

Introduction to PSYCKES

NYS Office of Mental Health



Overview

- What is PSYCKES?
- Core PSYCKES Functions
 - Quality Reports
 - Recipient Search
 - Clinical Reports
- Next Steps for PSYCKES Access
- Resources

WHAT IS PSYCKES?

Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

- HIPAA-compliant web application that provides access to Medicaid claims and encounter data for clinical decision-making and quality improvement
 - Includes fee for service and managed Medicaid, but not Medicare or private insurance
- Developed by OMH using Medicaid data feed from DOH
- Launched in 2008, currently implemented in over 400 Medicaid programs statewide

PSYCKES Homepage


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PSYCKES Medicaid Home



Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).

Value of PSYCKES

- Comprehensive, user-friendly information across providers over time
 - Clinical information is updated weekly
- Supports assessment and treatment planning
 - Identify co-morbid conditions
 - Review medication history and adherence
- Facilitates care coordination, discharge planning
 - Identify outpatient providers
 - Assess engagement in community services

Three Core PSYCKES Functions

■ Quality Reports:

- Allows users to examine performance on over 50 quality measures
- Allows drill down from organization's performance to clients with quality flags

■ Recipient Search:

- Find an individual client for clinical review
- Find a group of clients meeting search criteria (search by quality flag, diagnosis, utilization, region, age, etc.)

■ Clinical Summary:

- Allows users to review client treatment history for the past 5 years (all Medicaid services)

PSYCKES in Medical Clinics

- Currently, PSYCKES will be most useful for medical clinics to review client-level information.
 - Performance on quality measures is not summarized for outpatient medical sites.
 - PSYCKES users at medical clinics can search for individual patients.

Client Data in PSYCKES

- PSYCKES includes individuals with any behavioral health service, diagnosis or psychotropic medication (currently over 3.9 million statewide)
- Patients are “attached” to providers in 2 ways
 - Provider has billed for patient in last 9 months

AND/OR

- Provider has used PSYCKES Consent Module to document patient consent to release of data through PSYCKES

PSYCKES Consent Module

The screenshot displays a web application interface for the Psyckes Consent Module. At the top, there is a navigation bar with several menu items: 'My QI Report', 'Statewide Reports', 'Recipient Search', 'Provider Search', 'Registrar Menu', and 'Usage Report'. Below this, a secondary navigation bar contains 'Medicaid Consent', 'Recipient Census', and 'Consent Forms'. The 'Medicaid Consent' option is currently selected and highlighted with a blue underline. The main content area is titled 'Psyckes Medicaid Consent Menu' and contains two sections:

- Psyckes Medicaid - Grant Consent**
You will use this function to add demographic information and consent acknowledgment for consumers who have signed the Consent Form to allow your provider to view their Medicaid data.
- Psyckes Medicaid - Withdraw Consent**
You will use this function to withdraw consent for consumers who have signed the Withdrawal of consent form.

Provider Access to Client Data in PSYCKES

Access Type	Includes Data with Special Protections? (SUD, HIV, Family Planning, Genetic)	Duration
Provider documents patient consent	Yes, all data	3 years after last bill
Provider billed and client has Quality Flag	No, but get all other data	While flag is active; up to 9 months after last bill
Provider billed for service in past 9 months	No, client name only	Up to 9 months after last service

CORE PSYCKES FUNCTIONS

Quality Measures in PSYCKES

- Your Quality Indicator Report is your homepage in PSYCKES
- Indicators are nested within Indicator Sets
- Medication Indicator Sets
 - Polypharmacy, Dose, Cardiometabolic Risk, and Youth
- Appropriate Access and Utilization Sets
 - High utilization of inpatient/ER (medical and/or behavioral health), BH Hospital Readmissions, Preventable Hospitalization (medical), Behavioral Healthcare Coordination (e.g. high utilization measures, and medication adherence measures), Health Promotion and Coordination (e.g. medical high utilization, diabetes monitoring, etc)

Quality Improvement Use Cases

- To review performance on quality measures compared to regional and state levels
- To identify individual clients flagged for quality concerns

Provider Quality Indicator Overview

Quality Indicator Overview As Of 10/01/2013

[Provider Details](#) [Find Provider](#)

Provider: ABC Hospital

Export PDF Excel

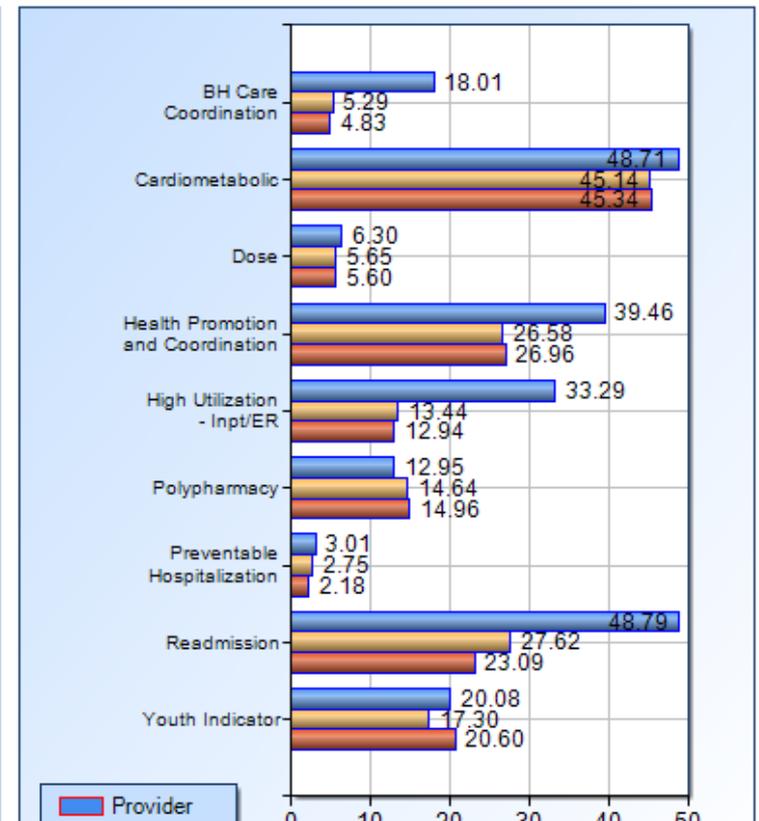
[Modify Filter](#) Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Select Indicator Set for Details

Report View Type: Report Only Graph Only Both

Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
BH Care Coordination	All	15,834	2,852	18.01	5.29	4.83
Cardiometabolic	All	969	472	48.71	45.14	45.34
Dose	All	3,635	229	6.30	5.65	5.60
Health Promotion and Coordination	All	15,834	6,248	39.46	26.58	26.96
High Need - Ineffectively Engaged	All		629			
High Utilization - Inpt/ER	All	15,834	5,271	33.29	13.44	12.94
Polypharmacy	All	2,039	264	12.95	14.64	14.96
Preventable Hospitalization	Adult	13,168	396	3.01	2.75	2.18
Readmission	All	3,870	1,888	48.79	27.62	23.09
Youth Indicator	Child	483	97	20.08	17.30	20.60



“Provider Details” gives information about sites included in PSYCKES

1/2013

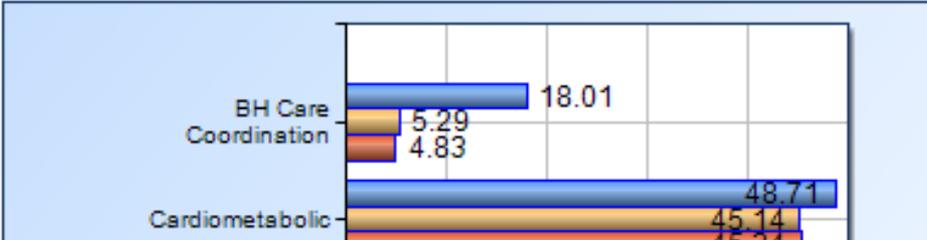
[Provider Details](#) [Find Provider](#)

Export  PDF  Excel

Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Report View Type: Report Only Graph Only Both

Eligible Population	# with QI Flag	%	Regional %	Statewide %
15,834	2,852	18.01	5.29	4.83
969	472	48.71	45.14	45.34



The chart displays two categories: BH Care Coordination and Cardiometabolic. For each category, there are two bars: a blue bar representing the Regional percentage and a red bar representing the Statewide percentage. The values are: BH Care Coordination (Regional: 18.01, Statewide: 4.83) and Cardiometabolic (Regional: 48.71, Statewide: 45.14).

Category	Regional %	Statewide %
BH Care Coordination	18.01	4.83
Cardiometabolic	48.71	45.14

Review Provider ID, Locator Code, Site, Program Type, Address, NPI and Entity ID

Site	Program Type	Site Address	City	Region	NPI	Entity ID
ABC ACT	HOSPITAL CENTER ACT	462 FIRST AVE C&D BUILDING 2FL	NEW YORK	New York City	1111111111	E0000111
ABC	HOSPITAL CENTER CLINIC	400 E 30TH ST CHILD/ADOL CLINIC	NEW YORK	New York City	2222222222	E0000111
ABC	HOSPITAL CENTER CLINIC	462 1ST AVE FL 4 OMH CLINIC SAT	NEW YORK	New York City	3333333333	E0000111
ABC	HOSPITAL CENTER CPEP	462 FIRST AVE	NEW YORK	New York City	4444444444	E0000111
ABC	HOSPITAL CENTER DT	1ST AVE & 30TH ST MH WALK-IN-CLINIC	NEW YORK	New York City	5555555555	E0000111
ABC	HOSPITAL CENTER ER BH	462 FIRST AVE	NEW YORK	New York City	6666666666	E0000111
Not Available	ER BH	Not Available	NEW YORK	New York City	7777777777	E0000111

Modify Filters to Select Population of Interest

Quality Indicator Overview As Of 10/01/2013

Provider: ABC Hospital

Modify Filter

Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Populatio

Select Indicator Set for Details

Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
BH Care Coordination	All	15,834	2,852	18.01	5.29	4.83
Cardiometabolic	All	969	472	48.71	45.14	45.34
Dose	All	3,635	229	6.30	5.65	5.60

Filters include site, program type, population, age, managed care program

Quality Indicator Overview As Of 10/01/2013

Provider: ABC Hospital

Sites:	ALL	Attending:	ALL
Program Type:	ER BH ER Medical Hospital- Psychiatric Unit Inpatient BH Inpatient Medical MH Clinic (CLINIC) MHClinic - Hospital Affiliated	Age:	ALL (0-17) Adult (+18)
Population:	ALL	Region:	ALL
		County:	ALL
		Managed Care Program:	ALL

Submit Reset Cancel

Current filters include medical inpatient and ER programs, but not outpatient medical.

Filter set to ER Medical – Drill down on Indicator Set of interest

Quality Indicator Overview As Of 10/01/2013

Provider: ABC Hospital

[Modify Filter](#) Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ER Medical, A

Select Indicator Set for Details

Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
BH Care Coordination	All	8,380	1,316	15.70	5.16	4.64
Cardiometabolic	All	400	204	51.00	48.11	48.78
Dose	All	1,735	93	5.36	4.93	4.86
Health Promotion and Coordination	All	8,380	3,527	42.09	31.03	31.31

Drill Down on Indicator

Quality Indicator Overview As Of 10/01/2013

Provider: ABC Hospital

Modify Filter

Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ER Medical, A

Indicator Set: BH Care Coordination Select indicator for detail.

Indicator Set

Indicator

Indicator	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
3+ Inpatient - BH	All	8,380	744	8.88	1.97	1.46
3+ ER- BH	All	8,380	804	9.59	2.06	1.79
4+ In					2.85	2.33
Adherence - Antipsychotic (Schz)	(0-64) yrs	248	153	61.69	45.58	44.03

The percentage of individuals with 3 or more BH ER visits in the past 12 months.

Obtain List of Clients with Quality Flag – Can be Exported to Excel

Quality Indicator Overview As Of 10/01/2013 Provider Details **Find Provider**

Provider: ABC Hospital Export PDF Excel

Modify Filter Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ER Medical, Age:ALL, Population:ALL, Managed Care Program:ALL

Indicator Set: BH Care Coordination, Indicator: 3+ ER- BH

Indicator Set | Indicator | Site | Unduplicated Attending | **Unduplicated Recipients** | New QI Flag | Dropped QI Flag

Recipient ^	Medicaid ID	DOB	Quality Flags	Medications (BH; excludes enhanced PHI)	Most Recent BH Outpatient Attending
Aaadff Ichqijc	Jcecbcd Dhbfcdf	12/31/9999	3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmit-All BH 7d		None Identified
Aabafqe Daqqccq	Eebbcch Hahdeaf	12/31/9999	3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmit-All BH 7d	TOPIRAMATE	Smith Dale
Aadeffb Efbacco	Aieiahi Agbfjdf	12/31/9999	3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmit-All BH 7d		None Identified

Recipient Search

- Find individual client
- Find subgroup of clients meeting criteria of interest

Recipient Search – Individual Search

Individual Search

Export  PDF  Excel

To find an Individual enter:

If using name, you may wish to narrow your search by using one or more of these criteria.

Medicaid Id:

Or

SSN (XXX-XX-XXXX):

Or

Recipient Last Name:

And/Or

Recipient First Name:

Recipient Gender:

DOB (mm/dd/yyyy):

Age Range:

Region:

County:

Provider:

Service:

Service Details:

Managed Care Program:

Maximum No. Of Rows to be displayed:

Recipient Search: Group Search

Enter any combination of demographic, diagnostic, quality or service utilization criteria

Quality Indicator *:

- Polypharmacy Summary
- Antipsychotic Three Plus
- Antipsychotic Two Plus
- Antidepressant Three Plus
- Antidepressant Two Plus - SC
- Psychotropics Four Plus
- Psychotropics Three Plus
- Cardiometabolic Risk Summary
- AP + Diabetes Risk
- AP + Hyperlipidemia Risk
- AP + Hypertension Risk
- AP + Cardiovascular Disease Risk

Region: County:

Provider:

Service:

Service Details:

Managed Care Program:

Consent Status:

Population:

Psychotropic Drug Class:

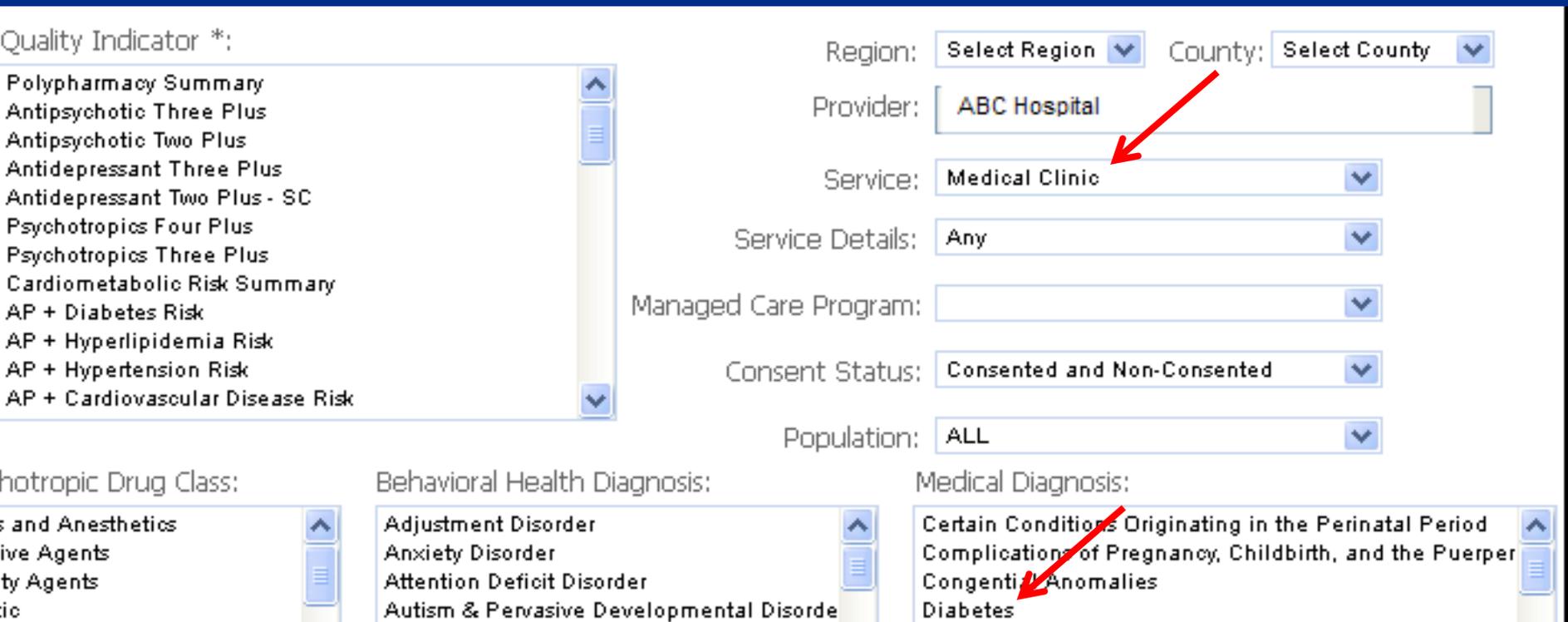
- Sedatives and Anesthetics
- Antipsychotic Agents
- Mood Stabilizing Agents
- Antidepressants

Behavioral Health Diagnosis:

- Adjustment Disorder
- Anxiety Disorder
- Attention Deficit Disorder
- Autism & Pervasive Developmental Disorder

Medical Diagnosis:

- Certain Conditions Originating in the Perinatal Period
- Complications of Pregnancy, Childbirth, and the Puerperium
- Congenital Anomalies
- Diabetes



Group Search Results

Link from client name to the Clinical Summary – PHI Access column gives information on level of access

Group Search Export PDF Excel

Selection Criteria: Total No. Of Recipients = 2890 Maximum Number of rows Displayed = 10000

Medical Diagnosis: Provider:

Service: [Modify Search](#)

Name ▼	Medicaid ID	DOB	Gender - Age	Quality Flags	PHI Access
Jediqah Cideahd	Efejhe Jfddhgc	01/01/9999	Aebccfe Ifhaeac		No Access
Jediqah Cideahd	Gdbbhde Gieffc	01/01/9999	Ieeifeh Cefffhb		No Access
Jediqah Cideahd	Affgab Abbeeic	01/01/9999	Faddede Fafcfaf	3+ Inpatient - BH, 4+ Inpt/ER-All, No HbA1c-DM, Readmit-All BH 7d	All Data - Consent
Jediqah Cideahd	Hebggbc Biccajc	01/01/9999	Fhbgefe Ceaafah	4+ Inpt/ER-All, 4+ Inpt/ER-Med	Quality Flag
Jediqah Cideahd	Cfccfab Eeahghf	01/01/9999	Ehdbbff Abffhcb	4+ Inpt/ER-All, 4+ Inpt/ER-Med	Quality Flag
Jediqah Cideahd	Achfcgg Bbbfcaf	01/01/9999	Iceahjd Ccbiebe	D/C-AD <12wks	Quality Flag
Jediqah Cideahd	Ciajaje Cajfdb	01/01/9999	Eefbiic Cbbfbbb		No Access

Clinical Use Cases

- To clarify diagnosis and identify comorbid conditions
- To review all medications prescribed for an individual
- To review services provided to the client (e.g., hospitalizations, clinic services, medical providers)
- To identify clients at risk for poor outcomes

Clinical Summary Header

Clinical Summary

Common Ground

Return to Search Results

Export to PDF Excel

OMH PHI Please choose summary period

Last 3 months

Last 6 months

Last Year

Last 2 Years

All Available (up to 5 years)

Clinical Report Date: 4/22/2013 (This report contains all available clinical data.) Enhanced PHI Show Hide

Name: Bffdeef Bfaafce

Medicaid ID: EDEEDGH HCIBBJF

DOB: 01/01/9999

Age: 999

Indicator Set	Quality Flag Evidence
BH Care Coordination	Adherence - Antipsychotic (Schz) 3+ ER - BH 3+ Inpatient - BH
Health Promotion and Coordination	Diabetes Monitoring-No HbA1c >1 Yr
High Need - Ineffectively Engaged	Individuals with multiple MH Inpatient or ER admissions or a prior AOT order or forensic MH service use who also have no current connection to TCM (ICM/SCM/BCM) and limited outpatient MH service use (4 or FEWER visits in prior 6 months)
Hospital ER Utilization	4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med Readmission - All BH 30 day Readmission - All BH 45 day Readmission - All BH 7 day Readmission - Hosp BH d/c 30 day Readmission - Hosp BH d/c 45 day Readmission - Hosp BH d/c 15 day

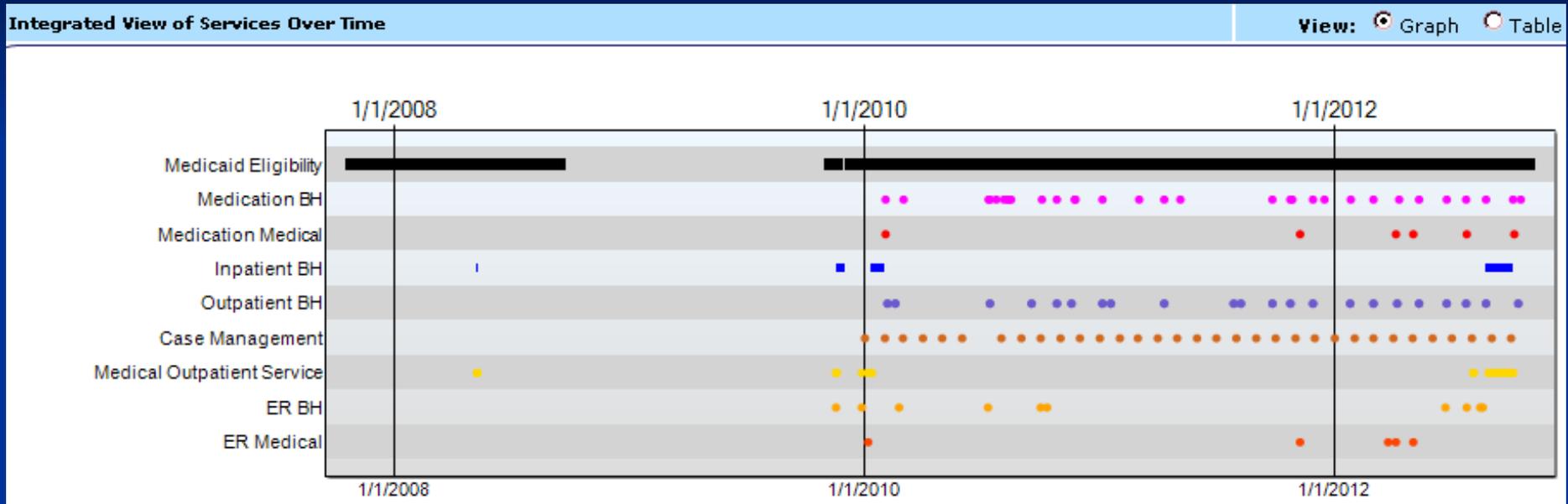
Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Other Psychotic Disorder | Major Depressive Disorder | Schizoaffective Disorder | Bipolar Disorder | Schizophrenia | Personality Impulse Control Disorders | Adjustment Disorder | Other Nonpsychotic Mental Disorder | Substance Abuse | Alcohol Abuse | Alcohol Related Organic Mental Disorder

Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders	Diabetes mellitus with complications
Infectious And Parasitic Diseases	HIV infection Intestinal infection

Clinical Summary Integrated Graph



All client level services displayed in graphic form to allow ready identification of utilization patterns, including medication adherence and outpatient, inpatient, and ER services.

Medicaid eligibility is shown in order to distinguish between gaps in services and gaps in coverage.

Clinical Summary: Medications

Separate tables for Behavioral Health and Medical,
Aggregates series of prescriptions in to med trials

Medication Behavioral Health

[See All Data](#)

OMP

Brand Name	Generic Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber
Alprazolam	Alprazolam	3 MG	10 Month(s) 3 Week(s) 4 Day(s)	8/30/2012	6/25/2013	Yes	Meadow Herbert Morton
Bupropion Hcl Er (Xl)	Bupropion Hcl	300 MG	4 Month(s) 6 Day(s)	3/19/2013	6/25/2013	Yes	Meadow Herbert Morton
Clonidine Hcl	Clonidine Hcl	.4 MG	6 Month(s) 2 Week(s) 3 Day(s)	1/8/2013	6/25/2013	Yes	Abdel-Jawad Yousif M
Haloperidol	Haloperidol	10 MG	11 Month(s) 2 Week(s) 5 Day(s)	8/6/2012	6/25/2013	Yes	Meadow Herbert Morton
Quetiapine Fumarate	Quetiapine Fumarate	400 MG	11 Month(s) 2 Week(s) 5 Day(s)	8/6/2012	6/25/2013	Yes	Meadow Herbert Morton
Risperidone	Risperidone	2 MG	10 Month(s) 3 Week(s) 4 Day(s)	8/30/2012	6/25/2013	Yes	Meadow Herbert Morton

Clinical Summary: Medications

Can drill down from medication trials to individual prescription fills to evaluate adherence

Rx detail for ALL Medication Behavioral Health

View: Trials Orders Both * Calculated fields

Page Orientation: Portrait Landscape

Export to  PDF  Excel

Trials :

Brand Name	Generic Name	Drug Class	First Day Picked Up	Last Day Picked Up	Estimated Duration
Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)
Strattera	Atomoxetine Hcl	Stimulant	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)
Clonazepam	Clonazepam	Anxiolytic	1/2/2013	1/2/2013	2 Week(s) 1 Day(s)
Lamotrigine	Lamotrigine	Mood Stabilizer	1/2/2013	1/2/2013	4 Week(s) 2 Day(s)

Orders :

Pick-Up Date	Brand Name	Generic Name	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabs per day*	Total Daily Dose*	Route	Prescriber	Pharmacy
1/2/2013	Clonazepam	Clonazepam	Anxiolytic	1 MG	30.00	15.00	2.00	2 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.
1/2/2013	Lamotrigine	Lamotrigine	Mood Stabilizer	25 MG	60.00	30.00	2.00	50 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.
1/2/2013	Quetiapine	Quetiapine	Antipsych	100 MG	30.00	30.00	1.00	100 MG	OR	Rosenberg Ronald C	CVS ALBANY, L.L.C.

Clinical Summary: Outpatient Services

Separate tables for behavioral health and medical services
 Aggregates services as episodes of care

Behavioral Health Services		See All Data			
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Most Recent Diagnosis
Case Management/ Health Homes	<u>FED EMPL & GLD SER</u> <u>MR. MH</u>	12/1/2012	5/1/2013	5	Unspecified Persistent Mental Disorders Due To Conditions Classified Elsewhere [294.9]
Physician - Psychiatrist	<u>ZENN RICHARD D MD</u>	2/22/2012	4/4/2013	4	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
Physician-NOS	<u>FELD RANDY JAY MD</u>	1/16/2013	1/16/2013	1	Acute Schizophrenic Episode, Chronic State With Acute Exacerbation [295.44]
Partial Hospitalization	<u>LONG ISLAND</u> <u>JEWISH MED CTR</u>	12/7/2012	1/4/2013	7	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]

Clinical Summary: Inpatient / ER

Distinguishes Inpatient vs. ER, and Behavioral Health vs. Medical
Calculates Length of Stay

Hospital/ER Services

[See All Data](#)

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Diagnosis
Inpatient BH	<u>GLEN COVE HOSPITAL</u>	1/8/2013	4/4/2013	86	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
Inpatient BH	<u>LONG ISLAND JEWISH MED CTR</u>	12/20/2012	1/2/2013	13	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]
ER BH	<u>NASSAU UNIVERSITY MEDICAL CENTER</u>	11/28/2012	11/28/2012	1	Bipolar Disorder, Unspecified [296.80]

Limitations of PSYCKES Data

- Accuracy dependent on coding and billing
- Data elements limited to what is shown on claims
 - See diagnostic procedures/ labs but without results
- Time lag between services and billing is variable
 - Service data may lag by weeks or months
- Client data affected by hospitalizations (bundled services), loss of Medicaid coverage, moves.

NEXT STEPS FOR PSYCKES ACCESS

Steps for PSYCKES Access: Steps 1 & 2 for All

1. Complete PSYCKES Contact Form and return to PSYCKES-Help@omh.ny.gov (included in e-mail package sent 12/4/13)
2. Check list of Security Managers to determine if your organization already has access to PSYCKES.

Step 3 for Organizations with PSYCKES

Access: Enroll PSYCKES Users

- a. Each clinic determines which staff require PSYCKES access and informs the Security Manager.
- b. Security Manager creates accounts in SMS for PSYCKES users.
- c. OMH mails token to Security Manager.
- d. Security Manager activates token and gives to user.
- e. User logs on for first time – resets pin.

Steps 3 and 4 for Organizations without PSYCKES Access

3. CEO signs Confidentiality Agreement and returns to PSYCKES-Help@omh.ny.gov
 - Governs release of Medicaid data to provider
4. OMH sends CEO e-mail with instructions on signing electronic Confidentiality and Non-Disclosure Agreement.
 - Governs use of OMH electronic systems

Step 5 and 6 for Organizations without PSYCKES Access: Designate Security Manager(s) and Enroll Users

5. OMH e-mails CEO with registration link for Security Manager
 - a. CEO forwards link to staff who will function as Security Managers
 - b. Staff follow instructions to register on-line in the Security Management System (SMS)
 - c. OMH sends token and instructions
 - d. Security Manager activates token
6. Security Manager enrolls users (see Step 3 for Organizations with PSYCKES Access)

RESOURCES

PSYCKES Website: Home Page

www.psyckes.org

New York  State ☰ State Agencies 🔍 Search all of NY.gov

Office of Mental Health

Commissioner Michael F. Hogan, PhD Governor Andrew M. Cuomo

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Integrated Calendar

Date	Time	Title
Thursday, April 25, 2013	10 a.m. to 11 a.m.	Webinar: PSYCKES Consent Module, April 25
Thursday, April 25, 2013	1 p.m. to 2 p.m.	Readmission Quality Collaborative Monthly Call
Friday, April 26, 2013	2 p.m. to 3 p.m.	Webinar: Using PSYCKES for Clinicians, April 26
Tuesday, May 7, 2013	1 p.m. to 2 p.m.	Webinar: PSYCKES Consent Module, May 7
Thursday, May 9, 2013	10 a.m. to 11 a.m.	Care Management Learning Collaborative Call
Tuesday, May 21, 2013	10:30 a.m. to 11:30 a.m.	PSYCKES ACT Learning Collaborative Call (Registration information will be emailed to project point persons)
Thursday, May 23, 2013	1 p.m. to 2 p.m.	Readmission Quality Collaborative Monthly Call
Thursday, May 23, 2013	3 p.m. to 4 p.m.	Webinar: PSYCKES Consent Module May 23
Friday, June 7, 2013	10 a.m. to 2 p.m.	Readmissions Quality Collaborative Mid-Year Conference
Monday, June 10, 2013	1 p.m. to 2 p.m.	Webinar: PSYCKES Consent Module June 10
Tuesday, June 11, 2013	1 p.m. to 2 p.m.	Webinar: Using PSYCKES for Clinicians June 11

PSYCKES Website: Implementation Resources

The screenshot displays the PSYCKES website interface. The top navigation bar includes "Emergency Rooms", "Implementation Resources" (circled in red), "Learning Collaborative Activities", and "Using PSYCKES" (circled in red). The left sidebar lists various categories, with "Emergency Rooms" (circled in red) selected. The main content area features a section titled "PSYCKES Emergency Room Implementation Initiative: Developing an Implementation Plan". Below this, there are links to "The Implementation Milestones Document" (82kb) and "Implementation Milestones Document - Editable" (6...), and a section for "Implementation Team List" with a link to "Implementation Team List Form" (507kb). The "Going Live" section is partially visible at the bottom.

PSYCKES MEDICAID

Log Into PSYCKES

Implementation Resources

Implementation Plan
Policies and Procedures
Training Tools
Hospital Access to PSYCKES
Live Webinars
Recorded Webinars

Emergency Rooms

**PSYCKES Emergency Room Implementation Initiative
Developing an Implementation Plan**

Knowledge Enhancement System (PSYCKES) team has developed several resources to help ED/CPEP's in building a team and developing an implementation plan:

[The Implementation Milestones Document](#) (82kb) | [Implementation Milestones Document - Editable](#) (6...)

milestones and associated tasks for a successful implementation. It has space to enter names of responsible individuals. Completing the Milestones Document can serve as the PSYCKES Implementation Plan. For maximum flexibility, the document is available in editable format.

Implementation Team List

The [Implementation Team List Form](#) (507kb) was designed to facilitate each ED/CPEP's process of building an implementation team. It helps to ensure that the team includes medical leadership, individuals with essential skill sets, and representatives from all hospital departments.

"Going Live"

PSYCKES Website: Using PSYCKES in all sections



Emergency Rooms

[Implementation Resources](#)

[Learning Collaborative Activities](#)

[Using PSYCKES](#)

Using PSYCKES

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) is a web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State (NYS) Medicaid population. PSYCKES uses administrative data from the Medicaid claims database to generate information about quality indicators and to summarize treatment histories. This administrative data is collected when providers bill Medicaid for services, and no data entry by providers is required.

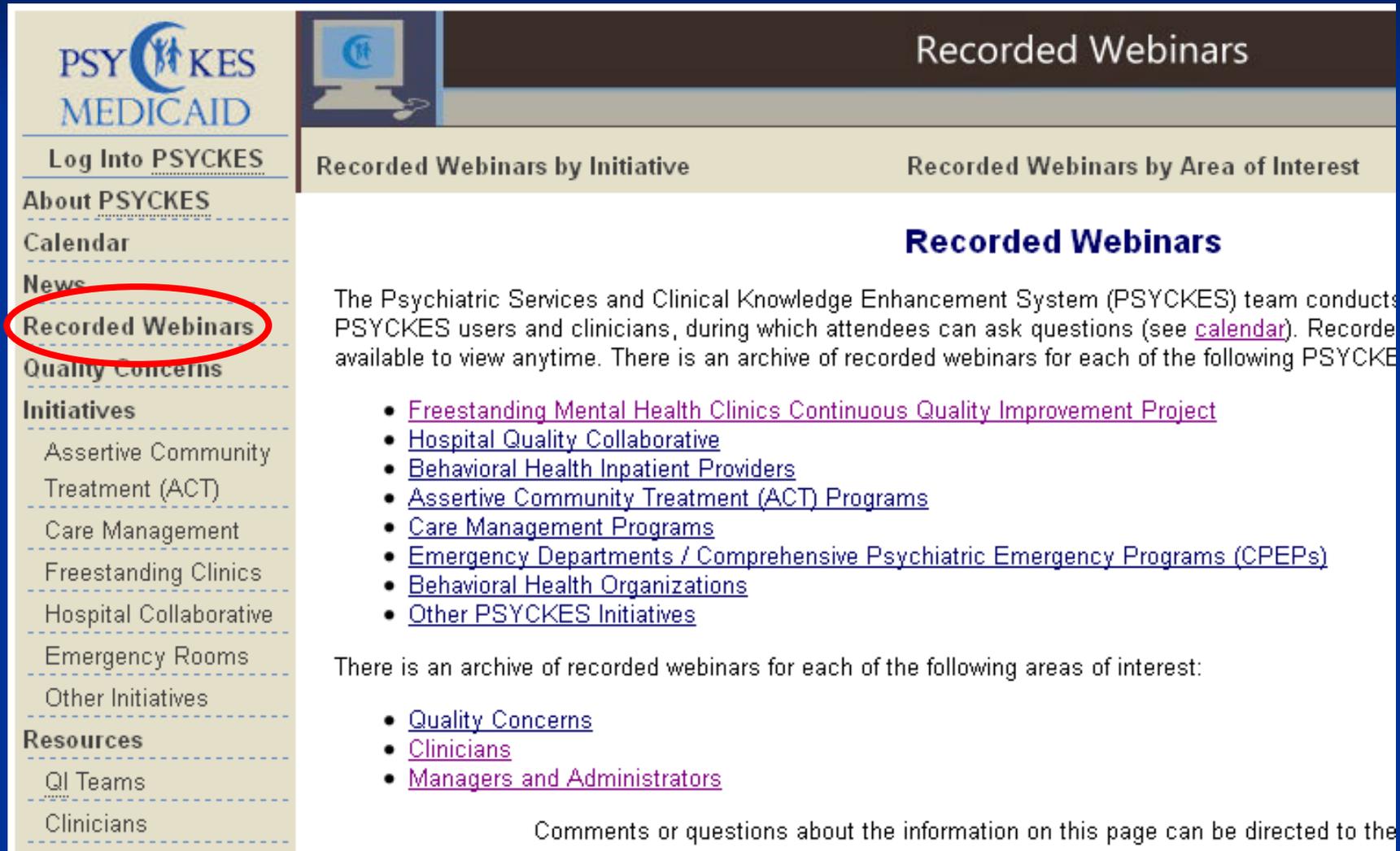
PSYCKES can be used to track performance on quality indicators, manage quality improvement projects, and obtain client-level information for use in clinical decision-making. PSYCKES is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Quality reports in PSYCKES are updated monthly, and clinical information is updated weekly.

[Access to PSYCKES](#) is managed internally in the agency or hospital through the Office of Mental Health (OMH) on-line Security Management System (SMS). The [SMS/Security Management System Reference Manual](#) provides information about accessing and using SMS.

The [PSYCKES User's Guide](#)  (5.7mb) is a training and reference resource for all users. Users can also learn more about using PSYCKES by attending live on-line training webinars (see [calendar](#) to register) or by watching [recorded webinars](#) which are available anytime.

[Brief Instructions for Using PSYCKES in Clinical/Emergency Settings](#)  (90kb) is a concise and user-friendly guide developed to meet the needs of clinicians using PSYCKES. It provides step-by-step instructions for documenting client consent or emergency status and accessing the Clinical Summary.

PSYCKES Website: Recorded Webinars



PSYCKES MEDICAID

Log Into PSYCKES

About PSYCKES

Calendar

News

Recorded Webinars

Quality Concerns

Initiatives

- Assertive Community Treatment (ACT)
- Care Management
- Freestanding Clinics
- Hospital Collaborative
- Emergency Rooms
- Other Initiatives

Resources

- QI Teams
- Clinicians

Recorded Webinars

Recorded Webinars by Initiative

Recorded Webinars by Area of Interest

Recorded Webinars

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) team conducts PSYCKES users and clinicians, during which attendees can ask questions (see [calendar](#)). Recorded available to view anytime. There is an archive of recorded webinars for each of the following PSYCKES

- [Freestanding Mental Health Clinics Continuous Quality Improvement Project](#)
- [Hospital Quality Collaborative](#)
- [Behavioral Health Inpatient Providers](#)
- [Assertive Community Treatment \(ACT\) Programs](#)
- [Care Management Programs](#)
- [Emergency Departments / Comprehensive Psychiatric Emergency Programs \(CPEPs\)](#)
- [Behavioral Health Organizations](#)
- [Other PSYCKES Initiatives](#)

There is an archive of recorded webinars for each of the following areas of interest:

- [Quality Concerns](#)
- [Clinicians](#)
- [Managers and Administrators](#)

Comments or questions about the information on this page can be directed to the

For Further Information

- PSYCKES website
 - www.psyckes.org
- PSYCKES Help
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov

QUESTIONS?