NEW YORK STATE | Office of Mental Health
PSYCKES

New PSYCKES Features: Release 8.7.0

Office of Population Health & Evaluation

AUGUST 12, 2026

Q&A via Webex

- All phone lines are muted
- Access the “Q&A” option in Webex by selecting the three dots (…) on the bottom righthand corner of your screen
- Select Slido (polling and Q&A)
- Type your question and click the send message icon
- 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 8.7.0, including:
  - New Medicaid Recertification filter options and Clinical Summary Notification updates
  - Integration of Critical Time Intervention (CTI) Data in the Clinical Summary
  - Addition of Safe Options Support (SOS), CTI, and NYC Mobile Crisis Team Data in Recipient Search
  - New CAIRS Service Setting: Home Based Crisis Intervention (HBCI)
  - And more!
- Upcoming PSYCKES Features
- We want your feedback!
- Training & Technical Support / Q&A

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 (ACT), Adult Housing/Residential, and Home Based Crisis Intervention (HBCI) 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!

Medicaid Recertification Updates

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 the **Recipient Search – Cohort Search** tab, within the Managed Care Plan & Medicaid section, there are new filters within the 'Medicaid Enrollment Status' dropdown:
  - **Medicaid Enrollment Status:**
    - Inactive Medicaid – Expired past year
    - Inactive Medicaid – Expired past 3 months
    - Medicaid Recertification Due < 1 mo.
    - Medicaid Recertification Due < 1 mo. (renew via NYSOH)
    - Medicaid Recertification Due < 1 mo. (renew via LDSS)

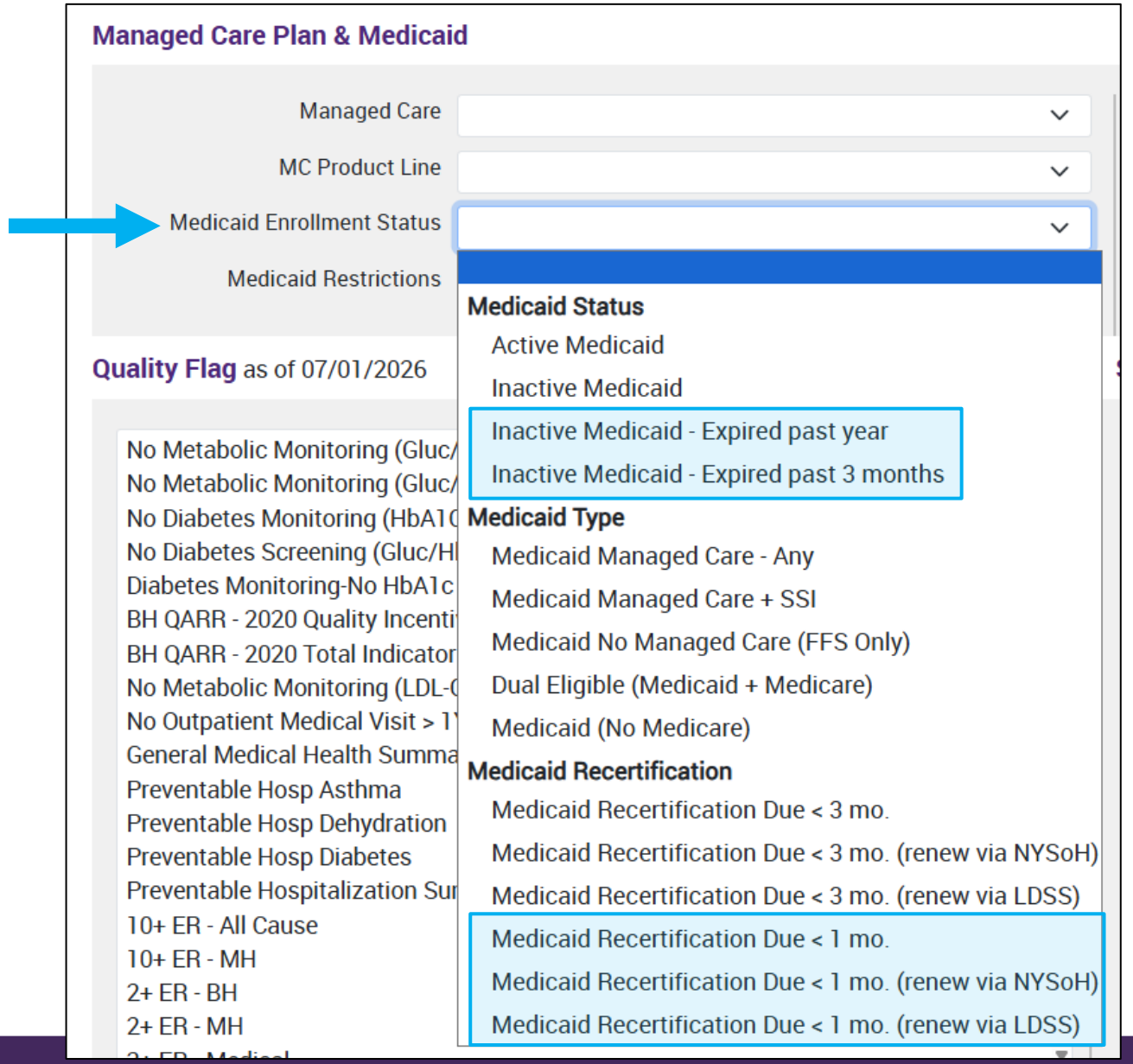
Medicaid Recertification (continued)

- In the Recipient Search results screen, the **Planning Considerations** column now includes the expiration date for individuals needing to recertify their Medicaid coverage, and a new Notification for individuals who have inactive Medicaid along with the date their coverage had expired:
  - Medicaid Recertification Alert (expires: XX/XX/XXXX)
  - Inactive Medicaid Alert (expired: XX/XX/XXXX)

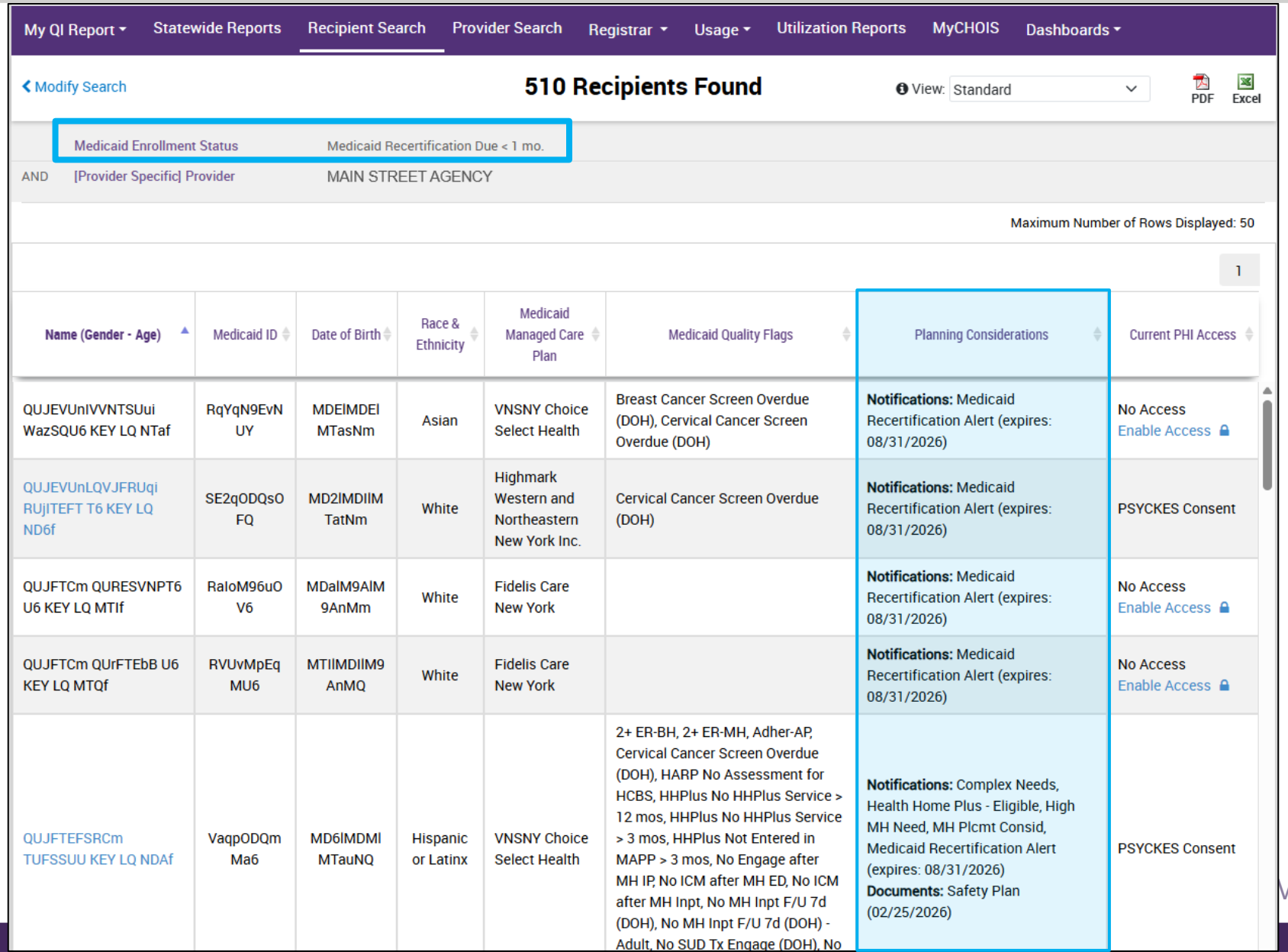
- In the **Clinical Summary**, a new 'Inactive Medicaid Alert' Notifications message has been added, which will display when applicable to the client:
  - Inactive Medicaid Alert
    - This client's Medicaid coverage expired on XX/XX/XXXX. For information about how they can re-apply, visit: How to Apply for NY Medicaid.

- Medicaid Recertification/Inactive Medicaid filters & Notifications are refreshed on a weekly basis

Recipient Search – Medicaid Recertification Filters



Planning Considerations – Medicaid Recertification Due < 1 mo.



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

Modify Search

510 Recipients Found

View: Standard | PDF | Excel

Medicaid Enrollment Status: Medicaid Recertification Due < 1 mo.

AND [Provider Specific] Provider: MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

1

Name (Gender - Age)	Medicaid ID	Date of Birth	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QUJEVUnIVVNTSUui WazSQU6 KEY LQ NTaf	RqYqN9EvN UY	MDElMDEl MTasNm	Asian	VNSNY Choice Select Health	Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH)	**Notifications:** Medicaid Recertification Alert (expires: 08/31/2026)	No Access Enable Access
QUJEVUnLQVJFRUqi RUjITEFT T6 KEY LQ ND6f	SE2qODQsO FQ	MD2lMDIlM TatNm	White	Highmark Western and Northeastern New York Inc.	Cervical Cancer Screen Overdue (DOH)	**Notifications:** Medicaid Recertification Alert (expires: 08/31/2026)	PSYCKES Consent
QUJFTCm QURESVNPT6 U6 KEY LQ MTIf	RaloM96uO V6	MDalM9AlM 9AnMm	White	Fidelis Care New York		**Notifications:** Medicaid Recertification Alert (expires: 08/31/2026)	No Access Enable Access
QUJFTCm QUrFTEbB U6 KEY LQ MTQf	RVUvMpEq MU6	MTIlMDIlM9 AnMQ	White	Fidelis Care New York		**Notifications:** Medicaid Recertification Alert (expires: 08/31/2026)	No Access Enable Access
QUJFTEFSRCm TUFSSUU KEY LQ NDAf	VaqpODQm Ma6	MD6lMDMl MTauNQ	Hispanic or Latinx	VNSNY Choice Select Health	2+ ER-BH, 2+ ER-MH, Adher-AP, Cervical Cancer Screen Overdue (DOH), HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, 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, No SUD Tx Engage (DOH), No	**Notifications:** Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid, Medicaid Recertification Alert (expires: 08/31/2026) **Documents:** Safety Plan (02/25/2026)	PSYCKES Consent

Planning Considerations – Inactive Medicaid

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

Modify Search

861 Recipients Found

View: Standard | PDF | Excel

	Medicaid Enrollment Status	Inactive Medicaid - Expired past 3 months
AND	[Provider Specific] Provider	MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

1

Name (Gender - Age)	Medicaid ID	Date of Birth	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QQ TUbMTEbORVIi SaFTTUbORQ KEY LQ MpAf	QrQoNDMs MqI	MDQIMT2I MTavN6	Unknown			**Notifications:** Inactive Medicaid Alert (expired: 06/30/2026)	No Access Enable Access
QUJBREai SqFUSUU KEY LQ NT6f	VVatOTIuOF Y	MDQIM92I MTasOA	Unknown		2+ ER-BH, 2+ ER-MH, 2+ ER-Medical	**Notifications:** Inactive Medicaid Alert (expired: 07/31/2026), MH Plcmt Consid **Documents:** Psychiatric Advance Directive (06/15/2026), Safety Plan (06/24/2026)	PSYCKES Consent
QUJBUaNBLA UrRFUE7BTabF KEY LQ NDAf	RVMmMDa mMUi	MD2IM9aIM TauNQ	Hispanic or Latinx		No MAT Utilization - OUD (DOH)	**Notifications:** Inactive Medicaid Alert (expired: 07/31/2026)	PSYCKES Consent
QUJERUm SEFNSUQi SFVTUqVJT6 QQ KEq LQ N9Af	SqQqMTAo OF6	MDMIMTQI MTasN6	White		2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, No HbA1c-DM	**Notifications:** Inactive Medicaid Alert (expired: 05/31/2026), MH Plcmt Consid	PSYCKES Consent

Clinical Summary – Medicaid Recertification (LDSS)

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

Recipient Search

QUJEVUnLQVJFRUqi RUjITEFT T6

As of 7/27/2026 Data sources

PDF

Brief Overview | Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)
Address: NpE RrJBQqU UrQ TEzXRVI, QbVGRaFMTm, Tba, MTQoMD2

Medicaid ID: SE2qODQsOFQ **Medicare:** No
Managed Care Plan: Highmark Western and Northeastern New York 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: 08/31/2026

LDSS Medicaid Recertification Message

Current Care Coordination

Health Home (Enrolled)

NC (Begin Date: 01-APR-26) • Status : Active
3-7659; referrals@hhuny.org
ANOS UNIDOS DE BUFFALO INC

Notifications

Medicaid Eligibility Alert

This client must re-certify their Medicaid enrollment through their County Local Department of Social Services (LDSS) (Expiration: 08/31/2026)
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.

Clinical Summary – Medicaid Recertification (NYSoH)

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

Recipient Search

UFJBVFRTLA SazFTA

As of 7/27/2026 Data sources

PDF

Brief Overview | Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)
Address: N9Q SA REzOTrZBT6 RFI, QbVGRaFMTm, Tba, MTQoMTE

Medicaid ID: QqisN92uMEM **Medicare:** No
Managed Care Plan: Independent Health's MediSource (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: 08/31/2026

Current Care Coordination

Health Home (Enrolled) (Begin Date: 01-JUN-26) • Status : Active
7659; referrals@hhuny.org
FAMILY SVC PSY CLINIC

NYSoH Medicaid Recertification Message

Notifications

Prescription Prior Authorization
This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: 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

Medicaid Eligibility Alert
This client must re-certify their Medicaid enrollment through the New York State of Health (NYSoH) enrollment system (Expiration: 08/31/2026)
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.

Clinical Summary – Inactive Medicaid

Recipient Search

QUJCTqvEQUvETqnPLA RqbVUqVQUEU

As of 8/2/2026 Data sources

PDF

Brief Overview | Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)

Address: OQ TUVSQqFEQUvURQ UEm Ipa, RqnFT6 QqzWRQ, Tba, MTErNDI

Medicaid ID: Qb2oN9EuOVQ **Medicare:** Yes

Managed Care Plan: No Managed Care(FFS Only)

MC Plan Assigned PCP : N/A

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

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

Medicaid Eligibility Expires on:

Notifications

Complex Needs due to	HH+ Eligibility , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
High Mental Health Need due to	HH+ Eligibility ; Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
Inactive Medicaid Alert	This client's Medicaid coverage expired on 06/30/2026 For information about how they can re-apply, visit: How to Apply for NY Medicaid

Integration of Critical Time Intervention (CTI) Data in the Clinical Summary

CTI Data in the Clinical Summary

- Critical Time Intervention (CTI) is a care management service designed to support adults with serious mental illness
- CTI teams coordinate services and provide targeted support to facilitate successful reintegration into the community
- In the Clinical Summary, CTI information is displayed in the following sections, when applicable to the client:
  - Current Care Coordination *(if enrolled or discharged in past year)*
  - Care Coordination *(historical)*
  - Integrated View of Services (IVOS) Over Time graph
- CTI data is updated on a monthly basis

CTI Data in the Clinical Summary (continued)

- **Current Care Coordination (CCC):**
  - CTI Team Name
  - Referral Date and Source
  - Admission Date
  - Discharge Date, Reason, and Notes (if applicable)
  - Staff Information

- **Care Coordination (historical):**
  - Service Type (CTI)
  - Provider Name
  - First/Last Date Billed
  - # Bills
  - Procedure *(attempted or successful contact, type of service, target(s) involved, modality, location, and length of contact)*

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

Recipient Search

SqVMTEbTLA VE7PU6

As of 7/27/2026 Data sources

PDF

Brief Overview | Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)
Address: N9A Qq7BTFJFUm TEbOREJFUa3I QanWRA, SaVSSUNITm, Tba, MTEtNTM

Medicaid ID: QbMrNDUtMaq **Medicare:** Yes
Managed Care Plan: No Managed Care(FFS Only)
MC Plan Assigned PCP : N/A

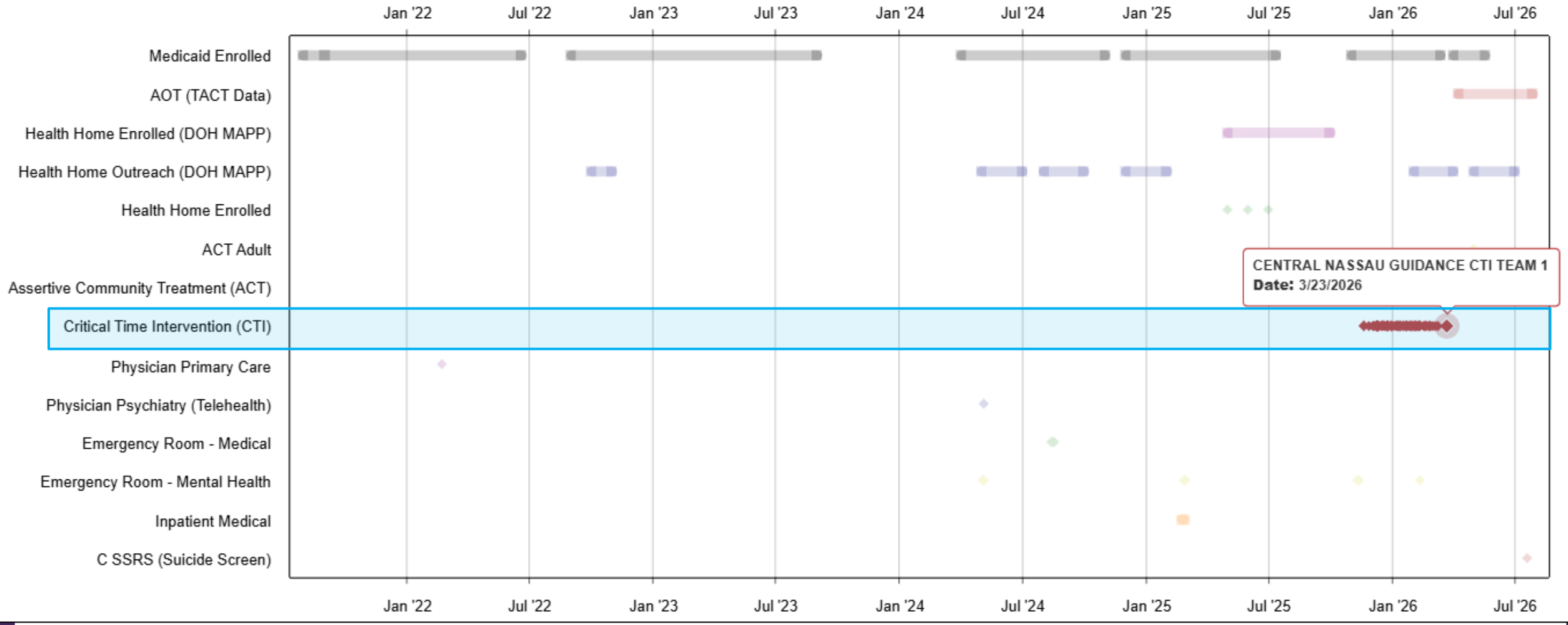
HARP Status: Not Eligible
HARP HCBS Assessment Status: N/A
Medicaid Eligibility Expires on:

Current Care Coordination

AOT	SO.SHORE ASSOCIATION F/INDEPENDENT LIVING,INC (Enrolled Date: 08-APR-26, Expiration Date: 08-OCT-26) Main Contact : Nicole Gernhardt,(516) 295 - 8715
Health Home (Outreach)	NORTH SHORE UNIVERSITY HOSPITAL (Begin Date: 01-MAY-26, End Date: 30-JUN-26) • Status : Active Main Contact Referral : Lidia Jordan, 888-680-6501, Healthhomecommunication@northwell.edu Member Referral Number: 888-680-6501; healthhomecommunication@northwell.edu **Care Management (Outreach)**: NORTH SHORE UNIVERSITY HOSPITAL
ACT	SO.SHORE ASSOCIATION F/INDEPENDENT LIVING,INC (Admission Date: 08-APR-26) Main Contact : Tishana Phillips
Critical Time Intervention (CTI)	Central Nassau Guidance CTI Team 1 Referral date: 11/18/2025 - Source: Hospital - Inpatient (Catholic Health Systems) Admission date: 11/26/2025, Discharge date: 03/23/2026 Discharge Reason: Referral to a Higher Level of Community Care Discharge notes: Transferred to psychiatric inpatient services Staff information: Bridget Kammerer, (516) 788-0439, bkammerer@centralnassau.org

Integrated View of Services Over Time

Table | Graph



Care Coordination

Details

Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	# Bills	Procedure (Most Recent Visit)
Assertive Community Treatment (ACT)	SO.SHORE ASSOCIATION F/INDEPENDENT LIVING,INC	4/8/2026	Current	1	
AOT (TACT Data)	SO.SHORE ASSOCIATION F/INDEPENDENT LIVING,INC	4/8/2026	7/27/2026	1	
Health Home - Outreach (DOH MAPP)	NORTH SHORE UNIVERSITY HOSPITAL (HH, CM)	10/1/2022	6/30/2026	6	
ACT - Adult	SOUTH SHORE ASSOC IND LIV INC	4/30/2026	4/30/2026	1	Assert Comm Tx Pgm Per Diem
Critical Time Intervention (CTI)	CENTRAL NASSAU GUIDANCE CTI TEAM 1	11/19/2025	3/23/2026	53	Successful contact: Care Coordination; External Provider or service agency; Phone; Inpatient/ER; < 15 Minutes
Health Home - Enrolled (DOH MAPP)	NORTH SHORE UNIVERSITY HOSPITAL (HH, CM)	5/1/2025	9/30/2025	1	
Health Home - Enrolled	NORTH SHORE UNIVERSITY HOSPITAL	5/1/2025	7/1/2025	3	Mccd, Risk Adj, Maintenance

All Care Coordination Services for Critical Time Intervention (CTI) Provider

PDF Excel

First Previous 1 2 3 4 5 ... 19 Next Last

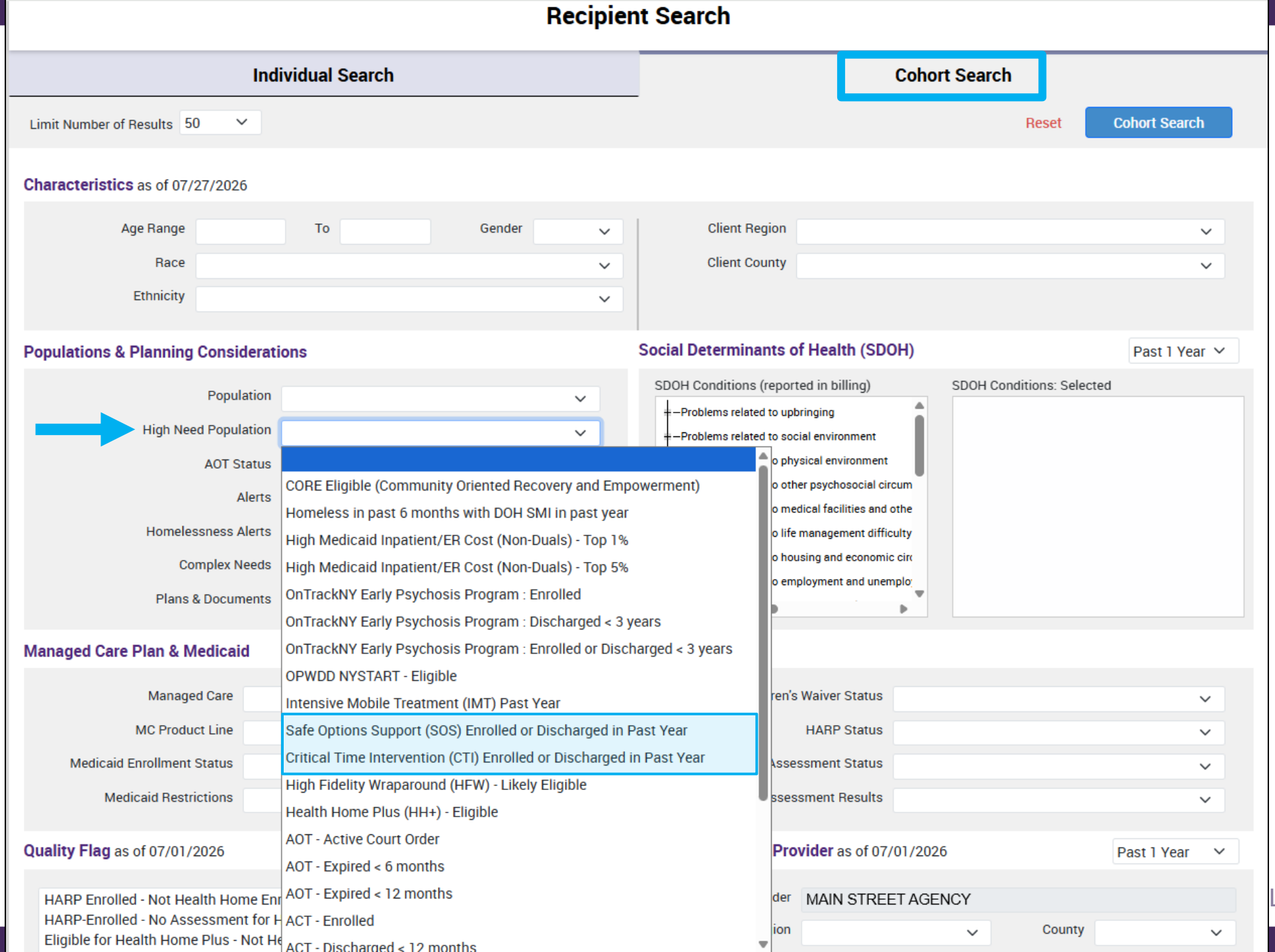
Date of Service	Service Type	Provider	Practitioner	Procedures
3/23/2026	Critical Time Intervention (CTI)	CENTRAL NASSAU GUIDANCE CTI TEAM 1		Successful contact: Care Coordination; External Provider or service agency; Phone; Inpatient/ER; < 15 Minutes
3/9/2026	Critical Time Intervention (CTI)	CENTRAL NASSAU GUIDANCE CTI TEAM 1		Successful contact: Care Coordination; External Provider or service agency; Phone; Inpatient/ER; < 15 Minutes
3/6/2026	Critical Time Intervention (CTI)	CENTRAL NASSAU GUIDANCE CTI TEAM 1		Successful contact: Care Coordination; External Provider or service agency; In-Person (Face to face); Inpatient/ER; 45 Minutes
3/2/2026	Critical Time Intervention (CTI)	CENTRAL NASSAU GUIDANCE CTI TEAM 1		Attempted contact: Care Coordination; External Provider or service agency; Phone
2/26/2026	Critical Time Intervention (CTI)	CENTRAL NASSAU GUIDANCE CTI TEAM 1		Successful contact: Care Coordination; External Provider or service agency; Phone; Client's place of residence; < 15 Minutes

SOS, CTI, Mobile Crisis in Recipient Search

SOS, CTI, Mobile Crisis in Recipient Search

- New service settings have been added to the Recipient Search – Cohort Search page in the High Need Population filter dropdown and “Service Setting” filter boxes
- These new settings include Safe Options Support (SOS), Critical Time Intervention (CTI), and Mobile Crisis (Source: DOHMH)

High Need Population Filter	Services by Specific/Any Provider
Safe Options Support (SOS) Enrolled or Discharged in Past Year	Care Coordination • Critical Time Intervention (CTI) • Safe Options Support (SOS)
Critical Time Intervention (CTI) Enrolled or Discharged in Past Year	Crisis Service • Mobile Crisis (Source: DOHMH)


Recipient Search
Individual Search
Cohort Search
Limit Number of Results 50
Reset
Cohort Search
Characteristics as of 07/27/2026
Age Range
To
Gender
Race
Ethnicity
Client Region
Client County
Populations & Planning Considerations
Social Determinants of Health (SDOH)
Past 1 Year
Population
High Need Population
AOT Status
Alerts
Homelessness Alerts
Complex Needs
Plans & Documents
SDOH Conditions (reported in billing)
SDOH Conditions: Selected
Problems related to upbringing
Problems related to social environment
o physical environment
o other psychosocial circum
o medical facilities and othe
o life management difficulty
o housing and economic circ
o employment and unemplo
CORE Eligible (Community Oriented Recovery and Empowerment)
Homeless in past 6 months with DOH SMI in past year
High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%
High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%
OnTrackNY Early Psychosis Program : Enrolled
OnTrackNY Early Psychosis Program : Discharged < 3 years
OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years
OPWDD NYSTART - Eligible
Intensive Mobile Treatment (IMT) Past Year
Safe Options Support (SOS) Enrolled or Discharged in Past Year
Critical Time Intervention (CTI) Enrolled or Discharged in Past Year
High Fidelity Wraparound (HFW) - Likely Eligible
Health Home Plus (HH+) - Eligible
AOT - Active Court Order
AOT - Expired < 6 months
AOT - Expired < 12 months
ACT - Enrolled
ACT - Discharged < 12 months
Managed Care Plan & Medicaid
Managed Care
MC Product Line
Medicaid Enrollment Status
Medicaid Restrictions
ren's Waiver Status
HARP Status
Assessment Status
ssessment Results
Quality Flag as of 07/01/2026
HARP Enrolled - Not Health Home Enr
HARP-Enrolled - No Assessment for H
Eligible for Health Home Plus - Not He
Provider as of 07/01/2026
Past 1 Year
der
MAIN STREET AGENCY
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County

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

Modify Search

32 Recipients Found

View: Standard

PDF Excel

High Need Population — Safe Options Support (SOS) Enrolled or Discharged in Past Year

AND [Provider Specific] Provider — MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

1

Name (Gender - Age)	Medicaid ID	Date of Birth	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
TEFCTrVOVFai SqVWSUu KEq LQ Np6f	QUQrNTUs MVe	MDalMTMl MTaqNm	Unknown		10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med	**Notifications:** MH Plcmt Consid, Medicaid Recertification Alert	PSYCKES Consent
TEFNLA UaFDSEVM KEY LQ NTYf	RaEoMDUp Mqu	MTElM9QlM TasOQ	White		2+ ER-Medical, 4+ Inpt/ER-Med, 4PP(A), Breast Cancer Screen Overdue (DOH)	**Notifications:** Complex Needs, High MH Need, Inactive Medicaid Alert (expired: 07/31/2026), MH Plcmt Consid	No Access Enable Access
TEVCUazORqzOWaFMR Vei QUrBTaRB KEY LQ M9Uf	RUMsMTUp Nbe	MD6lM9alM 9AmMA	Native American	Fidelis Care New York	No Outpt Medical	**Notifications:** Medicaid Recertification Alert (expires: 06/30/2027)	No Access Enable Access
TEzXTUFDSom VEFJVqFO KEq LQ NDQf	QVEsMTMn MUM	MD2lMDYl MTauMQ	Black	Independent Health's MediSource	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Adher-MS, Adher-MS (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No ICM after MH Inpt, No LDL-C - AP, Readmit 30d - BH to All Cause, Readmit 30d - MH to All Cause	**Notifications:** Complex Needs, High MH Need, MH Plcmt Consid, Medicaid Recertification Alert	No Access Enable Access

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

Recipient Search

QaFFUa3BLA REFWSUQ

As of 8/2/2026 Data sources

PDF

Brief Overview | Full Summary

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

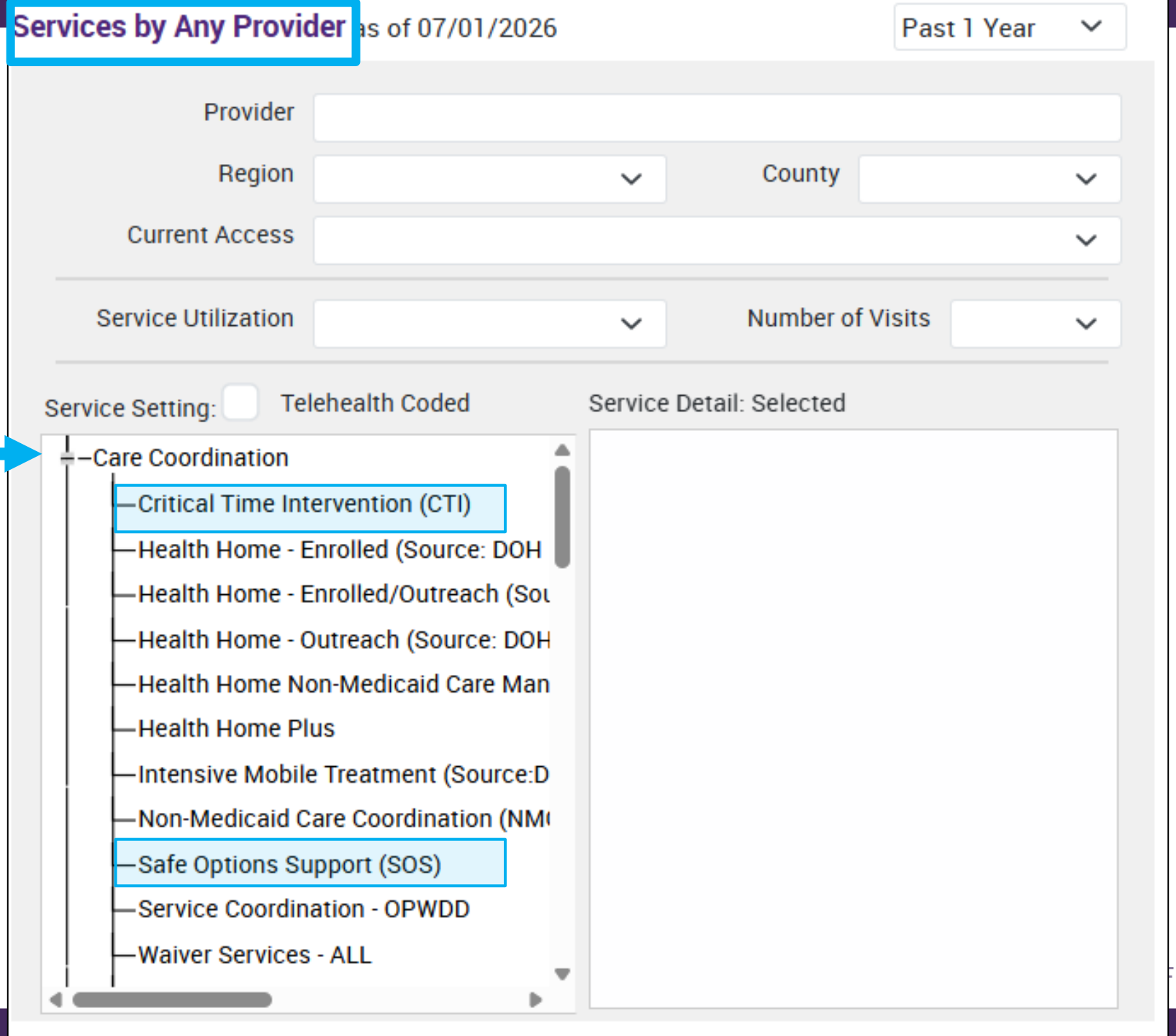
DOB: XX/XX/XXXX (XX Yrs)
Address: ND2m RQ MTYnUrQ UrQ, QbJPTb6, Tba, MTAqNTE

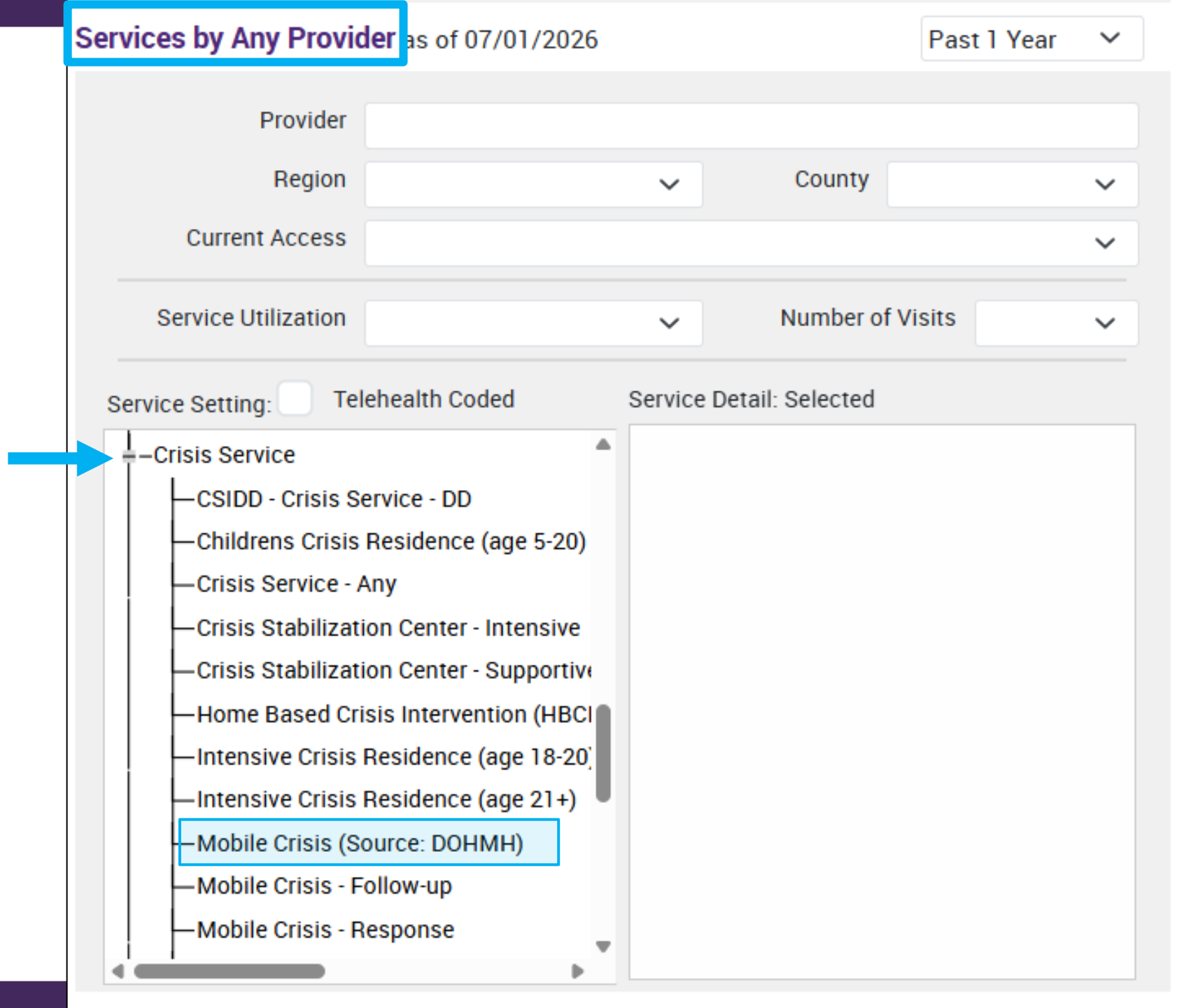
Medicaid ID: TUMuNTQnMUQ Medicare: No
Managed Care Plan: HealthPlus (HARP)
MC Plan Assigned PCP : N/A

HARP Status: BH High-Risk/ HARP Eligible (H9)
HARP HCBS Assessment Status: Never Assessed
Medicaid Eligibility Expires on:

Current Care Coordination

Health Home (Enrolled)	SRH CHN LEAD HEALTH HOME LLC (Begin Date: 01-MAY-26) • Status : Active Member Referral Number: 1-888-980-8410; Skywardhealth@skywardhealth.org **Care Management (Enrolled)**: ESSEN MEDICAL ASSOCIATES PC
NYC Dept of Homeless Services Shelter	PYRAMID SAFE HAVEN (Single Adult, Special Population) • BRONX Most Recent Placement Date: 06-JUN-26 Shelter Director Contact : Diana Peralta, 6466180944, diperalta@bronxworks.org
Safe Options Support (SOS)	Central New York (Enrollment date: 09/16/2024, Discharge date: 05/21/2026) **Discharge Reason**: Completion/Graduation Main Contact Email: sos@monroeplan.com For more information on SOS, visit: https://omh.ny.gov/omhweb/adults/sos/


Services by Any Provider
as of 07/01/2026
Past 1 Year
Provider
Region
County
Current Access
Service Utilization
Number of Visits
Service Setting:
Telehealth Coded
Service Detail: Selected
Care Coordination
Critical Time Intervention (CTI)
Health Home - Enrolled (Source: DOH
Health Home - Enrolled/Outreach (Sou
Health Home - Outreach (Source: DOH
Health Home Non-Medicaid Care Man
Health Home Plus
Intensive Mobile Treatment (Source:D
Non-Medicaid Care Coordination (NM
Safe Options Support (SOS)
Service Coordination - OPWDD
Waiver Services - ALL


Services by Any Provider
as of 07/01/2026
Past 1 Year
Provider
Region
County
Current Access
Service Utilization
Number of Visits
Service Setting:
Telehealth Coded
Service Detail: Selected
Crisis Service
CSIDD - Crisis Service - DD
Childrens Crisis Residence (age 5-20)
Crisis Service - Any
Crisis Stabilization Center - Intensive
Crisis Stabilization Center - Supportive
Home Based Crisis Intervention (HBCI
Intensive Crisis Residence (age 18-20
Intensive Crisis Residence (age 21+)
Mobile Crisis (Source: DOHMH)
Mobile Crisis - Follow-up
Mobile Crisis - Response

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

Modify Search

7 Recipients Found

View: Standard

PDF Excel

[Provider Specific] Provider MAIN STREET AGENCY

AND [Any Provider] Service Setting: Mobile Crisis (Source: DOHMH)

Maximum Number of Rows Displayed: 50

1

Name (Gender - Age)	Medicaid ID	Date of Birth	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QUJERUnGQVRUQU6i UqFMQU6 QQ KEq LQ M96f	VUquM9Eo MbY	MD6lMTUl MTavNm	Black	Fidelis Care New York	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, 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, No High Intensity f/u SUD 30d (DOH), No High Intensity f/u SUD 7d (DOH), No ICM after MH Inpt, No SUD ER f/u 7d (DOH), No Utilization of Pharmacotherapy (DOH), Readmit 30d - Medical to All Cause, Readmit 30d - Medical to Medical	**Notifications:** Complex Needs, Health Home Plus - Eligible, High MH Need, Inactive Medicaid Alert (expired: 07/31/2026), MH Plcmt Consid	PSYCKES Consent
QUJERUnTQVbFRCm SrbSSUnMTrM RQ KEq LQ MpAf	VV2tMpQu Mq2	MDMlMDal MTavN6	White	Fidelis Care New York	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, HARP No Assessment for HCBS, HARP No Health Home	**Notifications:** Complex Needs, High MH Need, MH Plcmt Consid, Medicaid Recertification Alert	Verbal PSYCKES Consent

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

Recipient Search

QUJERUnGQVRUQU6i UqFMQU6 QQ

As of 8/2/2026 Data sources

PDF

Brief Overview | Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)
Address: NDUrNA MpbUSFBM MUQ, UrVOTbbTSURF, Tba, MTEnMDQ

Medicaid ID: VUquM9EoMbY 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: Never Assessed
Medicaid Eligibility Expires on:

Notifications

Complex Needs due to	4+ ER MH < 13 months , HH+ Eligibility , Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH , Suicide attempt: Any history
Mobile Crisis (DOHMH)	Elmhurst CPEP Crisis Outreach Team Referral date:11/06/2025 • Source: Internal Referral; Koskinas Discharge Monitoring Presenting problem(s): Missed Appointment, Suicide Attempts Provisional diagnosis: Major Depressive Disorder; Substance Use Disorder Case opened: Yes • Status: Closed; Client Refused Services
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
High Mental Health Need due to	4+ ER MH < 13 months ; HH+ Eligibility ; Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH

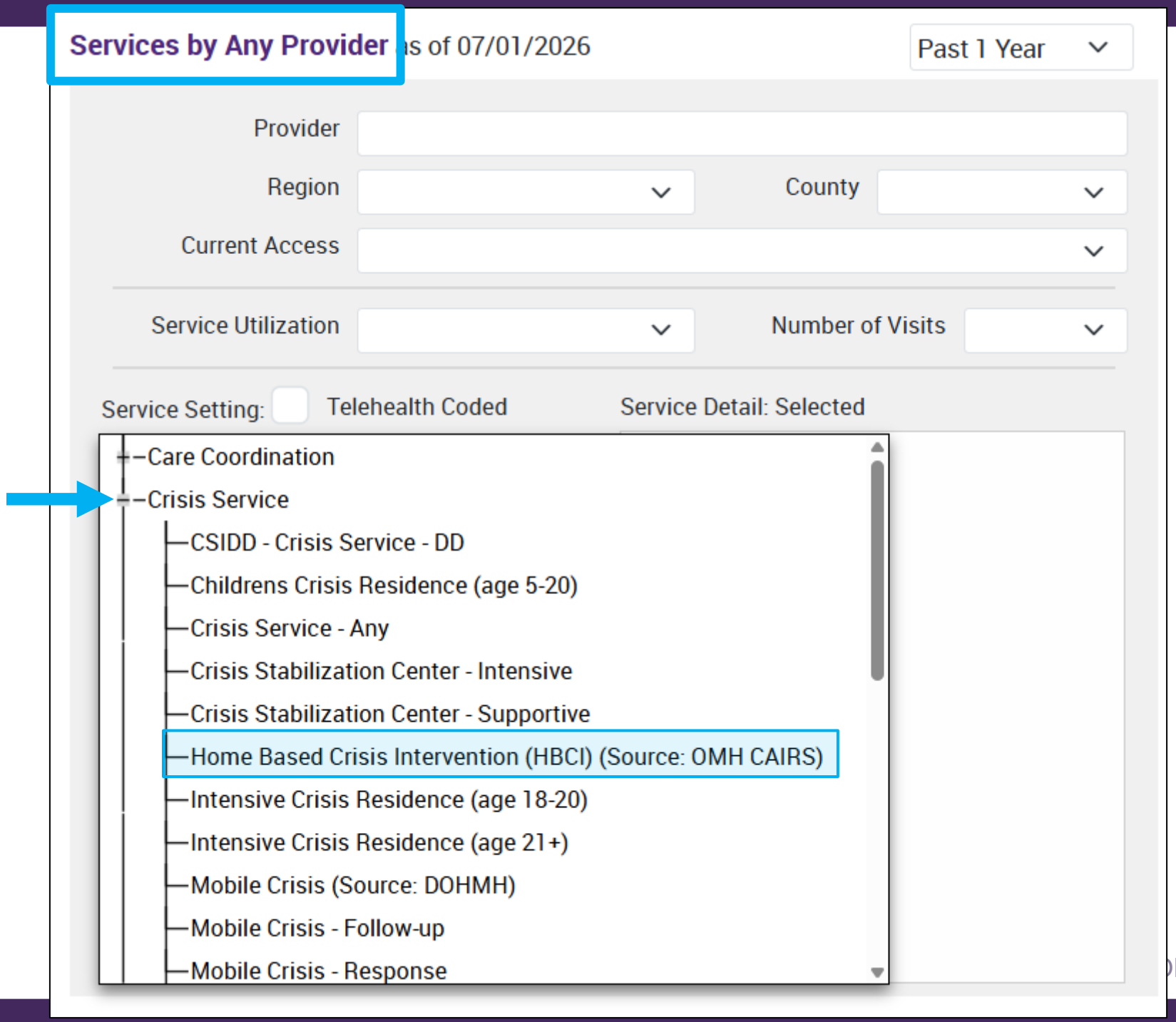
Home Based Crisis Intervention (HBCI)

Home Based Crisis Intervention (HBCI)

- Home Based Crisis Intervention (HBCI) provides short term, intensive in-home crisis services designed to prevent unnecessary psychiatric hospitalizations for children and youth at imminent risk of crisis.
- A new HBCI service setting from CAIRS has been added to the Recipient Search – Cohort search page within the “Service Setting” filter boxes and the Clinical Summary.
- In the Clinical Summary, HBCI information is displayed in the following sections, when applicable to the client:
  - Current Care Coordination *(if HBCI service was received in past year)*
  - Integrated View of Services (IVOS) Over Time graph
  - Crisis Services
- HBCI data is refreshed on a weekly basis

HBCI Data in the Clinical Summary

- **Current Care Coordination (CCC):**
  - Provider Name
  - Admission Date
  - Discharge Date, Reason, and Comments *(if applicable)*
  - Program Contact Information
- **Crisis Services:**
  - Service Type (HBCI)
  - Provider Name
  - Admission Date
  - Discharge Date *(if applicable)*
  - Discharge Reason *(if applicable)*


Services by Any Provider
as of 07/01/2026
Past 1 Year
Provider
Region
County
Current Access
Service Utilization
Number of Visits
Service Setting:
Telehealth Coded
Service Detail: Selected
Care Coordination
Crisis Service
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Crisis Stabilization Center - Supportive
Home Based Crisis Intervention (HBCI) (Source: OMH CAIRS)
Intensive Crisis Residence (age 18-20)
Intensive Crisis Residence (age 21+)
Mobile Crisis (Source: DOHMH)
Mobile Crisis - Follow-up
Mobile Crisis - Response

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

Recipient Search

REzOTaVMTFai SqFZTEE

As of 7/27/2026 Data sources

PDF

Brief Overview | Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)
Address: N9Q SUzOSUE QVZF, UrRBVEVO SVNMQUvE, Tba, MTApMTI

Medicaid ID: UFerMTEoNV2 **Medicare:** No
Managed Care Plan: Fidelis Care New York (Mainstream)
MC Plan Assigned PCP :

Children's Waiver Status: N/A
HARP HCBS Assessment Status: N/A
Medicaid Eligibility Expires on:

Current Care Coordination

Health Home (Enrolled)	COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-FEB-26, End Date: 31-MAY-26) • Status : Closed Member Referral Number: 866-899-0152; cbchealthhome@cbcare.org **Care Management (Enrolled)**: JEWISH BD FAM/CHILD SVCS MH
Home Based Crisis Intervention (HBCI)	Jewish Board of Family & Children's Services (Admission Date: 12-FEB-26, Discharge Date: 26-MAR-26) Discharge reason: Services do not adequately meet client's needs Discharge Comment: Voluntary operated MH Congregate Treatment Program Program Contact Information : Gina Fiore, (718)-982-6982 ext. 272

Notifications

Complex Needs due to	Home Based Crisis Intervention in past year
Mobile Crisis (DOHMH)	Jewish Board CMCT Referral date:01/16/2026 • Source: NYC 988 Referral; School Presenting problem(s): Anxiety, Depression, Self Harm, Suicide Ideation Provisional diagnosis: Other; Obsessive Compulsive Disorder Case opened: Yes • Status: Closed; Successful Linkage(s)

Scroll down...

Outpatient Providers Past Year	Last Service Date & Type	
COMPREHENSIVE PEDIATRICS P C	6/5/2026	Physicians Group - Pediatrics
AURELUS EDNA	5/24/2026	Nurse Practitioner (Telehealth)
BP IMMEDIATE MEDICAL CARE PC	5/6/2026	Urgent Care - Medical Dx
NEW YORK UNIVERSITY	3/18/2026	Physician Group
CITY MEDICAL OF UPPER EAST SIDE	2/16/2026	Urgent Care - Medical Dx
ADVANCED DERMATOLOGY PC	10/29/2025	Multi-Type Group - Dermatology

All Hospital and Crisis Utilization • 5 Years

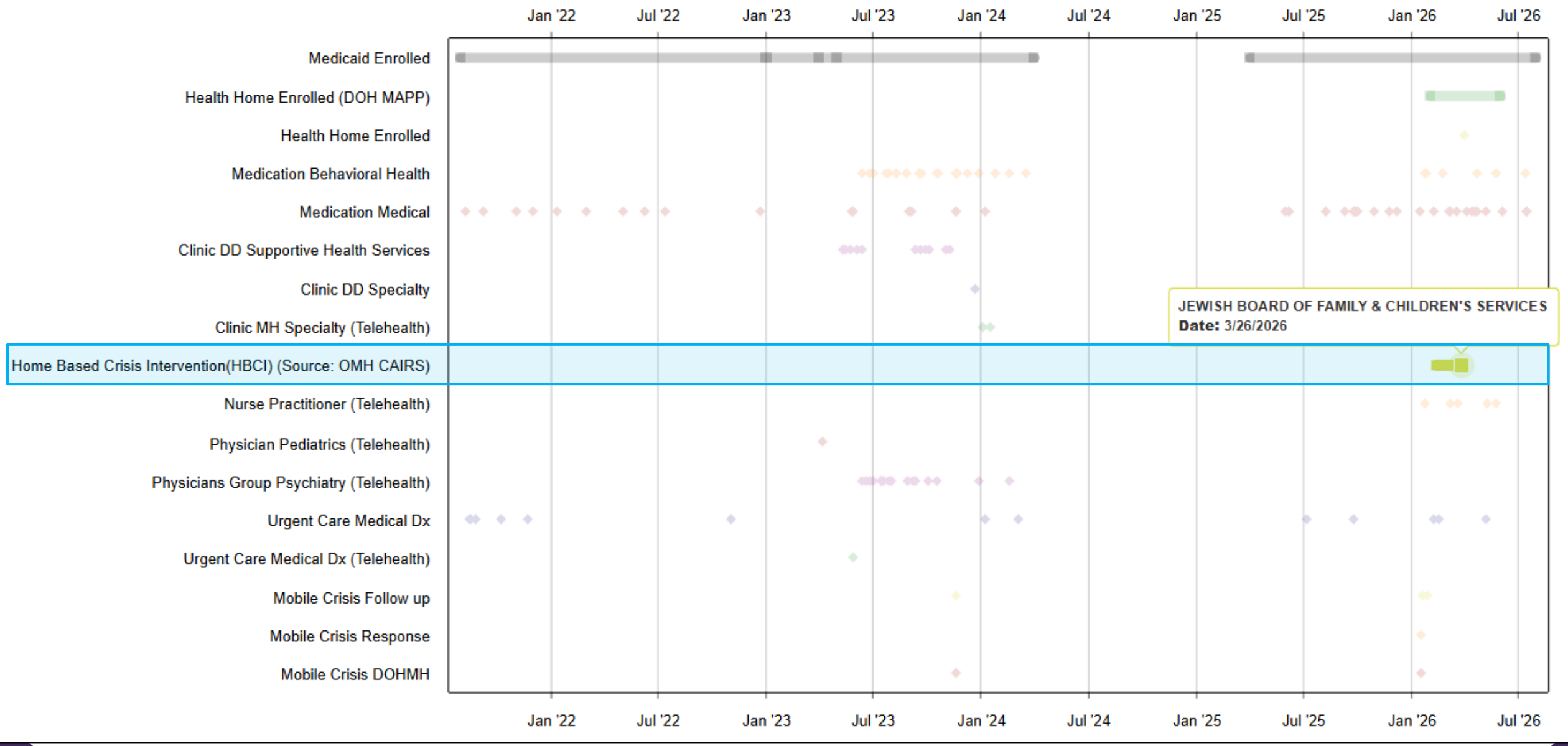
ER Visits	# Providers	Last ER Visit
No Medicaid claims for this data type in the past 5 years		

Inpatient Admissions	# Providers	Last Inpatient Admission
No Medicaid claims for this data type in the past 5 years		

Crisis Services	# Providers	Last Crisis Service
Home Based Crisis Intervention (HBCI) (Source: OMH CAIRS)	1	3/26/2026 at JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES
3 Mobile Crisis - Follow-up	2	1/28/2026 at JEWISH BOARD FAMILY CHILD A
2 Mobile Crisis - DOHMH	1	1/16/2026 at Jewish Board CMCT
1 Mobile Crisis - Response	1	1/16/2026 at JEWISH BOARD FAMILY CHILD A

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)
Home Based Crisis Intervention(HBCI) (Source: OMH CAIRS)	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	2/12/2026	3/26/2026			
Mobile Crisis - Follow-up	JEWISH BOARD FAMILY CHILD A	1/20/2026	1/28/2026	2	Obsessive-compulsive disorder, unspecified	- Crisis Interven Svc, 15 Min
Mobile Crisis - DOHMH	Jewish Board CMCT	1/16/2026	1/16/2026	1	Other	- Face-to-face contact; Transported: No
Mobile Crisis - Response	JEWISH BOARD FAMILY CHILD A	1/16/2026	1/16/2026	1	Obsessive-compulsive disorder, unspecified	- Crisis Intervention Mental H

All Crisis Services for JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES Provider

PDF Excel

First Previous 1 Next Last

Date of Service/ First Visit	Service Type	Provider	Primary, secondary, and quality flag-related diagnoses	Admission/Date of Service	Discharge/Date of Service	Procedure
2/12/2026	Home Based Crisis Intervention(HBCI) (Source: OMH CAIRS)	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES		2/12/2026	3/26/2026	Services do not adequately meet client's needs

Episode-Based CAIRS Data

Episode-Based CAIRS Data

- In the Clinical Summary Living Support/Residential section, improvements have been made to allow users to more clearly identify CAIRS episode-based services
- With this update, the Living Support/Residential section will now display both admission and discharge dates, when applicable, to identify that an episode-based service has occurred
- The word ‘Current’ will display in the Last Date Billed/Discharge column if the individual is still actively enrolled in the CAIRS program
- In the Integrated View of Services (IVOS) Over Time graph, the episode-based services will appear as a line rather than singular service dots so that an episode can be more clearly identified

Living Support/Residential Treatment

Details

Table | Graph

Service Type	Provider Name	First Date Billed/Admission	Last Date Billed/Discharge	Number of Visits
Congregate Treatment Model (Source: OMH CAIRS)	OPTIONS FOR COMMUNITY LIVING, INC.	9/23/2025	3/12/2026	
Apartment Treatment Model (Source: OMH CAIRS)	OPTIONS FOR COMMUNITY LIVING, INC.	8/1/2025	9/23/2025	
Homeless Shelter - Single Adult, Diversion (Source: NYC DHS)	30TH ST. FASTTRACK	9/19/2020	9/20/2020	1
Community Residence - MH - State Psych Center (Source: State PC)	PILGRIM PSYCHIATRIC CENTER	1/17/2008	3/6/2009	3

All Living Support/Residential Treatment

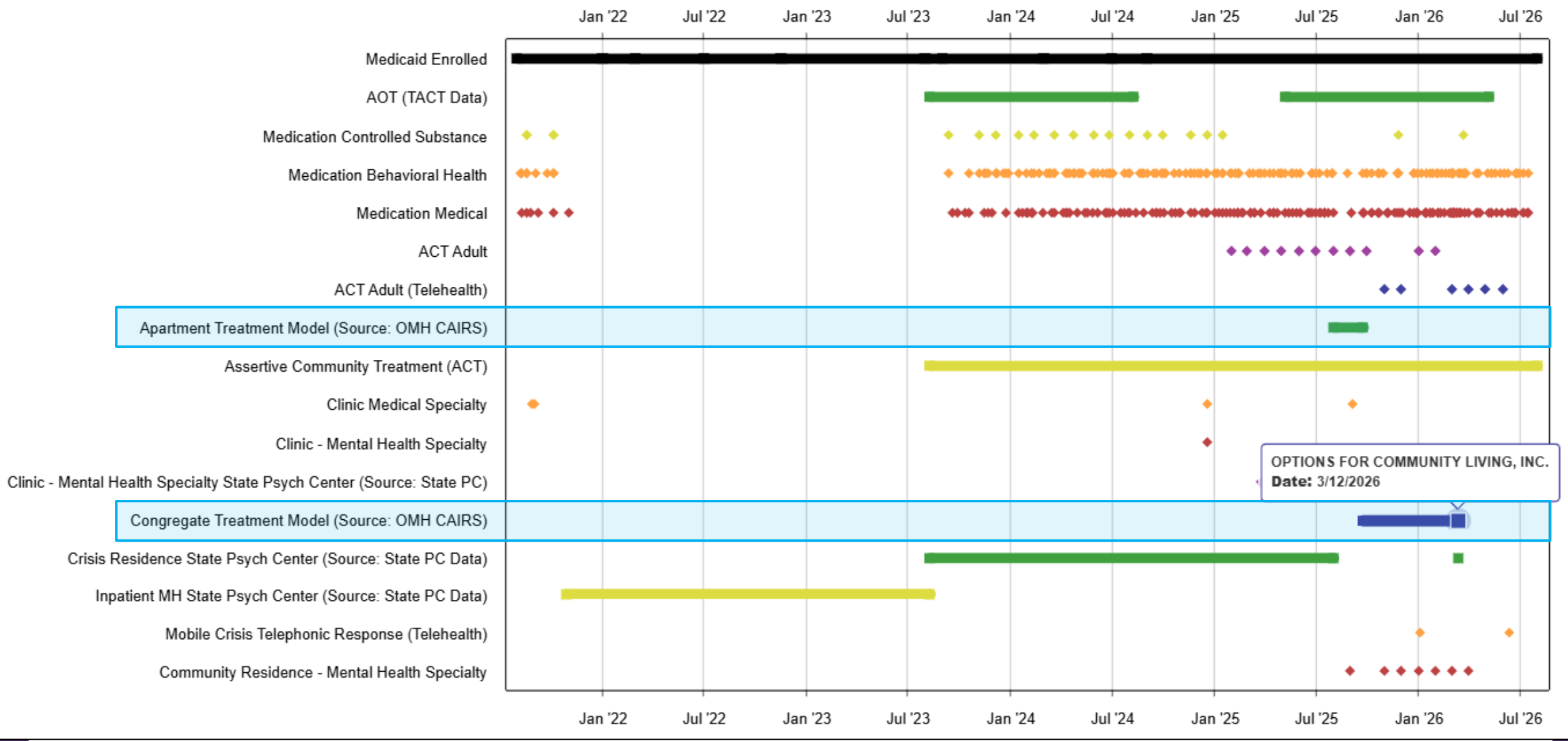
PDF Excel

First Previous 1 2 3 Next Last

Date of Service	Service Type	Provider	Primary Diagnosis/Reasons for Discharge	Procedure
9/23/2025 - 3/12/2026	Congregate Treatment Model (Source: OMH CAIRS)	OPTIONS FOR COMMUNITY LIVING, INC.	Services do not adequately meet client's needs	
8/1/2025 - 9/23/2025	Apartment Treatment Model (Source: OMH CAIRS)	OPTIONS FOR COMMUNITY LIVING, INC.	Services do not adequately meet client's needs	
9/19/2020 - 9/20/2020	Homeless Shelter - Single Adult, Diversion (Source: NYC DHS)	30TH ST. FASTTRACK		
1/8/2009 - 3/6/2009	Community Residence - MH - State Psych Center (Source: State PC)	PILGRIM PSYCHIATRIC CENTER	Schizoaffective disorder, unspecified	

Integrated View of Services Over Time

Table | Graph

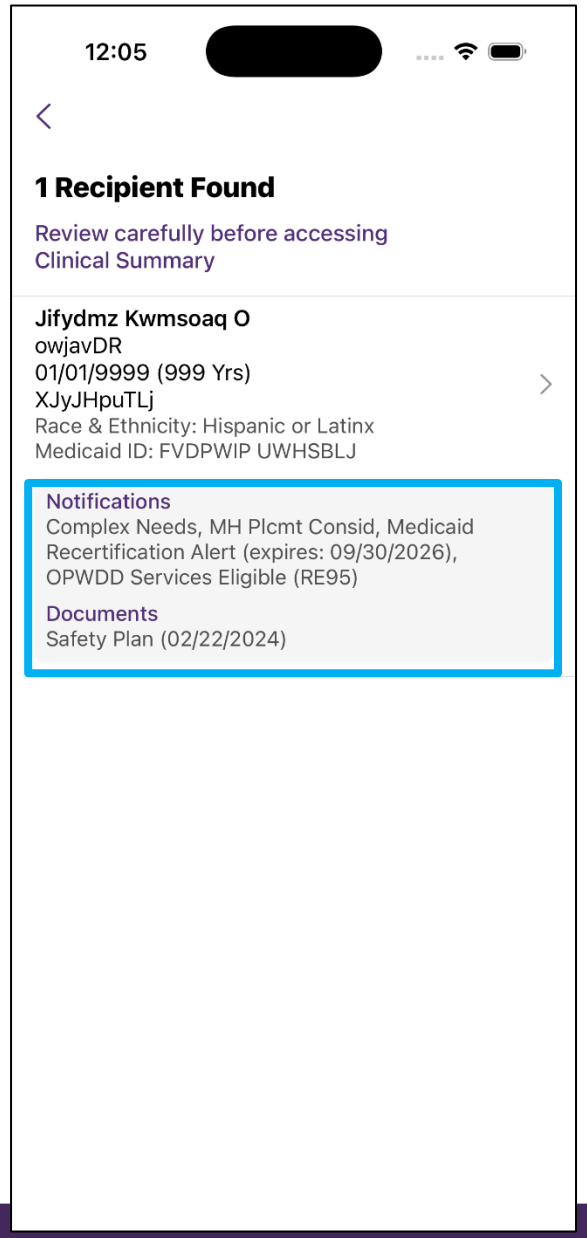


Mobile App Enhancements

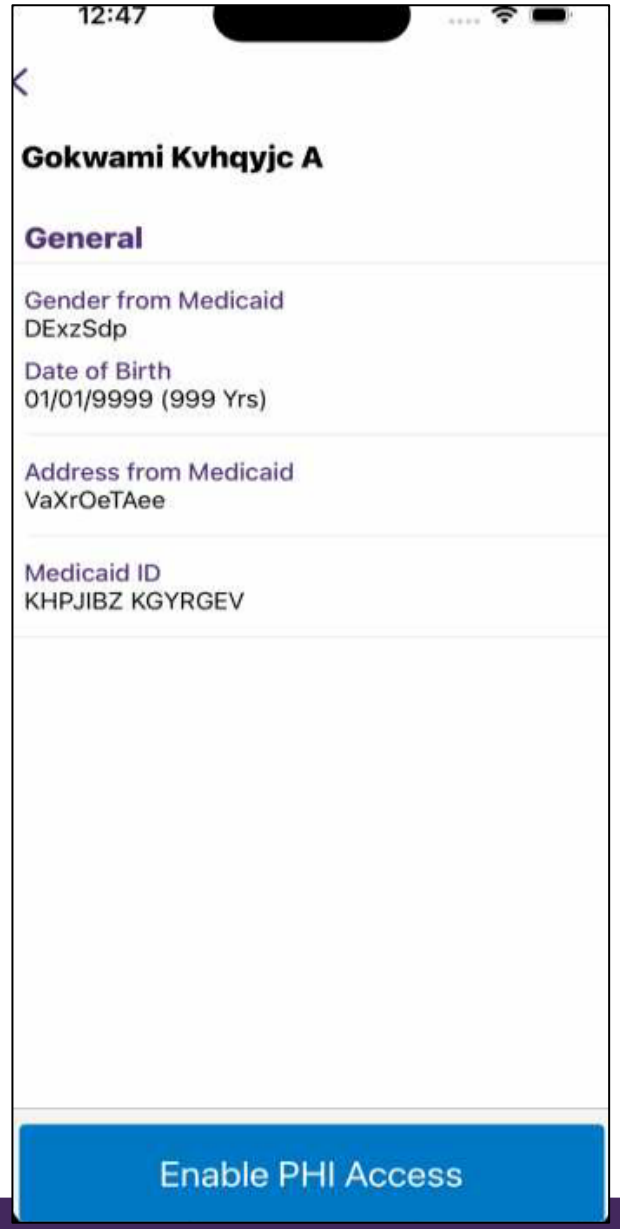
Mobile App Enhancements

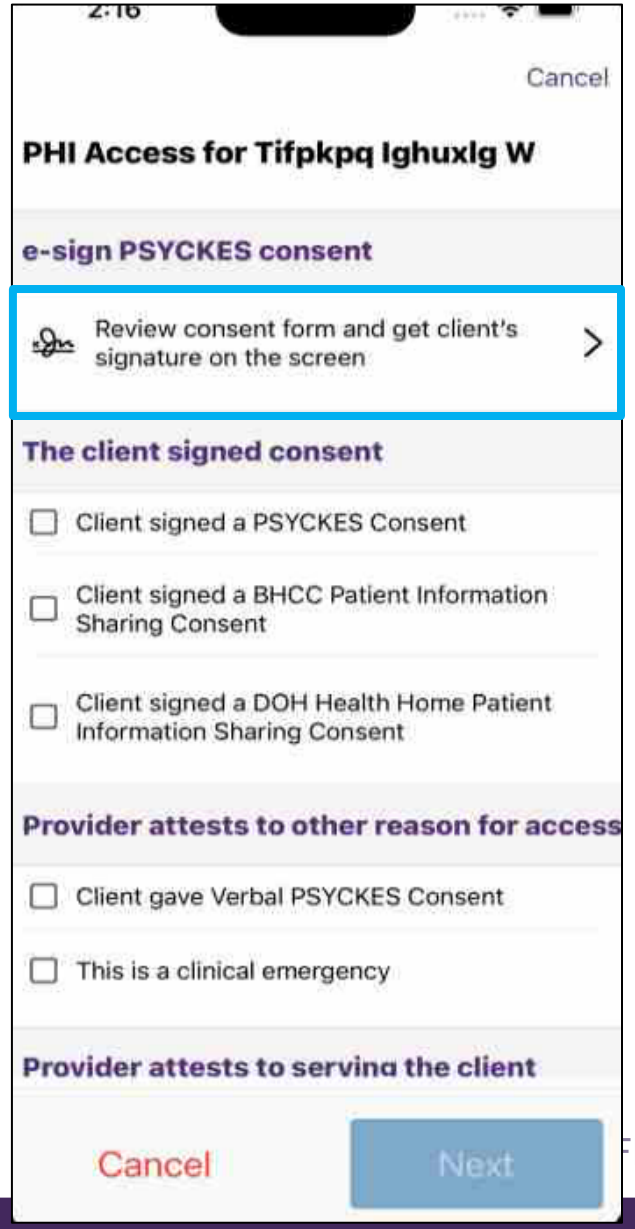
- The mobile app allows users to search for clients from the field, access a Clinical Summary with consent or emergency access (including an e-sign consent feature!), complete a Safety Plan or screening and assessment, and more!
- 8.7.0 enhancements include:
  - A new Android Tablet version of the PSYCKES-Medicaid mobile app is now available! This version mirrors the iOS iPad view, which includes the following features:
    - Brief Overview
    - Services Over Time Graph
    - Safety Plans, Screenings & Assessments
  - Planning Considerations available in Recipient Search results
  - Inactive Medicaid Clinical Summary Notification
  - CTI Data
  - HBCI CAIRS Service Setting
  - Episode-Based CAIRS Updates

Planning Considerations



E-Sign PSYCKES Consent





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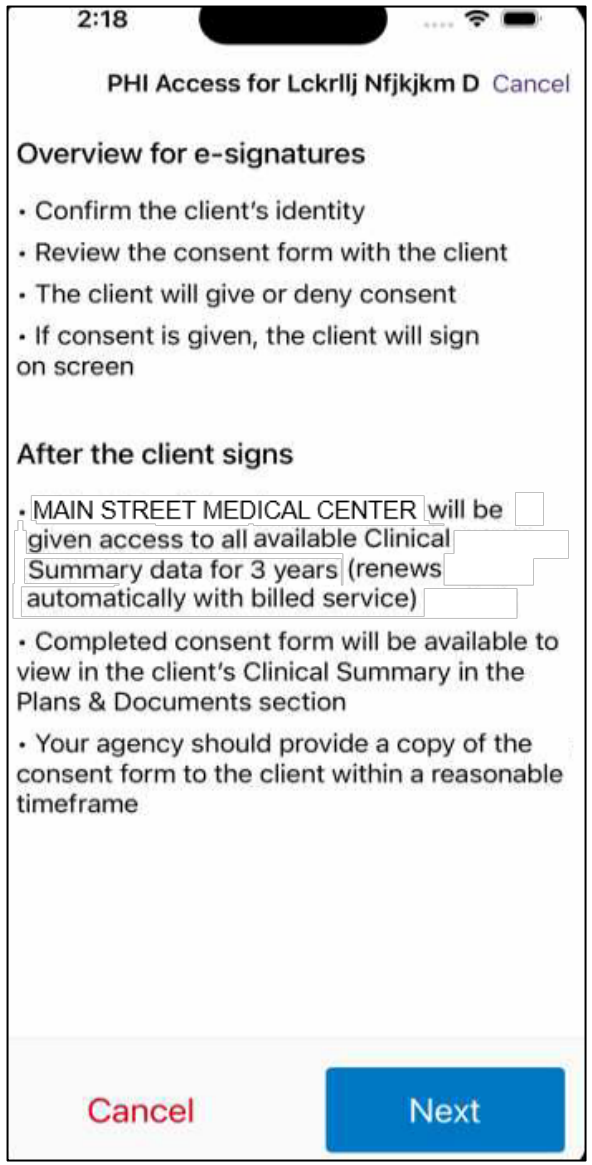

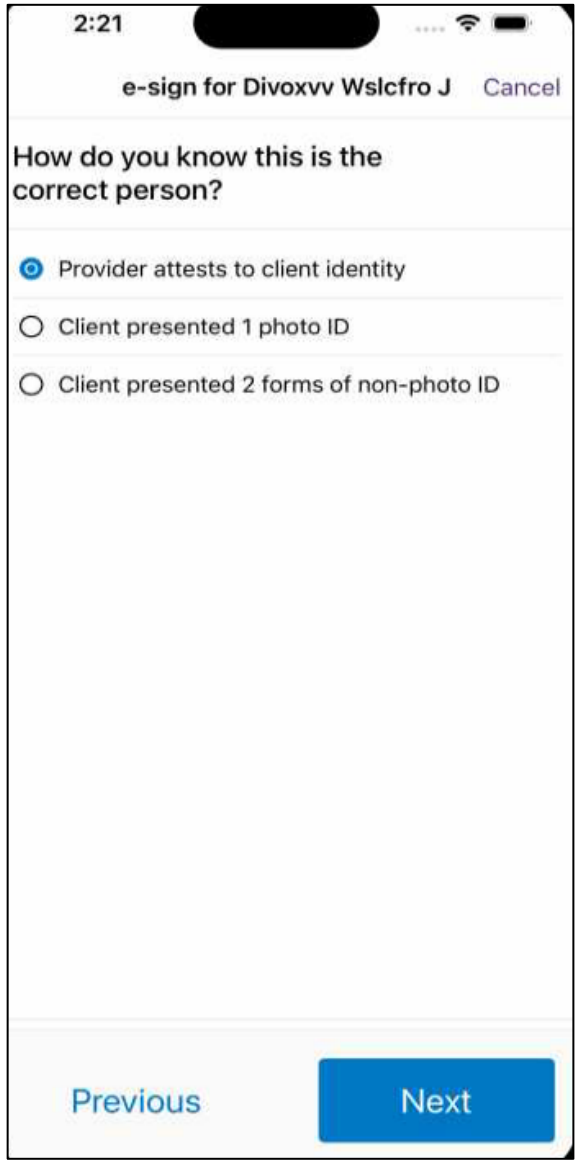

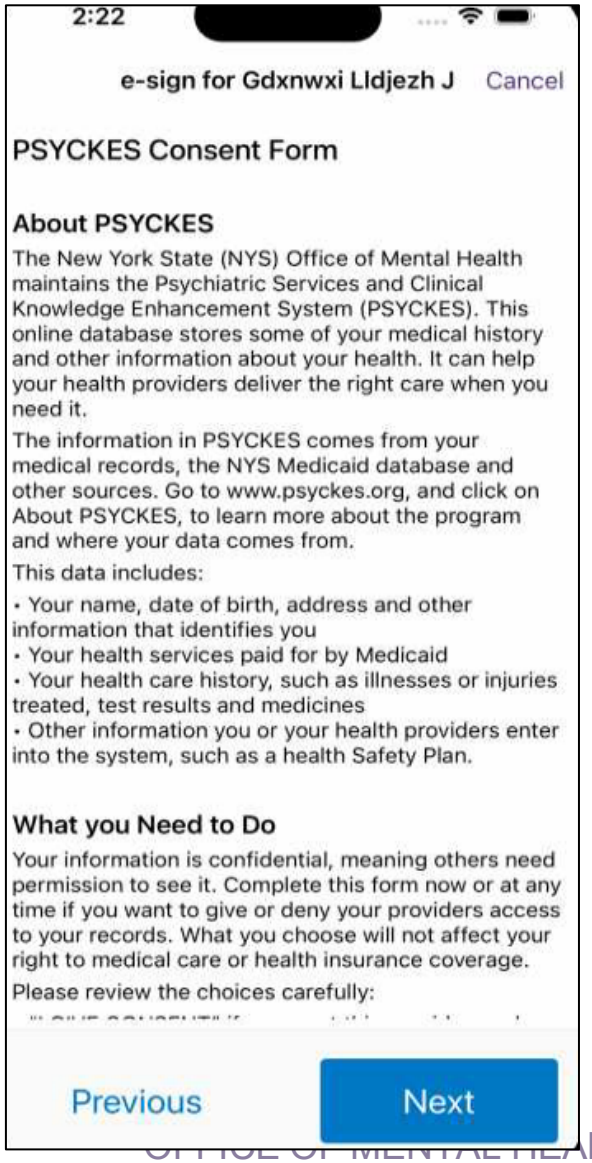

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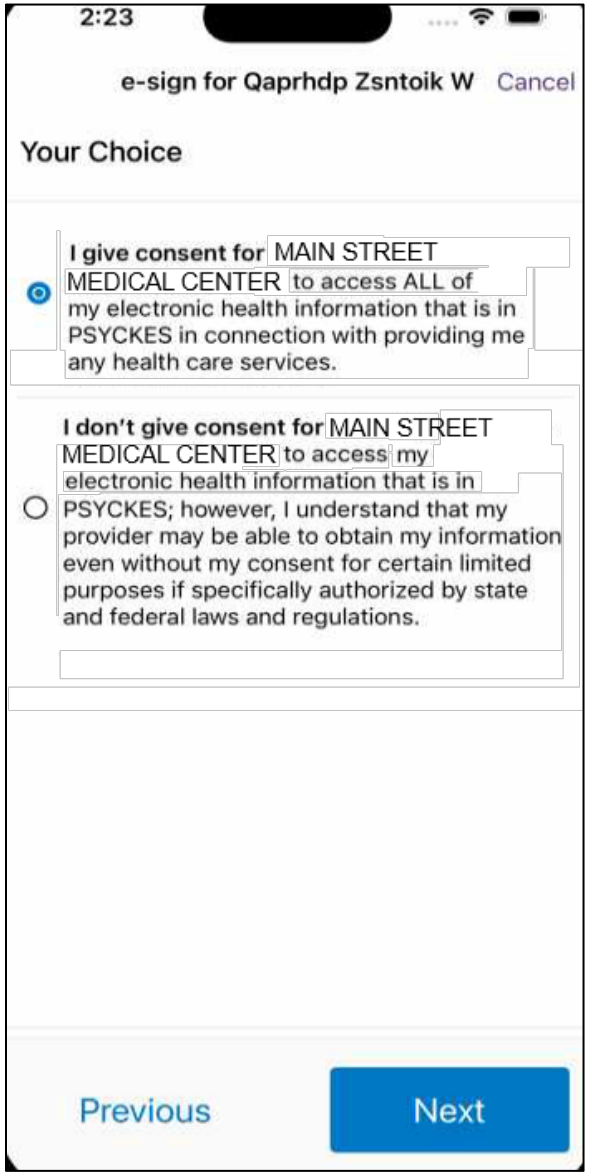
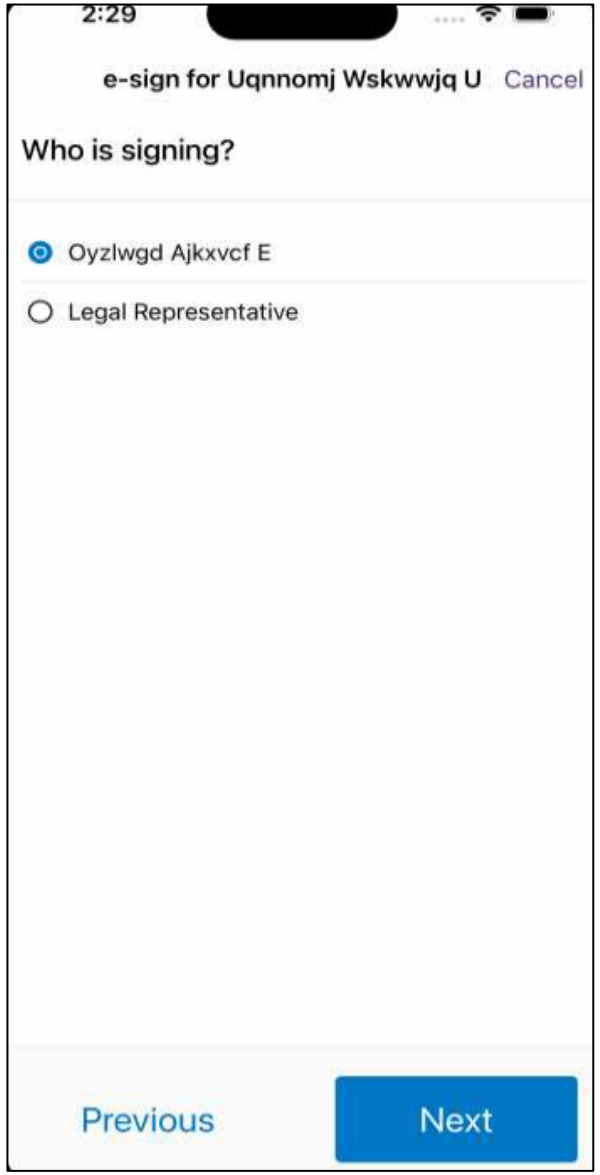
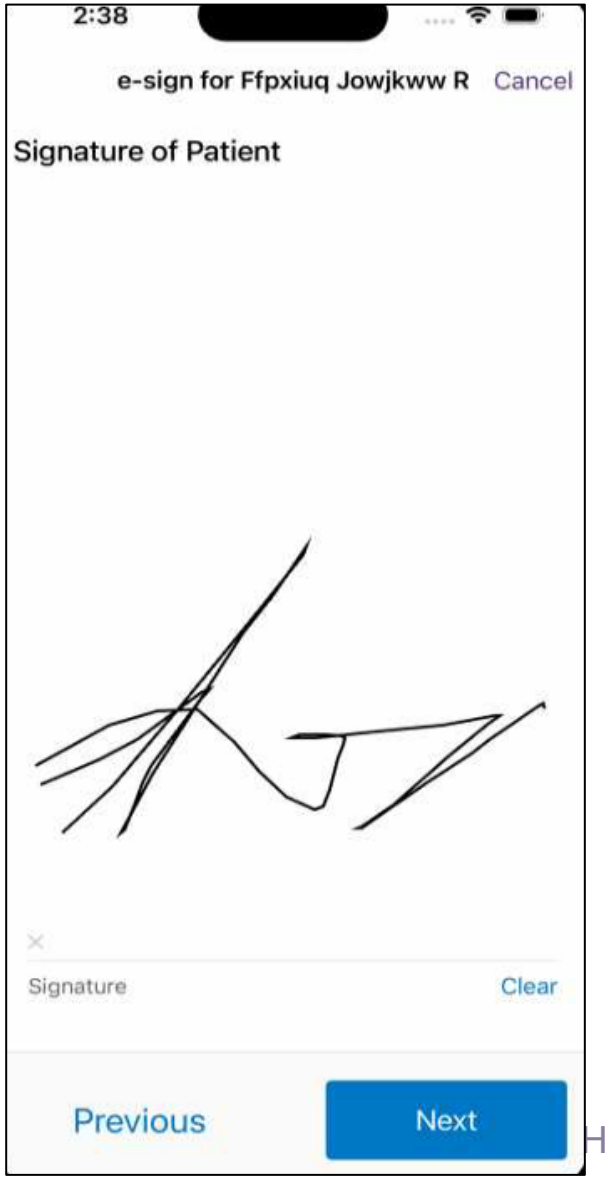
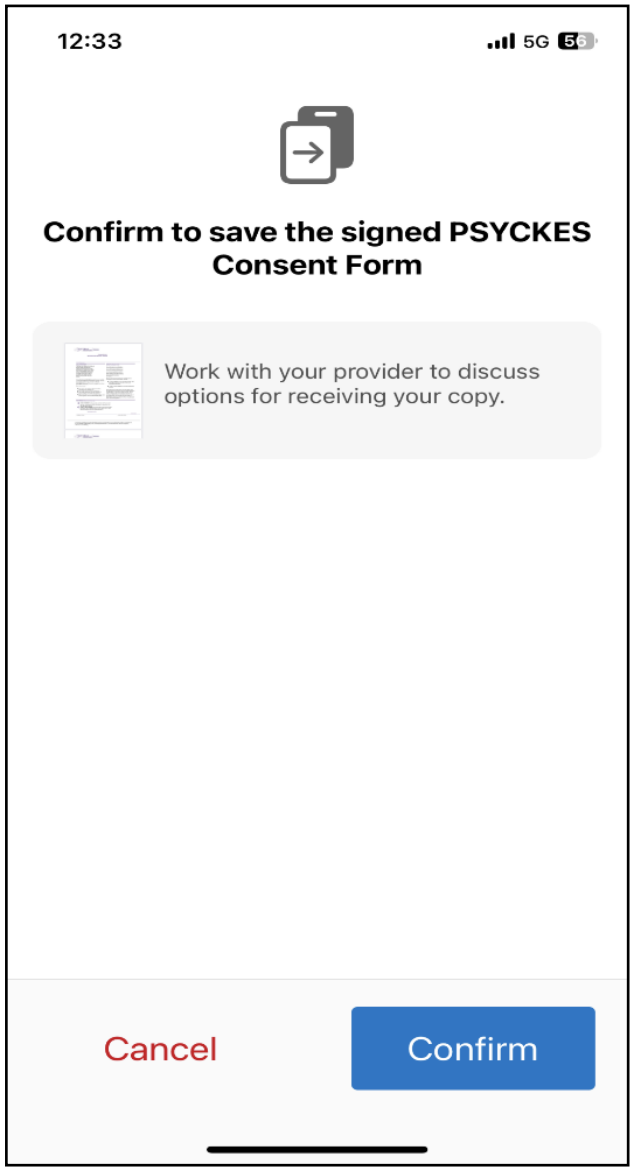
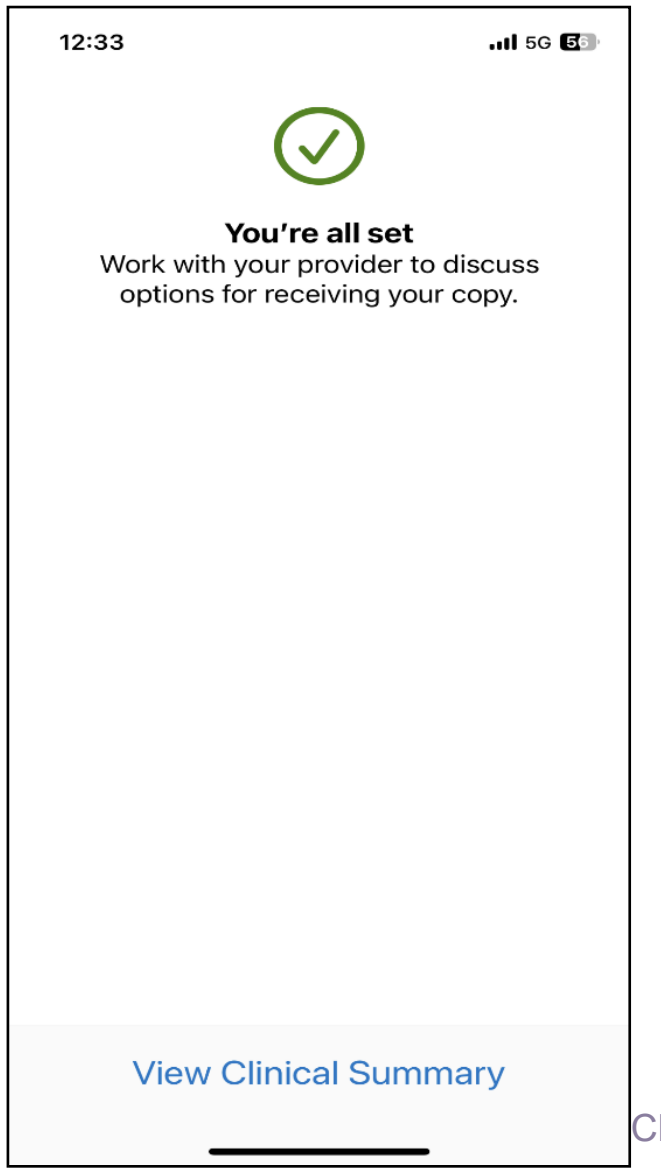




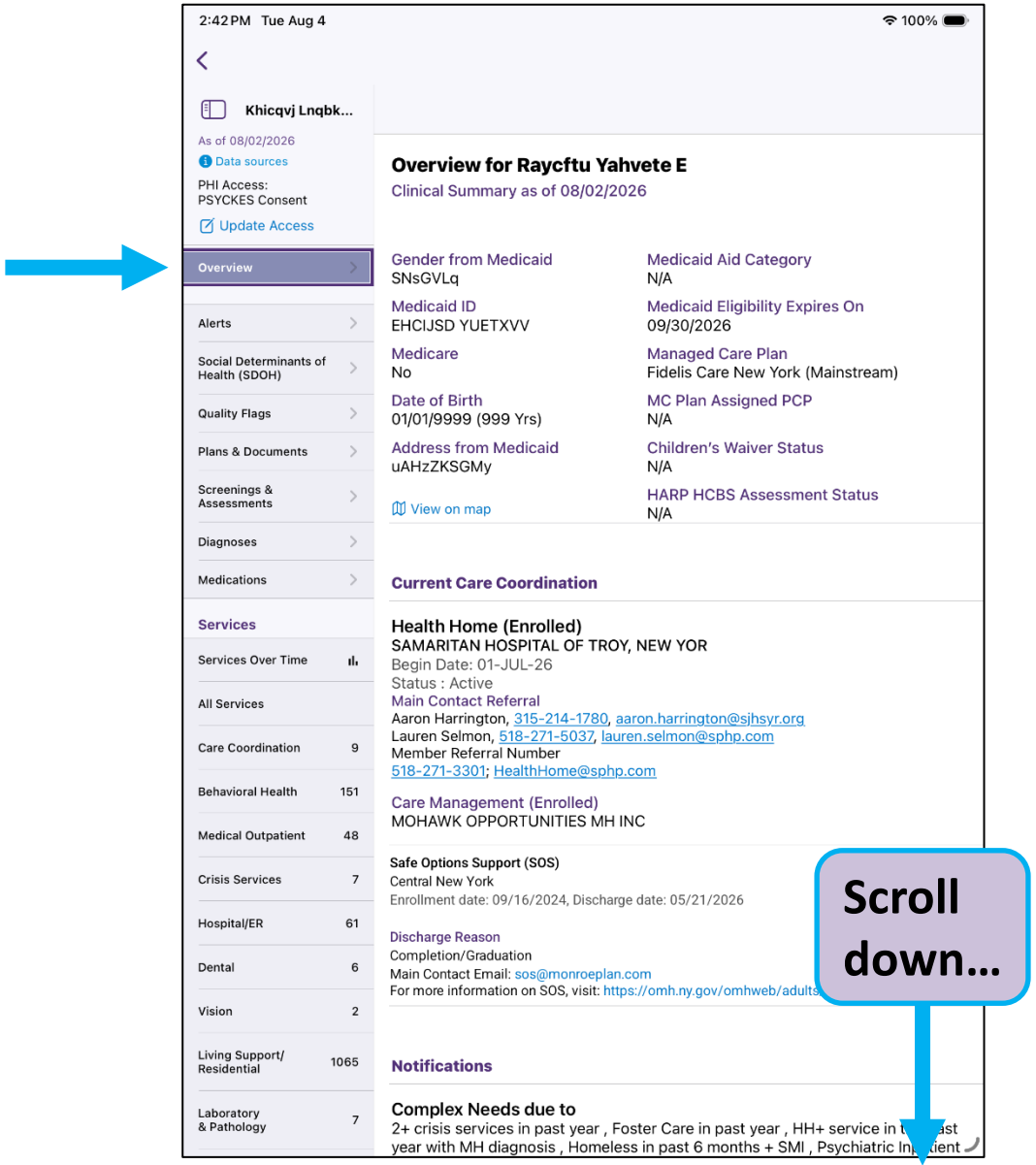


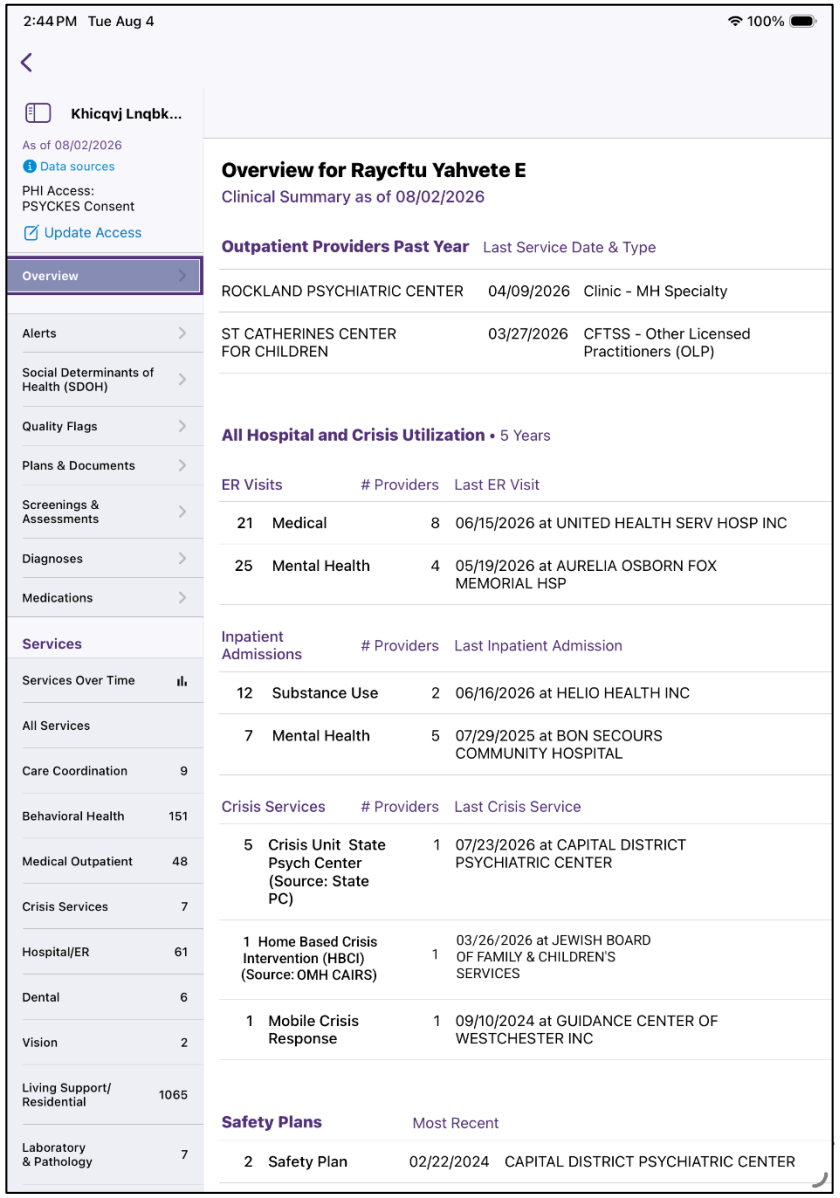
E-Sign PSYCKES Consent (continued)



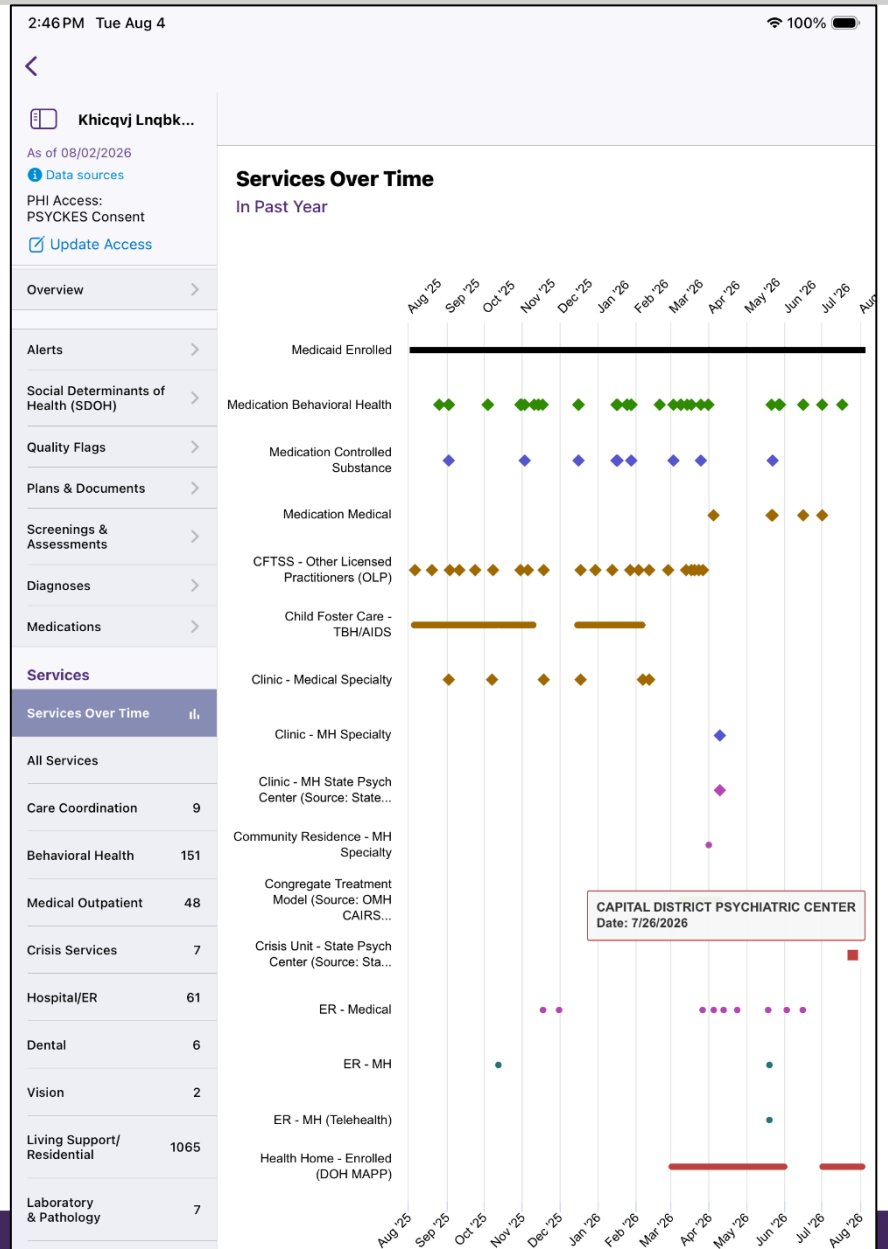


iPad/Tablet Brief Overview

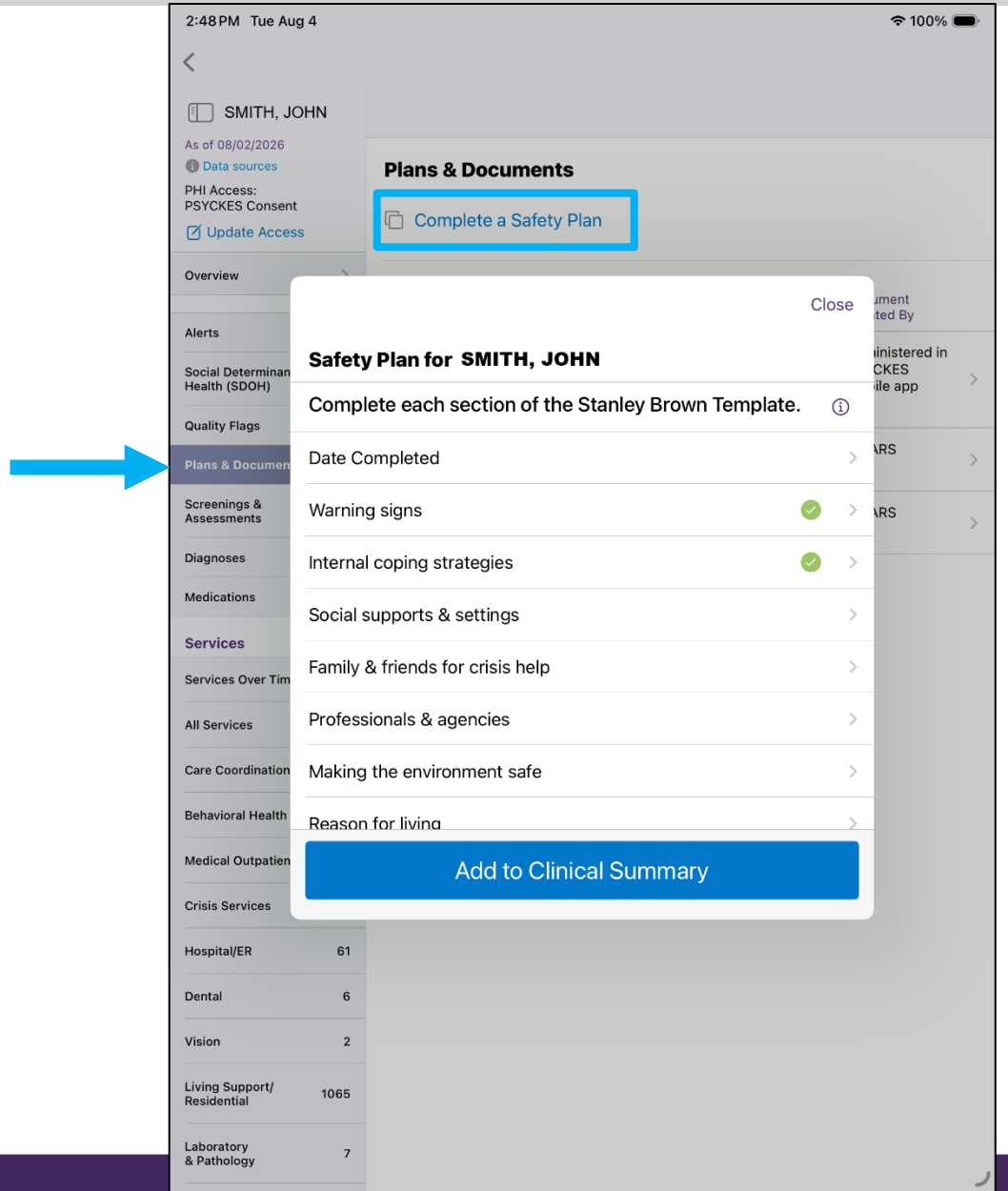




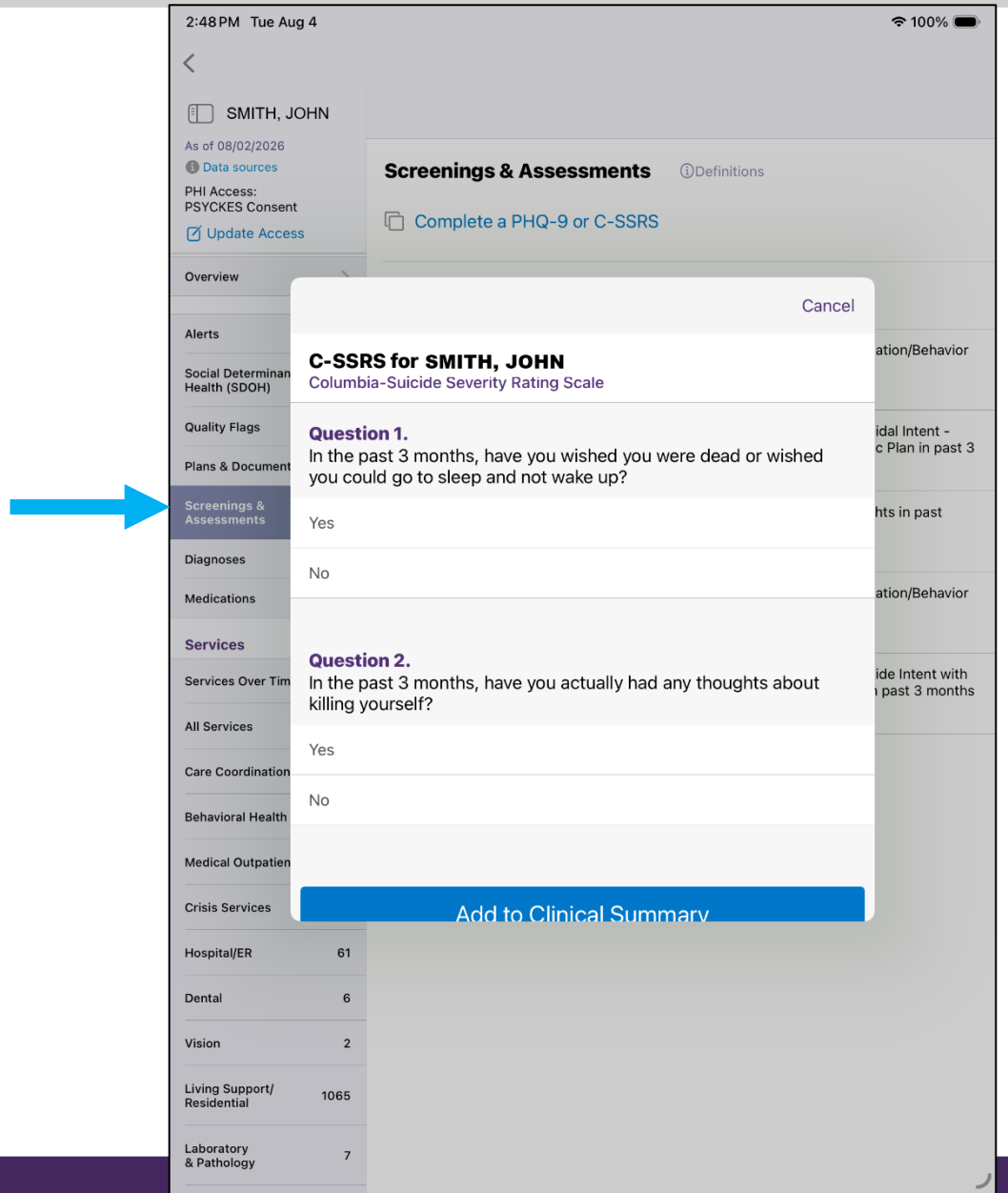
iPad/Tablet Services Over Time Graph



Mobile App – Safety Plan



Mobile App – Screenings & Assessments



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!

User Feedback – Question #1

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?

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.?

User Feedback – Question #3

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