: John1234

Client access to MyCHOIS Consumer:

- · Client goes to https://psyckesconsumer.omh.ny.gov
- Client selects External/Local Provider (Non-State Employees) option
- Client enters Username: John1234
- Client enters their NY.gov ID password

Reset Password

- Client manages their NY.gov ID password using the "Forgot Password?" link at: https://my.ny.gov
- · There is no way to reset the password using MyCHOIS or PSYCKES



Secure Access to New York State Services

Username

Password

Sign In

Forgot Username? or Forgot Password?

Create an Account

Need help? Get Assistance

This site is protected by reCAPTCHA and the Google <u>Privacy Policy</u> and <u>Terms of</u> <u>Service</u> apply



PSYCKES Training & Technical Support



PSYCKES Training

- PSYCKES website: <u>www.psyckes.org</u>
- PSYCKES Training Webinars
 - Live webinars: Register on PSYCKES Training Webinars page
 - Recorded webinars: Slides and recordings available (in process of being updated)
 - Using PSYCKES Quality Indicator Reports
 - Navigating PSYCKES Recipient Search for Population Health
 - Consent, Emergency, Quality Flag: PSYCKES Levels of Access
 - PSYCKES Mobile App for iPhones & iPads
 - Using PSYCKES from Home
 - Introduction to PSYCKES
 - Where to Start: Getting Access to PSYCKES
 - PSYCKES Train the Trainer
 - MyCHOIS Consumer Access for "My Treatment Data"
- PSYCKES User's Guides & Short How-To Videos
 - www.psyckes.org > PSYCKES Training Materials



Self-Service Console

- The Self-Service Console is a way to manage your RSA token and PIN, for logging into secure OMH applications, including PSYCKES
- The console is accessed at: <u>mytoken.ny.gov</u>
- From within your Self-Service Console account, you can:
 - Set security questions
 - Reset your PINs
 - Activate tokens
 - Request a replacement token
- We recommend all users set up security questions in the console so that you can reset your own PIN if ever needed
- As of April 2022, the console must be used when new users need a token or existing users need a replacement token



Helpdesk Support

- PSYCKES Help (PSYCKES support)
 - 9:00AM 5:00PM, Monday Friday
 - <u>PSYCKES-help@omh.ny.gov</u>
- ITS Help Desk (Token, Login & SMS support)
 - Provider Partner OMH Helpdesk:
 - 1-518-474-5554; healthhelp@its.ny.gov
 - OMH Employee ITS Helpdesk:
 - 1-844-891-1786; fixit@its.ny.gov

