NEW YORK STATE | Office of Mental Health

PSYCKES Training for Hospital Leadership

OMH Office of Population Health and Evaluation

OMH Office of Hospital Care and Community Transitions

APRIL 2026

Q&A via WebEx

- All phone lines are muted
- Access “Q&A” box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor top center of screen to see menu
- Type questions using the “Q&A” feature
  - Submit to “All Panelists” (default)
  - Please do not use Chat function for Q&A
- Today’s training will be recorded, and the recording, slides, and additional training
- materials will be available shortly after the presentation

Agenda

- Why Now? Why PSYCKES?
- PSYCKES Overview
- PSYCKES Access Protocols
  - Obtain PSYCKES access for your Hospital
  - Designating Security managers at your hospital
- Implementing PSYCKES in Hospital EDs and Inpatient Settings
  - Managing PSYCKES users
- Training & Technical Support
- Appendix

Why Now? Why PSYCKES?

Why Now?

New NYS DOH regulations related to individuals presenting to emergency departments with behavioral health concerns (in effect 1/8/25)

For all Emergency Departments:

- A review of records is required, including checking PSYCKES
- Screening to determine whether a patient has complex needs

For Emergency Departments in hospitals with psychiatric inpatient unit/s (§9.39 Hospitals):

- Coordinate discharge planning with care managers (for patients in care management programs)
- Schedule and confirm an appointment for psychiatric aftercare within 7 calendar days following discharge
- Send a discharge summary to the aftercare provider(s)

Why PSYCKES?

PSYCKES can help hospitals with new regulations

- Record review
- Flags individuals with Complex Needs
- Identifies any existing care management program and contact information
- Identifies previous providers and level of engagement in care
- Supports secure real-time sharing of Discharge Summary and other documents such as Psychiatric Advance Directives, Suicide Prevention Plans

Over 79% of NYS hospitals already have PSYCKES access

- 2,725 Emergency Department/CPEP staff users
- 4,145 Psychiatric Inpatient staff users

PSYCKES Overview

What is PSYCKES?

- A secure web-based application that integrates multiple data sources to support population health, quality improvement, care coordination, clinical decision-making
- Data Sources: Integrates over 10 different health-related data sources including
  - Medicaid claims
    - Medicaid data tells us what was paid for, not the associated clinical documentation. We can tell the patient had this x-ray or those labs or that outpatient visit, but we do not have the results.
  - 10+ other databases
    - EMR data from State Psychiatric Centers
    - NYC data: Rikers, Department of Homeless Services, DOHMH data, etc.
    - State OMH data: AOT (involuntary outpatient commitment), suicide incidents, CAIRS data on high intensity outpatient and residential mental health services, etc.
  - Provider and patient entered: Psychiatric Advance Directives, Safety Plans, Rating scales (e.g. C-SSRS, PHQ-9), etc.
- Over 12 million patients 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

PSYCKES Reports and How They Can Help with New Regulations

- Clinical Summary
  - Individual patient level
  - Complex Needs flag & specific criteria met
  - Care Management & outpatient providers
  - View or upload Discharge Summary or other care plan documents
- Quality Indicator & Statewide Reports
  - Service type, hospital, network, county, state, MCO level
  - Can review hospital performance:
    - 7-day follow-up post ED/IP
    - Care management follow-up post discharge for high need
- Recipient Search (ad hoc reports)
  - Any level
  - Identify patient groups of interest, e.g., number of patients served in ED with complex needs

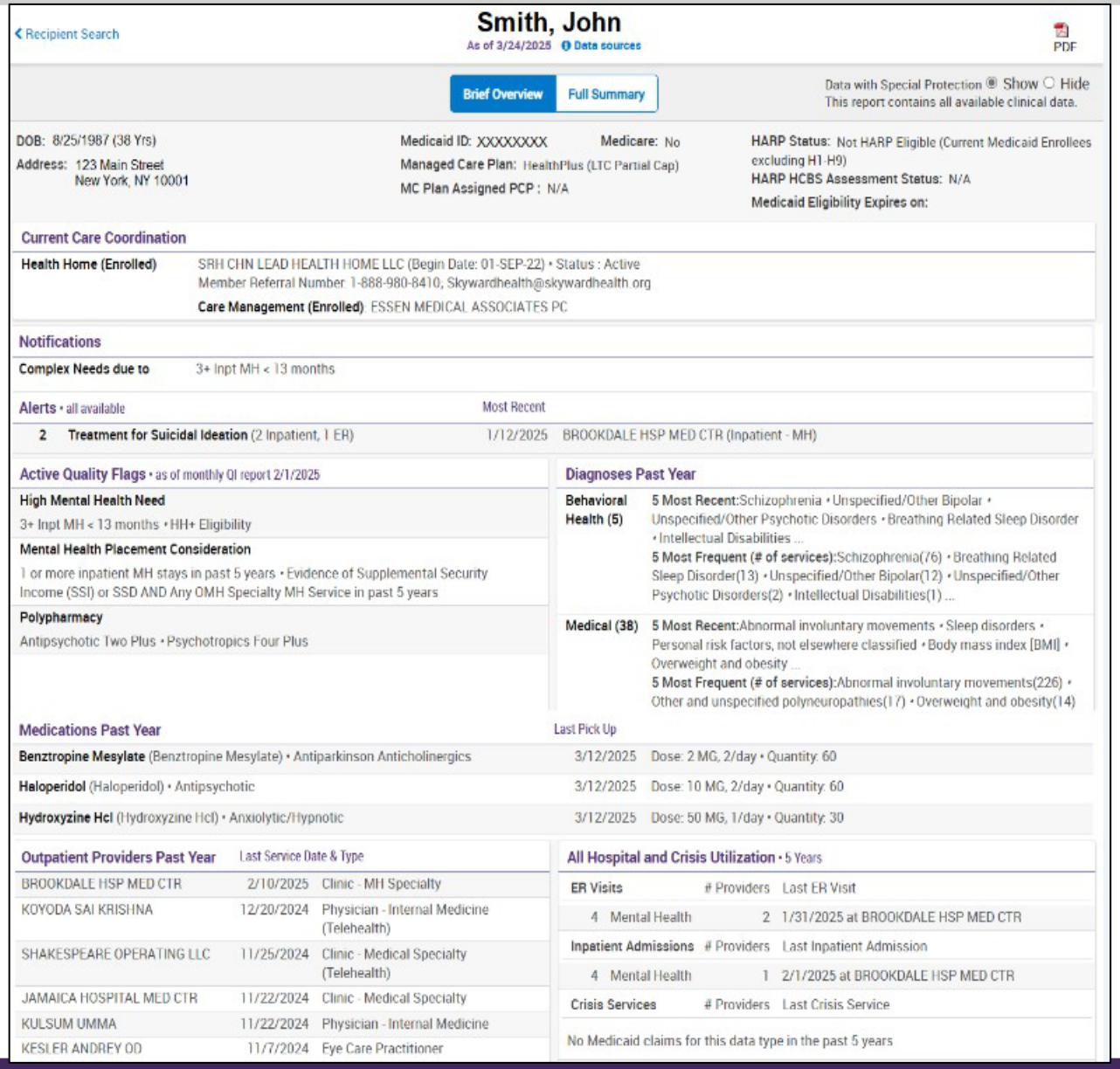
Brief Clinical Summary

Patient-identifying information in header

Care Coordination
Care management & residential contacts

Notifications
Complex Needs and criteria met

Outpatient Providers
Behavioral and general medical providers in past year



Recipient Search

Smith, John
As of 3/24/2025 Data sources

PDF

Brief Overview | Full Summary

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

DOB: 8/25/1987 (38 Yrs)
Address: 123 Main Street
New York, NY 10001

Medicaid ID: XXXXXXXX Medicare: No
Managed Care Plan: HealthPlus (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:

Current Care Coordination

Health Home (Enrolled): SRH CHN LEAD HEALTH HOME LLC (Begin Date: 01-SEP-22) • Status : Active
Member Referral Number 1-888-980-8410, Skywardhealth@skywardhealth.org
Care Management (Enrolled): ESSEN MEDICAL ASSOCIATES PC

Notifications

Complex Needs due to: 3+ Inpt MH < 13 months

Alerts • all available

		Most Recent	
2	Treatment for Suicidal Ideation (2 Inpatient, 1 ER)	1/12/2025	BROOKDALE HSP MED CTR (Inpatient - MH)

Active Quality Flags • as of monthly QI report 2/1/2025

High Mental Health Need
3+ Inpt MH < 13 months • HH+ Eligibility

Mental Health Placement Consideration
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

Polypharmacy
Antipsychotic Two Plus • Psychotropics Four Plus

Diagnoses Past Year

Behavioral Health (5): 5 Most Recent:Schizophrenia • Unspecified/Other Bipolar • Unspecified/Other Psychotic Disorders • Breathing Related Sleep Disorder • Intellectual Disabilities ...
5 Most Frequent (# of services):Schizophrenia(76) • Breathing Related Sleep Disorder(13) • Unspecified/Other Bipolar(12) • Unspecified/Other Psychotic Disorders(2) • Intellectual Disabilities(1) ...

Medical (38): 5 Most Recent:Abnormal involuntary movements • Sleep disorders • Personal risk factors, not elsewhere classified • Body mass index [BMI] • Overweight and obesity ...
5 Most Frequent (# of services):Abnormal involuntary movements(226) • Other and unspecified polyneuropathies(17) • Overweight and obesity(14)

Medications Past Year

	Last Pick Up	
Benztropine Mesylate (Benztropine Mesylate) • Antiparkinson Anticholinergics	3/12/2025	Dose: 2 MG, 2/day • Quantity: 60
Haloperidol (Haloperidol) • Antipsychotic	3/12/2025	Dose: 10 MG, 2/day • Quantity: 60
Hydroxyzine Hcl (Hydroxyzine Hcl) • Anxiolytic/Hypnotic	3/12/2025	Dose: 50 MG, 1/day • Quantity: 30

Outpatient Providers Past Year

	Last Service Date & Type	
BROOKDALE HSP MED CTR	2/10/2025	Clinic - MH Specialty
KOYODA SAI KRISHNA	12/20/2024	Physician - Internal Medicine (Telehealth)
SHAKESPEARE OPERATING LLC	11/25/2024	Clinic - Medical Specialty (Telehealth)
JAMAICA HOSPITAL MED CTR	11/22/2024	Clinic - Medical Specialty
KULSUM UMMA	11/22/2024	Physician - Internal Medicine
KESLER ANDREY OD	11/7/2024	Eye Care Practitioner

All Hospital and Crisis Utilization • 5 Years

ER Visits	# Providers	Last ER Visit
4 Mental Health	2	1/31/2025 at BROOKDALE HSP MED CTR
Inpatient Admissions	**# Providers**	**Last Inpatient Admission**
4 Mental Health	1	2/1/2025 at BROOKDALE HSP MED CTR
Crisis Services	**# Providers**	**Last Crisis Service**

No Medicaid claims for this data type in the past 5 years

Diagnoses Past Year 5 Most Recent and 5 Most Frequent by type (behavioral, medical)

Hospital ER and Inpatient Services past 5 years
Number of visits by type (ER and IP Mental Health, Substance Use, Medical)

PSYCKES Access Protocol

Overview of PSYCKES Access Protocol

- Step 1: Verify your hospital is eligible for access
  - ✓ 100% of New York State hospitals are eligible for PSYCKES access
- Step 2: Complete required PSYCKES documents: Contact Form, and Confidentiality Agreement
  - ✓ 80% of hospitals have already completed
- Step 3: e-Sign the CNDA (Confidentiality and Non-Disclosure Agreement) to register your hospital in the Authorization Management System (AMS)
  - ✓ 82% of hospitals have already completed
- Step 4: Designate and register Security Managers
  - ✓ 80% of hospitals have designated Security Managers
- Step 5: Enroll PSYCKES users
  - ✓ 74% of hospitals have active PSYCKES users
    - ✓ 71% have at least 1 active PSYCKES user in either Inpatient setting or ED/CPEP
    - ✓ 69% have at least 1 active PSYCKES user in the IP setting
    - ✓ 46% have at least 1 active PSYCKES user in the ED/CPEP setting
    - ✓ 42% have active PSYCKES users in both IP/ED settings

What Step is Your Hospital On?

- **Step 1- 3: Obtain PSYCKES access for your hospital**
- Do you have PSYCKES access? (See column I in PSYCKES Hospital Access Info tab)
  - If NO - complete steps 1-3

- **Step 4: Add Security Managers**
- Do you have any Security Managers? (See column J)
- If you have Security Managers, do you need to update or add more SMs? (See Security Managers Info tab to review the names and status of hospital's SMs in columns E-J)
  - If need to add SMs – complete Step 4

- **Step 5: Grant ED and inpatient staff access to PSYCKES**
- Do you have any PSYCKES users? Do you have ED and Inpatient Users? (See columns K-O)
  - If NO or if you need to add additional ED and/or Inpatient PSYCKES users - complete Step 5

If you have any questions, please contact the PSYCKES Help Desk or the Office of Hospital Care & Community Transitions

Steps 1 – 3 for Hospitals without PSYCKES Access

Step 1: Verify Your Hospital is Eligible for PSYCKES Access

- ✓ All New York State licensed hospitals are eligible for PSYCKES access

Step 2: Submit required PSYCKES documentation

- Complete and submit two required documents:
  1) PSYCKES Access Online Contact Form : available and submitted online
     - Your organization type (e.g., DOH licensed hospital, and/or have OMH licensed programs)
     - Your organization address
     - Contact information for CEO or Executive Dir.; CEO or Deputy Dir.; 2 PSYCKES points
     - Federal Tax ID and Medicaid Provider ID

  2) PSYCKES Confidentiality Agreement : available online, then email to submit
     - Hospital CEO/ED, or another person who is legally authorized to bind the organization to the contractual terms, signs the Confidentiality Agreement
     - Email signed Agreement to PSYCKES-Help@omh.ny.gov

Step 3: eSign Confidentiality and Non-Disclosure Agreement (CNDA)

- Hospitals and other providers are required to sign the CNDA to access all OMH secure applications
- Check to see if your hospital has a signed CNDA (See column Q in PSYCKES Hospital Access Info tab)
  - If NO – complete Step 3 as outlined below
  - If YES – proceed to Step 4

- Your CEO/ED receives a CNDA email after completing Step 2. Work with your CEO/EDs Administrative Assistant to locate the CNDA email:
  - Email sent to: CEO/ED identified in your submitted PSYCKES Contact Form (in Step 2)
  - Email sent from: ams-donotreply@its.ny.gov
  - Timing: email is sent typically within 1 – 2 weeks after you submit Step 2 documents
  - Email Subject line: Granted access to Confidentiality & Non-Disclosure Agreement (AMS)
  - Email content: User ID, login instructions, and link to the CNDA application
  - **ACTION REQUIRED: After review of the CNDA, CEO/ED selects checkbox to agree to the terms and conditions, and then selects 'Accept' to e-sign the CNDA**
  - Resources: CNDA User Manual (pages 1-5)

- If you are unable to locate the CNDA email, contact PSYCKES-Help@omh.ny.gov

Step 4: Designate and Register Security Managers

Step 4: Security Managers (SM) – Background

- Hospitals are required to designate SMs to manage PSYCKES access for hospital staff. SMs are responsible for granting and revoking access to OMH applications within the Authorization Management System (AMS).

- Recommendations:
  - Ideally SMs are the same staff responsible for managing access to your EMR or other secure clinical applications, with protocols for approving, onboarding and off boarding staff.
  - Minimum of 2 SMs per campus

- Check to see if you already have SMs (See column J in PSYCKES Hospital Access Info tab).
  If YES, review the names and contact information of current SMs to determine if updates are needed (See Security Managers Tab, columns E-J)
  - If you have SMs and no changes are needed proceed to Step 5
  - If don't have any SMs or if changes are needed - complete Step 4 as outlined on the following slides

Step 4: Designate Security Managers (SM)

- The CEO/ED can either designate themselves as the hospital's Security Manager or elect to send the Authorization Management System Self-Registration (AMSSR) email to another staff member who will be assigned the Security Manager role
  1. From the CNDA portal within AMS, locate "Send Self-Registration Email" within the left-hand navigation menu
  2. Select one of the radio buttons:
     - I will be the new security manager" *(if CEO/ED would like to designate themselves as the SM)*
     - "I need to send an email to a new security manager" *(elect another staff member as the SM)*
  3. Email is sent
     - Email timing: Typically sent within 24-48 hours after CEO/ED selects one of the radio buttons
     - Email sent to: CEO/ED or selected staff member who will be assigned SM role
     - Email sent from: ams-donotreply@its.ny.gov
     - Email subject line: Response within 24 hours required- Authorization Management System (AMS) Self-Registration link for Security Manager
     - Email content if CEO/ED elects themselves as SM: User ID, token request instructions, AMS URL
     - Email content if CEO/ED elects other staff as SM: Description of SM role and AMS self-registration link (link expires in 24 hours)
     - Sending AMSSR email instructions: CNDA User Manual (pages 5-8)

Step 4: Security Manager Self-Registration

- **SM Self-Registration:** The new Security Manager receives the AMSSR email and follows instructions to self-register (additional details in Appendix)
  - AMSSR User Manual: AMSSR User Manual
  - After self-registration is complete, the Security Manager will receive a confirmation email which will include the following details:
    - If the SM does not have an OMH user ID, one will be created for them. The confirmation email will contain their new user ID and instructions for obtaining an RSA SecureID Token.
    - If the SM already has a user ID but does not have a security token, the confirmation email will contain instructions for obtaining an RSA SecureID token.
    - If the SM already has a user ID and a security token, the confirmation email will contain instructions for using AMS to create user accounts for their agency and to assign access to OMH applications.

- **SM grants themselves PSYCKES access:** SM inputs user ID and token to log in to the AMS to begin creating user accounts and granting PSYCKES access to hospital staff. They should also grant themselves access to PSYCKES so that they can help with technical issues, monitor use, etc.

Step 5: Security Manager Enrolls PSYCKES Users

Security Manager Creates New Users

- Hospital identifies which staff get PSYCKES access, and SMs manage staff enrollment

- The SM logs into the Authorization Management System (AMS) to:
  - Add new users
  - Grant PSYCKES access to new users
  - Revoke PSYCKES access when staff resigns/leaves employment at hospital
  - *Steps are included in Appendix*

- SM notifies staff that they have been granted access and to expect an email from ams-donotreply@its.ny.gov. This email will include:
  - Subject line: OMH: Granted access to PSYCKES Medicaid (AMS)
  - Content: User ID, instructions on how to request/activate token through the Self-Service Console, and a link to the PSYCKES-Medicaid application

Implementing PSYCKES in Hospital EDs and Inpatient

PSYCKES Implementation

- Plan
  - Staff Roles: Identify implementation leads, staff providing technical support, PSYCKES users
  - Consider supporting policies and procedures, EMR changes, technical options for consent and tokens
  - Plan workflow to access and review PSYCKES Clinical Summary in ER
- Prepare
  - Enroll, orient and train staff users
- Implement
  - Begin new workflow to access PSYCKES and review Clinical Summary in ER and inpatient
- Sustain
  - Review usage reports – which staff are using PSYCKES, Clinical Summaries viewed
  - Ensure Security Manager is aware that PSYCKES access should be revoked as part of offboarding staff

Planning Considerations: Staff Roles

- **Project Leads** for PSYCKES implementation in ED and Inpatient services for each campus. They may wish to create a workgroup to support planning and implementation.

- **Security Managers -** if these were originally Project Managers, or Service Directors, you may want to transition to creating SMs within the hospital office that manages secure access, e.g. EMR access.

- **PSYCKES ER and Inpatient Users –** Any staff can be granted access as part of their work duties. Decide which staff will be given PSYCKES access and how the SMs will get this information to begin enrolling users. Recommended user groups:
  - Individuals who will obtain consent – e.g. registration desk staff
  - Clinicians and individuals who need to know whether the patient has a Complex Needs flag
  - Trainees – quick learners, PSYCKES is helpful for assessment and clinical case presentation
  - Supervisors or others monitoring implementation and use

- **PSYCKES Token experts/ "Super users" -** Identify who can serve as a local supports to staff

- **Train and orient staff -** Identify who will orient and train staff

- **Monitor Staff Logins and Use of PSYCKES** – Early in implementation it is helpful to monitor whether staff have successfully logged in to the application by reviewing PSYCKES Usage Reports.

Planning Considerations: Policies, Procedures, EMR, Technical Options

- **Who will patients call** if concerned about their health data or want to withdraw consent? (e.g. Patient Relations)
  - In PSYCKES update the Consent Form to identify your hospital's contact numbers (See Appendix for tips)
- **Consent Forms**: Do you want to use paper or e-sign?
  - Paper - Easiest to start
  - e-Sign in PSYCKES mobile app - No additional data entry required
  - Build into your EMR to e-sign - Best long-term and prepares hospital for interoperability solutions
- **Defining "clinical emergency"**: No consent is required in cases of a clinical emergency
  - Need to clarify definition for staff (may be different for medical clinical emergencies)
  - Clarify staff documentation requirements
- **Consider EMR changes** to support work
  - Check box to identify consent is in place (no need to reconsent, or re-enter consented status)
  - Build consent into EMR
  - Checklist or prompts in EMR to support documentation of clinical emergencies?
- **Mobile devices**: Soft tokens are installed on mobile devices – are any policy changes needed?

Workflow Considerations: Critical Tasks and Example Workflows

- **Consent patients** - example workflows
  - Embed PSYCKES Consent with other consent forms during at ED Registration/ Intake for all patients
  - Triage staff consent client when they identify behavioral health presentation
  - Consent patients when decide to call a psych consult
  - Have a procedure in place when the client is unable to consent or there is a clinical emergency
- **Enter consent in PSYCKES** – example workflows
  - Registration staff check to see if the patient already has a PSYCKES consent (no need to re-enter)
  - Registration staff enter consent status in PSYCKES
  - Use PSYCKES Mobile app to e-sign consent – no additional data entry required
  - Registration staff document consent in medical record so that other staff with PSYCKES access can enter
  - Clinicians enter consent or clinical emergency when logging in to PSYCKES to review Clinical Summary
- **Determine & document clinical emergency: who determines, how to document -** examples
  - MD/NP determines and documents clinical emergency
  - Build a checklist or prompt in EMR to support documentation
- **Staff review PSYCKES clinical summary and flags for Complex Needs**
  - If hospital uses a paper clipboard, Registration staff can print out Clinical Summary and add to clipboard
  - Clinical staff log into PSYCKES desktop or mobile app to see Clinical Summary
- **Workflow may involve multiple departments – ensure input, review, signoff**

Recommended Workflow: Consent all ED Presentations

- Advantages: Embedded within routine consent workflow, no clinician time required
- Disadvantage: Registration staff log into PSYCKES for all clients, and if not a Medicaid-enrolled behavioral health client, search will not yield results

PSYCKES consent is embedded in the routine consenting process for **all** ED presentations on registration/intake/direct admissions

Administrative/registration staff:

1. Consent the patient
2. Enter the consent in PSYCKES
3. Access Clinical Summary and print for paper chart and/or download and save in EMR
4. Alert the clinical team

Clinical team conducts patient assessment/ evaluation on complex needs using the PSYCKES Clinical Summary

Alternate Workflow: Consent Behavioral Health ED Presentations

- Advantages: Greater chance that a PSYCKES Clinical Summary will be available for the patient
- Disadvantage: Clinical staff time is used for administrative tasks

Patient is triaged and registered

Clinical Staff conducts screening to identify patient with chief behavioral health-related complaint

Clinical team:

1. Consents the patient or determines Clinical Emergency
2. Attests to access in PSYCKES
3. Prints or downloads and saves Clinical Summary in EMR
4. Reviews Clinical Summary to assess for Complex Needs

Prepare: Enroll, Orient, and Train Staff

- Enrolling Staff Users
  - Ensure the Security Manager(s) have the list of staff to enroll: first & last name, email, work phone number

- Orient & Train Staff Users for PSYCKES Implementation in ER
  - Goal: To help identify individuals with a behavioral health crisis at risk for poor outcomes and who are eligible for enhanced services
  - PSYCKES overview and how to identify patients with Complex Needs in Clinical Summary
  - How to install token, log into PSYCKES, and who to contact for technical support
  - PSYCKES-related workflow and their role (Role specific training may be helpful)
  - Definition of break the glass and how to document in EMR
  - Underscore security concerns:
    - Need to use your hospital's token only when working at your hospital
    - One user, one token (no shared tokens)

Implement and Sustain

- Implement
  - Staff begin using PSYCKES in accordance with the plan established
  - Have “token experts” and “super users” available to assist staff
  - Implementation leaders/ Workgroup team will need to
    - Monitor operations
    - Identify challenges/barriers
    - Adapt and modify implementation plan and procedures as needed
    - Contact PSYCKES Help if there are questions the team is unable to answer

- Sustain
  - Review usage reports – which staff are using PSYCKES, N Clinical Summaries viewed
  - Ensure Security Managers deactivate tokens/PSYCKES access of departing staff
  - Provide PSYCKES access and training to new staff as part of onboarding process
  - Consider modifying/expanding the use of PSYCKES, if appropriate

Implementation & Training Resources

Implementation and Training Resources

- Hospital Resource Packet – to be sent out to individuals attending hospital training or on request
  - Action Planning Form and other resources used in prior ED PSYCKES implementation
  - Granting PSYCKES Access Instructions one-pager
  - Revoking PSYCKES Access Instructions one-pager
  - PSYCKES Consent Script
  - PSYCKES Summary Checklist/Workflow
  - Activating token and logging into PSYCKES
  - Uploading Psychiatric Advance Directive in PSYCKES

- PSYCKES Implementation Resources – not hospital specific (See PSYCKES public webpages)
  - PSYCKES Guidelines for Policies and Procedures
  - PSYCKES Core Competency checklist

- Authorization Management System (AMS)
  - AMS login and users guides for AMS, CNDA, AMSSR, and requesting/activating tokens in the Self-Service Console

- Training Resources for PSYCKES Users – available online (PSYCKES public webpages)
  - Short How-To Videos (Login to PSYCKES, lookup client and enter consent, review client's Clinical Summary, etc.)
  - User Guides (Enabling access to client-level data, Clinical Summary, PSYCKES iOS Mobile App, etc)
  - PSYCKES Training Slides/Recordings (Using PSYCKES for Hospitals, Integrating PSYCKES Consent into Workflow, Using PSYCKES Clinical Summaries, etc.)
  - "What's New" section on the PSYCKES website (public webpages) - New features and live trainings opportunities are posted here, and emailed to all active users/security managers

Training and Technical Support

- For more PSYCKES resources, please go to our website at: www.psyckes.org
- If you have any questions regarding the PSYCKES application or need further
- assistance, please reach out to our helpdesk:
  - 9:00AM – 5:00PM, Monday – Friday
  - PSYCKES-help@omh.ny.gov
- Contact your OHCCT Hospital Program Specialist or HospitalCare@omh.ny.gov who may be able to do an on-site demonstration

Appendix

Tips for Security Managers

Tips for Security Managers: Self-Registration (Step 4)

- When designated staff receive the AMSSR email, they can self-register with the following steps:
  - Use the AMS Self-Registration link in the email to begin the online self-registration process
    - NOTE: The AMS Self-Registration link expires in 24 hours of receipt
  - You'll then be prompted to review the Statement of Access and Confidentiality. If you click "Accept", you'll be taken to the AMS Self-Registration Form.
  - Next, enter in your information:
    - New users: Fill out the mandatory fields marked with an asterisk (*) to create an AMS account
    - Existing users: Select your OMH user ID from the drop-down list and your information will auto-populate
  - Once your information has been entered, click on the "Confidentiality & Non-Disclosure Agreement" link at the bottom of the screen
    - NOTE: Review of the CNDA is required prior to submitting the self-registration form

(steps continued on next slide)

Tips for Security Managers: Self-Registration (Step 4 continued)

- Once the CNDA has been reviewed, you may select "I have read and agree to the Confidentiality & Non-Disclosure Agreement" checkbox
- Click “Submit”
- A successful submission will take you to the “Registration Complete” page
- You’ll receive a confirmation email with further details on how to login to AMS and obtain a token (if needed):
  - If you currently do not have an OMH user ID, one will be created for you. The confirmation email will contain your new user ID and instructions for obtaining an RSA SecureID Token.
  - If you already have a user ID but do not have a security token, the confirmation email will contain instructions for obtaining an RSA SecureID token.
  - If you already have a user ID and a security token, the notifications email will contain instructions for using AMS to create user accounts for your agency and to assign access to OMH application.
- Pro tip – SM grants themselves PSYCKES access
- Authorization Management System (AMS) Resources

Tips for Security Managers: Create New PSYCKES Users (Step 5)

- Hospital identifies which staff get PSYCKES access, and SMs manage staff enrollment

- SM creates accounts and grants PSYCKES access to new users:
  - SM logs into the Authorization Management System (AMS) and selects “Users” located under User Management tab in the lefthand navigation menu
  - Select “Add User” located on the top right corner
  - Enter all required fields (i.e., first and last name, email, work phone number) and click Submit. A new User ID will be generated.
  - Navigate back to “Users” tab and locate the new user you’ve just added (e.g., search by name or locate on user search results list)
  - Select “Edit”
  - The user’s profile will open. At the bottom, select “Edit groups” *(steps continued on next slide)*

Tips for Security Managers: Create New PSYCKES Users (Step 5 continued)

- Select “PsyckesMedicaid” from the “Application” dropdown
- Ensure PSYCKES-Medicaid box is checked off under Search Results
- Click “Update”
- The user then receives an email from ams-donotreply@its.ny.gov
- Subject line: OMH: Granted access to PSYCKES Medicaid (AMS)
- Content: User ID, instructions on how to request/activate their token through the Self-Service Console, and a link to the PSYCKES-Medicaid application
- Install Hardware Token: How to request and activate an RSA Hardware Token
- Install Software Token: How to request and activate an RSA software token

- SM should notify staff that they have been granted access and to expect an email (example email included on next slide)

Example Email for New PSYCKES Users (Step 5 – continued)

From: ams <ams-donotreply@its.ny.gov>
Sent: Thursday, June 11, 2026 9:28 AM
To: testaccount@gmail.com
Cc: testaccount@gmail.com
Subject: OMH: Granted access to Psyckes Medicaid (AMS)

Dear Test Account,

You have been granted access to Psyckes Medicaid as PsyckesMedicaid as per a request by Test Security Manager.

Your username is: L0000MHH

Application Link: https://psyckesmedicaid.omh.ny.gov

Authentication mode: Token

If you forgot your password, to create a new password, visit https://password.ny.gov/. Enter the username provided above as **SVC\username**, click the captcha box and click **OK**. Click on Forgot My Password and follow the instructions on the screen to reset the password.

Once the password is set, if you don't have a software or hardware token, then you will need to request one within the Self-Service Console mytoken.ny.gov/console-selfservice/SelfService.do.

To request and activate your token, please follow the appropriate set of instructions based on the type of token you need.

Hardware Token: Please follow all the steps outlined in this document: How to Request and Activate an RSA Hardware Token

Software Token: Please follow all the steps outlined in this document: How to Request and Activate an RSA Software Token

Once the token is activated, please click on the application link above, or cut and paste it into your browser.

The Sign-in Selection page should be displayed. You must select the "OMH Providers (State Employees)" option to login.

If you need assistance or have received this email in error, Please contact the ITS helpdesk via phone (844)-891-1786, chat chat.its.ny.gov or create a ticket and provide a brief summary of the issues you are experiencing before assigning this ticket to the assignment group - L3 SUPPORT PLAT SEC OMH.

Information Security Office
NYS Office of Mental Health

Ref #: 580432

PLEASE DO NOT REPLY TO THIS EMAIL. THE MAILBOX IS NOT MONITORED.

Tips for Security Managers: Tokens (Step 5 – Continued)

- If the user does not already have a token, they will need to log in to the Self-Service Console to request one
- To log in to the Self-Service Console, users will need :
  1. Their OMH-issued user ID (included in their PSYCKES Access Granted email)
  2. A password created through NY.gov ID:
     - To create a password using NY.gov ID, navigate to the NY.gov ID homepage
     - Select “Forgot Password”
     - Enter in your OMH-issued User ID into the “Username” box
     - Select “Reset using email”
     - Locate the email sent from NY.govID@its.ny.gov, subject line: Information you requested from New York State
     - Click on the link provided in the email to “reactivate your account”
     - Select and answer 3 secret questions
     - Create your new password (minimum of 14 characters, 1 digit, 1 upper and lower case, 1 special character)
  3. You can now use your OMH-issued user ID and NY.gov ID password to login to the Self-Service Console
- Note: After the token request is complete, if you **do not receive a confirmation email that your request was submitted** within 1-2 hours, you will need to contact the appropriate helpdesk (helpdesk contact information included in slide 35. If a helpdesk call is required, identity verification is required.
- After the token request is approved, users will receive an email with instructions on activating the token.

Tips for Security Managers: Revoking PSYCKES Access

- If staff no longer requires PSYCKES access or has left the organization, the SM will need to deactivate the appropriate access in AMS:
  - **Deactivating PSYCKES Access**: For staff who use other OMH systems and only need PSYCKES access revoked, the Security Manager would do the following:
    - Login to AMS and select “Users” located under User Management tab
    - Locate the user whose PSYCKES access should be revoked
    - Select “Edit”
    - Select “Edit Groups”
    - Select appropriate application (i.e., PSYCKES-Medicaid) from the application drop down menu and uncheck the checkbox next to the application you’d like to revoke access for
    - Click “Update” to save changes
  - **Deactivate access to All OMH systems**: For staff who need to have all OMH system access deactivated, the Security Manager would do the following:
    - Select “Deactivate” at the bottom of the “edit user” page
- If the user had a hard (physical) token, the token should be mailed back to OMH:

NYS Office of Mental Health

Information Security Unit, CITER Floor #2

44 Holland Avenue
Albany, NY 12229

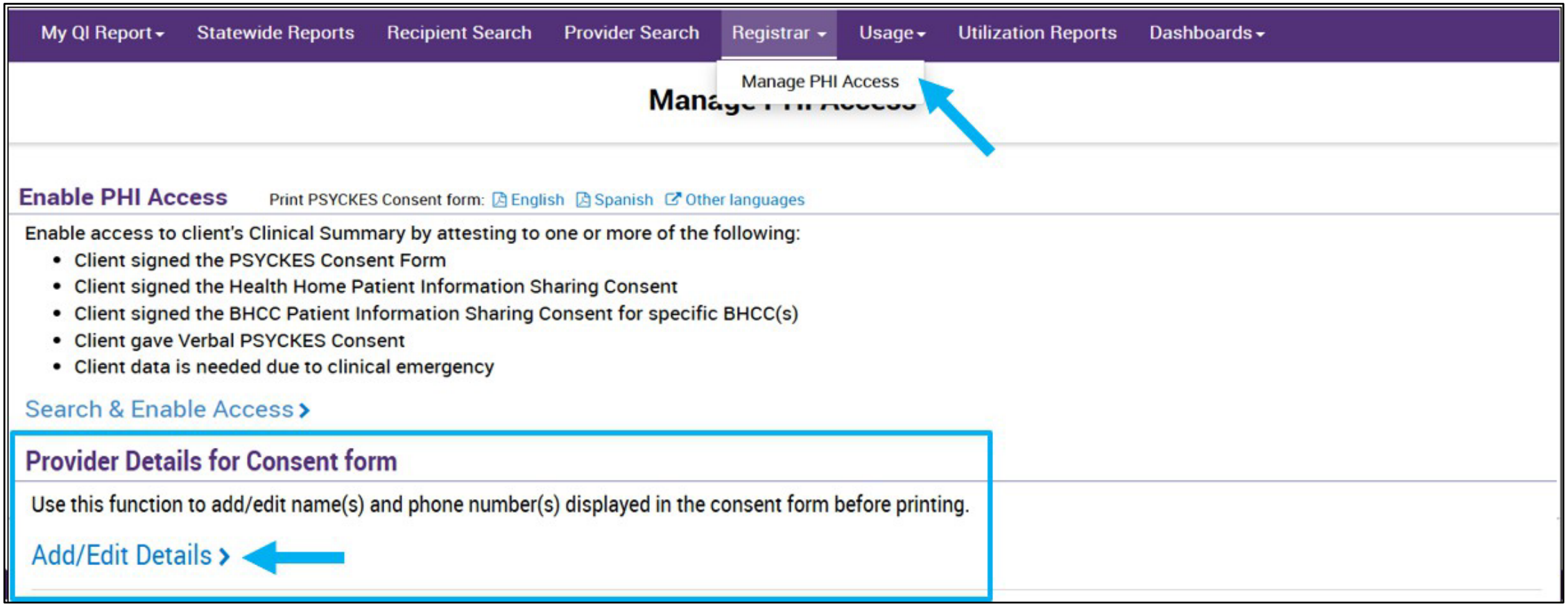
Update PSYCKES Consent Form for Your Hospital

Update Your Consent Form

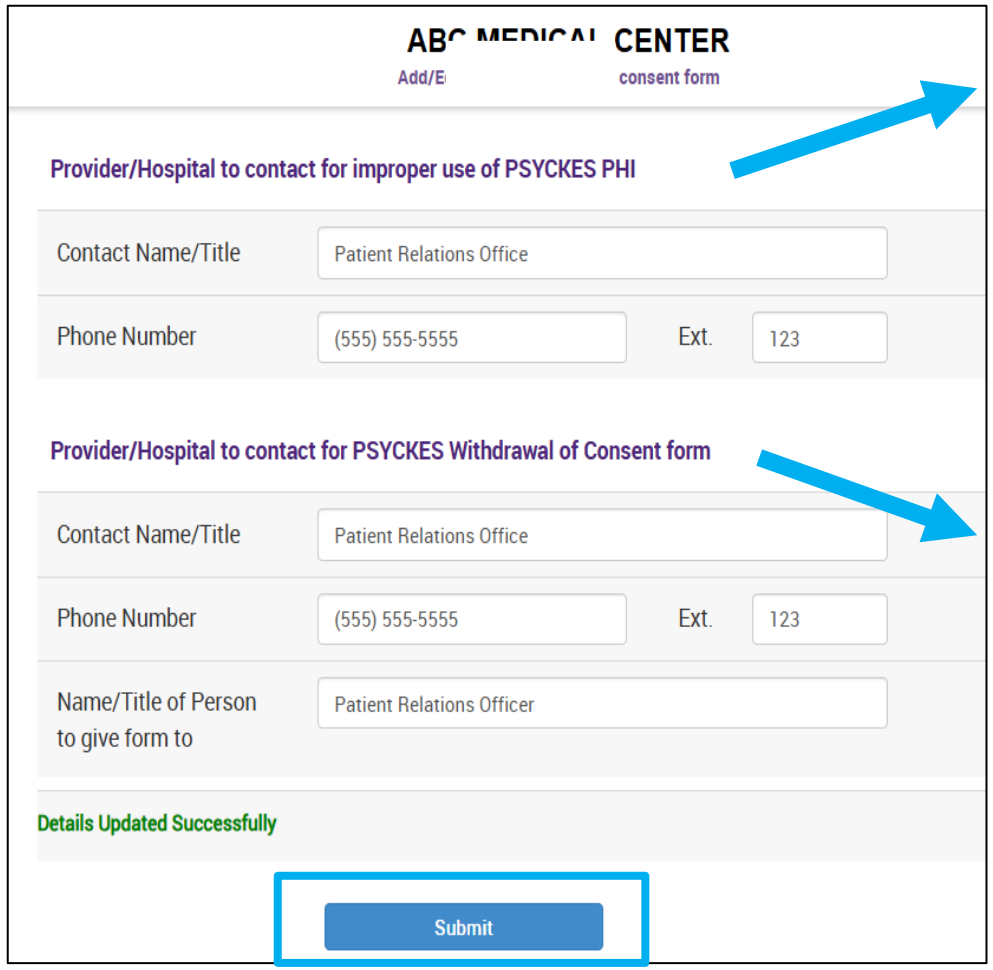
- Access to a patients' PSYCKES data requires consent or attestation to a clinical emergency
- If patient consents, a copy of the signed consent form needs to be provided to patient
- The PSYCKES Consent form needs to be updated by the hospital to identify who patients should contact for
  - Patient concerns about improper use of their clinical data
  - Withdrawal of PSYCKES consent
- Hospitals can pre-populated PSYCKES Consent forms within the PSYCKES application by selecting Registrar from the purple menu bar and selecting "Manage PHI Access" module
- Check to see if contact information needs to be added or edited by navigating to Provider Details for Consent Form > Add/Edit Details
- Recommendation: List your hospital's Patient Relations office and contact information
- Once Provider Details are updated, PSYCKES consent forms (English and Spanish) accessed within the application will have necessary contact information prepopulated

Provider Details for Consent Form

- Hospitals are required to designate contacts in the PSYCKES consent form for improper use of PHI and for the patient withdrawal of consent information (e.g. Patient Relations Office)
- This information can be prepopulated for the hospital by entering "Provider Details for consent form" within the Registrar > Manager PHI Access module



Update Provider Details on PSYCKES Consent



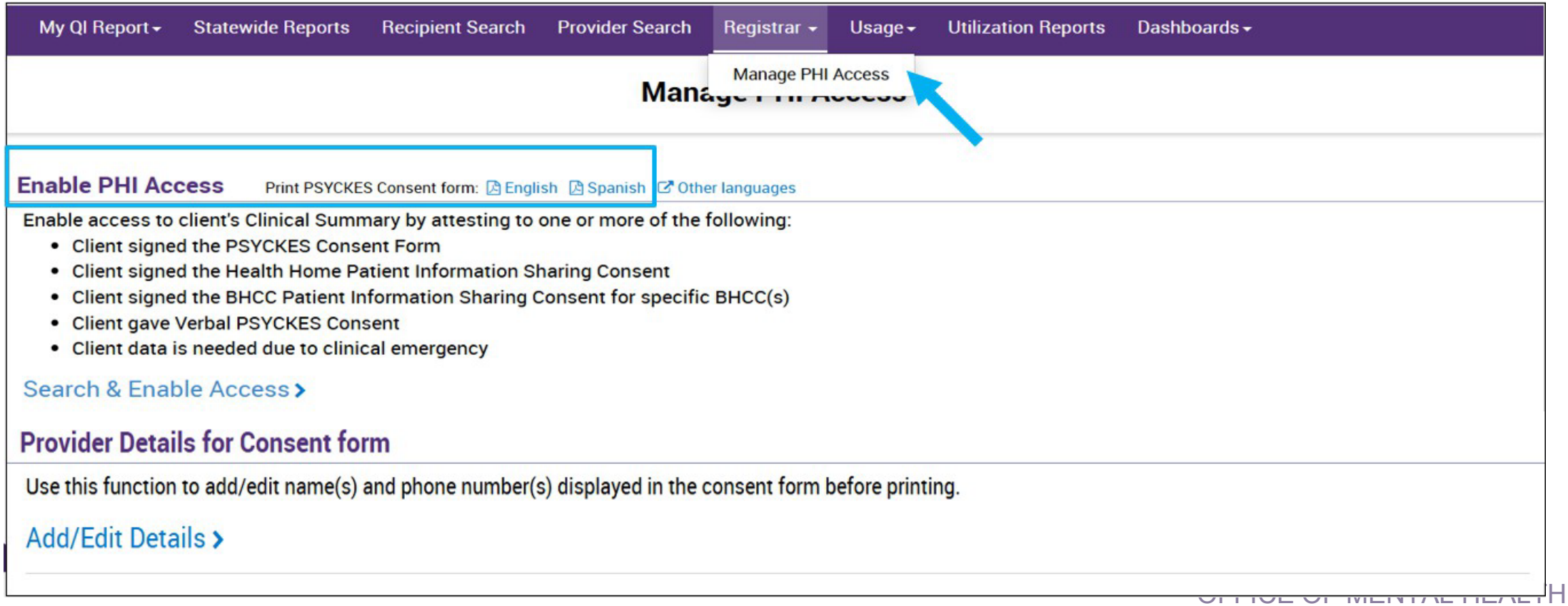
(5) **Improper access or use of your information.** There are penalties for improper access to or use of your PSYCKES health information. If you ever suspect that someone has seen or accessed your information – and they shouldn't have – call:

- Patient Relations Office at 5555555555, ext. 123 or
- the NYS Office of Mental Health Customer Relations at 800-597-8481.

(8) **Withdrawing your consent.** You can withdraw your consent at any time by signing and submitting a Withdrawal of Consent Form to Patient Relations Officer . You also can change your consent choices by signing a new Consent Form at any time. You can get these forms at www.psyckes.org or from your provider by calling Patient Relations Office at 5555555555 ext.123 . Please note, providers who get your health information through ABC Medical Center INC.'s while this Consent Form is in effect may copy or include your information in their medical records. If you withdraw your consent, they don't have to return the information or remove it from their records.

Accessing the Pre-Populated PSYCKES Consent Form

- The prepopulated PSYCKES consent form with updated contact information can be printed out from within the Registrar module, in both English and Spanish
- Other language translations can be found on our public website, but will not be prefilled
- Hospitals can recreate the PSYCKES consent in their EMRs if they copy the language verbatim



Access to Patient-Level Data

Patient Linkage to Hospital

- **Automatically**:
  - Patient had a billed service anywhere in organization/hospital within the past 9 months

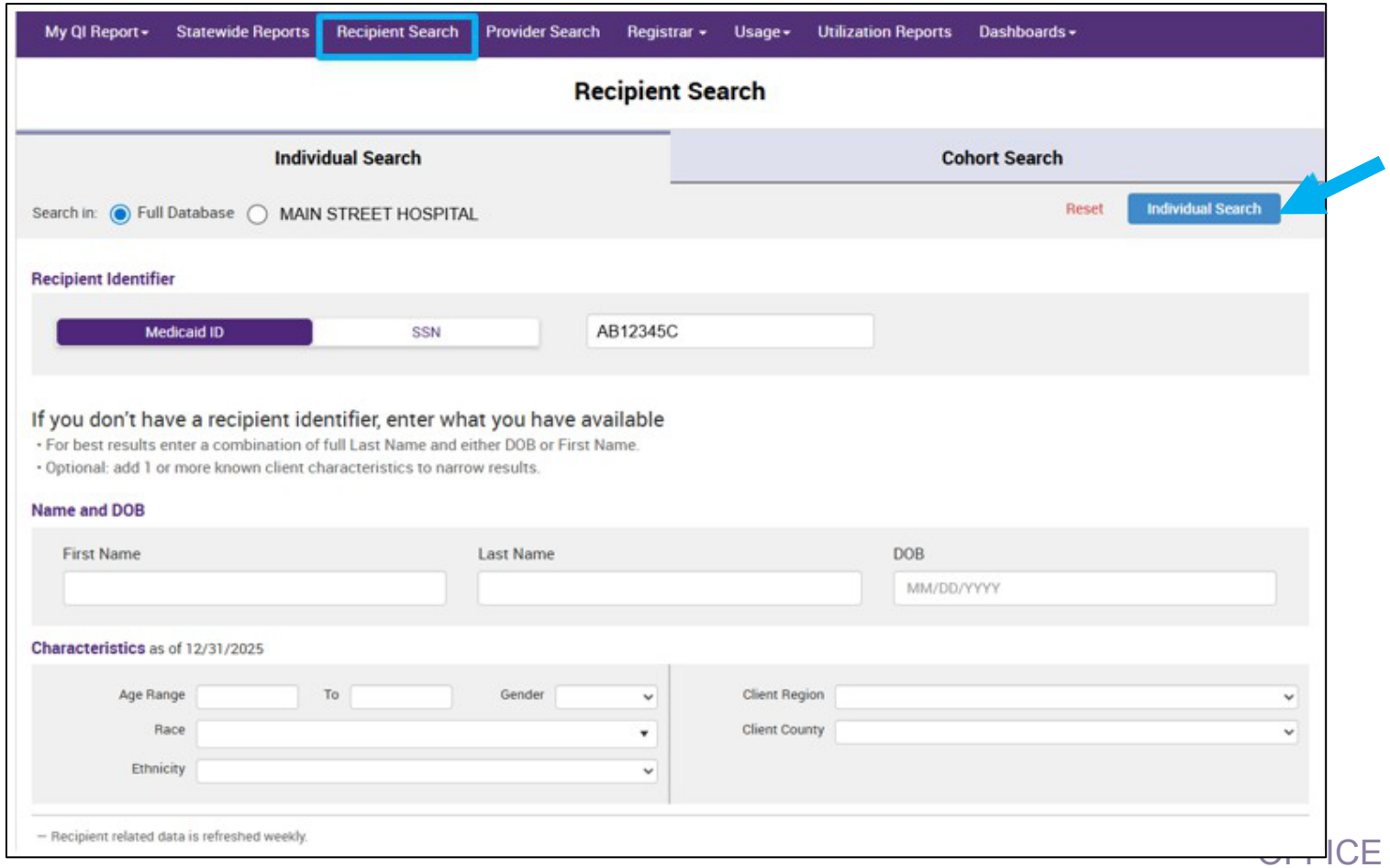
- **Manually**:
  - Provider attests to one of the following:
    - Patient signed PSYCKES consent, DOH Health Home Patient Information Sharing consent, BHCC consent
    - Verbal consent
    - Clinical emergency
    - Patient is currently being served by/transferred to your hospital

Levels of Access to Patient Data

- **Signed Consent (PSYCKES, BHCC, DOH Health Home/CCO)**
  - Allows access to all available data (including data with special protections such as SUD, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal Consent**
  - Allows access to limited data (excluding data with special protections) for 9 months
- **Clinical Emergency**
  - Allows access to all available data (including data with special protections) for 72 hours
- **Attestation of service** *(Patient currently being served by/transferred to your agency)*
  - This will link client to your agency for Recipient Search reports but will not provide access to the clinical summary

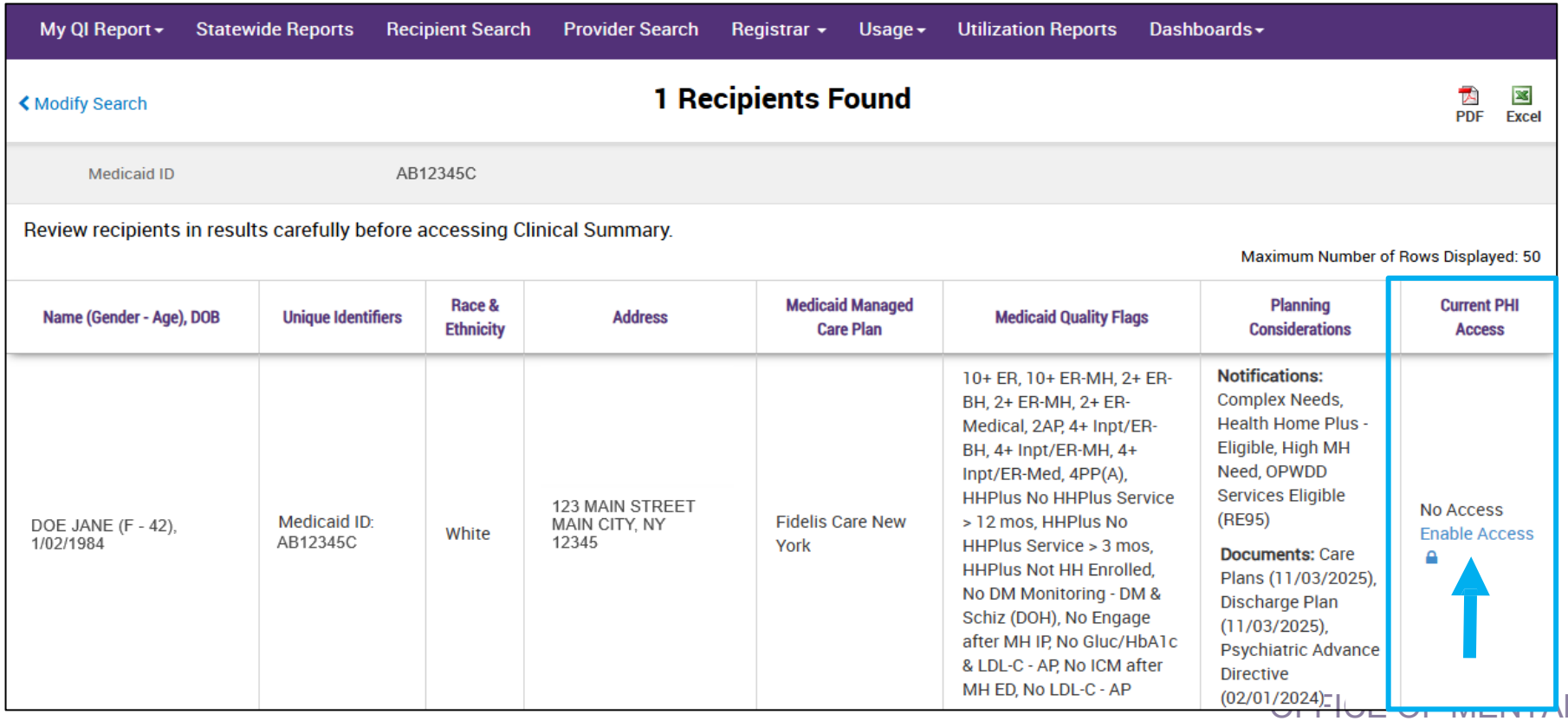
Step 1: Search for Patient

- To enable access to patient data, users follow these steps:
- Step 1: Enter one or more recipient identifier(s) and click “Search”



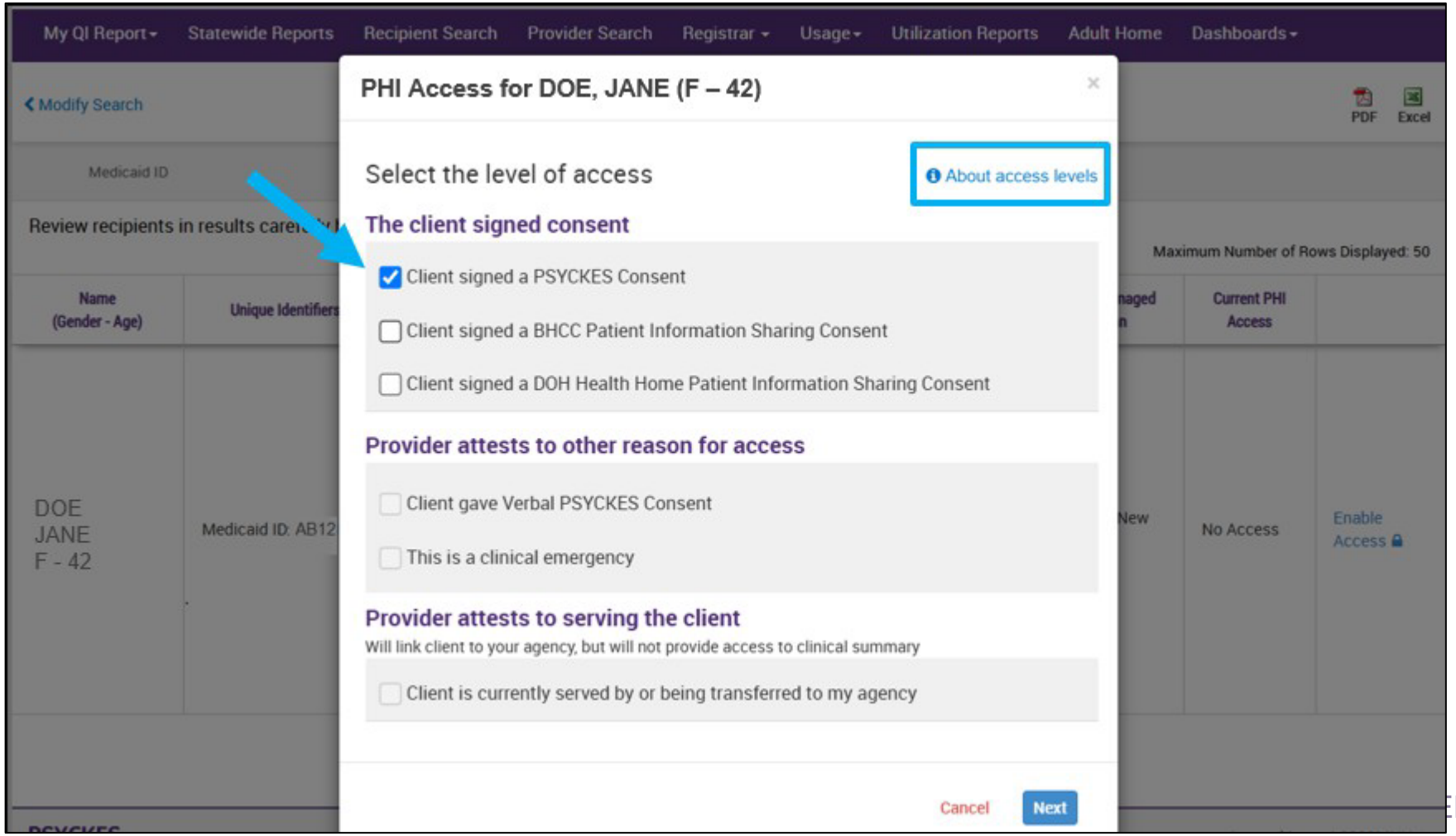
Step 2: Confirm Patient Match and Enable Access

- Confirm that the search identifies the correct patient and see if your hospital already has access to patient's data or if access needs to be enabled
- Note: If there's no match this may be because there is no report for this individual, or because insufficient or incorrect information was entered. Select "Modify Search" to re-enter data.

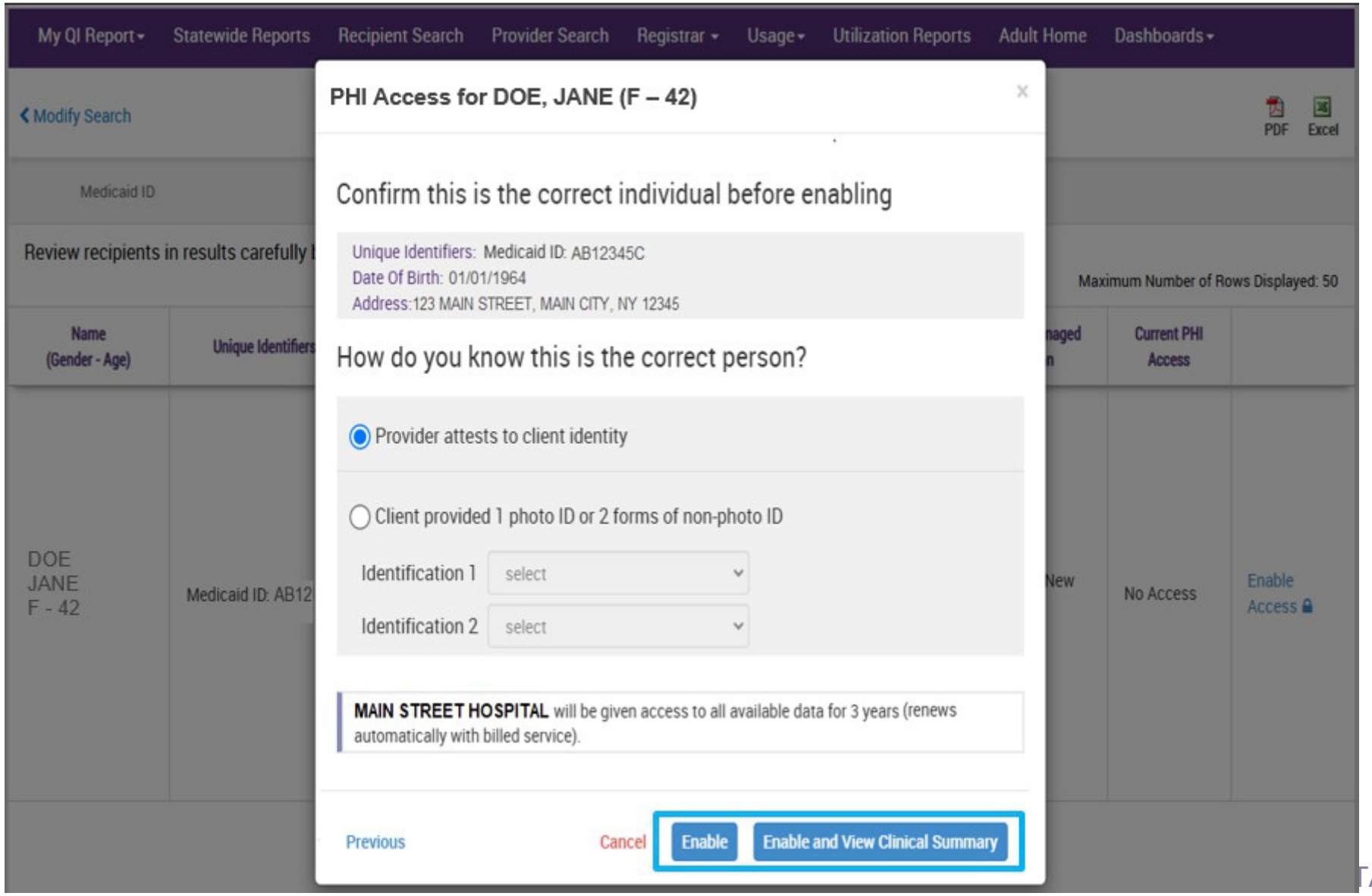


Step 3: Select appropriate access level and select Next

- If you'd like to learn more about what each access level entails, click the "About Access Levels" link

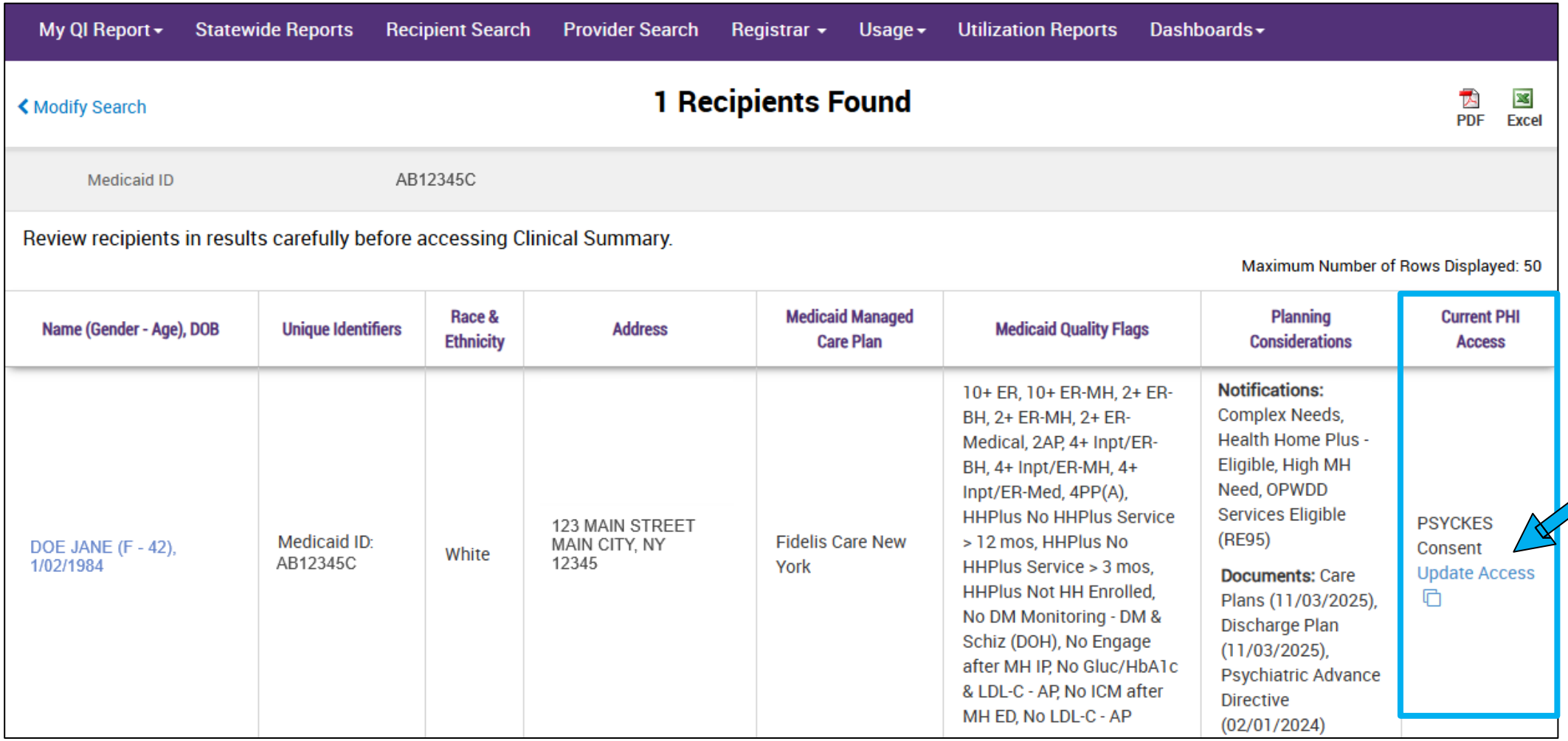


Step 4 & 5: Confirm Identity and Enable Access



PHI Access Enabled

- You'll now see the updated access level reflected in the "Current PHI Access" column



Breaking the Glass in Clinical Emergencies

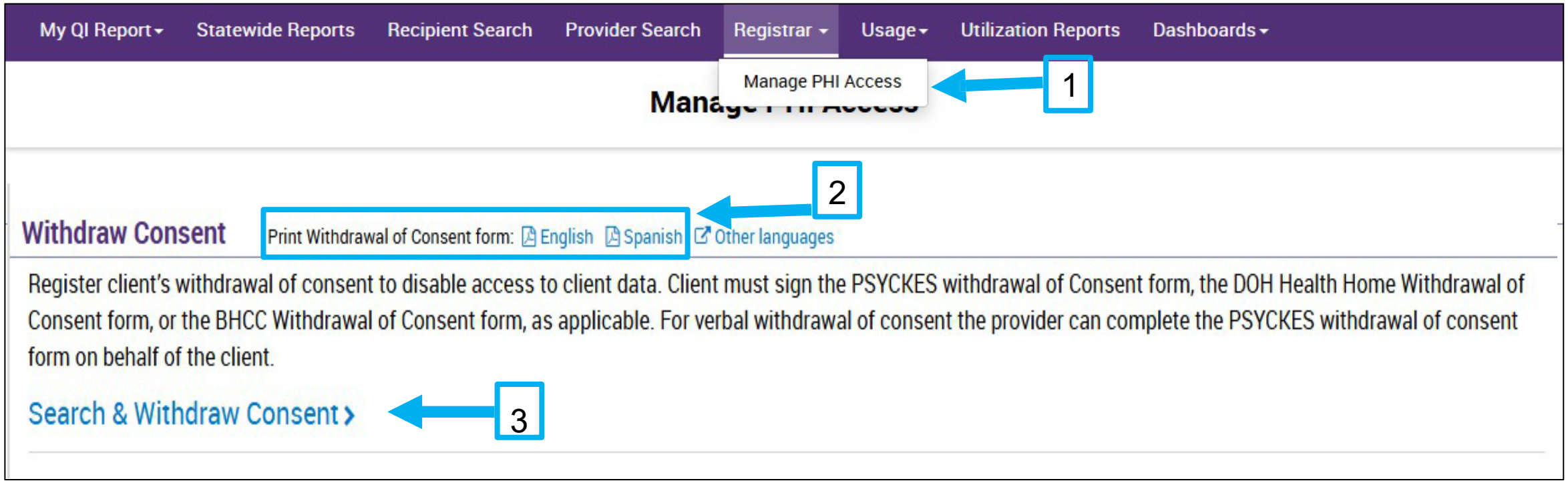
Criteria and Protocols for Clinical Emergencies

- If a patient refuses or is unable to consent and is having a clinical emergency, the provider is permitted to obtain a PSYCKES clinical summary without consent (i.e., "breaking the glass.")
- A clinical emergency is defined as a medical or behavioral condition for which there is an immediate need for treatments, and symptoms are of sufficient severity that the absence of immediate treatment would likely result in serious harm to self or others
- Criteria for "breaking the glass" may include (but not limited to):
  - Threats of or attempts at suicide or serious bodily harm or other conduct demonstrating danger to themselves
  - Homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm
  - Inability or refusal, due to mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter
  - Overdose, sedation, altered mental status, catatonia, or otherwise non-responsive
- Providers are responsible for ensuring that the medical record supports emergency access by documenting why/how the client meets criteria for a clinical emergency and attesting with their signature, date, and time stamp

Withdraw Consent

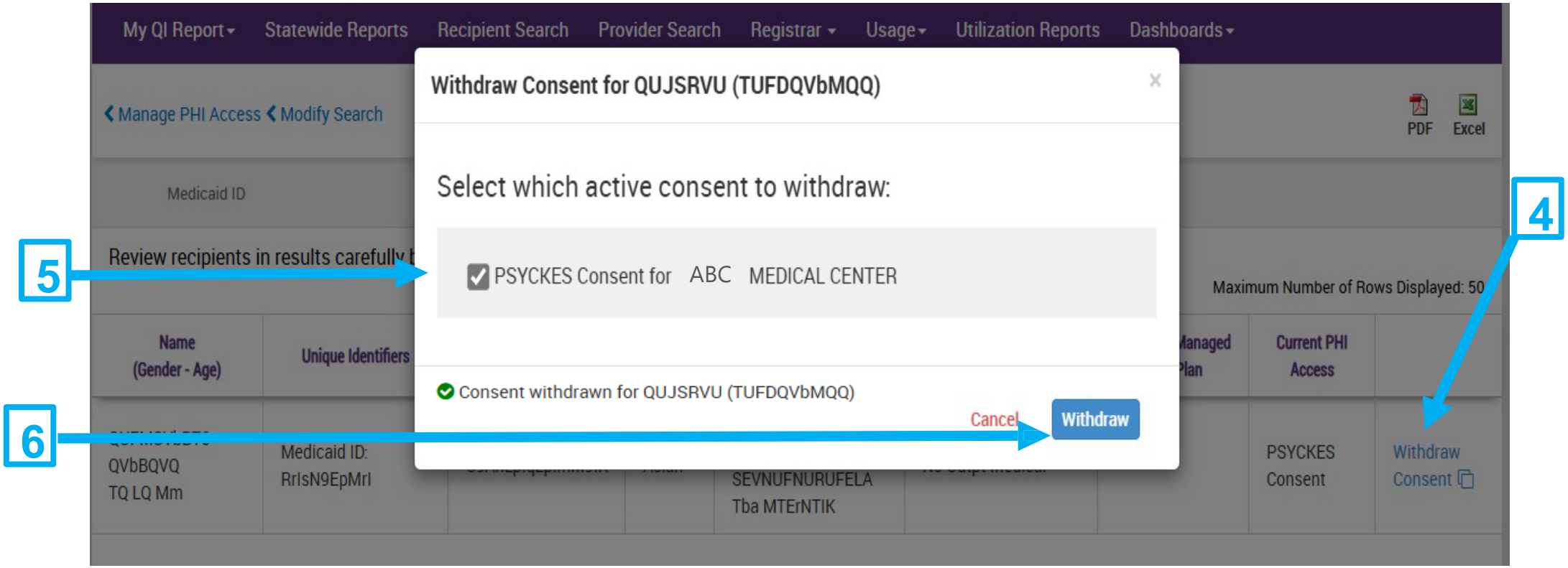
How to Withdraw Consent

- If patient withdraws their consent OR if consent is enabled for the wrong patient by accident, access must be withdrawn in PSYCKES as soon as possible by navigating to Registrar > Manage PHI Access
- Select 'Search & Withdraw Access' to look up the patient



Withdrawing Consent

- If patient withdraws their consent OR if consent is enabled for the wrong patient by accident, access must be withdrawn in PSYCKES as soon as possible by navigating to Registrar > Manage PHI Access
- Select 'Search & Withdraw Access' to look up the patient



Using Recipient Search to Plan for Patients with Complex Needs

Recipient Search

- Patients linked to a hospital if billed for in the past year or currently linked through MAPP
- Use Recipient Search to search for an individual client or generate list of clients meeting specified criteria (examples below):
  - Complex Needs (Select any Complex Needs or specific Complex Needs criteria)
  - High Medicaid Inpatient/ER cost
  - Homelessness
  - Alerts (e.g., suicide attempt, ideations, etc.)
  - Quality Flags (e.g., High Utilization)
  - Service Settings (e.g., ER, Inpatient, Outpatient)
- Enable access on the results page or export to Excel/PDF
- **Advanced Views:** Care Coordination, High Need/High Risk, Complex Needs/HH+/HFW, Hospital Utilization, Outpatient Providers

Complex Needs Criteria – Search Separately or for Any

- General Criteria (All Ages)
  - AOT active or expired in the past year
  - ACT enrolled or discharged in the past year
  - Intensive Mobile Treatment in the past year with MH diagnosis
  - HH+ service in the past year with MH diagnosis
  - 3+ Inpt MH < 13 months
  - 4+ ER MH < 13 months
  - 3+ inpatient medical visits in past 13 months and have schizophrenia or bipolar
  - Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
  - State PC Inpatient Discharge < 12 months
  - CNYPC Release < 12 months
  - Homeless in past 6 months + SMI
  - Suicide attempt: Any history
  - Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
  - Opioid overdose in the past year
- Additional Eligibility Criteria for Children & Adolescents (0-20 years)
  - Currently or in the past year had K3 Serious Emotional Disturbance
  - Currently or in the past year received one or more of these services
    - Psychiatric Inpatient
    - Residential Treatment Facility
    - Children's Community Residence
    - Residential SUD Treatment
    - Youth ACT
    - Day Treatment
    - Partial Hospitalization
    - Home Based Crisis Intervention
    - Mobile Integration Team (MIT)
  - Currently or in the past year received two or more crisis services
  - Currently or in past year attributed to Foster Care

Planning Considerations Column

- This new column 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.
- No ePHI (Enhanced Protected Health Information) will be displayed in this column and data will only show when applicable to the patient:

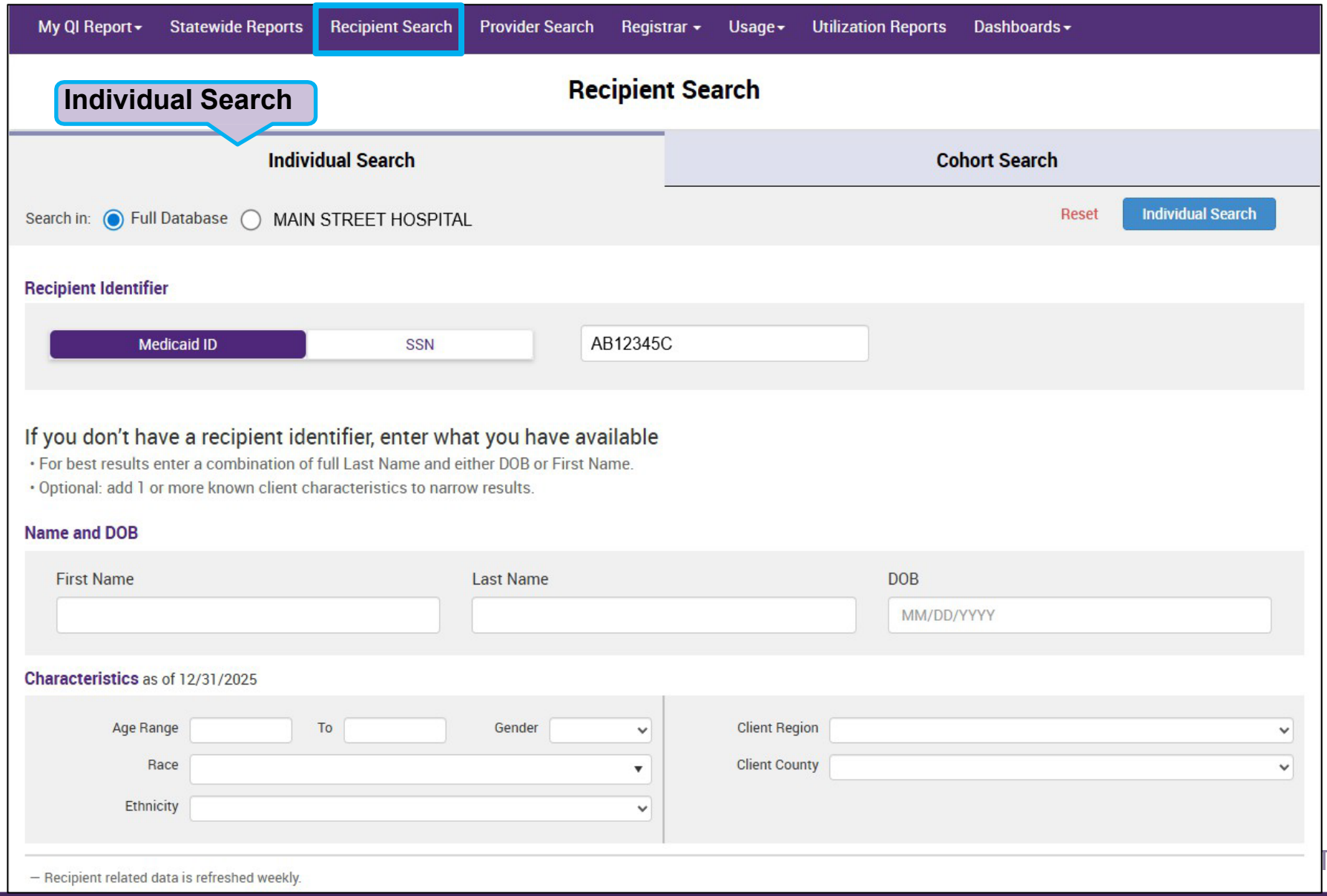
Notifications

- Complex Needs
- Health Home Plus – Eligible
- High MH (Mental Health) Needs
- MH Placement Consideration
- Medicaid Recertification Due <3 months
- OPWDD (Office of People with Developmental Disabilities) Services Eligible (RE95)

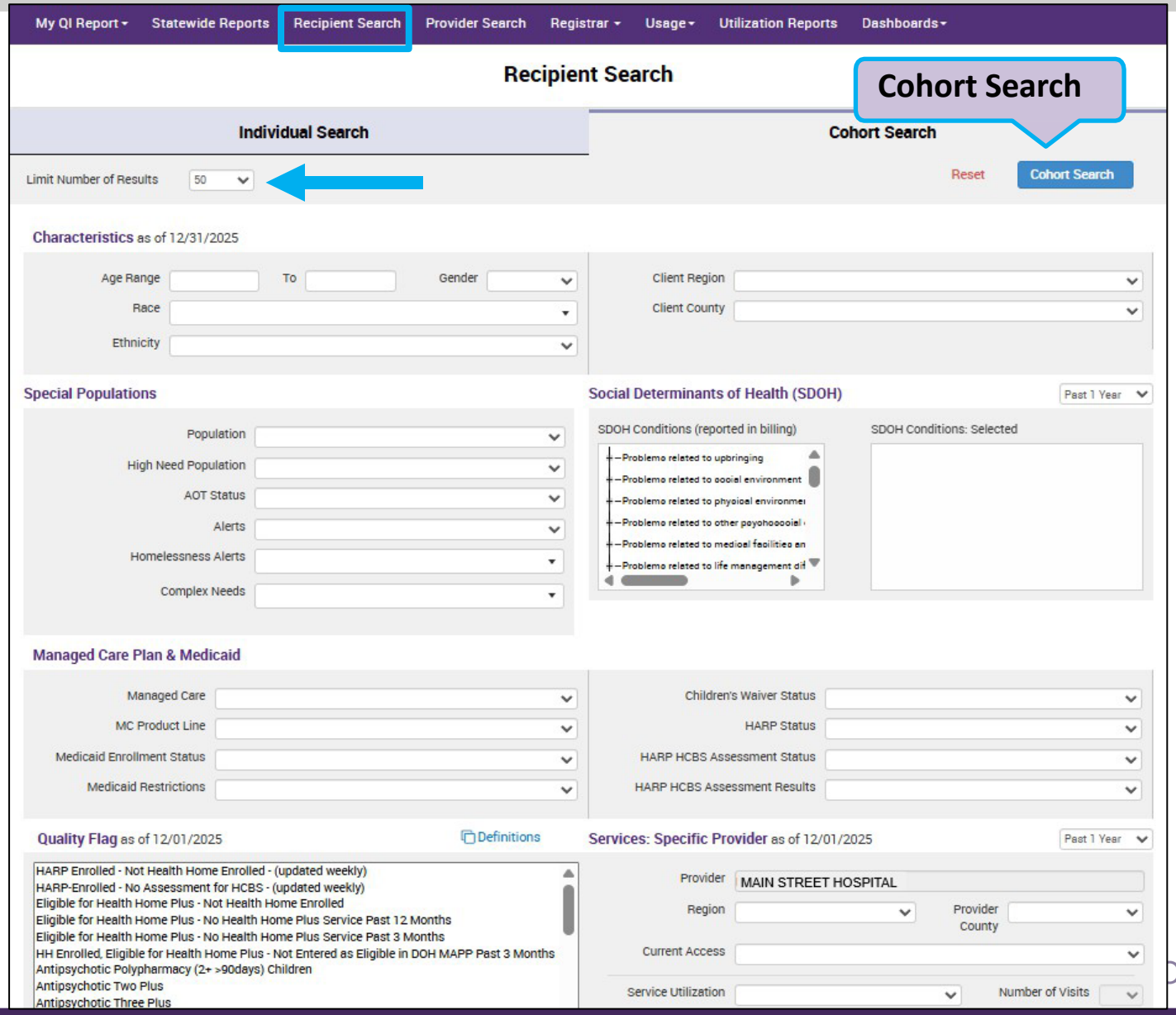
Plans and Documents (most recent date)

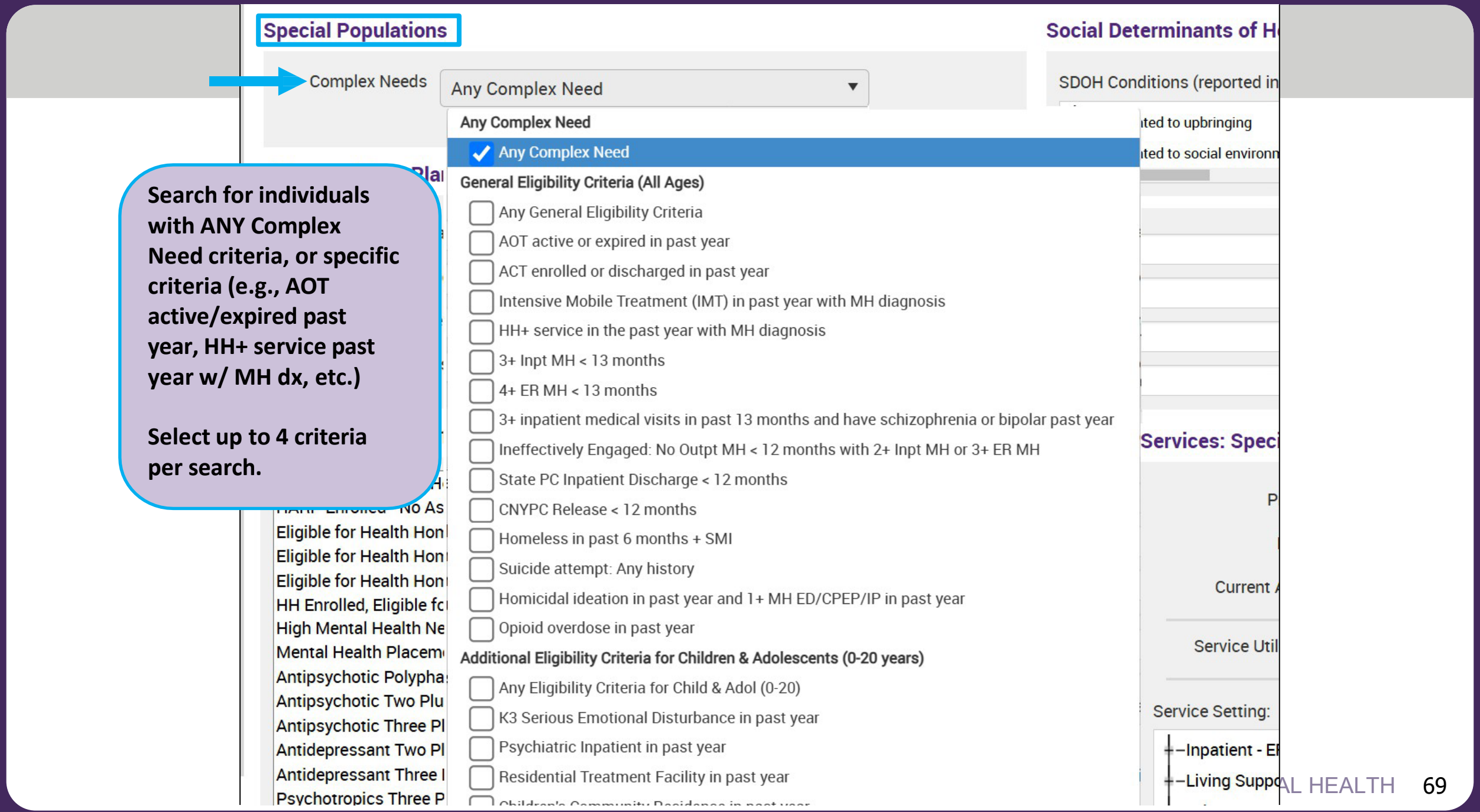
- Safety Plan
- Relapse Prevention Plan
- Psychiatric Advance Directive
- Care Plan
- Discharge Plan

Individual Search

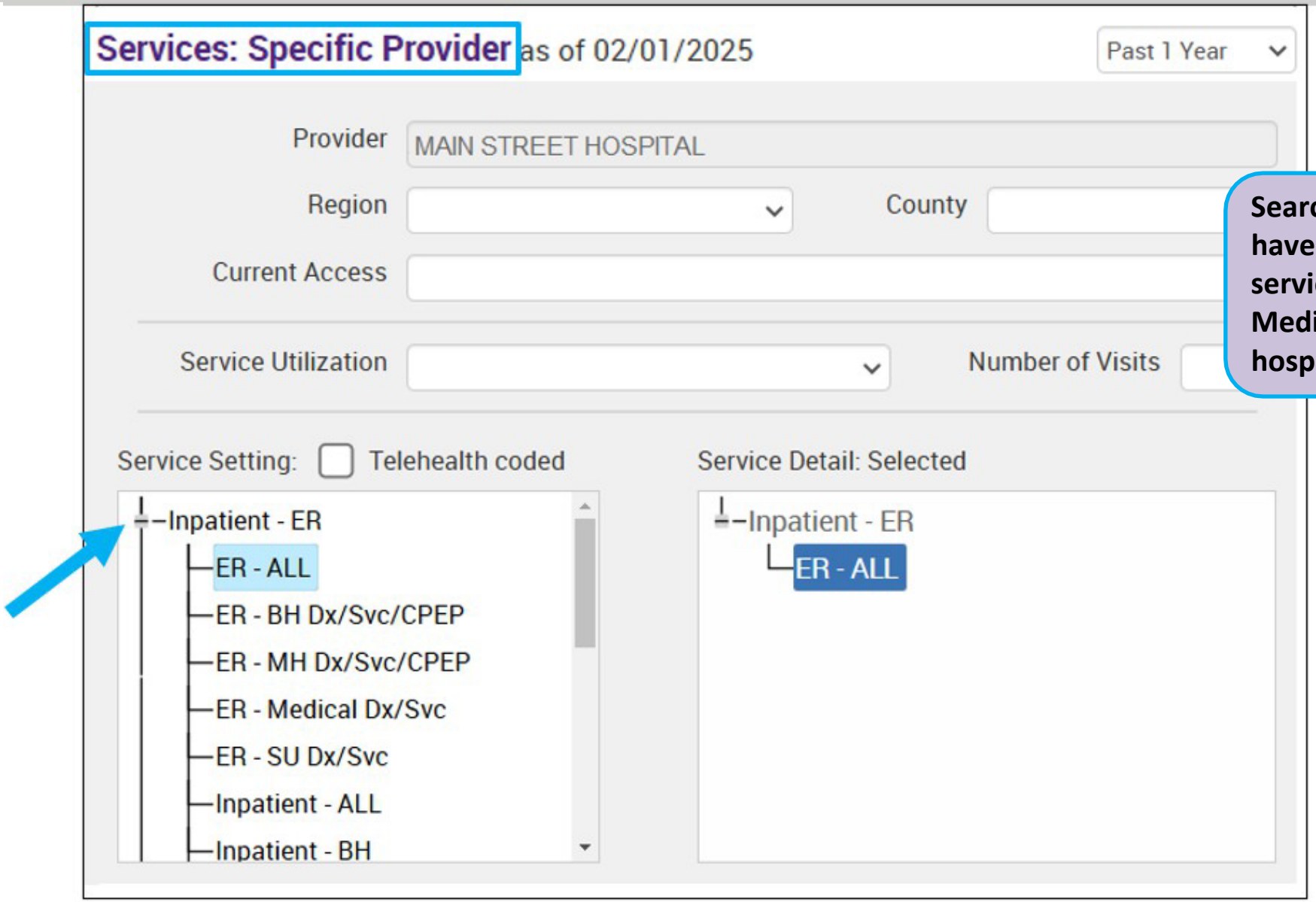


Cohort Search



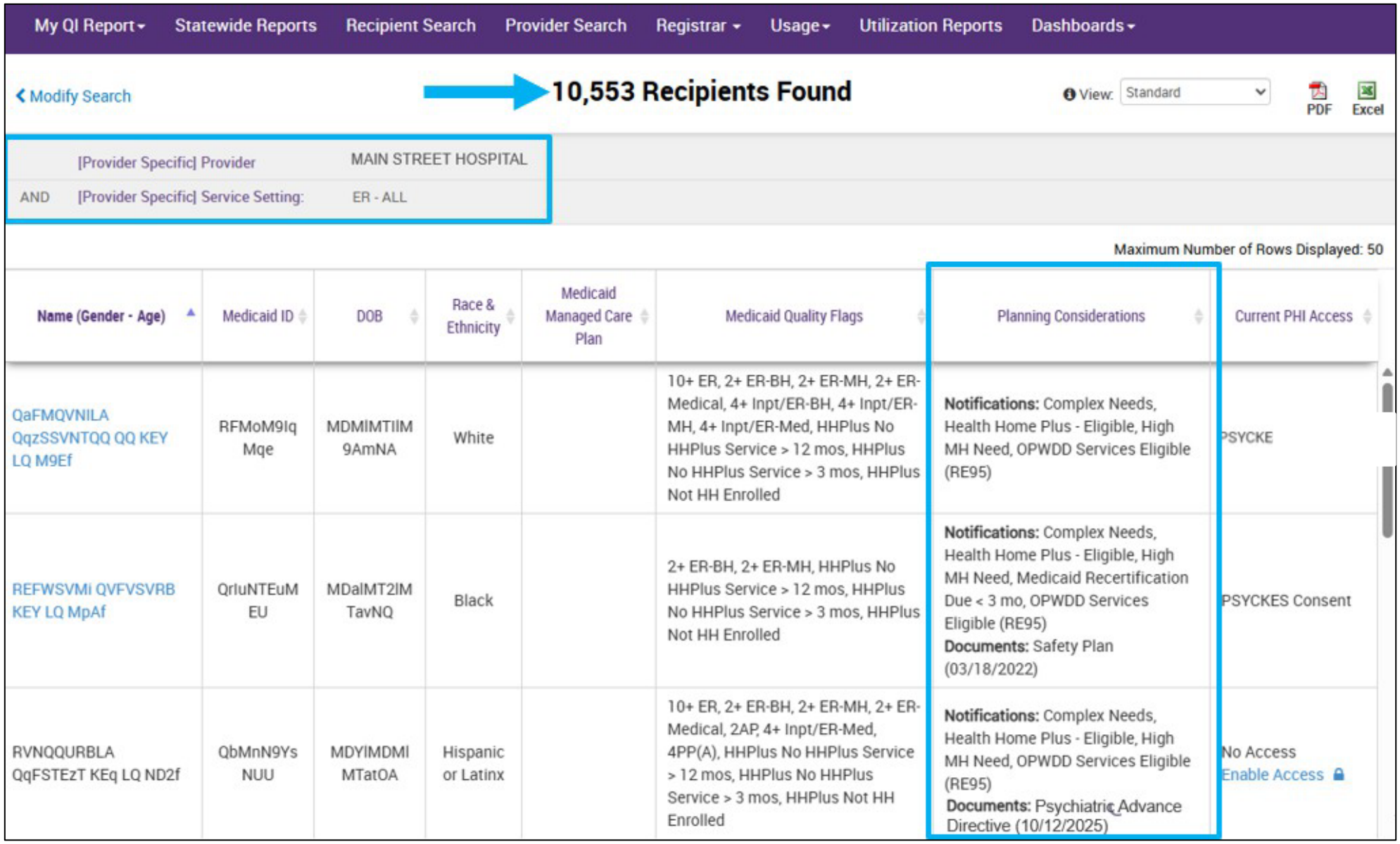

Special Populations
Complex Needs
Any Complex Need
Any Complex Need
Any Complex Need
General Eligibility Criteria (All Ages)
Any General Eligibility Criteria
AOT active or expired in past year
ACT enrolled or discharged in past year
Intensive Mobile Treatment (IMT) in past year with MH diagnosis
HH+ service in the past year with MH diagnosis
3+ Inpt MH < 13 months
4+ ER MH < 13 months
3+ inpatient medical visits in past 13 months and have schizophrenia or bipolar past year
Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
State PC Inpatient Discharge < 12 months
CNYPC Release < 12 months
Homeless in past 6 months + SMI
Suicide attempt: Any history
Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
Opioid overdose in past year
Additional Eligibility Criteria for Children & Adolescents (0-20 years)
Any Eligibility Criteria for Child & Adol (0-20)
K3 Serious Emotional Disturbance in past year
Psychiatric Inpatient in past year
Residential Treatment Facility in past year
Social Determinants of H
SDOH Conditions (reported in
ted to upbringing
ted to social environn
Services: Speci
Current
Service Util
Service Setting:
Inpatient - E
Living Suppo
Search for individuals with ANY Complex Need criteria, or specific criteria (e.g., AOT active/expired past year, HH+ service past year w/ MH dx, etc.)
Select up to 4 criteria per search.

Selecting Service Setting



Search for individuals who have received <u>any</u> ER service (e.g., BH, MH, Medical) from your hospital in the past year

Patients Served in ED in Past Year



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

Modify Search

10,553 Recipients Found

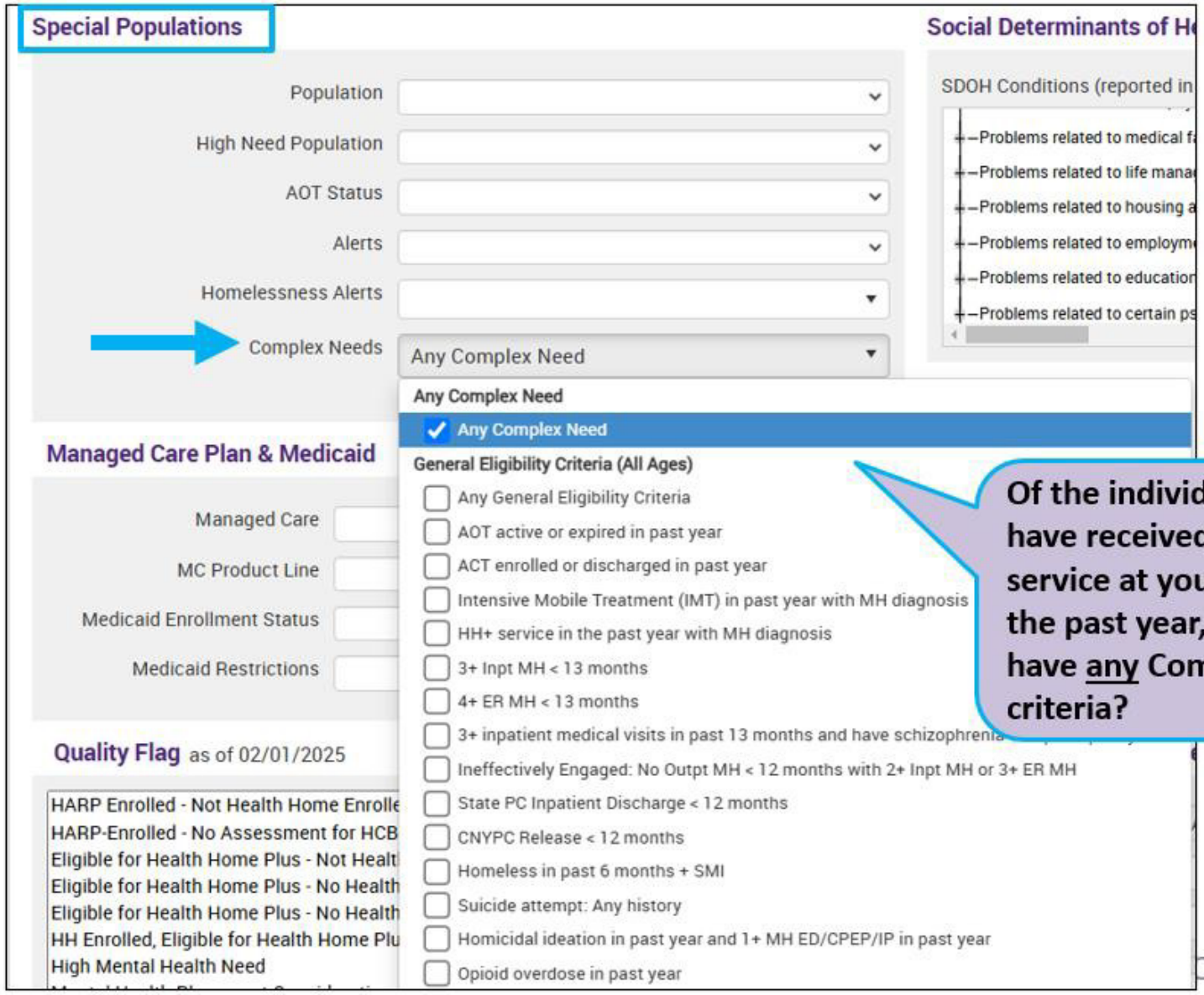
View: Standard | PDF | Excel

	[Provider Specific] Provider	MAIN STREET HOSPITAL
AND	[Provider Specific] Service Setting:	ER - ALL

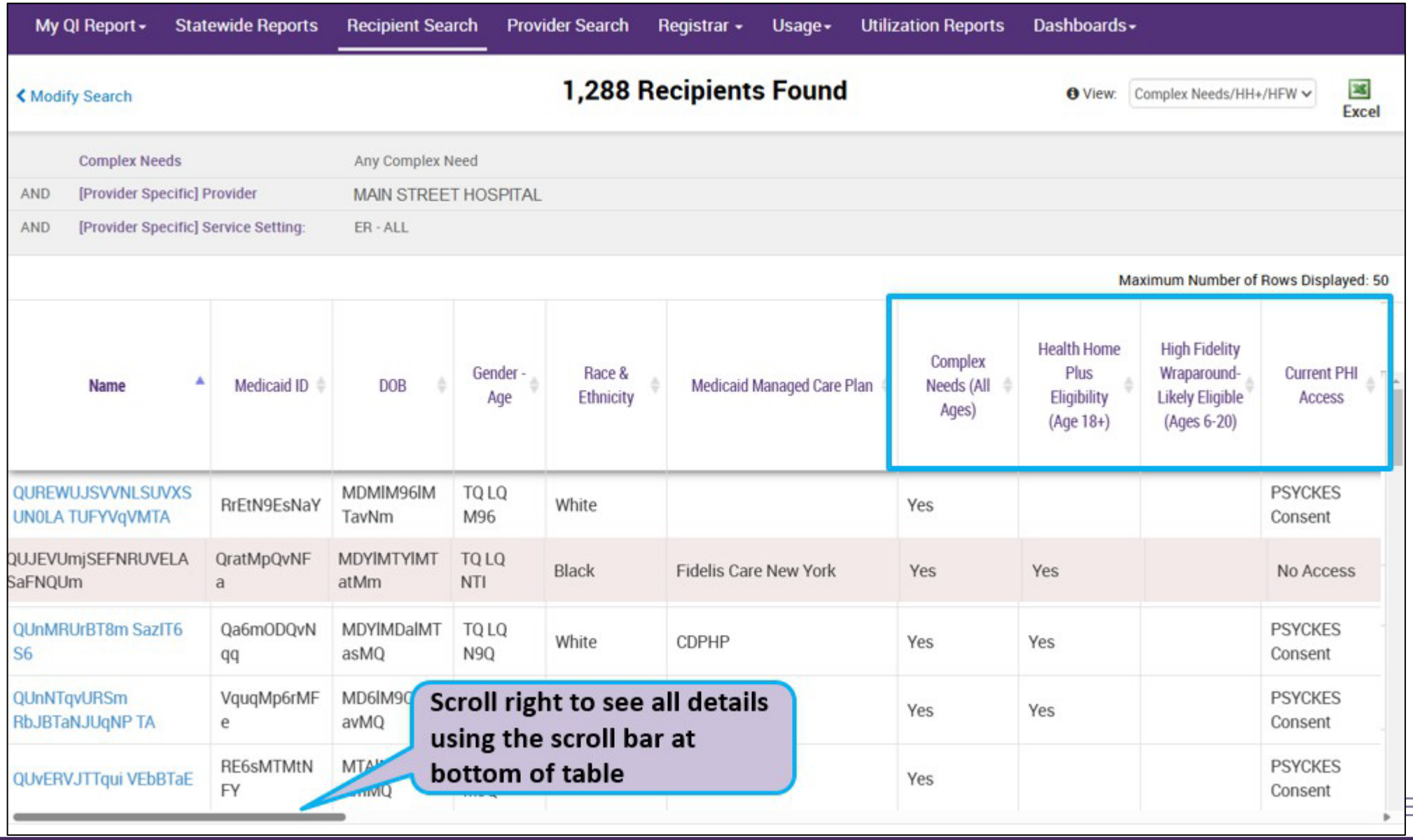
Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Medicaid ID	DOB	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QaFMQVNILA QqzSSVNTQQ QQ KEY LQ M9Ef	RFMoM9Iq Mqe	MDMIMTIlM 9AmNA	White		10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled	**Notifications:** Complex Needs, Health Home Plus - Eligible, High MH Need, OPWDD Services Eligible (RE95)	PSYCKE
REFWSVMi QVFVSVRB KEY LQ MpAf	QrIuNTEuM EU	MDalMT2lM TavNQ	Black		2+ ER-BH, 2+ ER-MH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled	**Notifications:** Complex Needs, Health Home Plus - Eligible, High MH Need, Medicaid Recertification Due < 3 mo, OPWDD Services Eligible (RE95) **Documents:** Safety Plan (03/18/2022)	PSYCKES Consent
RVNQQURBLA QqFSTEzT KEq LQ ND2f	QbMnN9Ys NUU	MDYlMDMl MTatOA	Hispanic or Latinx		10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2AP, 4+ Inpt/ER-Med, 4PP(A), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled	**Notifications:** Complex Needs, Health Home Plus - Eligible, High MH Need, OPWDD Services Eligible (RE95) **Documents:** Psychiatric Advance Directive (10/12/2025)	No Access Enable Access

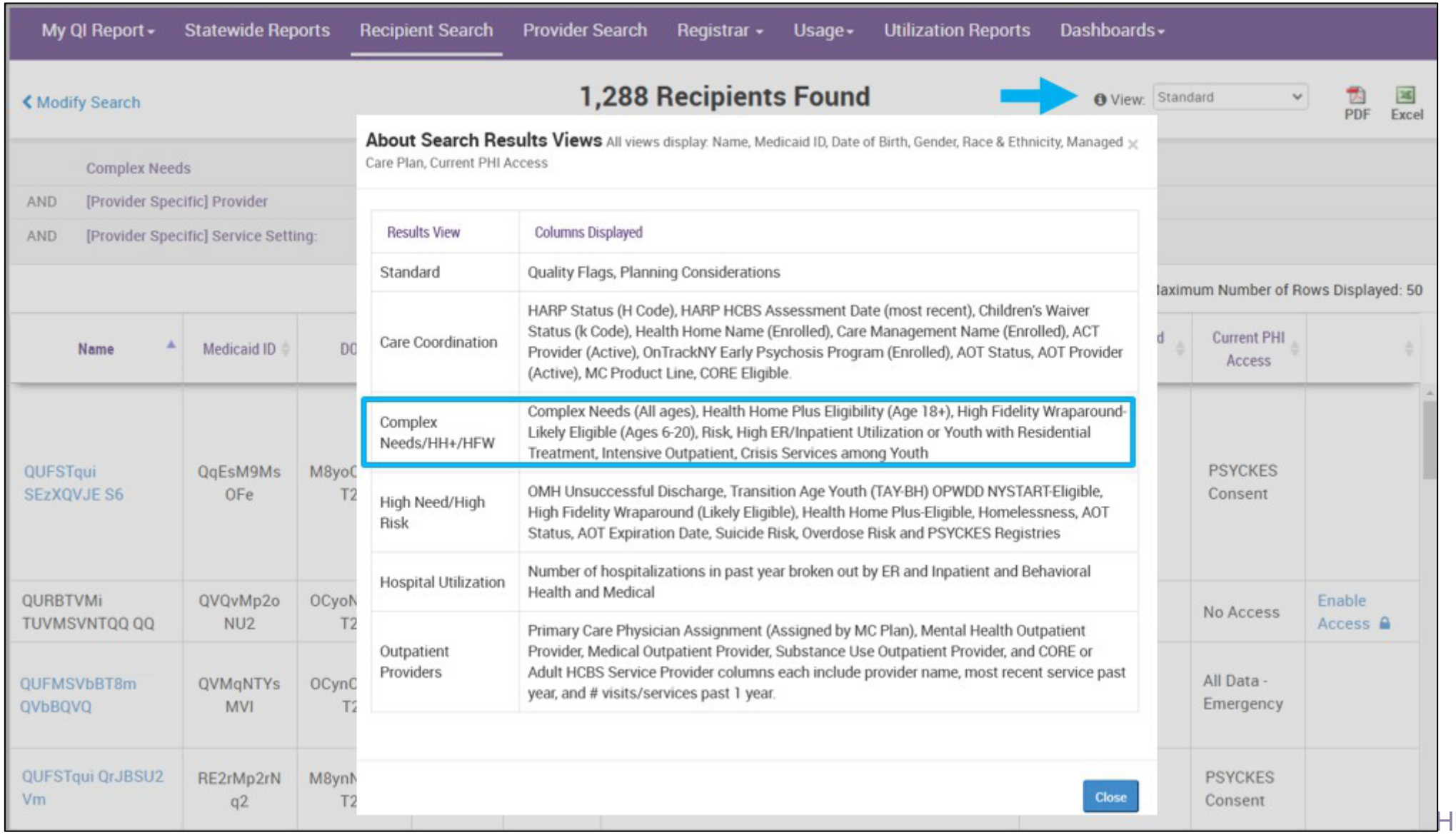
Adding Complex Needs



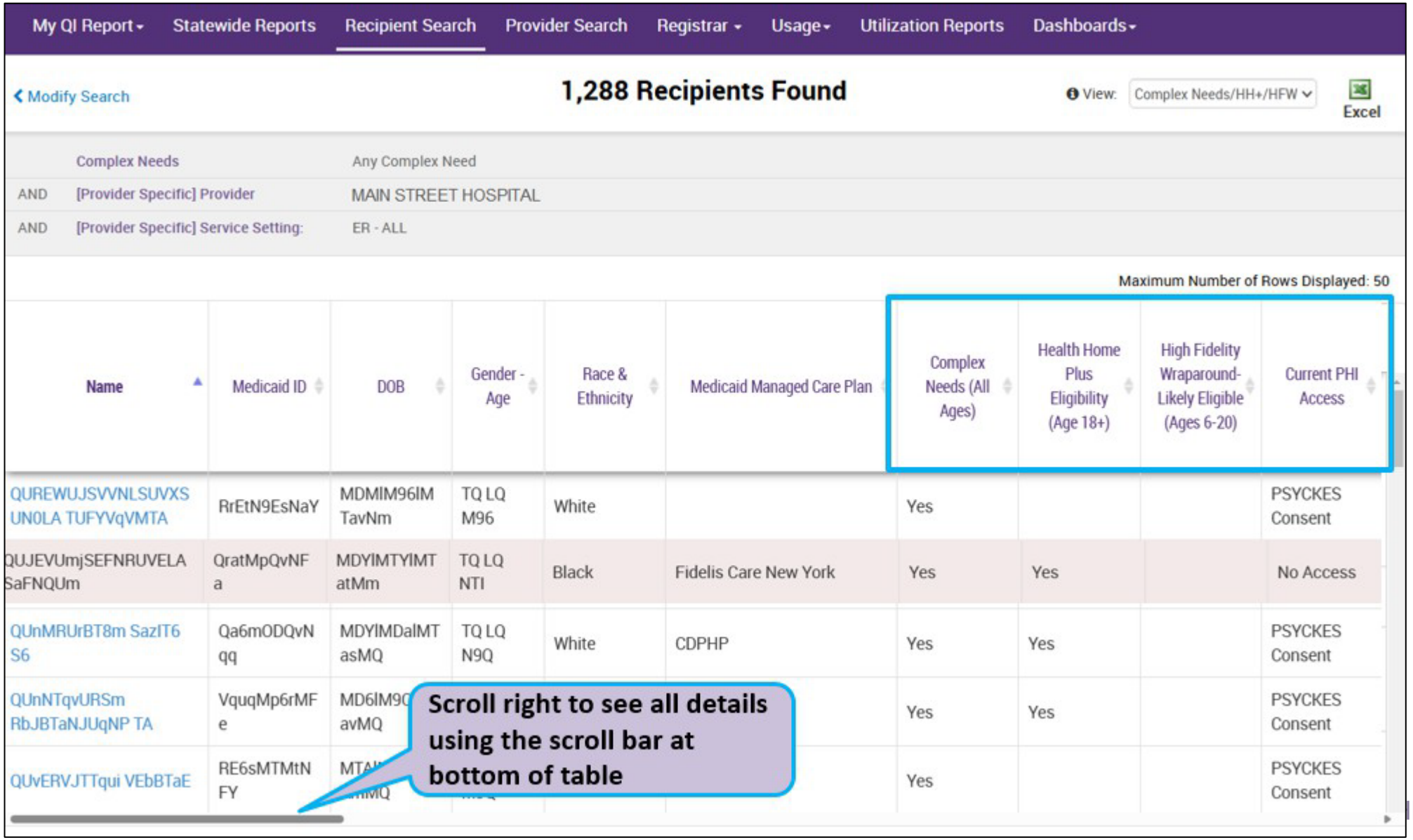
Patients with Complex Needs served in ED in Past Year



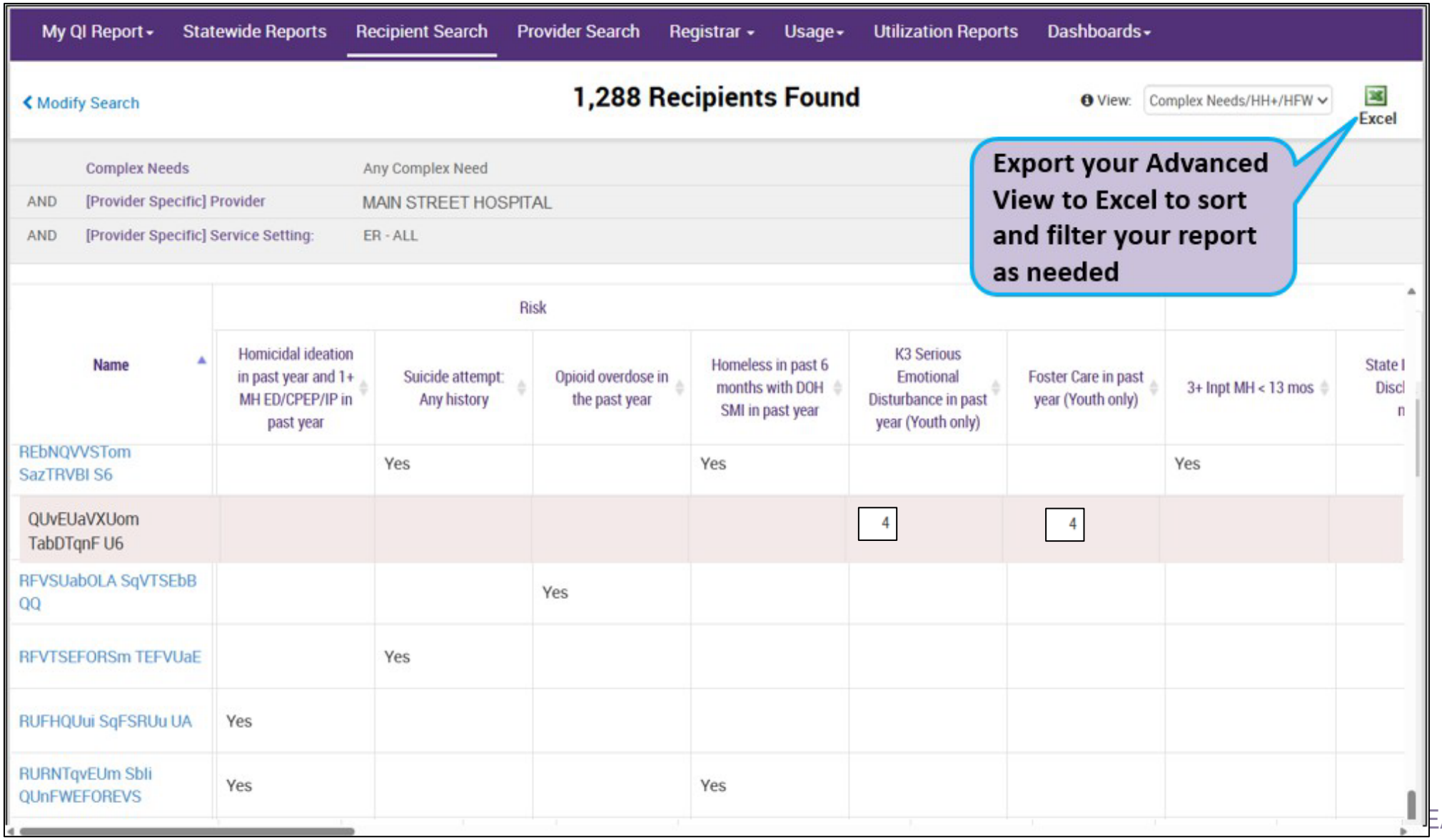
Advanced View Options – Complex Needs/HH+/HFW View



Patient Lists: Complex Needs/HH+/HFW View



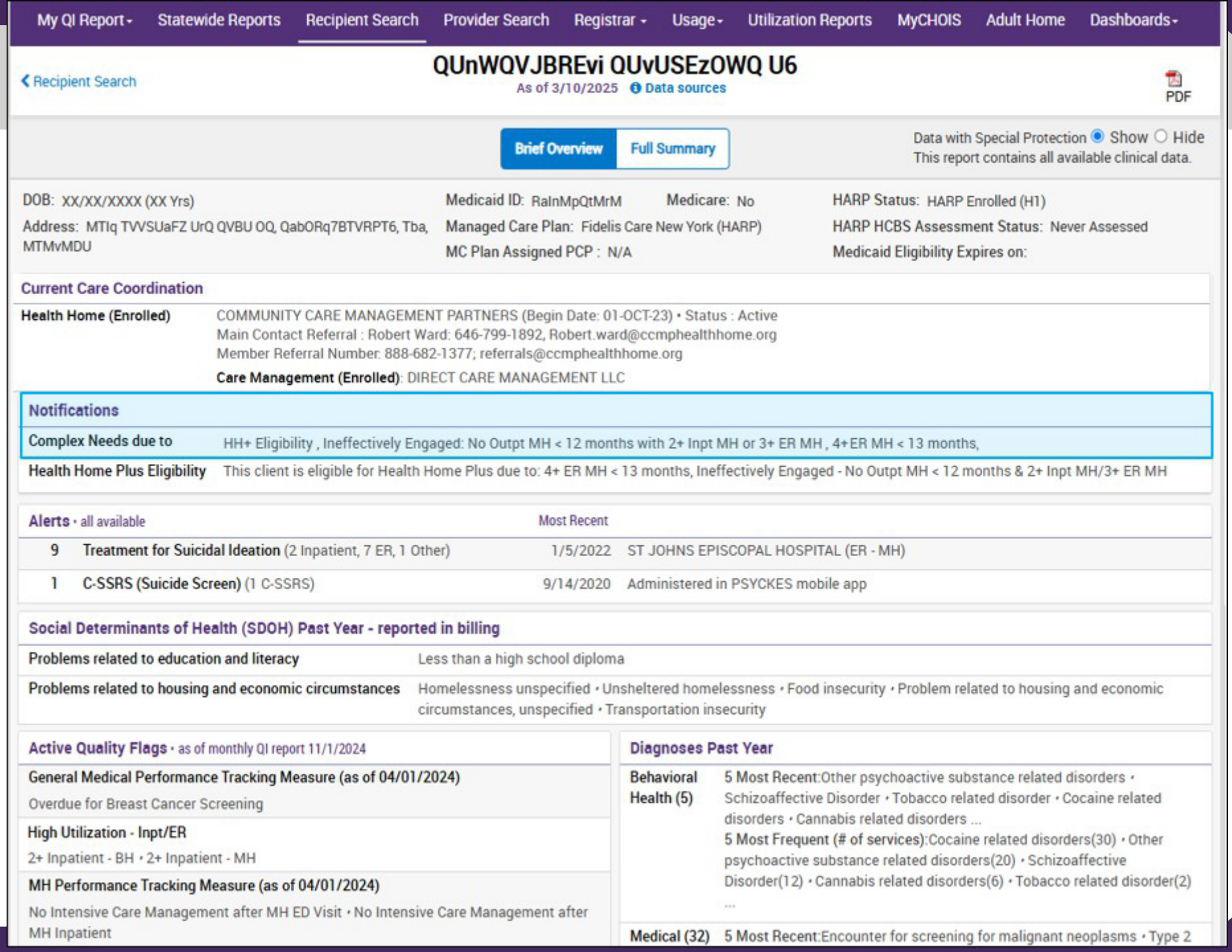
Patient Lists: Export Options



Example Clinical Summary with Complex Needs Flag and Reasons Met Criteria

Current Care Coordination: Includes any care management of residential program information available

Notifications Complex Needs and criteria met



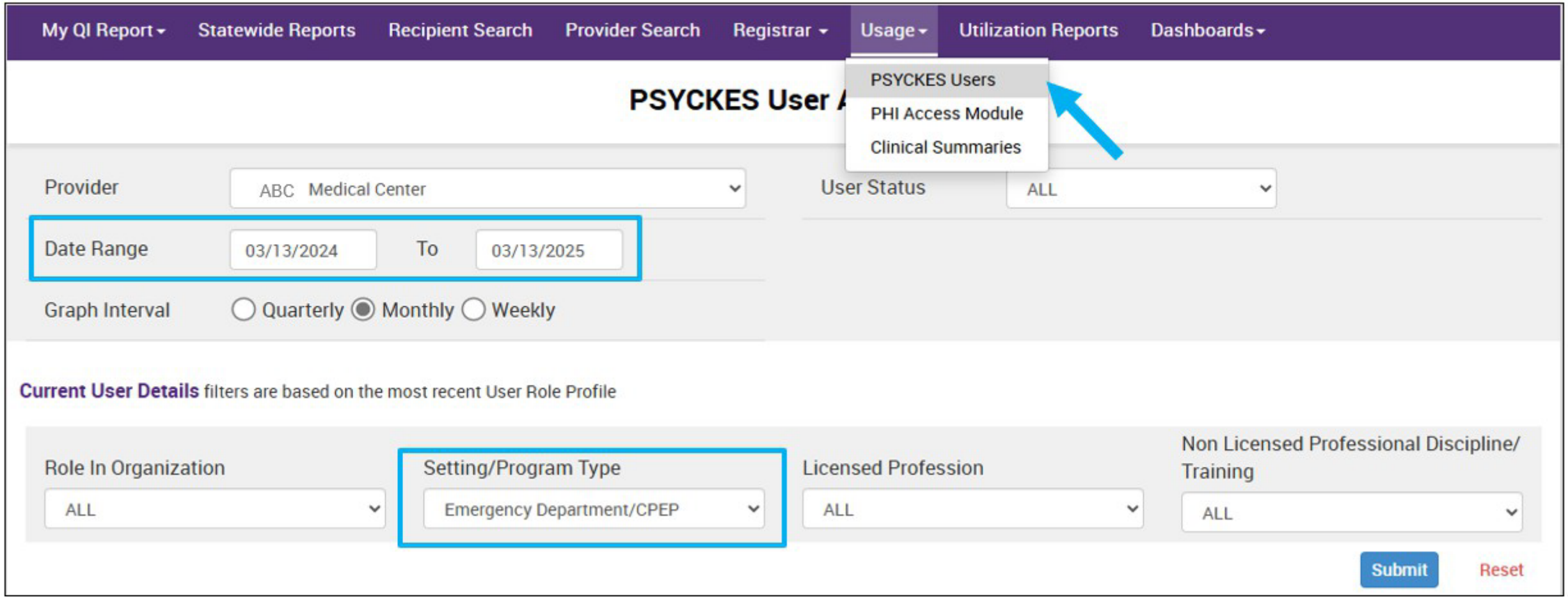
Usage Reports

Monitoring PSYCKES Usage at Your Hospital

- PSYCKES Usage Reports are available in the application, including:
  - **PSYCKES Users**
    - Shows total number of PSYCKES users at your hospital, which staff have never logged in, which service settings have PSYCKES users, etc
  - **PHI Access**
    - Number of signed consents that have been entered during reporting period, how many times emergency level of access was enabled, and staff details on who is enabling access to patient-level data
  - **Clinical Summaries**
    - Unduplicated Clients' Clinical Summaries Viewed, unduplicated Users who accessed Clinical Summaries, and how many times the clinical summary was accessed
- These reports can come in handy for leadership to confirm staff are logging into PSYCKES and viewing clinical summaries, per the updated guidance

PSYCKES User Activity – Report Options

- This report will show you who at your hospital has PSYCKES access, when is the last time they logged in, and this can be selected for a specific date range as well as specific service setting

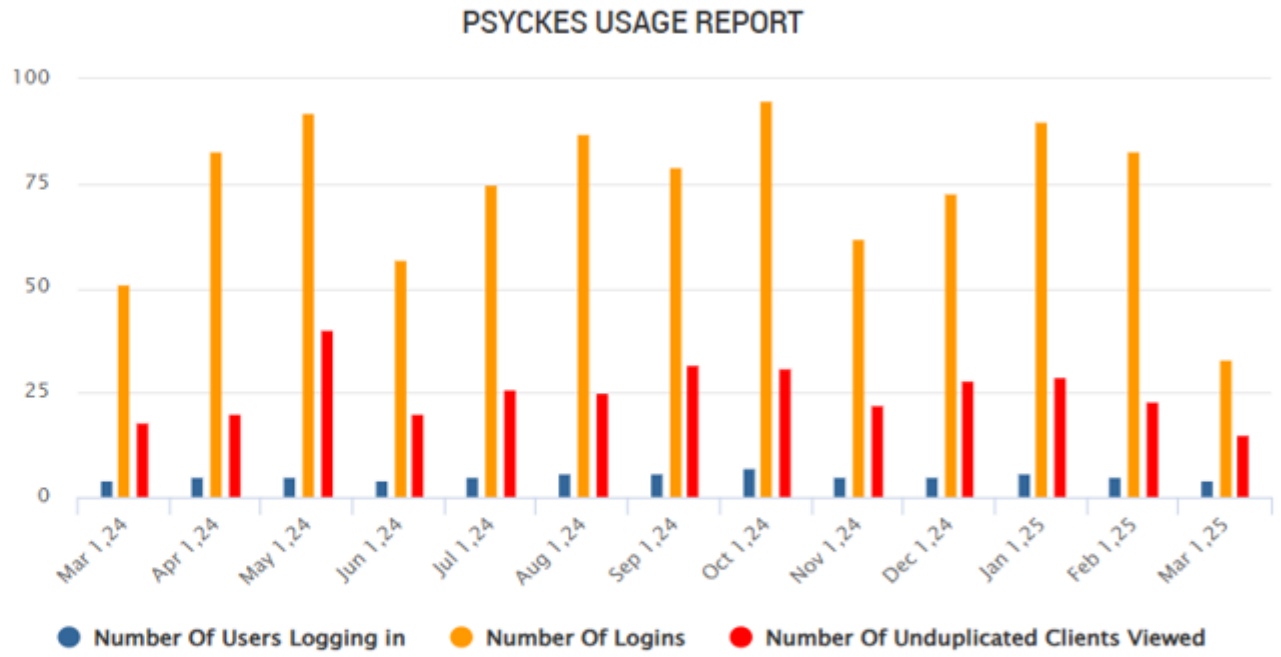


PSYCKES User Activity – Report

- Report will provide aggregate usage summary as well as individual usage details, including user access status and activity during the reporting period

Usage Summary

Usage During Report Period:	
Logged In	7
Deactivated	0
Total number of unduplicated clients viewed	289
USER STATUS AS OF REPORT PERIOD END DATE:	
Total PSYCKES Medicaid Users:	28
Active users	7
Inactive users	0
Never accessed	21
Deactivated users	0



User Details

User Details

User Name	User ID	Email Address	Date Access Granted	Role In Organization	Setting/Program
Smith, John	XXXXXX	jsmith@abcmedical.org	1/15/2024	Direct Service Provider/Clinician/Care Manager	Emergency Department/