



Office of Mental Health
PSYCKES

New PSYCKES Features: Release 8.5 & 8.6

Office of Population Health & Evaluation

APRIL 15, 2026

Q&A via Webex

- All phone lines are muted
- Access the “Q&A” box in the Webex menu on the bottom righthand corner of your screen
- Type questions using the “Q&A” feature
 - Submit to “all panelists” (default)
 - Please do not use Chat function for Q&A
- Slides and recording link will be emailed to attendees after the webinar and posted to public website shortly

Agenda

- PSYCKES overview
- Review of new PSYCKES features in 8.5 & 8.6, including:
 - Recipient Search redesign
 - Planning Considerations column added to Recipient Search results
 - New Medicaid Recertification filter options and Clinical Summary Notification updates
 - New Complex Needs/Health Home Plus (HH+)/High Fidelity Wraparound Advanced View
 - Safe Options Support (SOS) program & contact information
 - Mobile Crisis Team (MCT) Notification and Crisis Services data
 - And more!
- Training & Technical Support

Troubleshooting Loading Errors in PSYCKES

With this new release, users may be required to clear their browser's history prior to logging in to PSYCKES to avoid loading issues

Steps to clear your browser's history (Chrome and Edge):

1. Open Settings menu in the top right corner of your browser (3 vertical dots icon)
2. Select "Delete browsing data"
3. Select **at least** the "Past 7 days" for the timeframe
4. Click "Delete from this Device" or "Clear Now"
5. Close out of your browser completely
6. Open up a brand-new browser window, type in www.psyckes.org and attempt to login to the application
7. If you still are unable to log in, please try logging in through a different browser or using a private/incognito window

User Guide will be sent to attendees after the webinar

PSYCKES Overview

What is PSYCKES?

Psychiatric Clinical Knowledge Enhancement System (PSYCKES)

- A secure, HIPAA-compliant web-based application that integrates multiple data sources to support population health, quality improvement, care coordination and clinical decision-making
- Ongoing data updates
 - Quality Indicator reports (updated monthly)
 - Clinical Summary (updated weekly)

Who is Viewable in PSYCKES?

- Over 13 million individuals viewable in PSYCKES - individuals with any history of:
 - Medicaid funded behavioral health diagnosis or treatment, or
 - State Psychiatric Center inpatient or outpatient services, or
 - Health Home outreach or enrollment
- Provides data across the treatment spectrum, including general medical, behavioral health, crisis services, residential, lab & pathology, and more!

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 & behavioral health outpatient & inpatient services, ER, crisis, care coordination, and more!
- Multiple other state administrative databases (0–7-day lag):
 - 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, AOT Referral Under Investigation, and MCT (DOHMH)

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider and to support clinical review and quality improvement.
- Statewide Reports and My QI Reports, **updated monthly**, display quality indicator prevalence rates at the statewide, region, county, network, provider, program, and managed care plan levels.
- Some examples of our quality indicators include:
 - No diabetes monitoring for individuals with diabetes and schizophrenia
 - Low medication adherence for individuals with schizophrenia
 - High utilization of inpatient or emergency room services
 - Eligible for Health Home Plus-No Health Home Plus Service in the past 3 months or 12 months
- The Performance Tracking Indicators are unique indicator sets in PSYCKES because the Department of Health (DOH) calculates them on “mature” Medicaid data. DOH calculates the indicator sets after a 6+ month billing data maturation period to allow for service invoicing. The ‘as of’ date for these measures in the application reflects the most recent performance tracking data run by DOH. These measures are based on a 12-month period of services.

What Types of Reports are Available?

- Individual Client Level Reports
 - Clinical Summary: Medicaid and state database treatment history, up to 5 years' worth of data
- Provider Level Reports
 - My QI Report: Displays current performance on all quality indicators, review the names of clients who are flagged, *enable access (provider users)*
 - Recipient Search: run ad hoc reports to identify cohorts of interest, Advanced Views, *enable access (provider users)*
 - Usage Reports: monitor PHI access by staff
 - Utilization Reports: support provider VBP data needs
- Statewide Reports
 - Can select a quality indicator and review statewide proportions by provider location region/county, client residence region/county, plan, network, provider, etc.

New PSYCKES Features!

Recipient Search Redesign

About the Recipient Search Redesign

- Recipient Search has been separated into two distinct tabs: **Individual Search** and **Cohort Search**
- These two search tabs will function independently
- The Individual Search page can be used to search for a single recipient using recipient identifiers (Medicaid ID or SSN), or a combination of full last name and either DOB or first name
 - Known client characteristics can be added to narrow results.
- The Cohort Search page can be used to identify a group of recipients who meet specified criteria from the selected filters

Recipient Search

Individual Search

Cohort Search

Search in: Full Database MAIN STREET AGENCY

Reset

Individual Search

Search for a single recipient using a Recipient Identifier or first name, last name, DOB, and other known characteristics

Recipient Identifier

Medicaid ID

SSN

AB00000A

If you don't have a recipient identifier, enter what you have available

- For best results enter a combination of full Last Name and either DOB or First Name.
- Optional: add 1 or more known client characteristics to narrow results.

Name and DOB

First Name

Last Name

DOB

MM/DD/YYYY

Characteristics as of 03/22/2026

Age Range

To

Gender

Client Region

Race

Client County

Ethnicity

Recipient Search

Individual Search

Search for a cohort of recipients using any combination of filters

Cohort Search

Limit Number of Results

Reset

Cohort Search

Characteristics as of 03/22/2026

Age Range To Gender

Race

Ethnicity

Client Region

Client County

Populations & Planning Considerations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

Plans & Documents

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial ci
- Problems related to medical facilities and
- Problems related to life management diff

SDOH Conditions: Selected

Managed Care Plan & Medicaid

Managed Care

Children's Waiver Status

Planning Considerations

Planning Considerations

- A new Planning Considerations column has been added to the Recipient Search Standard results view
- This addition enables users to quickly identify key flags, notifications, documents, and other considerations relevant to planning and service coordination, without client consent or the need to drill into the Clinical Summary
- The Planning Considerations column will include the following information, when applicable to the client:

Notifications:

- Complex Needs
- Health Home Plus (HH+) – Eligible
- High MH Need
- MH Placement Consideration
- Medicaid Recertification Due < 3 months
- OPWDD Services Eligible (RE95)

Documents:

- Safety Plan
- Relapse Prevention Plan
- Psychiatric Advance Directive (PAD)
- Care Plan
- Discharge Plan
- Other

Modify Search

274 Recipients Found

View: Standard



[Provider Specific] Provider: MAIN STREET AGENCY

AND [Provider Specific] Service Setting: Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Medicaid ID	DOB	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QUJBTaRFTF3BLA QUnQSEzOUqy KEq LQ MT6f	RbYuNparM bA	MDUIMDYIM 9AmNm	Black	Molina Healthcare of New York	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, Readmit 30d - Medical to All Cause, Readmit 30d - Medical to Medical	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid	Health Home Consent
QUJBUom UqVMVqE Sm KEY LQ NpMf	RVatN96oOE U	MD2IMDEIM TarM6	Asian	Fidelis Care New York		Notifications: Medicaid Recertification Due < 3 mo	No Access Enable Access
QUJBWabELA Sq7FVEFNTUzIQQ KEY LQ NDUf	RbUoMDIvN ba	MDIIMTQIMT auMQ	White		2+ ER-Medical, 4+ Inpt/ER-Med, Adher-AP, Cervical Cancer Screen Overdue (DOH), PrevHosp-Asthma, Readmit 30d - BH to All Cause, Readmit 30d - MH to All Cause	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid Documents: Safety Plan (06/19/2018)	PSYCKES Consent
QUJVRq7BUaVFU8m Rq7BREVFU6 KEY LQ Mp2f	RV6uND6mN VE	MD2IM9YIM TauOA	White	Highmark Western and Northeastern New York Inc.	Cervical Cancer Screen Overdue (DOH)	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid, Medicaid Recertification Due < 3 mo, OPWDD Services Eligible (RE95)	PSYCKES Consent

Medicaid Recertification (NYSoH & LDSS)

Medicaid Recertification

- Based on new federal regulations for Medicaid coverage, PSYCKES is capturing individuals needing to re-certify their Medicaid coverage via New York State of Health (NYSoH) OR their Local Department of Social Services (LDSS)
- In Recipient Search, within the Managed Care Plan & Medicaid section, there are now 3 filters within the 'Medicaid Enrollment Status' filter dropdown related to Medicaid Recertification based on where the recipient needs to renew:
 - **Medicaid Recertification Due < 3 mo. → includes both NYSoH and LDSS**
 - **Medicaid Recertification Due < 3 mo. (renew via NYSoH)**
 - **Medicaid Recertification Due < 3 mo. (renew via LDSS)**
- In the Clinical Summary 'Notifications' section, a new LDSS Notification has been added and will display when applicable to the client
- The Medication Recertification Notification messages include contact information and recertification links based on the specific NYSoH or LDSS recertification process
- Refreshed on a weekly basis

Recipient Search – Medicaid Recertification Filters

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

- Active Medicaid
- Inactive Medicaid
- Medicaid Managed Care - Any
- Medicaid Managed Care +SSI
- Medicaid No Managed Care(FFS Only)
- Dual Eligible (Medicaid + Medicare)
- Medicaid (No Medicare)
- Medicaid Recertification Due < 3 mo.
- Medicaid Recertification Due < 3 mo. (renew via NYSOH)
- Medicaid Recertification Due < 3 mo. (renew via LDSS)

Quality Flag as of 03/01/20

- HARP Enrolled - Not Health Ho
- HARP-Enrolled - No Assessme
- Eligible for Health Home Plus
- Eligible for Health Home Plus
- Eligible for Health Home Plus
- HH Enrolled, Eligible for Health

[← Modify Search](#)

1,145 Recipients Found

View: Standard ▾



Medicaid Enrollment Status

Medicaid Recertification Due < 3 mo. (renew via LDSS)

AND [Provider Specific] Provider

MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

Name (Gender - Age) ▲	Medicaid ID ◆	DOB ◆	Race & Ethnicity ◆	Medicaid Managed Care Plan ◆	Medicaid Quality Flags ◆	Planning Considerations ◆	Current PHI Access ◆
QUFSTqui TUFSRqFSSVRB Um KEY LQ MpUf	RUMpN9Qq MaU	MDIIMDaIMT avMQ	White		Cervical Cancer Screen Overdue (DOH), No DM Screen - AP (DOH), No Outpt Medical	Notifications: MH Plcmt Consid, Medicaid Recertification Due < 3 mo Documents: Safety Plan (05/11/2022)	PSYCKES Consent
QUJSQU7BTsm VEboQQ KEY LQ NT6f	QUQpMD6s NV2	MDaIMDIIMT asNm	White		2+ ER-Medical	Notifications: Medicaid Recertification Due < 3 mo	No Access Enable Access 🔒
QURBTsm QUJEQUmMQU6 KEq LQ N92f	RaEnOT2oM Ee	MDEIMDEIM TarOQ	Black	Fidelis Care New York		Notifications: Medicaid Recertification Due < 3 mo	Health Home Consent
QURBTVMi RUhBSUvF KEY LQ N9If	RrQmNDIsN F2	MD6IMDQIM TasMm	White	UnitedHealthcar e Community Plan	Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), No HbA1c-DM	Notifications: Medicaid Recertification Due < 3 mo	Verbal PSYCKES Consent
QURBTVMi VE7PTUFT KEq LQ Mp6f	Ra2oNTasNq I	MDQIMDaIM TauNm	White	Independent Health's MediSource	No Outpt Medical	Notifications: Medicaid Recertification Due < 3 mo	No Access Enable Access 🔒

QURBTVNTTEFVRq7URVli QqFSTUFMSVNB RQ

← Recipient Search

As of 3/22/2026 Data sources



Brief Overview

Full Summary

Data with Special Protection Show Hide

This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs)

Address: MTAm TqnJVaVS UrQ QVBU OTIp, TazSVE6 VEZOQV3BTaRB, Tba, MTQnM9A

Medicaid ID: QbevN9AoOUE

Medicare: No

Managed Care Plan: Fidelis Care New York (HARP)

MC Plan Assigned PCP : N/A

HARP Status: HARP Enrolled (H1)

HARP HCBS Assessment Status: Tier 2 HCBS Eligibility (Reassess overdue)

Medicaid Eligibility Expires on: 05/31/2026

Current Care Coordination

Health Home (Enrolled) BESTSELF BEHAVIORAL HEALTH INC (Begin Date: 01-MAR-26) • Status : Active

Member Referral Number: 1-855-613-7659; referrals@hhuny.org

Care Management (Enrolled): HORIZON HEALTH SERVICES INC

Notifications

Complex Needs due to 3+ Inpt MH < 13 months , HH+ Eligibility , HH+ service in the past year with MH diagnosis

Health Home Plus Services last received January 2026 from NIAGARA FALLS MEMORIAL MEDICAL CENT

Health Home Plus Eligibility This client is eligible for Health Home Plus due to:
3+ Inpt MH < 13 months

High Mental Health Need due to 3+ Inpt MH < 13 months ; HH+ Eligibility ; HH+ service in the past year with MH dia

Mental Health Placement Consideration due to 1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide
1 or more inpatient MH stays in past 5 years; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years; OMH Housing history in past 5 years

Medicaid Eligibility Alert This client must re-certify their Medicaid enrollment through their County Local Department of Social Services (LDSS) (Expiration: 05/31/2026)
For more information visit [How to Renew Your Health Insurance | County LDSS](#)
Or contact the client's county LDSS [New York State Local Departments of Social Services \(LDSS\)](#)
If the client needs help with this process, please contact a [Facilitated Enroller](#).

CORE Eligibility This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit:
<https://omh.ny.gov/omhweb/bho/core>

LDSS Medicaid Recertification Message

UaFNTrMi UqzGSUE SQ

As of 3/22/2026 [Data sources](#)

[← Recipient Search](#)



Brief Overview

Full Summary

Data with Special Protection Show Hide
This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs)

Address: M92q RUFTVA MTaqVE6 UrRSRUVU, QbJPTb6, Tba, MTAqNT6

Medicaid ID: UF6sOT6oMEq

Medicare: No

Managed Care Plan: Healthfirst PHSP, Inc. (Mainstream)

MC Plan Assigned PCP : N/A

HARP Status: Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

HARP HCBS Assessment Status: N/A

Medicaid Eligibility Expires on: 04/30/2026

Current Care Coordination

Care Coordination Organization

Advance Care Alliance New York (ACANY)
Main CCO Contact Line: 1-833-692-2269; CCO Website: <https://acany.org>

Notifications

Complex Needs due to

3+ Inpt MH < 13 months , 4+ ER MH < 13 months , HH+ Eligibility

Health Home Plus Eligibility

This client is eligible for Health Home Plus due to:
3+ Inpt MH < 13 months, 4+ ER MH < 13 months

High Mental Health Need due to

3+ Inpt MH < 13 months ; 4+ ER MH < 13 months ; HH+ Eligibility

Mental Health Placement Consideration due to

1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation, or 1 or more ER visits or inpatient stays in past 5 years; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH S in past 13 months

OPWDD NYSTART

This client is potentially eligible for OPWDD NYSTART crisis services. Find a START team at: <https://opwdd.ny.gov/crisis-services>

Medicaid Eligibility Alert

This client must re-certify their Medicaid enrollment through the New York State of Health (NYSoH) enrollment system (Expiration: 04/30/2026) For more information contact NYSoH at 1-855-355-5777 or visit [How to Renew Your Health Insurance | NYSoH](#). If the client needs help with this process, please contact an [Enrollment Assistor](#).

NYSoH Medicaid Recertification Message

**Complex Needs/Health Home
Plus (HH+)/High Fidelity
Wraparound
Advanced View**

About the Complex Needs/HH+/HFW Advanced View

- The “Complex Needs/Health Home Plus Eligibility/High-Fidelity Wraparound” (Complex Needs/HH+/HFW) is a new Advanced View located within the Recipient Search results page
- When this view is applied it will display additional columns for **Complex Needs** (All ages), **Health Home Plus Eligibility** (Ages 18+), and **High-Fidelity Wraparound - Likely Eligible** (Ages 6-20)
 - These three columns will display ‘Yes’ if the recipient meets any criteria (viewable WITHOUT consent/ER access)
- Additional columns for Risk, High ER/Inpatient Utilization or Youth with Residential Treatment, Intensive Outpatient, and Crisis Services Among Youth will display which individual criterion the recipient meets (viewable WITH consent/ER access)

Modify Search

274 Recipients Found

View: Standard

- Standard
- Care Coordination
- Complex Needs/HH+/HFW**
- High Need/High Risk
- Hospital Utilization
- Outpatient Providers



[Provider Specific] Provider

MAIN STREET AGENCY

AND [Provider Specific] Service Setting:

Care Management - Enrolled (Source: DOH MAPP)

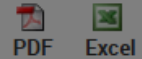
Results Displayed: 50

Name (Gender - Age)	Medicaid ID	DOB	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QUJBTaRFTF3BLA QUnQSEzOUqy KEq LQ MT6f	RbYuNparM bA	MDUIMDYIM 9AmNm	Black	Molina Healthcare of New York	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, Readmit 30d - Medical to All Cause, Readmit 30d - Medical to Medical	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid	Health Home Consent
QUJBUom UqVMVqE Sm KEY LQ NpMf	RVatN96oOE U	MD2IMDEIM TarM6	Asi			Notifications: Medicaid Recertification Due < 3 mo	No Access Enable Access
QUJBWabELA Sq7FVEFNTUzIQQ KEY LQ NDUf	RbUoMDIvN ba	MDIIMTQIMT auMQ	White		Overdue (DOH), PrevHosp-Asstnma, Readmit 30d - BH to All Cause, Readmit 30d - MH to All Cause	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid Documents: Safety Plan (06/19/2018)	PSYCKES Consent
QUJQCVMi TaFEQQ SA KEY LQ NpYf	Rq2tMTYoM au	MD2IMDEIM TaqOQ	White	Fidelis Care New York	2+ ER-Medical, HARP No Assessment for HCBS	Notifications: MH Plcmt Consid	No Access Enable Access

Drill into a Clinical Summary (with applicable access), export to PDF/Excel, or add on the new Complex Needs/HH+/HFW Advanced Views!

274 Recipients Found

View: Standard



About Search Results Views

All views display: Name, Medicaid ID, Date of Birth, Gender, Race & Ethnicity, Managed Care Plan, Current PHI Access

Results View	Columns Displayed
Standard	Quality Flags, Planning Considerations
Care Coordination	HARP Status (H Code), HARP HCBS Assessment Date (most recent), Children's Waiver Status (k Code), Health Home Name (Enrolled), Care Management Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, AOT Provider (Active), MC Product Line, CORE Eligible.
Complex Needs/HH+/HFW	Complex Needs (All ages), Health Home Plus Eligibility (Age 18+), High Fidelity Wraparound-Likely Eligible (Ages 6-20), Risk, High ER/Inpatient Utilization or Youth with Residential Treatment, Intensive Outpatient, Crisis Services among Youth
High Need/High Risk	OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH) OPWDD NYSTART-Eligible, High Fidelity Wraparound (Likely Eligible), Health Home Plus-Eligible, Homelessness, AOT Status, AOT Expiration Date, Suicide Risk, Overdose Risk and PSYCKES Registries
Hospital Utilization	Number of hospitalizations in past year broken out by ER and Inpatient and Behavioral Health and Medical
Outpatient Providers	Primary Care Physician Assignment (Assigned by MC Plan), Mental Health Outpatient Provider, Medical Outpatient Provider, Substance Use Outpatient Provider, and CORE or Adult HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year.

New Complex Needs/HH+/HFW Advanced View now available!

Close

Modify Search

274 Recipients Found

View: Complex Needs/HH+/HFW



[Provider Specific] Provider

MAIN STREET AGENCY

AND

[Provider Specific] Service Setting:

Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access

Data in the Complex Needs, Health Home Plus Eligibility, and High Fidelity Wraparound – Likely Eligible columns are available without consent/ER access

Complex Needs (All Ages)	Health Home Plus Eligibility (Age 18+)	High Fidelity Wraparound-Likely Eligible (Ages 6-20)	Current PHI Access
Yes			PSYCKES Consent
Yes	Yes		Health Home Consent
Yes	Yes		No Access
Yes		Yes	Verbal PSYCKES Consent
Yes		Yes	PSYCKES Consent
Yes	Yes		Health Home Consent
Yes	Yes		Health Home Consent
Yes	Yes		Health Home Consent

Click here to scroll...

Name	Medicaid ID	DOB	Sex	Race	Agency	Complex Needs (All Ages)	Health Home Plus Eligibility (Age 18+)	High Fidelity Wraparound-Likely Eligible (Ages 6-20)	Current PHI Access
QUJJCQVMi UrVIQubMQU6	RaqtOT2tOVA	MDYIMDEIMT atMA				Yes			PSYCKES Consent
QUJERUnHQV3BRCm RaFURUvSQU3BQ6	RVivM9IpMa M	MDMIMTAIM TasNA	R6 LQ N9E	Asian	Independent Health's MediSource	Yes	Yes		Health Home Consent
QUJERUnMQSm QUJERUnMQQ	RbasNDUsNb a	MDEIMDEIMT auNA	TQ LQ NDI	Black	Molina Healthcare of New York	Yes	Yes		No Access
QUJESSm QaFMSqVFUm TQ	RqivNpYqME E	MD2IMDEIMT auNm	R6 LQ Mp6	White	Fidelis Care New York	Yes		Yes	Verbal PSYCKES Consent
QUJEVUnBVEVFR8m Sq7BTEVFTA	RVevNDIpNa M	MDUIM9aIMT asNQ	TQ LQ N9A	White	Independent Health's MediSource	Yes		Yes	PSYCKES Consent
QUJEVUnIVVNTRubOLA SEFTQUu	RalpODAvNa U	MD2IMDEIMT arNA	TQ LQ NpE	White		Yes	Yes		Health Home Consent
QUJEVUnKQUnFRUmi TaFERUVN		IMT6IMT m	TQ LQ NTA	White	Independent Health's MediSource	Yes	Yes		Health Home Consent
QUJEVUnMQU6i QUZSQU6		IMDUIMT asNm	R6 LQ NT6	White	Fidelis Care New York	Yes	Yes		Health Home Consent

[← Modify Search](#)

274 Recipients Found

View: Complex Needs/HH+/HFW ▾



[Provider Specific] Provider	MAIN STREET AGENCY
AND [Provider Specific] Service Setting:	Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	Risk							Foster Ca year (You
	AOT active or expired in the past year	CNYPC Release < 12 months	Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year	Suicide attempt: Any history	Opioid overdose in the past year	Homeless in past 6 months with DOH SMI in past year	K3 Serious Emotional Disturbance in past year (Youth only)	
QUJCQVMi UrVIQubMQU6				Yes	Yes			
QUJERUnHQV3BRCm RaFURUvSQU3BQ6	Yes					Yes		
QUJERUnMQSm QUJERUnMQQ								
QUJESSm QaFMSqVFUm TQ				Yes			Yes	
QUJEVUnBVEVFR8m Sq7BTEVFTA							Yes	
QUJEVUnIVNTRUbOLA SEFTQUu						Yes		
QUJEVUnKQUnFRUmi TaFERUVN	Yes							
QUJEVUnMQU6i QUZSQU6		Yes		Yes				

Click here
to scroll...

◀ Modify Search

274 Recipients Found

View: Complex Needs/HH+/HFW ▾



[Provider Specific] Provider	MAIN STREET AGENCY
AND [Provider Specific] Service Setting:	Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	High ER/Inpatient Utilization or Youth with Residential Treatment						
	Foster Care in past year (Youth only)	3+ Inpt MH < 13 mos	State PC Inpatient Discharge < 12 months	3+ Inpt Med & Schiz/Bipolar Dx < 13 months	4+ ER MH < 13 mos	Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH	1+ Inpt MH <13 mos (Youth only)
QUJCQVMi UrVIQUbMQU6		Yes					
QUJERUnHQV3BRCm RaFURUvSQU3BQ6					Yes		
QUJERUnMQSm QUJERUnMQQ							
QUJESSm QaFMSqVFUm TQ							Yes
QUJEVUnBVEVFR8m Sq7BTEVFТА	Yes						Yes
QUJEVUnIVVNTRUOLA SEFTQUu		Yes		Yes			
QUJEVUnKQUnFRUmi TaFERUVN		Yes				Yes	
QUJEVUnMQU6i QUZSQU6			Yes				

Click here to scroll...

Modify Search

274 Recipients Found

View: Complex Needs/HH+/HFW



[Provider Specific] Provider	MAIN STREET AGENCY
AND [Provider Specific] Service Setting:	Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	Residential Treatment Facility in past year (Youth only)	Children's Community Residence in past year (Youth only)	Residential SUD Treatment in past year (Youth only)	ACT Enrolled or Discharged in past year	HH+ service in the past year with MH diagnosis	IMT in the past year with MH diagnosis	Intensive Outpatient
QUJCQVMi UrVIQubMQU6				Yes		Yes	
QUJERUnHQV3BRCm RaFURUvSQU3BQ6					Yes		
QUJERUnMQSm QUJERUnMQQ							
QUJESSm QaFMSqVFUm TQ	Yes						
QUJEVUnBVEVFR8m Sq7BTEVFTA			Yes				
QUJEVUnIVNTRUbolA SEFTQUu					Yes		
QUJEVUnKQUnFRUmi TaFERUVN						Yes	
QUJEVUnMQU6i QUZSQU6					Yes		

Click here to scroll...

< Modify Search

274 Recipients Found

View: Complex Needs/HH+/HFW



Export your Advanced View to Excel to sort and filter your report as needed!

[Provider Specific] Provider: MAIN STREET AGENCY
 AND [Provider Specific] Service Setting: Care Management - Enrolled (Source: DOH MAPP)

Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	Intensive Outpatient			Crisis Services among Youth		
	IMT in the past year with MH diagnosis	Mobile Integration Team (MIT) in past year (Youth Only)	Day Treatment in past year (Youth Only)	Partial Hospitalization in past year (Youth only)	2+ crisis services in past year	Home Based Crisis Intervention in past year
QUJCQVMi UrVIQubMQU6	Yes				Yes	
QUJERUnHQV3BRCm RaFURUvSQU3BQ6					Yes	
QUJERUnMQSm QUJERUnMQQ						
QUJESSm QaFMSqVFUm TQ						
QUJEVUnBVEVFR8m Sq7BTEVFTA			Yes	Yes		
QUJEVUnIVNTRUbOLA SEFTQUu						Yes
QUJEVUnKQUFRUmi TaFERUVN	Yes					
QUJEVUnMQU6i QUZSQU6		Yes				

Safe Options Support (SOS) Team Data

SOS Team Data

- The Safe Options Support (SOS) program delivers intensive outreach and care coordination services to high-need individuals in New York State
- **SOS team program and contact information** have been added to the Clinical Summary Current Care Coordination section for clients who have received this service in the past year
 - For NYC SOS teams, the Current Care message will include NYC's SOS 24-hour phone number
- **SOS team program information** is also available in the Integrated View of Services (IVOS) Over Time graph to view service utilization patterns, and the historical Care Coordination section
- SOS data is updated on a weekly basis

QaFSQaVSLA TUFUVE7FVm

As of 3/22/2026 [Data sources](#)



[← Recipient Search](#)

Brief Overview

Full Summary

Data with Special Protection Show Hide
 This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs)

Medicaid ID: QqEnNplpNau

Medicare: No

HARP Status: Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

Address: N9A QqVOVFJBTA QVZF QqyIRFNT, QqzSVEnBTaQ, Tba, MTMmNDU

Managed Care Plan: Fidelis Care New York (Mainstream)

MC Plan Assigned PCP : N/A

HARP HCBS Assessment Status: N/A

Medicaid Eligibility Expires on: 03/31/2026

Current Care Coordination

Safe Options Support (SOS) Catholic Charities of Cortland County (Enrollment date: 9/9/2024, Discharge date: 11/12/2025)
Discharge Reason: lost contact
 Main Contact Email: sosreferral@ccocc.org
 For more information on SOS, visit: <https://omh.ny.gov/omhweb/adults/sos/>

SOS Current Care Coordination message for 'Rest of State' SOS teams

QqFFVEFOTom REzOQUnE RA

As of 3/22/2026 ⓘ Data sources



PDF

← Recipient Search

Brief Overview

Full Summary

Data with Special Protection Show Hide
This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs)

Address: NTA TUFJT6 UrQ, SVJWSUvHVEzO, Tba, MTA rMpM

Medicaid ID: QqloN9QpMF2

Medicare: No

Managed Care Plan: MVP (Mainstream)

MC Plan Assigned PCP : Smith, John

HARP Status: BH High-Risk/ HARP Eligible (H9)

HARP HCBS Assessment Status: Never Assessed

Medicaid Eligibility Expires on:

Current Care Coordination

Safe Options Support (SOS) The Bridge Team 1 Safe Options Support (Enrollment date: 09/29/2025, Discharge date: 01/09/2026)

Discharge Reason: Lost Contact

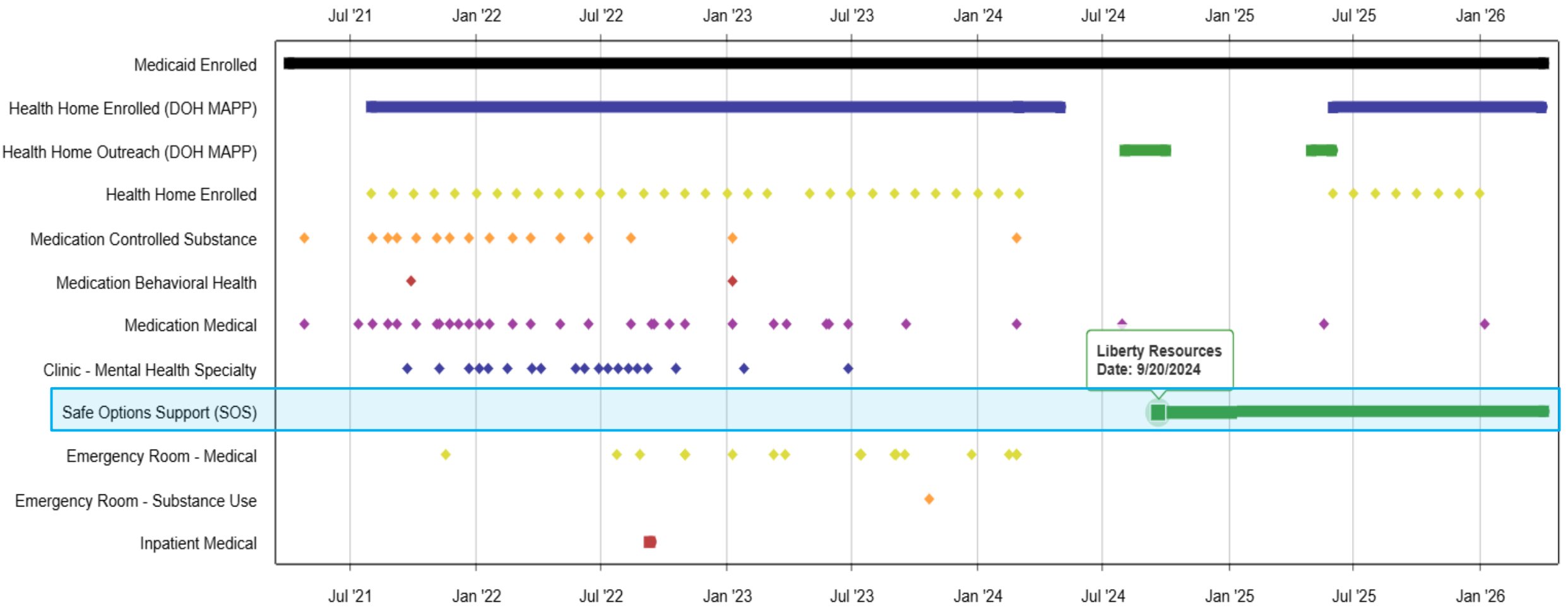
Main Contact Email: sosinfo@cbcare.org NYC SOS 24-hour line: 1-866-SOS-4NYC

For more information on SOS, visit: <https://omh.ny.gov/omhweb/adults/sos/>

SOS Current Care Coordination message for 'NYC' SOS teams

Integrated View of Services Over Time

Table Graph







Care Coordination

 Details

Table

Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of bills	
Safe Options Support (SOS)	Liberty Resources	9/20/2024	Current	1	
Health Home - Enrolled (DOH MAPP)	HUTHER-DOYLE MEM INSTITUTE (HH), COMMUNITY CARE OF ROCHESTER (CM)	8/1/2021	4/1/2026	3	
Health Home - Enrolled	HUTHER-DOYLE MEM INSTITUTE	8/1/2021	1/1/2026	39	
Health Home - Outreach (DOH MAPP)	HUTHER-DOYLE MEM INSTITUTE (HH), COMMUNITY CARE OF ROCHESTER (CM)	8/1/2024	5/31/2025	2	

Mobile Crisis Team (MCT) Data

About Mobile Crisis Team (MCT) Data

- Mobile Crisis Team (MCT) data from the NYC Department of Health and Mental Hygiene (DOHMH) MAVEN database has been added to the PSYCKES Clinical Summary Notifications and Crisis Services sections
- The Notifications section will display MCT - DOHMH data for individuals who have open or closed adult and child MCT cases in the past year
- MCT – DOHMH data from the past 5 years will be displayed in the Crisis Services section and within the IVOS graph
- MCT data is updated on a weekly basis

Mobile Crisis Team Data

- Brief & Full Summary – Notifications Section
 - Team Name
 - Referral Date
 - Referral Source
 - Presenting Problem(s)*
 - Provisional Diagnosis*
 - Case Status
 - Transport Information
 - Reason case was not opened
- Full Summary – Crisis Services Section
 - Service Type
 - Provider
 - Admission/Date of Service
 - Discharge/Date of Service
 - # Visits/Length of Stay
 - Most Recent Primary Diagnosis*
 - Most Recent Procedures

**Signed consent/ER access needed to view this data*

TUbmQUvJVENILA TUF SRqFSSVRB

As of 4/1/2026 [Data sources](#)



Data with Special Protection Show Hide
This report contains all available clinical data.

Brief Overview Full Summary

DOB: XX/XX/XXXX (XX Yrs)

Address: ODUjMTQ NpY UrRSRUVU MUZM, UVVFRUvT, Tba, MTEqM9E

Medicaid ID: VaEpMp6qMFQ

Medicare: Yes

Managed Care Plan: ElderPlan (LTC Partial Cap)

MC Plan Assigned PCP : N/A

HARP Status: Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

HARP HCBS Assessment Status: N/A

Medicaid Eligibility Expires on: 04/30/2026

Current Care Coordination

Health Home (Outreach)

SOUTHWEST BROOKLYN HEALTH HOME LLC (Begin Date: 01-DEC-25, End Date: 31-JAN-26) • Status : Active

Main Contact Referral : Matthew Caiazzo, 718-283-8073, mcaiazzo@maimo.org

24 Hour Referral Line, 800-356-7480, healthhome@maimo.org

Care Management (Outreach): CAMBA INC

Notifications

Complex Needs due to

4+ ER MH < 13 months , HH+ Eligibility

Limited Data

This individual has had both Medicaid and Medicare insurance in the past year. Any services covered by Medicare (e.g. most medications) will not be available in their Clinical Summary

Mobile Crisis (DOHMH)

Jamaica CPEP Crisis Outreach Team

Referral date:11/07/2025 • Source: Internal Referral; Outpatient Department (OPD)

Presenting problem(s): Disorganization

Provisional diagnosis: Schizophrenia/Schizoaffective Disorder

Case opened: Yes • Status: Closed

Transported: Yes; Voluntary • Destination: CPEP • Outcome: Admitted to Psychiatric Unit; Jamaica Hospital Medical Center

Scroll down...

Medications Past Year

Last Pick Up

Haloperidol Decanoate, Injection (Haloperidol Decanoate, Injection) • Antipsychotic

1/22/2026 Dose: PER 50 MG • Quantity: null

Note: This recipient is on Medicare. The majority of their medications will be paid for by Medicare and therefore not visible here

Outpatient Providers Past Year

Last Service Date & Type

WELLLIFE NETWORK INC	9/30/2025	ACT - Adult
INFINITE MEDICAL PC	9/16/2025	Physician Group (Telehealth)
NORTH SHORE-LIJ MEDICAL GROUP AT	9/11/2025	Physicians Group - Internal Medicine
NORTH SHORE-LIJ MEDICAL PC	8/12/2025	Multi-Type Group
PILGRIM PSYCHIATRIC CENTER	6/13/2025	Mobile Integration Team (MIT) - State Psych Center (Source: State PC)
NEW YORK UNIVERSITY	5/27/2025	Physician Group
MEDS OOS PHYSICIAN & OTHE	5/14/2025	Prescriber - OOS
ROCKLAND PSYCHIATRIC CENTER	5/12/2025	Clinic - MH Specialty

All Hospital and Crisis Utilization • 5 Years

ER Visits	# Providers	Last ER Visit
8 Mental Health	2	10/26/2025 at JAMAICA HOSPITAL MED CTR
5 Medical	3	12/8/2024 at QUEENS HOSPITAL
Inpatient Admissions	# Providers	Last Inpatient Admission
9 Mental Health	3	11/7/2025 at JAMAICA HOSPITAL MED CTR
1 Medical	1	9/7/2024 at QUEENS HOSPITAL
Crisis Services	# Providers	Last Crisis Service
2 Mobile Crisis - Response	1	1/22/2026 at QUEENS HOSPITAL
1 Mobile Crisis - DOHMH	1	11/7/2025 at Jamaica CPEP Crisis Outreach Team
2 Mobile Crisis - Telephonic Follow-up	1	4/30/2025 at JAMAICA HOSPITAL MED CTR

Brief Overview as of 4/1/2026

[View Full Summary](#)

[Export Overview](#)

☰ Sections

Brief Overview

Full Summary

Data with Special Protection Show Hide
This report contains all available clinical data.

General

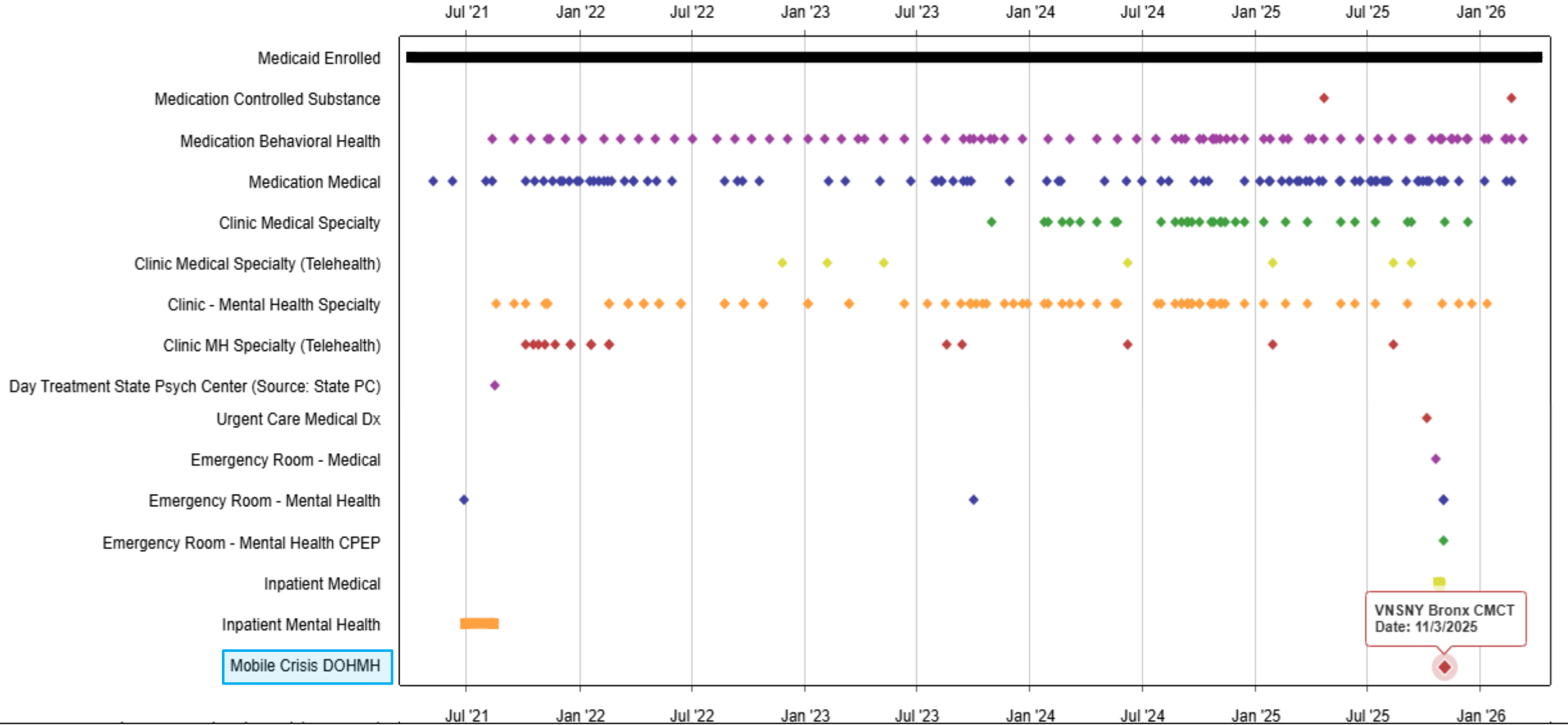
Name UrVFUayi QrJZUrRBTA TA	Medicaid ID UFQqOTQnMrM	Medicare No	Children's Waiver Status N/A
DOB XX/XX/XXXX (XX Yrs)	Medicaid Aid Category MA-SSI	Managed Care Plan Healthfirst PHSP, Inc. (Mainstream)	HARP HCBS Assessment Status N/A
Address OT6r UqbNUFNPT6 UrRSRUVU MUM, QbJPTb6, Tba, MTAqNTa	Medicaid Eligibility Expires on 10/31/2026	MC Plan Assigned PCP N/A	

Notifications

Complex Needs due to	3+ Inpt MH < 13 months , HH+ Eligibility , Psychiatric Inpatient in past year
Prescription Prior Authorization	This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Budesonide-Formoterol Fumarate (Symbicort), Fluticasone Propionate (Nasal) (Fluticasone Propionate), Topiramate. To obtain a prior authorization call (877) 309- 9493 or fax the appropriate Prior Authorization Form to (800) 268-2990. Standard PA Form : https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp
Mobile Crisis (DOHMH)	VNSNY Bronx CMCT Referral date:11/03/2025 • Source: NYC 988 Referral; Outpatient Mental Health Provider Presenting problem(s): Bipolar, Hallucination Provisional diagnosis: Bipolar Disorder Case opened: Yes • Status: Closed Transported: Yes; Voluntary • Destination: CPEP • Outcome: Treated and Released; Lincoln Medical and Mental Health Center

Integrated View of Services Over Time

Table Graph






Crisis Services

 Details

Table

Graph

Service Type	Provider	Admission/Date of Service	Discharge/Date of Service	#Visits/ Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Mobile Crisis - DOHMH	VNSNY Bronx CMCT	11/3/2025	11/3/2025	1	Bipolar Disorder	- Face-to-face contact; Transported: Yes, Voluntary Destination: CPEP; Outcome: Treated and Released, Lincoln Medical and Mental Health Center	
Crisis Stabilization Center - Intensive	FAMILY SVC LEAGUE SUFFOLK CTY	8/10/2025	10/20/2025	5	Schizophrenia, unspecified	- Crisis Intervention Per Hour	
Mobile Crisis - Telephonic Response (Telehealth)	FAMILY SVC LEAGUE SUFFOLK CTY	6/4/2025	10/20/2025	9	Bipolar disorder, unspecified	- Crisis Interven Svc, 15 Min	

Plans & Documents Filter in Recipient Search

Plans & Documents Filter

- A new 'Plans & Documents' filter has been added to Recipient Search – Cohort Search within the Populations & Planning Considerations section
- The Plans & Documents filter will display a list of recipients meeting criteria on the results page, however, provider agency access to view the specific plans and document details within the Clinical Summary requires consent or clinical emergency level of access
- The Plans & Documents filter will display the following options:
 - Any Plan or Document
 - Safety Plan
 - Relapse Prevention Plan
 - Psychiatric Advance Directive (PAD)
 - Care Plan
 - Discharge Plan
 - Other

Recipient Search – Plans & Documents Filter

Populations & Planning Considerations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

Plans & Documents

Managed Care Plan & Medicaid

Managed Care

MC Product Line

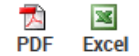
Medicaid Enrollment Status

- Any Plan or Document
- Safety Plan
- Relapse Prevention Plan
- Psychiatric Advance Directive (PAD)
- Care Plans
- Discharge Plan
- Other

← Modify Search

515 Recipients Found

View: Standard ▾



Plans & Documents

Any Plan or Document

AND [Provider Specific] Provider MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

Name (Gender - Age) ▲	Medicaid ID ▾	DOB ▾	Race & Ethnicity ▾	Medicaid Managed Care Plan ▾	Medicaid Quality Flags ▾	Planning Considerations ▾	Current PHI Access ▾
QUJCTrULA REVMQUvP S6 KEq LQ NTaf	WaiuM92sM EQ	MDUIMT6IM TatNQ	Black	MetroPlus Health Plan	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-AP, Cloz Candidate, Colorectal Screen Overdue (DOH), HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No Engage after MH IP, No ICM after MH ED, No ICM after MH Inpt, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult	<p>Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid</p> <p>Documents: Psychiatric Advance Directive (11/18/2024), Safety Plan (03/19/2026)</p>	Verbal PSYCKES Consent
QUnMRUu Sbii TEVF KEq LQ NT2f	Qr2nNDARm Uu	MDalMDEIM TavNm	White	Fidelis Care New York	2+ Inpt-BH, No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	<p>Notifications: MH Plcmt Consid</p> <p>Documents: Safety Plan (12/17/2025)</p>	No Access Enable Access 🔒
QUJESSm RURXQVJE KEq LQ NTaf	RaErOTUuNr 2	MTIIMDaIMT atNQ	White		2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No MH ED F/U 30d (DOH), No MH ED F/U 30d (DOH) - Adult, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult, PrevHosp-Dehyd, Readmit 30d -	<p>Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid</p> <p>Documents: Relapse Prevention Plan (10/02/2023)</p>	Health Home Consent

**Care Coordination
Organization (CCO) Contact
Information**

CCO Contact Information

- Care Coordination Organization (CCO) contact information has now been added to the Current Care Coordination section of the Clinical Summary for clients who have received CCO services in the past year
- The CCO message will display the following:
 - CCO name
 - Main CCO contact line
 - CCO website

QUJCTrRULA TaVWQUVI

As of 4/1/2026 ⓘ Data sources



[← Recipient Search](#)

Brief Overview

Full Summary

Data with Special Protection Show Hide
This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs)

Address: MTEoN6 QrVUTEVS UrQ, UqNIRUvFQrRBRFa, Tba, MTIpMDM

Phone (Source: NYC DHS): KDMqNoa N9YrLTEoMTA

Medicaid ID: RqYqMTMqMUY Medicare: No

Managed Care Plan: No Managed Care(FFS Only)

MC Plan Assigned PCP : N/A

Children's Waiver Status: N/A

HARP HCBS Assessment Status: N/A

Medicaid Eligibility Expires on:

Current Care Coordination

Care Coordination
Organization

Care Design NY (CDNY)
Main CCO Contact Line: 518-235-1888; CCO Website: <https://caredesignny.org>

Notifications





Complex Needs due to 2+ crisis services in past year , Psychiatric Inpatient in past year

Expansion of CCBHC Procedure Codes

CCBHC Procedure Codes

- The Certified Community Behavioral Health Clinics (CCBHC) procedure codes in the Clinical Summary have now been expanded beyond the first procedure, allowing users to view detailed information on all CCBHC services received by a client
- Within the Full Summary Behavioral Health Services section, CCBHC services will now display all CCBHC procedures that have occurred within the past three months
- In addition, the CCBHC drill in option will present a complete record of all CCBHC procedures for the client, including each service date and all procedures associated with those dates

Full Summary – Behavioral Health Services

Behavioral Health Services Details							Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Procedures (Last 3 Months)		
CCBHC	BEHAVIORAL HLTH SVCS NORTH IN	6/3/2025	10/22/2025	15	Post-traumatic stress disorder, unspecified	- COMM BH CLINIC SVC PER DIEM, PSYTX W PT 30 MINUTES - COMM BH CLINIC SVC PER DIEM, OFFICE O/P EST LOW 20 MIN - COMM BH CLINIC SVC PER DIEM, PSYTX W PT 45 MINUTES - COMM BH CLINIC SVC PER DIEM, CRISIS INTERVEN SVC, 15 MIN, PSYSOC REHAB SVC, PER 15 MIN - COMM BH CLINIC SVC PER DIEM, PSYSOC REHAB SVC, PER 15 MIN, PSYTX W PT 30 MINUTES		
Multi-Type Group (Telehealth)	BOBBI L PETRANCHUK LCSW PLLC	10/8/2025	10/8/2025	1	Attention-deficit hyperactivity disorder, combined type	- Family Psytx W/O Pt 50 Min		
Clinic - MH Specialty	BEHAVIORAL HLTH SVCS NORTH IN	9/13/2024	5/29/2025	7	Post-traumatic stress disorder, unspecified	- Family Psytx W/O Pt 50 Min - Psytx W Pt 45 Minutes		
Clinic - MH Specialty	GLENS FALLS HOSPITAL	3/14/2025	5/14/2025	2	Unspecified mood [affective] disorder	- Sarscov2&Inf A&B&Rsv Amp Prb		

All Behavioral Health Services for BEHAVIORAL HLTH SVCS NORTH IN Provider



Previous **1** 2 3 4 5 Next

Date of Service/First Visit	Service Type	Provider	Primary, secondary, and quality flag-related diagnoses	Procedures	Practitioner
10/22/2025	CCBHC	BEHAVIORAL HLTH SVCS NORTH IN	Attention-deficit hyperactivity disorder, unspecified type, Major depressive disorder, recurrent, unspecified, Post-traumatic stress disorder, unspecified	COMM BH CLINIC SVC PER DIEM, PSYTX W PT 30 MINUTES	
10/14/2025	CCBHC	BEHAVIORAL HLTH SVCS NORTH IN	Attention-deficit hyperactivity disorder, unspecified type, Major depressive disorder, recurrent, unspecified, Post-traumatic stress disorder, unspecified	COMM BH CLINIC SVC PER DIEM, CRISIS INTERVEN SVC, 15 MIN, PSYSOC REHAB SVC, PER 15 MIN	
9/26/2025	CCBHC	BEHAVIORAL HLTH SVCS NORTH IN	Attention-deficit hyperactivity disorder, unspecified type, Major depressive disorder, recurrent, unspecified, Post-traumatic stress disorder, unspecified	COMM BH CLINIC SVC PER DIEM, PSYTX W PT 45 MINUTES, PSYSOC REHAB SVC, PER 15 MIN	

New CAIRS Service Settings

New Service Settings

- New service settings have been added to Recipient Search and the client-level Clinical Summary:
 - **Housing – Community Residence – Children & Youth (Source: OMH CAIRS)**
 - **Housing – Community Residence for Eating Disorder Integrated Treatment Program (Source: OMH CAIRS)**
- Recipient Search
 - Services: Specific Provider & Services by Any Provider
 - Living Support/Residential
- Clinical Summary
 - Current Care Coordination
 - Integrated View of Services (IVOS) Over Time Graph
 - Living Support/Residential Treatment

Recipient Search

Services by Any Provider as of 03/01/2026 Past 1 Year ▾

Provider

Region ▾ County ▾

Service Utilization ▾ Number of Visits ▾

Service Setting: Telehealth coded Service Detail: Selected

- Living Support/Residential
 - Child Care - MH - Residential Treatment Facility
 - Child Foster Care - ALL
 - Family Based Treatment - MH Specialty
 - Habilitation - DD - Family Care
 - Habilitation - DD - Individualized Residential Alternative (IRA)
 - Home Care Services
 - Housing - Apartment Support (Source: OMH CAIRS)
 - Housing - Apartment Treatment Model (Source: OMH CAIRS)
 - Housing - Community Residence - Children & Youth (Source: OMH CAIRS)
 - Housing - Community Residence - MH Specialty
 - Housing - Community Residence for Eating Disorder Integrated Treatment Program (Source: OMH CAIRS)
 - Housing - Congregate Support (Source: OMH CAIRS)
 - Housing - Congregate Treatment Model (Source: OMH CAIRS)

Clinical Summary – Current Care Coordination

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports MyCHOIS Dashboards ▾

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As of 4/1/2026 ⓘ Data sources



PDF

← Recipient Search

Brief Overview

Full Summary

Data with Special Protection Show Hide
This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs)

Address: M9lo SazITbNPT6 QVZF Mrl, QbJPTqjMWUu, Tba, MTEoMDY

Medicaid ID: SrQtMD2qMbe

Medicare: No

Children's Waiver Status: N/A

Managed Care Plan: MetroPlus Health Plan (Mainstream)

HARP HCBS Assessment Status: N/A

MC Plan Assigned PCP : N/A

Medicaid Eligibility Expires on:

Current Care Coordination ←

Housing/Residential Program Community Residence - Children & Youth, Linden House Community Residence. Institute for Community Living, Inc. (Admission Date: 22-SEP-25, Discharge Date: 21-MAR-26)
Program Contact Information : Lizette Wajeh,(718)-290-8100 ext. 7013

NYC Dept of Homeless Services Shelter:

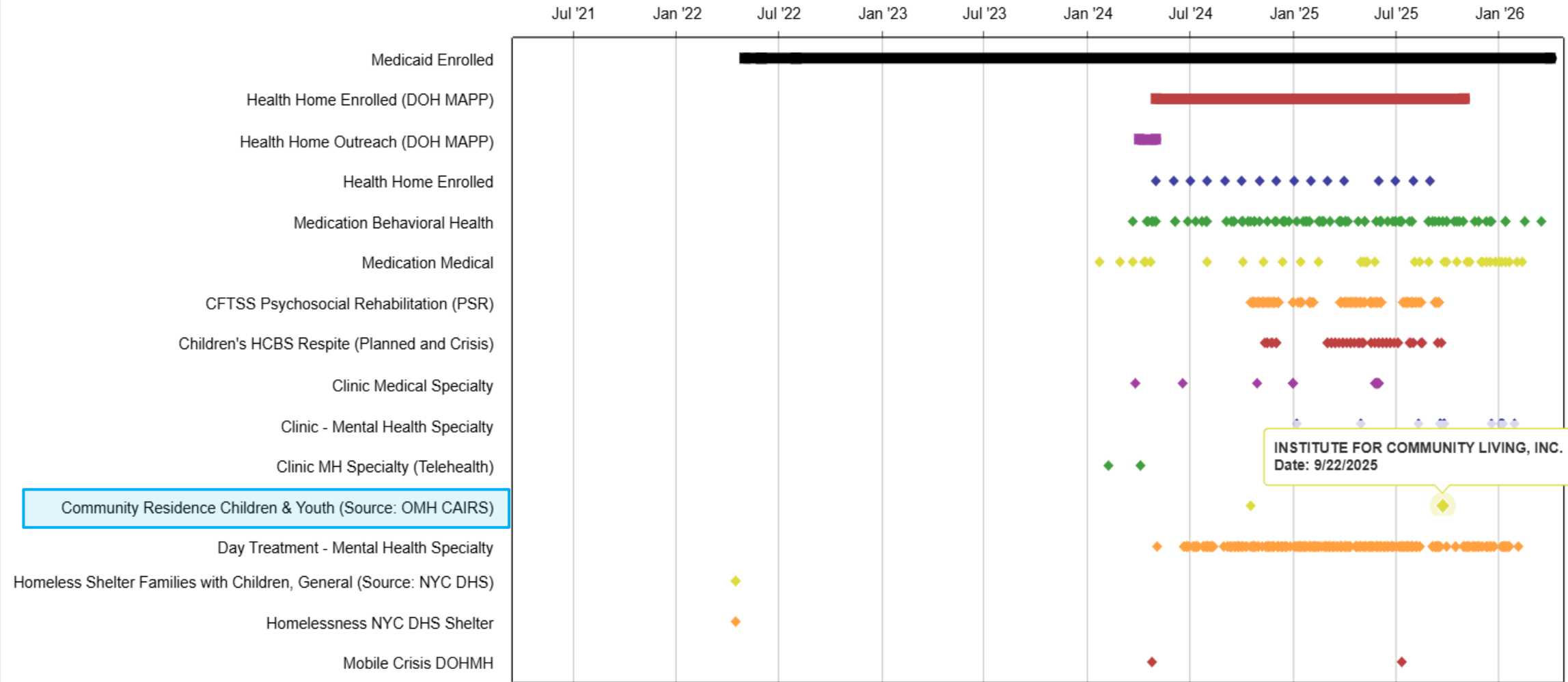
RACHEL'S PLACE (Families with Children, General) • BROOKLYN
Most Recent Placement Date: 16-APR-22
Shelter Director Contact : Carlos Allende, 6467784900, Carlos.Allende@Samaritanvillage.org

Clinical Summary – IVOS

Integrated View of Services Over Time

Table






Graph



Clinical Summary – Living Support/Residential

Living Support/Residential Treatment  Details 

Table 

Program/Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	
Community Residence - MH Specialty	INSTITUTE FOR COMM LIVING	10/31/2025	1/31/2026	4	
Community Residence - Children & Youth (Source: OMH CAIRS)	INSTITUTE FOR COMMUNITY LIVING, INC.	9/22/2025	9/22/2025	1	
Community Residence - MH Specialty	ST VINCENTS SERVICES INC	10/31/2024	10/31/2024	1	
Community Residence - Children & Youth (Source: OMH CAIRS)	ST. VINCENT'S SERVICES, INC. DBA HEARTSHARE S	10/16/2024	10/16/2024	1	
Homeless Shelter - Families with Children, General (Source: NYC DHS)	RACHEL'S PLACE	4/16/2022	4/16/2022	1	

Recipient Search Lookback Period Updates

Recipient Search Lookback Periods

- The lookback period filter for the Services: Specific Provider, Services by Any Provider, and Medication & Diagnosis sections of the Recipient Search – Cohort Search page have been updated to include 2023 and 2024 information

Services by Any Provider as of 03/01/2026

Provider

Region County

Service Utilization Number of

Service Setting: Telehealth coded

Service Detail: Selected

Care Coordination
 Crisis Service
 Foster Care
 Inpatient - ER
 Living Support/Residential
 Other
 Outpatient - DD
 Outpatient - MH
 Outpatient - Medical
 Outpatient - Medical Specialty
 Outpatient - SU
 Outpatient - Unspecified
 Practitioner - BH
 State Psvch Center Services (Source)

Past 1 Year
Past 6 Months
Past 9 Months
Past 1 Year
Past 2 Years
Past 3 Years
Jan'23 - Dec'23
Jan'24 - Dec'24

**PSYCKES Now Available on
Android!**

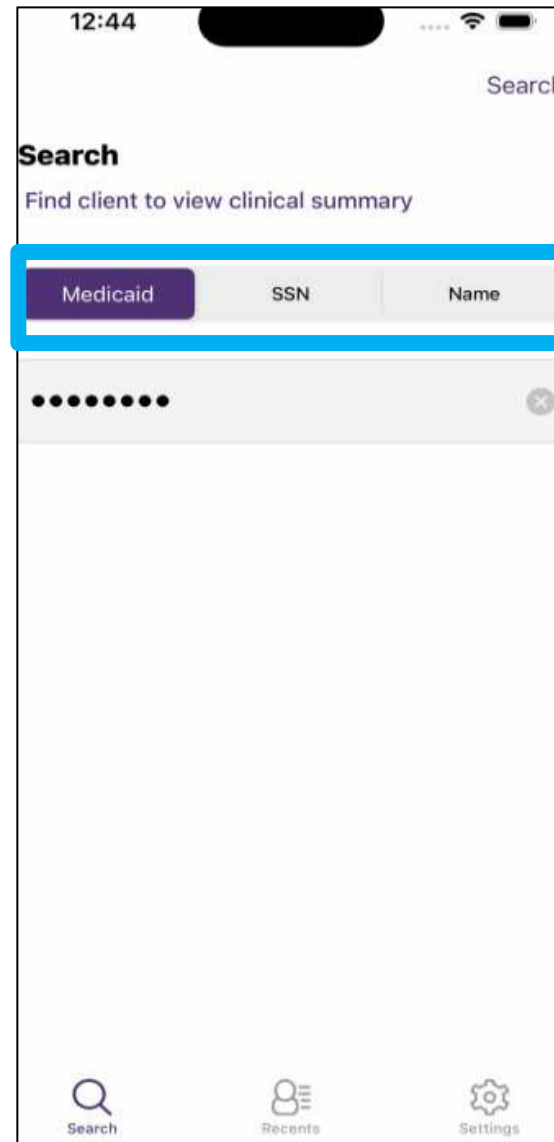
Android PSYCKES App

- The PSYCKES-Medicaid mobile application is now available in Android! To download the PSYCKES app in Android, navigate to the Google Play Store and search for 'PSYCKES'.
- The mobile app allows users to search for clients from the field, access a Clinical Summary with consent or emergency access (including an e-sign consent feature!), complete a Safety Plan or screening and assessment, and more!
- The PSYCKES Android mobile app will require the following in order to login:
 - Android version 7.0 or higher - If you are unsure what version your Android device currently is, please navigate to Settings > About Phone or About Tablet > Look for the Android Version entry
 - If your version is not 7.0 or higher, navigate to Settings > System or Software Update > Check for Updates > If an update is available, tap on 'Download and Install'
 - PSYCKES App update – To update to the most recent version of the PSYCKES mobile app, please navigate to the Google Play Store > Search for "PSYCKES" > Select "Update" button



Search for Client in the Full PSYCKES Database

- Enter Medicaid ID, SSN, or Last Name + First Name + DOB
- Confirm client found matches who you are looking for
 - If results do not match intended client, return to Search Results page
 - If data matches intended client, tap “Enable PHI Access”



PHI Access Options

- E-sign PSYCKES Consent
- Client Signed (physical) consent:
 - PSYCKES Consent Form
 - BHCC
 - DOH Health Home
- Provider attests to other reason for access
 - Verbal PSYCKES Consent
 - Clinical Emergency
 - Attest client is being served at/transferred to agency

12:47

<

Gokwami Kvhqjyc A

General

Gender from Medicaid
DExzSdp

Date of Birth
01/01/9999 (999 Yrs)

Address from Medicaid
VaXrOeTAee

Medicaid ID
KHPJIBZ KGYRGEV

Enable PHI Access




2:16

Cancel

PHI Access for Tifpkpq Ighuxlg W

e-sign PSYCKES consent

 Review consent form and get client's signature on the screen >

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

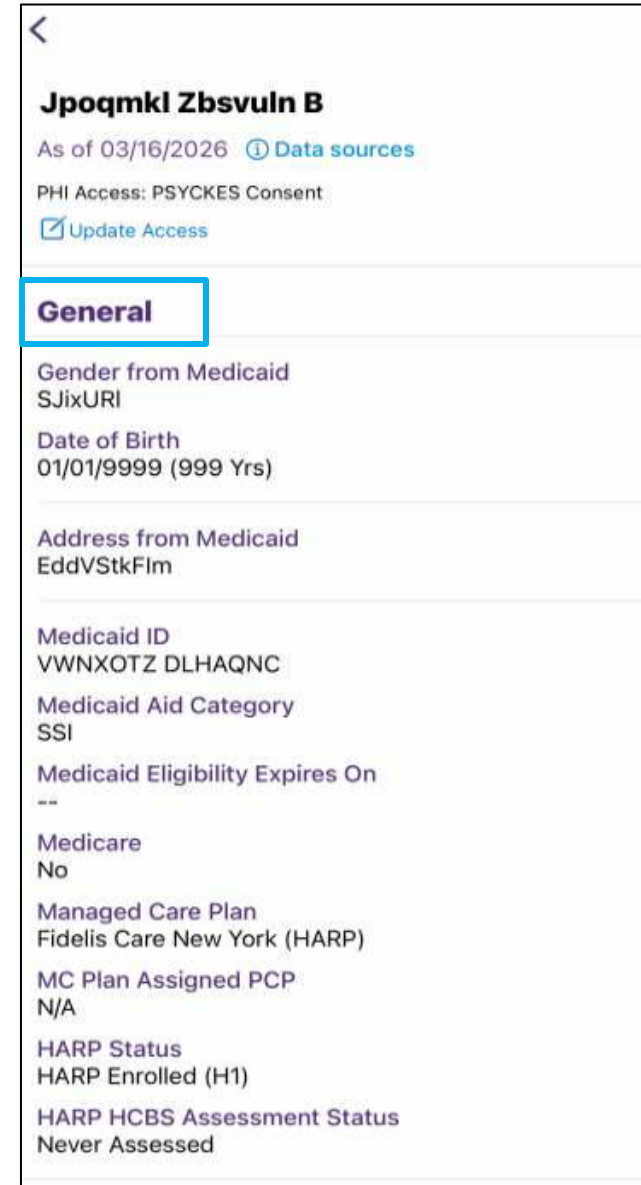
This is a clinical emergency

Provider attests to serving the client

Cancel **Next**


Clinical Summary

- The **Full Summary** view is available in both mobile apps – iOS and Android!
- When drilling into a client's Clinical Summary with applicable access (consent/ER), users will be able to **view all available data for a client's treatment history.**
- The mobile apps include **all available positions of diagnoses, procedures, and practitioner data** mirroring the web application




Complete a Safety Plan

Plans & Documents

- Complete a Safety Plan** 
- PSYCKES Consent Form (e-sign) 1 >
Most recent on 03/19/2026
- Safety Plan 5 >
Most recent on 12/18/2025
- Psychiatric Advance Directive 1 >
Most recent on 12/15/2025

Screenings & Assessments



- Complete a PHQ-9 or C-SSRS** 
- PHQ-9 3 >
Most recent on 01/25/2026
- C-SSRS 2 >
Most recent on 01/03/2026



Close

Safety Plan for JOHN DOE

Complete each section of the Stanley Brown Template. ⓘ


- Date Completed >
- Warning signs  >
- Internal coping strategies  >
- Social supports & settings  >
- Family & friends for crisis help  >
- Professionals & agencies  >
- Making the environment safe  >
- Reason for living  >

Important: This document will be accessible for the individual client and/or provider agency involved in creating it. Other provider agencies may view only with client consent or in a clinical emergency.


Add to Clinical Summary

Complete Screenings & Assessments

Plans & Documents

- Complete a Safety Plan 
- PSYCKES Consent Form (e-sign) 1 >
Most recent on 03/19/2026
- Safety Plan 5 >
Most recent on 12/18/2025
- Psychiatric Advance Directive 1 >
Most recent on 12/15/2025


Screenings & Assessments

- Complete a PHQ-9 or C-SSRS 
- PHQ-9 3 >
Most recent on 01/25/2026
- C-SSRS 2 >
Most recent on 01/03/2026




JOHN DOE

Plans & Documents

- Complete a Safety Plan 
- PSYCKES Consent Form (e-sign) 5 >
Most recent on 03/17/2026
- Safety Plan 4 >
Most recent on 07/10/2025

Screenings & Assessments

- Complete a PHQ-9 or C-SSRS 
- PHQ-9 2 >
Most recent on 07/25/2025
- C-SSRS 1 >
Most recent on 06/17/2025

Select a screening/assessment

- PHQ-9 (depression)
- C-SSRS (suicide)
- Cancel

We want your feedback!

User Feedback

- We'll be asking a short series of polling questions to gather your feedback!
- **To participate in the poll, please select the “Slido” app on the bottom righthand corner of your WebEx screen**



- Once a question is launched, you'll see the question appear in the Slido app with an option to type in your answer. Please feel free to submit more than one suggestion!

Question #1: Would you like to see any enhancements added to Recipient Search?

- For example, new filters (e.g., population filters, new demographic or social needs options)? New service settings (e.g., CTI, ESD, etc.)?

User Feedback – Question #2

Question #2: Are there any additional data sources you'd like to see added to PSYCKES?

- For example, cost-related data, OTDA, etc.?

Question #3: Would you like to see functionality updates within the application?

- For example, multi-select capabilities within more filters, create additional lookback periods, etc.?

Submit Feedback

- If you're interested in adding specific features to PSYCKES, here's how you can make a request:
 - Email PSYCKES-Help@omh.ny.gov and include the following information:
 - Description of the feature you'd like to be added (please be as detailed as possible)
 - Purpose the new feature would serve
 - How this new feature could help a larger group of users

Training & Technical Support

Training

- For more PSYCKES resources, please go to our website at: www.psyckes.org
 - **Webinars:** You can find recording links and slides for our in-depth [PSYCKES Training Webinars](#) which are divided into role-based, feature, access, and release overview sections.
 - **PSYCKES User's Guides:** [Download our user's guides](#) which provide instructions on how to use each section of the PSYCKES application.
 - **Short How-to Videos:** You can find [short trainings](#) for using the Self-Service Console to manage your token or how to review a client's clinical summary.

Technical Support

- If you have any questions regarding the PSYCKES application, please reach out to our helpdesk:
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- If you're having issues with your token or logging in, contact the ITS or OMH helpdesk:
 - ITS (OMH/State PC Employee) Helpdesk:
 - Please contact the NYS Helpdesk at <https://chat.its.ny.gov> or call 844-891-1786
 - OMH (Non-OMH/Non-State PC Employee) Helpdesk:
 - 518-474-5554, option 2; healthhelp@its.ny.gov