



Office of  
Mental Health

# PSYCKES for County Local Government Units

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# Agenda

- PSYCKES Overview
- LGU vs Provider Level Access
- Population Health Management with Recipient Search
- Quality Improvement with My QI Report & Statewide Reports
- Review Client-Level Details within the Clinical Summary
- Training & Technical Support

# PSYCKES Overview

## What is PSYCKES?

### **Psychiatric Clinical Knowledge Enhancement System (PSYCKES)**

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

## Who is Viewable in PSYCKES?

- Over 12 million NYS Medicaid enrollees (currently or past)
  - Fee for service claims
  - Managed care enrollees, all product lines
  - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
- Behavioral Health Population (any history of):
  - Psychiatric or substance use service,
  - Psychiatric or substance use diagnosis, OR
  - Psychotropic medication
- Provides all data – general medical, behavioral health, residential

# What Data is Available in PSYCKES?

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

# 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.

# **LGU vs Provider Level Access**

## LGU PSYCKES Access Levels

- Security Manager assigns the appropriate access level, depending on role of county staff
- Leadership, Oversight at LGU
  - State level access (*allows access to all available data in PSYCKES*)
- Direct Service Providers & Supervisors
  - Agency level access for county-operated provider (*requires consent/ER to view client-level data*)
- Security documents available to explain how to utilize PSYCKES access appropriately as an LGU
  - *User Tip: If staff was granted PSYCKES access as a provider-level user and is now in an oversight role at the LGU, they will need to contact the PSYCKES Help Desk to change their access in the backend!*

## Provider Access Levels to Client Data

- **Signed Consent** (PSYCKES, BHCC, DOH Health Home/CCO)
  - Allows access to all available data (including data with special protections such as substance use, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal PSYCKES 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** (Client is currently served by or being transferred to my agency)
  - This will link client to your agency for Recipient Search reports but will not provide access to the Clinical Summary

# Recipient Search

# Recipient Search

- Use Recipient Search to search for an individual client or generate list of clients meeting specified criteria (examples below):
- **Characteristics:**
  - Race & Ethnicity
  - Region & County
- **Special Populations:**
  - Complex Needs
  - High Mental Health Need
  - OPWDD Services Eligible (RE95)
  - OPWDD NYSTART – Eligible
  - ACT, AOT, HH+ Eligible
  - Homelessness
- **Social Determinants of Health (SDOH)**
- **“Service Setting” Categories by Specific Provider or Any Provider:**
  - Outpatient (MH/SU/DD)
  - Care Coordination (ACT/HH/CCO)
  - Crisis Services
  - Living Support/Residential
  - Inpatient/ER (MH/SU/BH)
- **Medications & Diagnoses**

# Recipient Search

Limit results to

- 50
- 50**
- 100
- 500
- 1,000
- 10,000
- 50,000
- 100,000
- 250,000
- 500,000

Search

Reset

## Individual Search

### Recipient Identifiers

<b>Medicaid ID</b>	SSN	First Name	Last Name	DOB/YYMM
AB00000A				

### Characteristics as of 09/04/2024

## Group Search

Age Range	To	Gender	Region
Race			County
Ethnicity			

### Special Populations

Population	
High Need Population	
AOT Status	
Alerts	
Homelessness Alerts	

### Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing) <ul style="list-style-type: none"> <li>Problems related to upbringing</li> <li>Problems related to social environment</li> <li>Problems related to physical environment</li> <li>Problems related to other psychosocial c</li> <li>Problems related to medical facilities and</li> <li>Problems related to housing and econom</li> </ul>	SDOH Conditions: Selected <div style="border: 1px solid gray; height: 100px;"></div>
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### Managed Care Plan & Medicaid

Managed Care	Children's Waiver Status
MC Product Line	HARP Status
Medicaid Enrollment Status	HARP HCBS Assessment Status
Medicaid Restrictions	HARP HCBS Assessment Results

# Recipient Search

Limit results to

50 ▾

**Search**

Reset

## Recipient Identifiers

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

MM/DD/YYYY

## Characteristics as of 09/04/2024

Age Range

To

Gender

Region

Race

Asian or Black or White

County

Ethnicity

Native American

Asian

Black

Pacific Islander

White

Multiracial

Unknown race

## Special Populations

High Ne

AOT Status

Alerts

Homelessness Alerts

## Social Determinants of Health (SDOH)

Past 1 Year ▾

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environmen
- Problems related to other psychosocial c
- Problems related to medical facilities and
- Problems related to housing and econom

SDOH Conditions: Selected

Empty box for selected SDOH conditions.

# Recipient Search

Limit results to

50 ▾

Search

Reset

## Recipient Identifiers

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

MM/DD/YYYY

## Characteristics as of 09/04/2024

Age Range

To

Gender

Region

Race

County

Ethnicity



- Hispanic or Latinx
- Not Hispanic or Latinx
- Unknown ethnicity

## Special Populations

High Need Population

AOT Status

Alerts

Homelessness Alerts

## Social Determinants of Health (SDOH)

Past 1 Year ▾

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial c
- Problems related to medical facilities and
- Problems related to housing and econom

SDOH Conditions: Selected

Empty box for selected SDOH conditions.

# Recipient Search

Limit results to

50

Search

Reset

## Recipient Identifiers

<b>Medicaid ID</b>	<b>SSN</b>	<b>First Name</b>	<b>Last Name</b>	<b>DOB</b>
AB00000A				MM/DD/YYYY

## Characteristics as of 09/04/2024

Age Range	To	Gender	Region
			Hudson River
Race			County
Ethnicity			

## Special Populations

Population	
High Need Population	
AOT Status	
Alerts	
Homelessness Alerts	

## Social Determinants of Health

SDOH Conditions (reported)

- Problems related to upbringing
- Problems related to social determinants of health
- Problems related to physical health
- Problems related to other social determinants of health
- Problems related to mental health
- Problems related to housing

- Albany
- Columbia
- Dutchess
- Greene
- Orange
- Putnam
- Rensselaer
- Rockland
- Saratoga
- Schenectady
- Schoharie
- Sullivan
- Ulster
- Warren
- Washington
- Westchester

## Managed Care Plan & Medicaid

Managed Care	
MC Product Line	

Children's

# Special Populations

**Special Populations**

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

OPWDD Services Eligible (RE95)

Any OMH Outpatient Specialty MH Services

Behavioral Health High Need - Dual (Medicaid + Medicare)

High Mental Health Need

# Special Populations

## Special Populations



Population

High Need Population

AOT Status

Complex Needs

Alerts

CORE Eligible (Community Oriented Recovery and Empowerment)

Homelessness Alerts

POP : High User (All)

POP : High User (New)

POP : Potential Clozapine Candidate (New)

POP : Potential Clozapine Candidate (All)

## Managed Care Plan & Medicaid

Managed Care

High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%

High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%

MC Product Line

OnTrackNY Early Psychosis Program : Enrolled

OnTrackNY Early Psychosis Program : Discharged < 3 years

Medicaid Enrollment Status

OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years

Medicaid Restrictions

OPWDD NYSTART - Eligible

High Fidelity Wraparound (HFW) - Likely Eligible

Health Home Plus (HH+) - Eligible

HH+ Service - Received at least once in past 3 mo. (Source: DOH MAPP)

## Quality Flag as of 08/01/2024

AOT - Active Court Order

AOT - Expired < 6 months

AOT - Expired < 12 months

ACT - Enrolled

HARP Enrolled - Not Health Home Enrolled

HARP-Enrolled - No Assessment for HCB

Eligible for Health Home Plus - Not Health

Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months

## Social De

SDOH Co

+ - Proble

Proble

le

# Special Populations

Data sourced from Medicaid and NYC-DHS

**Special Populations**

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

**Managed Care Plan & Medicaid**

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

**Quality Flag** as of 08/01/2024

HARP Enrolled - Not Health Home Enrolled  
HARP-Enrolled - No Assessment for HCB  
Eligible for Health Home Plus - Not Health Home Plus  
Eligible for Health Home Plus - No Health Home Plus  
HH Enrolled, Eligible for Health Home Plus  
High Mental Health Need

**Homelessness: All Sources**

- Any (DHS/Medicaid)
- Any past 1 year (DHS/Medicaid)

**Homelessness: NYC DHS**

- Any (DHS)
- Any past 1 year (DHS)
- Shelter (DHS)
- Shelter past 1 year (DHS)
- Outreach (DHS)
- Outreach past 1 year (DHS)
- Behavioral Health Shelter past 1 year (DHS)
- Safe Haven or Stabilization Shelter past 1 year (DHS)

**Homelessness: Medicaid**

- Any (Medicaid)
- Any past 1 year (Medicaid)
- Unsheltered past 1 year (Medicaid)
- Sheltered past 1 year (Medicaid)

# Social Determinants of Health (SDOH)

**Social Determinants of Health (SDOH)** Past 1 Year

SDOH Conditions (reported in billing)

- Problems related to housing and economic circumstances
  - Discord with neighbors, lodgers and roommates
  - Extreme poverty
  - Financial insecurity
  - Food insecurity
  - Homelessness

SDOH Conditions: Selected

- Problems related to housing and economic circumstances
  - Extreme poverty
  - Food insecurity
  - Homelessness

Select a domain category or expand the domain category to select a specific SDOH condition within that domain (up to 4 different SDOH filters can be selected at one time)

# Managed Care Plan & Medicaid, Quality Flags

## Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Children's Waiver Status

 HARP Status

HARP HCBS Assessment Status

HARP HCBS Assessment Results

- Eligible/Enrolled (H1-H9)
- HARP Enrolled (H1)
- HARP Enrolled Tier 1 BH HCBS Eligible (H1 with H2)
- HARP Enrolled Tier 2 BH HCBS Eligible (H1 with H3)
- HIV SNP Enrolled BH High-Risk (H4)
- HIV SNP, Tier 1 BH HCBS Eligible (H4 with H5)
- HIV SNP, Tier 2 BH HCBS Eligible (H4 with H6)
- BH High-Risk/ HARP Eligible (H9)
- Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

## Quality Flag as of 08/01/2024

  Definitions

- High Mental Health Need
- 10+ ER - All Cause
- 10+ ER - MH
- 2+ ER - BH
- 2+ ER - MH
- 2+ ER - Medical
- 2+ Inpatient - BH
- 2+ Inpatient - MH
- 2+ Inpatient - Medical
- 2+ Inpatient / 2+ ER - Summary
- 4+ Inpatient/ER - MH

**Search for HARP Status (e.g., HARP Enrolled) or Quality Flags (can select up to 4 flags per search)**

Service Utilization  Number of Visits

Service Setting:  Telehealth coded

Service Detail: Selected

# Medication & Diagnosis

Medication & Diagnosis as of 08/01/2024

Past 1 Year

Prescriber Last Name

Drug Name

Active Drug

Active medication (past 3 months) requiring Prior Authorization

Psychotropic Drug Class\*

Non-Psychotropic Drug Class\*

ADHD Med  
Antidepressant  
Antipsychotic  
Antipsychotic - Long Acting Injectable

Analgesics and Anesthetics  
Anti-Infective Agents  
Anti-Obesity Agents  
Antidiabetic

Search by selecting diagnostic categories or typing individual diagnosis

BH Diagnoses

Medical Diagnoses

Any BH Diagnosis  
Any MH Diagnosis  
Acute Stress Disorder  
Anxiety Disorders

Cerebral degenerations usually manifest in  
Certain conditions originating in the perina  
Certain infectious and parasitic diseases  
Codes for special purposes

Individual Diagnosis enter name or ICD-10 code

# Given 1+

Primary Only

# Medication & Diagnosis

**Medication & Diagnosis** as of 08/01/2024 Past 1 Year

Prescriber Last Name

Drug Name   Active Drug

Active medication (past 3 months) requiring Prior Authorization

Psychotropic Drug Class\* Non-Psychotropic Drug Class\*

ADHD Med  
Antidepressant  
Antipsychotic  
Antipsychotic - Long Acting Injectable

Analgesics and Anesthetics  
Anti-Infective Agents  
Anti-Obesity Agents  
Antidiabetic

BH Diagnoses Medical Diagnoses

- Neurodevelopmental Disorders
  - Specific Learning Disorder
  - Unspecified/Other Neurodevelopmental Disorders
  - Autism Spectrum Disorder
  - Other Neurodevelopmental Disorders
- Motor Disorders
- Intellectual Disabilities
- Communication Disorders

regenerations usually manifest in  
conditions originating in the perina  
fectious and parasitic diseases  
special purposes

ply

Click on the "+" sign to expand a category and view a list of specific diagnoses

# Medication & Diagnosis

**Medication & Diagnosis** as of 08/01/2024 Past 1 Year

Prescriber Last Name

Drug Name   Active Drug

Active medication (past 3 months) requiring Prior Authorization

Psychotropic Drug Class\* Non-Psychotropic Drug Class\*

ADHD Med  
Antidepressant  
Antipsychotic  
Antipsychotic - Long Acting Injectable

Analgesics and Anesthetics  
Anti-Infective Agents  
Anti-Obesity Agents  
Antidiabetic

BH Diagnoses Medical Diagnoses

- Substance-Related and Addictive Disorders
  - Tobacco related disorder
  - Drug-induced mental disorders (ICD9 only)
  - Cocaine related disorders
  - Opioid related disorders
  - Other psychoactive substance related disorders
  - Sedative, hypnotic, or anxiolytic related disorders
  - Inhalant related disorders (ICD10 only)

regenerations usually manifest in  
conditions originating in the perin  
infectious and parasitic diseases  
special purposes

# Services by Any Provider

Services by Any Provider as of 08/01/2024

Past 1 Year

Provider

Region

County

Service Utilization

Number of Visits

Service Setting:  Telehealth coded

Service Detail: Selected

-- Care Coordination

- ACT - MH Specialty
- Care Coordination Organization (DD Health Home)
- Care Management - Enrolled (Source: DOH MAPP)
- Care Management - Enrolled/Outreach (Source: DOH MAPP)
- Care Management - Outreach (Source: DOH MAPP)
- Case Management - ALL
- Case Management - DD
- Case Management - DOH
- Service Coordination - OPWDD
- Waiver Services - ALL
- Waiver Services - Bridges To Health - OCFS
- Waiver Services - DOH
- Waiver Services - OPWDD

In the "Services by Any Provider" section you can search for populations who received different types of services, including services in specific regions/counties

# Services by Any Provider

**Services by Any Provider** as of 08/01/2024 Past 1 Year ▾

Provider

Region  ▾ County  ▾

---

Service Utilization  ▾ Number of Visits  ▾

---

Service Setting:  Telehealth coded

Service Detail: Selected

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

# Services by Any Provider

Services by Any Provider as of 08/01/2024 Past 1 Year

Provider

Region  County

Service Utilization  Number of Visits

Service Setting:  Tele

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

Selected

1+

2+

3+

5+

10+

20+

30+

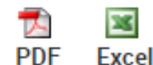
40+

50+

← Modify Search

## 315 Recipients Found

View: Standard ▾



High Need Population	Complex Needs
AND Population	OPWDD Services Eligible (RE95)
AND [Any Provider] Provider Region	Hudson River
AND [Any Provider] Provider County	Albany

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ◆	DOB ◆	Gender ◆	Race & Ethnicity ◆	Medicaid Quality Flags ◆	Medicaid Managed Care Plan ◆
<a href="#">QUJCTrMi</a> <a href="#">TUbdSEFFTA S6</a>	Qr6vN9IsMq Q	OCyrLpEvOT 6	TQ LQ M9Y	White	Adher-MS (DOH), MH Plcmt Consid, No DM Screen - AP, No DM Screen - AP (DOH), No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	
<a href="#">QUJFTEmi</a> <a href="#">SaVTUqbDQQ</a>	QqqtNDYoM VI	MTAIM8ynO T6s	R6 LQ Mp2	White	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4PP(A), Adher-AD - Recovery (DOH), Cervical Cancer Screen Overdue (DOH), Cloz Candidate, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No DM Monitoring - DM & Schiz (DOH), No Gluc/HbA1c & LDL-C - AP, No HbA1c & LDL-C (DM & Schiz), No ICM after MH ED, No ICM after MH Inpt, No LDL-C - AP	
<a href="#">QUnFQqNBLA</a> <a href="#">QUvUSEzOWQ S6</a>	RUisM9UrM bY	MTIIMSynO Tav	TQ LQ M9Q	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, High MH Need, MH Plcmt Consid, No HbA1c-DM	
<a href="#">QUnFWEFOREVSLA</a> <a href="#">RqFSVE6</a>	REQoN9anN rQ	MSynMSyn OT6s	TQ LQ Mp6	Black	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, Readmit 30d - Medical to Medical	

## About Search Results Views



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

Results View	Columns Displayed
Standard	Quality Flags
Care Coordination	HARP Status (H Code), HARP HCBS Assessment Date (most recent), Children's Waiver Status (k Code), Health Home Name (Enrolled), Care Management Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, AOT Provider (Active), MC Product Line, CORE Eligible.
High Need/High Risk	OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH) OPWDD NYSTART-Eligible, High Fidelity Wraparound & Likely Eligible, Health Home Plus-Eligible, Homelessness, AOT Status, AOT Expiration Date, Suicide Risk, Overdose Risk and PSYCKES Registries
Hospital Utilization	Number of hospitalizations in past year broken out by ER and Inpatient and Behavioral Health and Medical
Managed Care POP	Most Recent POP episode index event admission and discharge dates, most recent subsequent hospitalizations, # of care transition services by type, most recent care transition service information.
Outpatient Providers	Primary Care Physician Assignment (Assigned by MC Plan), Mental Health Outpatient Provider, Medical Outpatient Provider, and CORE or Adult HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year.

Close

# 315 Recipients Found

View: Hospital Utilization



High Need Population	Complex Needs
AND Population	OPWDD Services Eligible (RE95)
AND [Any Provider] Provider Region	Hudson River
AND [Any Provider] Provider County	Albany

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Managed Care Plan	# ER Services Past Yr			# Inpatient Services Past Yr		
						ALL	Behavioral Health	Medical	ALL	Behavioral Health	Medical
QUJCTrMi TUbDSEFFTA S6	Qr6vN9IsM qQ	OCyrLpEvO T6	TQ LQ M9Y	White		1	1				
QUJFTEmi SaVTUqbDQQ	QqqtNDYo MVI	MTAIM8synO T6s	R6 LQ Mp2	White		12	9	3	2	2	
QUnFQqNBLA QUvUSEzOWQ S6	RUisM9UrM bY	MTIIMSynO Tav	TQ LQ M9Q	White		11	6	5	1	1	
QUnFWEFOREVSLA RqFSVE6	REQoN9an NrQ	MSynMSyn OT6s	TQ LQ Mp6	Black		6		6	4		4
QUnFWEFOREVSLA TUbDSEFFTA S6	QbYqOTEp MUU	MTEIM92IM TauM6	TQ LQ NDE	Black		15	10	5	1	1	

# **My QI Report**

## My QI Report

- Tool for managing quality improvement efforts
- Updated monthly
- Eligible Population (denominator): clients served plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients who meet criteria for the flag
- Compare prevalence rates for provider agency, region, state
- Filter report by: program type, client residence or provider location region/county
- Drill down into list of recipients who meet criteria for flag
- Race/Ethnicity view of My QI Report
- Reports can be exported to Excel and PDF

# Understanding My QI Report

- **Attributing clients to agency QI reports:**
  - **Billing:** Clients linked to provider agency if billed by agency in the past 9 months
  - This rule is used to automatically link clients to providers so that current clients are included in the report each month
- **Period of observation for the quality indicator:**
  - Assessed by a measure, varies for each measure
  - For example, the period of observation for the High Utilization quality indicator is 13 months

# MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 08/01/2024

View: Standard

PDF Excel

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

Filters

Reset

Indicator Set

## Quality Improvement Indicators (As Of 08/01/2024) Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
BH QARR - Improvement Measure	All	6,953	2,291	32.9	36.7	36	32.90	36.70	36.00	
General Medical Health	All	190,017	17,695	9.3	13.6	13	9.30	13.60	13.00	
Health Home Care Management - Adult	Adult 18+	10,538	8,793	83.4	81.4	88	83.40	81.40	88.00	
High Utilization - Inpt/ER	All	190,115	51,356	27	23.8	20.6	27.00	23.80	20.60	
Polypharmacy	All	18,085	2,533	14	17.6	12.8	14.00	17.60	12.80	
Preventable Hospitalization	Adult	133,419	2,030	1.5	1	0.8	1.50	1.00	0.80	
Readmission Post-Discharge from any Hospital	All	37,269	5,612	15.1	15.1	11.5	15.10	15.10	11.50	
Readmission Post-Discharge from this Hospital	All	26,199	3,281	12.5	18.8	11.6	12.50	18.80	11.60	
Treatment Engagement	Adult 18-64	5,595	1,850	33.1	30.8	32.5	33.10	30.80	32.90	

## Performance Tracking Indicators (As Of 12/01/2023) Run with intentional lag of 6+ months to allow for complete data

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
General Medical Performance Tracking Measure	All	57,178	20,120	35.2	40.2	38.1	35.20	40.20	38.10	
MH Performance Tracking Measure	All	10,247	5,502	53.7	55.5	55	53.70	55.50	55.00	
SUD Performance Tracking Measure	Adol & Adult (13+)	11,941	9,387	78.6	78.3	80.3	78.60	78.30	80.30	

# MAIN STREET MENTAL HEALTH CLINIC ⓘ

Quality Indicator Overview As Of 08/01/2024

View: Standard

PDF Excel

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

Filters

Reset

Indicator Set

## Quality Improvement Indicators (A

Indicator Set

BH QARR - Improvement Measure

General Medical Health

Health Home Care Management - Adult

High Utilization - Inpt/ER

Polypharmacy

Preventable Hospitalization

Readmission Post-Discharge from any Ho

Readmission Post-Discharge from this Hospital

Treatment Engagement

### QI Filters

Site ALL

Program Type ALL

Managed Care ALL

MC Product Line ALL

Age Group ALL

**Client Residence** Client Region New York City

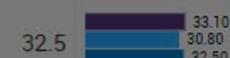
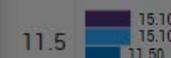
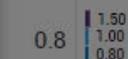
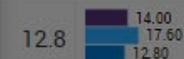
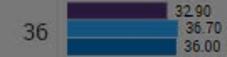
**Provider Location** Provider Region ALL

- Client County
- ALL
  - Bronx**
  - Brooklyn
  - Manhattan
  - Queens
  - Staten Island

All 26,199 3,281 12.5 18.8

Adult 18-64 5,595 1,850 33.1 30.8

ewide % 25% 50% 75% 100%



### MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 08/01/2024

View: Standard PDF Excel

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters Reset

Indicator Set

#### Quality Improvement Indicators (As Of 08/01/2024) Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
BH QARR - Improvement Measure	All	5,467	1,755	32.1	36.7	36	
General Medical Health	All	163,247	14,911	9.1	13.6	13	
Health Home Care Management - Adult	Adult 18+	8,511	7,059	82.9	81.4	88	
High Utilization - Inpt/ER	All	163,280	43,316	26.5	23.8	20.6	
Polypharmacy	All	14,836	2,016	13.6	17.6	12.8	
Preventable Hospitalization	Adult	113,624	1,704	1.5	1	0.8	
Readmission Post-Discharge from any Hospital	All	30,829	4,315	14	15.1	11.5	
Readmission Post-Discharge from this Hospital	All	22,553	2,708	12	18.8	11.6	
Treatment Engagement	Adult 18-64	4,514	1,445	32	30.8	32.5	

#### Performance Tracking Indicators (As Of 12/01/2023) Run with intentional lag of 6+ months to allow for complete data

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
General Medical Performance Tracking Measure	All	49,679	17,248	34.7	40.2	38.1	
MH Performance Tracking Measure	All	8,331	4,410	52.9	55.5	55	
SUD Performance Tracking Measure	Adol & Adult (13+)	9,573	7,456	77.9	78.3	80.3	



MAIN STREET MENTAL HEALTH CLINIC 1

Quality Indicator Overview As Of 08/01/2024

View: Standard ▼

PDF



Excel

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters

Reset

Indicator Set: MH Performance Tracking Measure

Indicator Set	Indicator	Population	Eligible Population/Episode	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
	1. No Follow Up for Child on ADHD Med - Initiation	Child	359	109	30.4	30.7	36.3	30.40	30.70	36.30	
	2. No Follow Up for Child on ADHD Med - Continuation	Child	71	12	16.9	27.3	30.7	16.90	27.30	30.70	
	3. Antidepressant Medication Discontinued - Acute Phase	Adult	2,135	893	41.8	42.6	43.4	41.80	42.60	43.40	
	4. No Follow Up after MH Inpatient Discharge - 7 Days	Adult	2,135	1,220	57.1	57.2	57.9	57.10	57.20	57.90	
	5. No Follow Up after MH Outpatient Visit - 7 Days	Adult	1,958	694	35.4	32	34.3	35.40	32.00	34.30	
	6. No Follow Up after MH Inpatient Discharge - Bipolar	Adult	2,577	1,247	48.4	47.6	48.7	48.40	47.60	48.70	
	7. No Follow Up after MH Inpatient - 7 Days	6+	1,173	535	45.6	41.6	45.6	45.60	41.60	45.60	
	8. No Follow Up After MH ED Visit - 7 Days	6+	1,985	821	41.4	38.9	34.9	41.40	38.90	34.90	
	9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic	Adult	2,883	419	14.5	19.8	21.8	14.50	19.80	21.80	
	10. No Metabolic Monitoring (Gluc/HbA1c and LDL-C) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	582	350	60.1	64.8	64.5	60.10	64.80	64.50	

The percentage of Mental Health Inpatient discharges among individuals ages 6 years and older that are not followed up by a Mental Health Outpatient visit within 7 days after the discharge.

# MAIN STREET MENTAL HEALTH CLINIC i

Quality Indicator Overview As Of 08/01/2024

View: Standard



CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

[Filters](#) [Reset](#)

**Indicator Set:** MH Performance Tracking Measure **Indicator:** 7. No Follow Up after MH Inpatient - 7 Days

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access			
UFJJTQ SqFZTEVF T6	Sr6oNTEuMVY	MDaIM9AIM9AnMm	Hispanic or Latinx	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-MH, High MH Need, MH Plcmt Consid, No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP (DOH), No LDL-C - AP (DOH), No MH ED F/U 30d (DOH), No MH ED F/U 30d (DOH) - Child & Adol, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Child & Adol, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Child & Adol, No Well-Care Visit (DOH)	No Access	<a href="#">Enable Access</a>		
				2+ Inpt-BH, 2+ Inpt-MH, Adher-AP, Adher-AP (DOH), HARP No Assessment for HCBS, MH Plcmt Consid, No Engage after		<a href="#">Enable Access</a>		

# MAIN STREET MENTAL HEALTH CLINIC View: Standard PDF Excel

Quality Indicator Overview As Of 08/01/2024

SITE: ALL PROGRAM TYPE: ALL AGE GROUP: ALL MC PRODUCT LINE: ALL CLIENT REGION: ALL CLIENT COUNTY: ALL PROVIDER REGION: ALL PROVIDER COUNTY: ALL MANAGED CARE: ALL Race & Ethnicity Filters Reset

Indicator Set

## Quality Improvement Indicators

Indicator Set

BH QARR - Improvement Measure

General Medical Health

Health Home Care Management - A

High Utilization - Inpt/ER

Polypharmacy

Preventable Hospitalization

### About QI Report Views

All views display: Indicator Name, Population

View	Columns Displayed
<b>Standard</b> Displays quality indicator prevalence rates for the organization compared to the region and statewide prevalence rates.	Eligible Population, # with QI Flag, %, Region %, Statewide %
<b>Race &amp; Ethnicity</b> Displays quality indicator prevalence rates for clients in different race and ethnicity groups. Available in the "Indicator Set" and "Indicator" tabs.	Total % (for this organization), Native American, Asian, Black, Pacific Islander, White, Multiracial, and Hispanic or Latinx. Clients for which race is unknown are included in the "Total" number, but are not represented as a separate race/ethnicity group.

Close

Readmission Post-Discharge from any Hospital

All

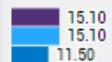
37,269

5,612

15.1

15.1

11.5



Readmission Post-Discharge from this Hospital

All

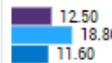
26,199

3,281

12.5

18.8

11.6



Treatment Engagement

Adult 18-64

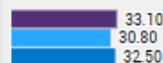
5,595

1,850

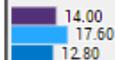
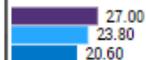
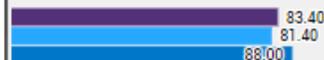
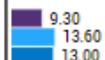
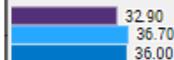
33.1

30.8

32.5



25% 50% 75% 100%



# MAIN STREET MENTAL HEALTH CLINIC i

Quality Indicator Overview As Of 08/01/2024

View: Race & Ethnicity PDF Excel

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

Indicator Set

## Performance Tracking Indicators (As Of 12/01/2023) Run with intentional lag of 6+ months to allow for complete data

		Clients with QI Flags by Percentage (%) and Number									
Indicator Set	Population	Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx	25% 50% 75% 100%	
General Medical Performance Tracking Measure	All	35.2% 20,120	39% 30	34.2% 819	37.6% 5,021	45.6% 36	43.3% 1,038	46.2% 294	33.3% 10,163		
MH Performance Tracking Measure	All	53.7% 5,502	46.2% 12	50.2% 113	55.7% 1,682	40% 6	49.3% 270	53.7% 88	52.4% 2,809		
SUD Performance Tracking Measure	Adol & Adult (13+)	78.6% 9,387	83.3% 20	94.1% 144	85.3% 2,997	70% 14	72% 657	82.7% 158	74.5% 4,509		



# MAIN STREET MENTAL HEALTH CLINIC i

Quality Indicator Overview As Of 08/01/2024

View: Race & Ethnicity



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

Indicator Set: MH Performance Tracking Measure

Indicator Set Indicator

		Clients with QI Flags by Percentage (%) and Number												
Indicator	Population	Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx	25%	50%	75%	100%	
7. No Follow Up after MH Inpatient - 7 Days	6+	49.6%	100%	35%	55.3%	50%	51.5%	59.3%	43.2%					
		797	6	14	309	2	53	16	308	<p>Black : 309/559</p>				
8. No Follow Up After MH ED Visit - 7 Days	6+	41.4%	72.7%	50.9%	44%	33.3%	38.6%	51.8%	39.1%					
		1,137	8	28	401	2	51	29	488					
9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic	Adult	14.1%	16.7%	15.4%	15%	28.6%	12.1%	8.5%	13.3%					
		502	1	10	173	2	31	5	237					

File Home Insert Page Layout Formulas Data Review View Automate Help Acrobat

Clipboard: Cut, Copy, Paste, Format Painter

Font: Calibri, 11, Bold, Italic, Underline, Color, Background Color

Alignment: Wrap Text, Merge & Center

Number: General, Currency, Percentage, Decimals

Styles: Conditional Formatting, Format as Table, Cell Styles

Cells: Insert, Delete, Format

Editing: AutoSum, Fill, Clear, Sort & Filter, Find & Select

Sensitivity, Add-ins, Create PDF and Share link

A1 Provider: MAIN STREET MENTAL HEALTH CLINIC; Filters: SITE: ALL, PROGRAM TYPE: ALL, AGE GROUP: ALL, MC PRODUCT LINE: ALL, CLIENT REGION: ALL, CLIENT COUNTY: ALL, PROVIDER REGION: ALL, PROVIDER COUNTY: ALL,

	A	B	C	D	E	F	G	H
1	Provider: MAIN STREET MENTAL HEALTH CLINIC; Filters: SITE: ALL, PROGRAM TYPE: ALL, AGE GROUP: ALL, MC PRODUCT LINE: ALL, CLIENT REGION: ALL, CLIENT COUNTY: ALL, PROVIDER REGION: ALL, PR							
2								
3								
4								
5								
6								

**7 Quality Improvement Indicators (As Of 08/01/2024)** Run monthly on all available data as of run date

8 Name	Population	EligiblePopulation	QIFlagPopulation	Total %	Native American #	QI Flag	Native American Eligi	Native American %
9 BH QARR - Improvement Measure	All	6953	2291	32.9	8	13	61.5	
10 General Medical Health	All	190017	17695	9.3	36	409	8.8	
11 Health Home Care Management - Adult	Adult 18+	10538	8793	83.4	21	25	84	
12 High Utilization - Inpt/ER	All	190115	51356	27	108	411	26.3	
13 Polypharmacy	All	18085	2533	14	3	41	7.3	
14 Preventable Hospitalization	Adult	133419	2030	1.5	3	311	1	
15 Readmission Post-Discharge from any Hospital	All	37269	5612	15.1	16	90	17.8	
16 Readmission Post-Discharge from this Hospital	All	26199	3281	12.5	7	74	9.5	
17 Treatment Engagement	Adult 18-64	5595	1850	33.1	3	5	60	

**21 Performance Tracking Indicators (As Of 12/01/2023)** Run monthly on all available data as of run date

22 Name	Population	EligiblePopulation	QIFlagPopulation	Total %	Native American #	QI Flag	Native American Eligi	Native American %
23 General Medical Performance Tracking Measure	All	57178	20120	35.2	30	77	39	
24 MH Performance Tracking Measure	All	10247	5502	53.7	12	26	46.2	
25 SUD Performance Tracking Measure	Adol & Adult (:	11941	9387	78.6	20	24	83.3	
26 Vital Signs Dashboard - Adult	Adult	38537	18032	46.8	44	79	55.7	
27 Vital Signs Dashboard - Child	Child & Adol	53884	14919	27.7	23	90	25.6	

# Statewide Reports

# Statewide Report

As of 08/01/2024



PDF

Excel

Select an Indicator Set and any other filters:



Indicator Set

Indicator Type

Program Type

Managed Care

MC Product Line

Age Group

Client Residence

Provider Location

▼

**Quality Improvement Indicators (as of 08/01/2024)**

- BH QARR - Improvement Measure
- General Medical Health
- Health Home Care Management - Adult
- High Utilization - Inpt/ER
- Polypharmacy
- Preventable Hospitalization
- Readmission Post-Discharge from any Hospital
- Readmission Post-Discharge from this Hospital
- Treatment Engagement

**Performance Tracking Indicators (as of 12/01/2023)**

- General Medical Performance Tracking Measure
- MH Performance Tracking Measure
- SUD Performance Tracking Measure
- Vital Signs Dashboard - Adult
- Vital Signs Dashboard - Child

[Indicator Definitions](#)

Submit

Reset

# Statewide Report

As of 08/01/2024



Select an Indicator Set and any other filters:

Indicator Set

MH Performance Tracking Measure ▾



Indicator Type

MH Performance Tracking Measure Summary ▾

Program Type

Managed Care

MC Product Line

Age Group

Client Residence

Provider Location

[Indicator Definitions](#)

- 3. Antidepressant Medication Discontinued - Acute Phase
- 4. Antidepressant Medication Discontinued - Recovery Phase
- 5. Low Antipsychotic Medication Adherence - Schizophrenia
- 6. Low Mood Stabilizer Medication Adherence - Bipolar
- 7. No Follow Up after MH Inpatient - 7 Days
- 8. No Follow Up After MH ED Visit - 7 Days
- 9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic
- 10. No Metabolic Monitoring (Gluc/HbA1c and LDL-C) Child & Adol on Antipsychotic
- 11. No Metabolic Monitoring (Gluc/HbA1c) Child & Adol on Antipsychotic
- 12. No Metabolic Monitoring (LDL-C) Child & Adol on Antipsychotic
- 13. No Diabetes Monitoring - DM & Schizophrenia
- 14. No Follow Up after MH Inpatient - 30 Days
- 15. No Follow Up After MH ED Visit - 30 Days**
- 16. No Engagement after MH Inpatient
- 17. No Intensive Care Management after MH ED Visit
- 18. No Intensive Care Management after MH Inpatient
- 19. No CV Monitoring - CV & Schizophrenia
- 20. No Psychosocial Care - Child & Adol on Antipsychotic
- 21. Prevention Quality Indicator 92 (PQI 92)
- MH Performance Tracking Measure Summary

# Statewide Report

As of 08/01/2024



PDF

Excel

Select an Indicator Set and any other filters:

Indicator Set

MH Performance Tracking Measure ▾

Indicator Type

15. No Follow Up After MH ED Visit - 30 Days ▾

Program Type

ALL ▾

Managed Care

ALL ▾

MC Product Line

ALL ▾

Age Group

ALL ▾

Client Residence

Client Region

ALL ▾

Client County

ALL ▾

Provider Location

ALL

Central NY

Hudson River

Long Island

New York City

Western NY

Provider County

ALL ▾

[Indicator Definitions](#)

Submit

Reset

# Statewide Report

As of 08/01/2024



PDF

Excel

Select an Indicator Set and any other filters:

Indicator Set	MH Performance Tracking Measure	
Indicator Type	15. No Follow Up After MH ED Visit - 30 Days	
Program Type	ALL	
Managed Care	ALL	
MC Product Line	ALL	
Age Group	ALL	
Client Residence	Client Region	Client County
	New York City	ALL
Provider Location	Provider Region	
	ALL	



- ALL
- ALL**
- Bronx
- Brooklyn
- Manhattan
- Queens
- Staten Island

[Indicator Definitions](#)

# Statewide Report

As of 08/01/2024



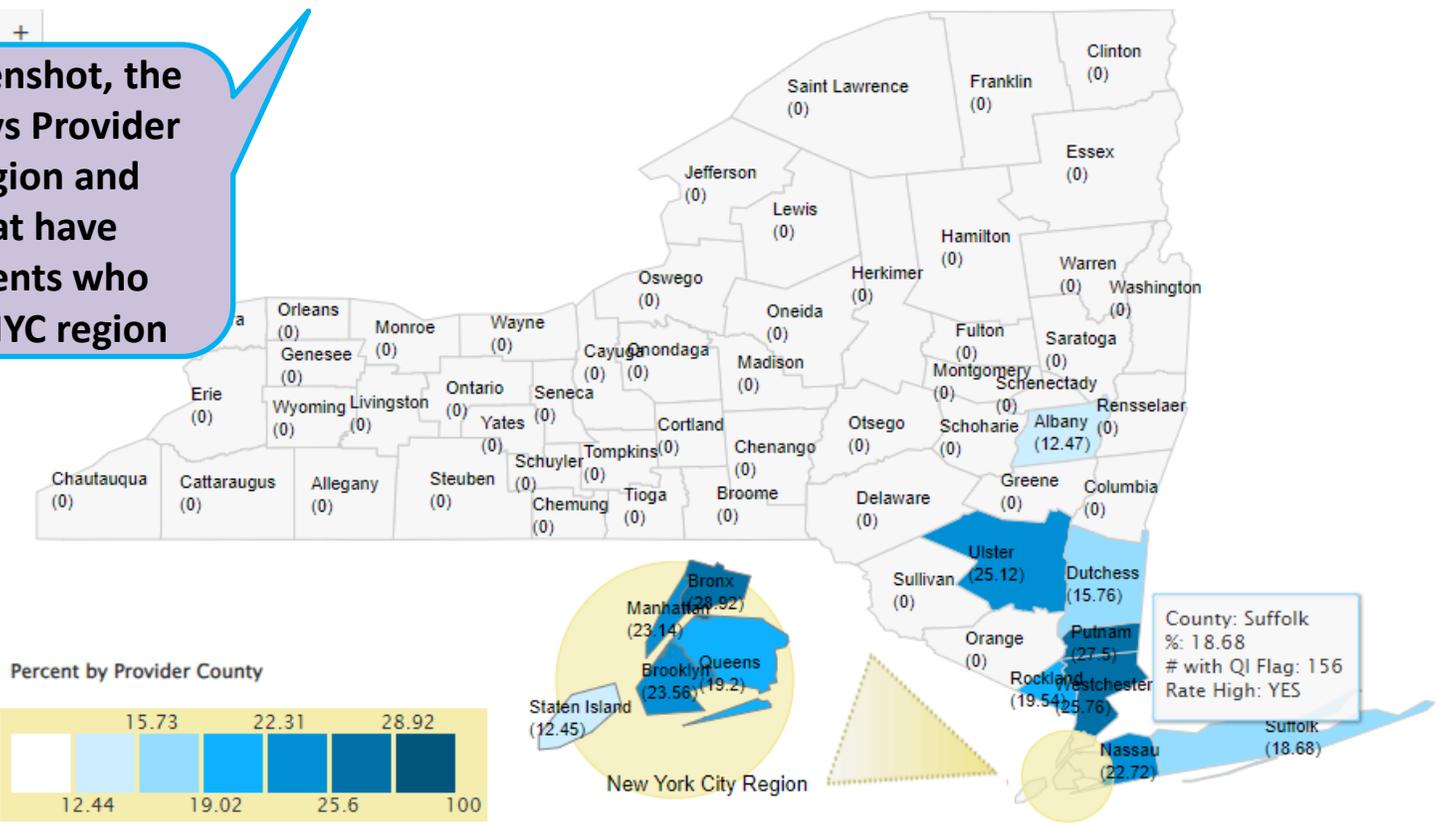
INDICATOR SET: MH PERFORMANCE TRACKING MEASURE INDICATOR: 15. NO FOLLOW UP AFTER MH ED VISIT - 30 DAYS CLIENT REGION: NEW YORK CITY

Filters

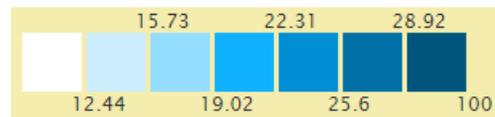
Map view

Client Residence  Provider Location

In this screenshot, the map displays Provider Location region and counties that have serviced clients who live in the NYC region



Percent by Provider County



Client Region	Client County	Provider Region	Provider County	Network	Provider	Plan
---------------	---------------	-----------------	-----------------	---------	----------	------

Region by Client Residence	Eligible Population	# with QI Flag	%
STATE	21,072	5,165	24.51
New York City	21,072	5,165	24.51

# Statewide Report

As of 08/01/2024

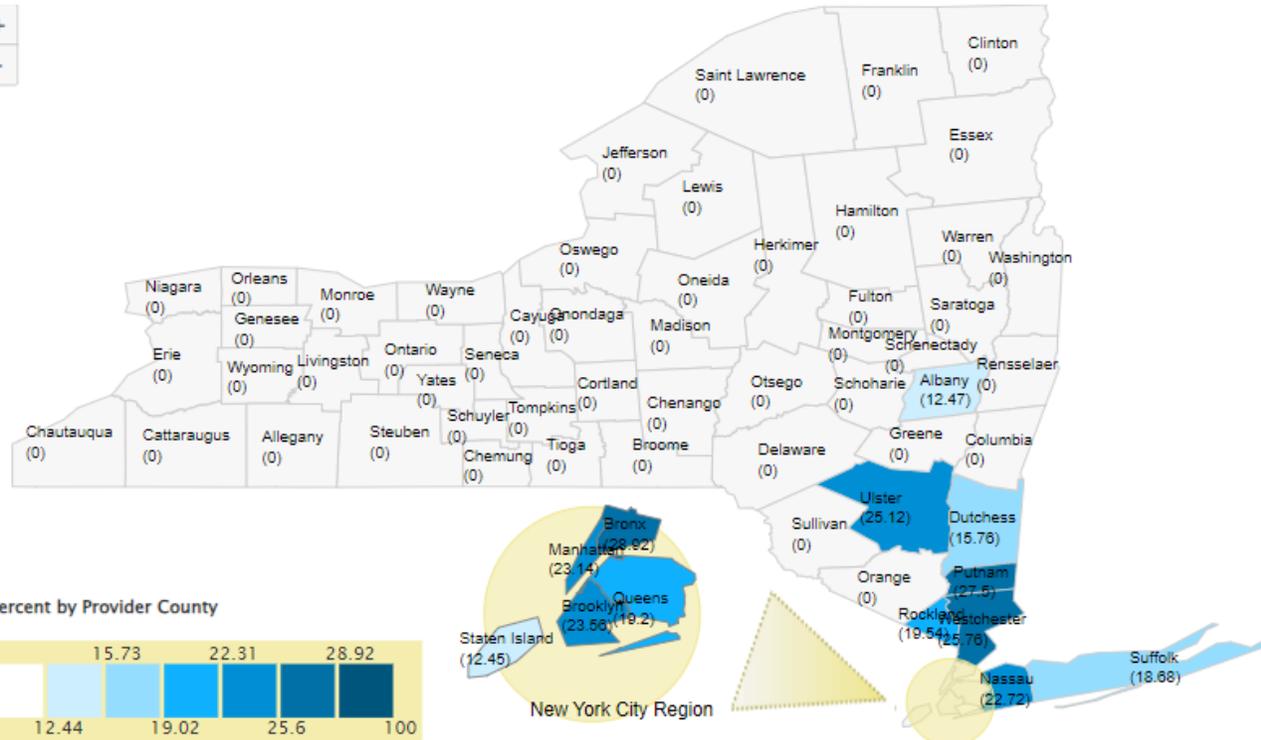


INDICATOR SET: MH PERFORMANCE TRACKING MEASURE INDICATOR: 15. NO FOLLOW UP AFTER MH ED VISIT - 30 DAYS CLIENT REGION: NEW YORK CITY

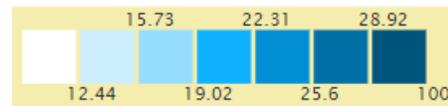
Filters

### Map view

Client Residence  Provider Location



Percent by Provider County



Client Region	<b>Client County</b>	Provider Region	Provider County	Network	Provider	Plan
---------------	----------------------	-----------------	-----------------	---------	----------	------

County by Client Residence	Eligible Population	# with QI Flag	%	Rate High
STATE	21,072	5,165	24.51	NO
Bronx	6,270	1,847	29.46	YES
Brooklyn	5,231	1,294	24.74	YES
Manhattan	3,844	937	24.38	YES
Queens	4,590	950	20.7	YES

**Drill in to view a list of providers!**

Statewide Report

### Client County : MANHATTAN

Quality Indicator Overview As Of 08/01/2024

View: Standard



CLIENT REGION: NEW YORK CITY CLIENT COUNTY: MANHATTAN

Filters

Reset

Indicator Set: MH Performance Tracking Measure Indicator: 15. No Follow Up After MH ED Visit - 30 Days

Indicator Set

Indicator

Provider

Provider Facility Name	Eligible Population	# with QI Flag	%
MAIN STREET AGENCY	2,230	631	28.3
NYC-HHC BELLEVUE HOSPITAL CENTER	1,883	405	21.51
NYC-HHC HARLEM HOSPITAL CENTER	1,390	348	25.04
NYC-HHC METROPOLITAN HOSPITAL CENTER	1,064	295	27.73
ST. LUKE'S-ROOSEVELT HOSPITAL CENTER DBA MSM	1,194	294	24.62
NYC-HHC LINCOLN MEDICAL & MENTAL HEALTH CENTE	951	287	30.18
NYU LANGONE HOSPITALS	952	274	28.78
LENOX HILL HOSPITAL	949	251	26.45
MOUNT SINAI MEDICAL CENTER	800	251	31.38
MONTEFIORE MEDICAL CENTER	798	225	28.2
BETH ISRAEL MEDICAL CENTER	1,193	221	18.52
INTERFAITH MEDICAL CENTER, INC.	970	212	21.86
ST. BARNABAS HOSPITAL	676	200	29.72

# Clinical Summary

## What is a PSYCKES Clinical Summary?

- Summarizes up to 5 years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
  - E.g., Hospitalizations from Medicaid billing, State PC residential services from State PC EMR, health home information from MAPP, suicide risk from incident management, AOT court orders from OMH database, Homelessness information from DHS and Medicaid
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnosis and procedures)
- Clinical Summary organized by sections like an EMR

## Clinical Summary Sections

- General
- Current Care Coordination
- Notifications
- POP Intensive Care Transition Services
- Active Medicaid Restrictions
- Alerts
- Social Determinants of Health (SDOH)
- Quality Flags
- PSYCKES Registries
- Plans & Documents
- BH/Medical Diagnoses
- IVOS
- Care Coordination (historical)
- Medications (Controlled, BH, Medical)
- Outpatient Services (BH, Medical)
- Crisis Services/Hospital/ER
- Dental/Vision
- Living Support/Residential Treatment
- Laboratory & Pathology
- Radiology
- Medical Equipment
- Transportation

Sections

[Brief Overview](#) [Full Summary](#)

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

## General

<b>Name</b> UaFNSVJFW8m VabDVEzS	<b>Medicaid ID</b> Qr6vN9ErNFE	<b>Medicare</b> No	<b>HARP Status</b> Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)
<b>DOB</b> XX/XX/XXXX (XX Yrs)	<b>Medicaid Aid Category</b> SSI	<b>Managed Care Plan</b> No Managed Care(FFS Only)	<b>HARP HCBS Assessment Status</b> N/A
<b>Address</b> UEy QazY M96v, TEzDSA Uq7FTERSQUJF, Tba, MTitNTa	<b>Medicaid Eligibility Expires on</b> 1/31/2025	<b>MC Plan Assigned PCP</b> N/A	

## Current Care Coordination

<b>AOT</b>	CENTER FOR ALTERNATIVE SENTENCING & EMPLOYMEN (Enrolled Date: 12-MAY-24, Expiration Date: 12-NOV-24) Main Contact : Shanelle Brandon: (347) 834 - 3938
<b>Health Home (Enrolled)</b>	COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-SEP-21) • Status : Active Member Referral Number: 866-899-0152; cbchealthhome@cbcare.org <b>Care Management (Enrolled):</b> SERVICES FOR THE UNDERSERVED
<b>ACT</b>	CENTER FOR ALTERNATIVE SENTENCING & EMPLOYMEN (Admission Date: 11-MAY-22) Main Contact : Shanelle Brandon: --
<b>NYC Dept of Homeless Services Shelter:</b>	JACK RYAN RESIDENCE (Single Adult, Mental Health) • MANHATTAN Most Recent Placement Date: 29-AUG-24 ( Exit Date: 08-SEP-24 Exit Reason: Hospitalized - Psychiatric) Shelter Director Contact : Karen Russell : 9175652319, krussell@brc.org

## Notifications

<b>Complex Needs due to</b>	3+ inpatient medical visits in past 13 months and have schizophrenia or bipolar past year , HH+ Eligibility , Homeless in past 6 months + SMI , Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
<b>Health Home Plus Eligibility</b>	This client is eligible for Health Home Plus due to: AOT - Active Court Order, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
<b>High Mental Health Need due to</b>	AOT active or expired in the past year ; HH+ Eligibility ; HH+ service in the past year with MH diagnosis
<b>OPWDD NYSTART</b>	This client is potentially eligible for OPWDD NYSTART crisis services. Find a START team at: <a href="https://opwdd.ny.gov/crisis-services">https://opwdd.ny.gov/crisis-services</a>
<b>Mental Health Placement Consideration due to</b>	1 or more inpatient MH stays in past 5 years; AOT History: Active or Expired; Any history of forensic psych inpatient setting or forensic status in any OMH inpatient setting; Any history of prison MH outpatient services; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years

# Clinical Summary Sections

## Plans & Documents

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
6/9/2022	Other	MAIN STREET CLINIC	Smith, John	LMHC-P	

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

[Autism Spectrum Disorder](#) • [Schizoaffective Disorder](#) • [Major Depressive Disorder](#) • [Unspecified/Other Anxiety Disorder](#) • [Unspecified/Other Impulse Control](#) • [Obsessive-Compulsive Disorder](#) • [Alcohol related disorders](#) • [Unspecified/Other Personality Disorder](#) • [Borderline Personality Disorder](#) • [Unspecified/Other Depressive Disorder](#) • [Intellectual Disabilities](#) • [Unspecified/Other Psychotic Disorders](#) • [Intermittent Explosive Disorder](#) • [Adjustment Disorder](#) • [Bipolar I](#) • [Generalized Anxiety Disorder](#) • [Disruptive Mood Dysregulation Disorder \(ICD10 only\)](#) • [Schizophrenia](#) • [Oppositional Defiant Disorder](#) • [Acute Stress Disorder](#) • [Other Mental Disorders](#) • [Unspecified/Other Eating Disorders](#) • [Delusional Disorder](#) • [Other Neurodevelopmental Disorders](#) • [Specific Learning Disorder](#) • [Substance-Induced Depressive Disorder](#) • [Substance-Induced Psychotic Disorder](#) • [Unspecified/Other Bipolar](#)

## Medical Diagnoses Primary, secondary, and quality flag-related diagnoses (most frequent first)

Certain infectious and parasitic diseases	<a href="#">Dermatophytosis</a> • <a href="#">Candidiasis</a>
Diseases of the circulatory system	<a href="#">Essential (primary) hypertension</a> • <a href="#">Other cardiac arrhythmias</a>
Diseases of the digestive system	<a href="#">Other diseases of hard tissues of teeth</a>
Diseases of the ear and mastoid process	<a href="#">Otitis externa</a> • <a href="#">Suppurative and unspecified otitis media</a>
Diseases of the eye and adnexa	<a href="#">Disorders of refraction and accommodation</a>

# Clinical Summary Sections

## Services provided for the selected Diagnosis: Autism Spectrum Disorder



Previous **1** 2 3 4 5 6 7 8 9 10 ... 222 Next

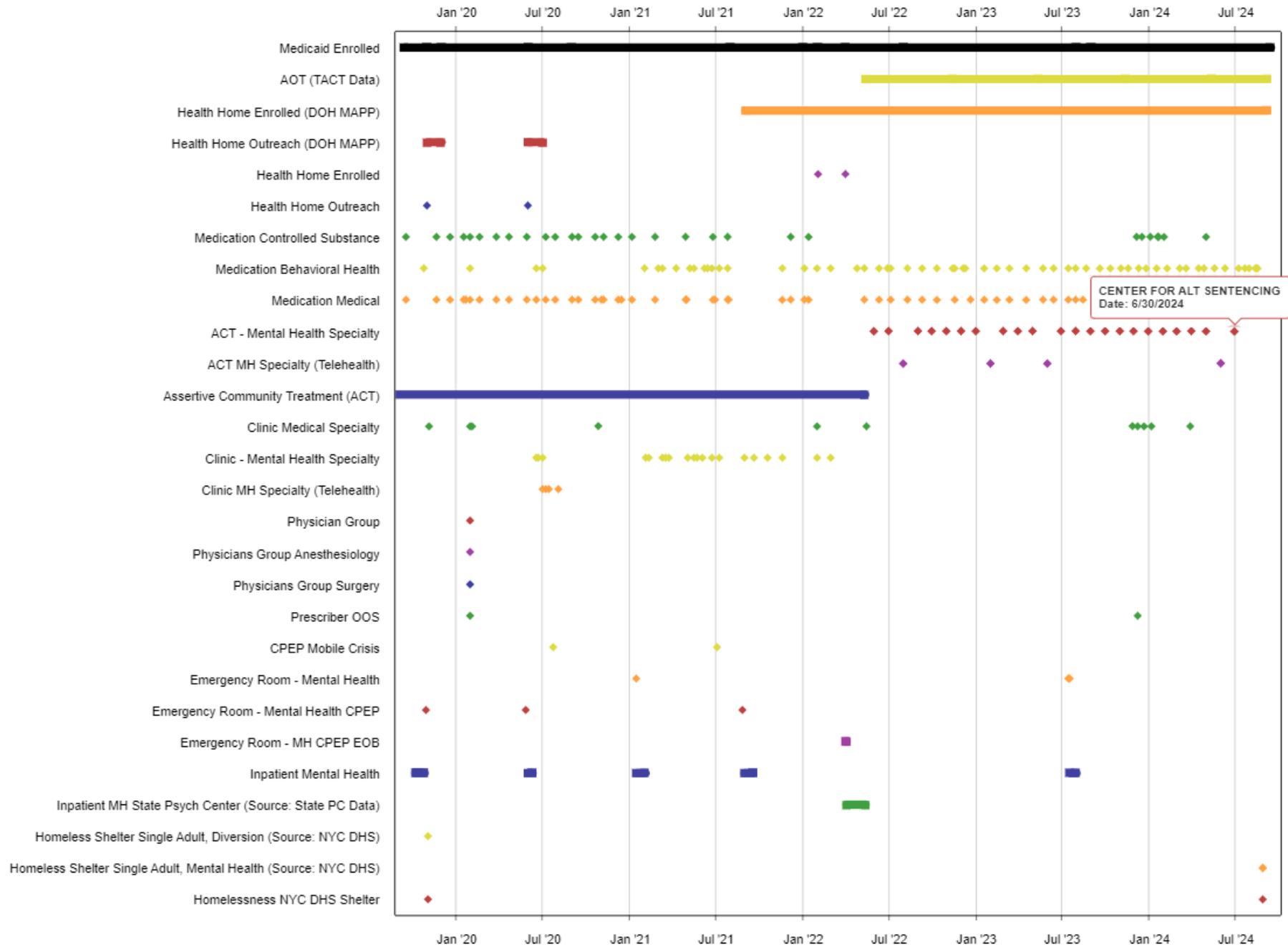
Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
9/5/2024	Outpatient - BH	CCBHC	HELIO HEALTH INC	Anxiety disorder, unspecified, Autistic disorder, Eating disorder, unspecified, Impulse disorder, unspecified, Other obsessive-compulsive disorder, Schizoaffective disorder, unspecified
8/15/2024	Outpatient - BH	CCBHC	HELIO HEALTH INC	Anxiety disorder, unspecified, Autistic disorder, Impulse disorder, unspecified, Other obsessive-compulsive disorder, Schizoaffective disorder, unspecified
8/8/2024	Outpatient - BH	CCBHC	HELIO HEALTH INC	Anxiety disorder, unspecified, Autistic disorder, Impulse disorder, unspecified, Other obsessive-compulsive disorder, Schizoaffective disorder, unspecified
7/31/2024	Living Support/Residential	Habilitation - DD - Individualized Residential Alternative (IRA) - Supervised	CENTRAL NY DDSO SPV/SPT	Autistic disorder
7/30/2024	Living Support/Residential	Habilitation - DD - Individualized Residential Alternative (IRA) - Supervised	CENTRAL NY DDSO SPV/SPT	Autistic disorder

Certain infectious and parasitic diseases

[Dermatophytosis](#) • [Candidiasis](#)

# Integrated View of Services Over Time

Table Graph



# Clinical Summary Sections

## Care Coordination [Details](#)

Table [Graph](#)

Service Type	Provider	First Date Billed	Last Date Billed	Number of bills	
Care Coordination Organization (DD Health Home)	<a href="#">CARE DESIGN NY LLC CCO</a>	10/1/2019	8/1/2024	59	<a href="#">Copy</a>
Case Management - OPWDD	<a href="#">ALVARADO HOSPITAL CA</a>	8/19/2023	8/19/2023	1	<a href="#">Copy</a>
Waiver Services - HCBS - OPWDD	<a href="#">CITIZEN ADVOCATES INC DAY</a>	5/13/2021	4/1/2022	47	<a href="#">Copy</a>

## Medication: Controlled Substance [Details](#)

Table [Graph](#)

Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up	
IV	Anxiolytic/Hypnotic	<a href="#">Lorazepam</a>	1 MG , 3/day	2 Month(s) 3 Week(s) 2 Day(s)	7/2/2020	8/26/2020	<a href="#">Copy</a>

## Medication: Behavioral Health [Details](#)

Table [Graph](#)

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up	
Mood Stabilizer	<a href="#">Divalproex Sodium (Divalproex Sodium Er)</a>	500 MG , 1/day	4 Month(s) 1 Week(s) 3 Day(s)	5/30/2024	9/10/2024	<a href="#">Copy</a>
Antipsychotic	<a href="#">Paliperidone Palmitate (Invega Sustenna)</a>	156 MG/ML	3 Year(s) 2 Month(s) 4 Day(s)	5/12/2021	6/16/2024	<a href="#">Copy</a>
Withdrawal Management	<a href="#">Nicotine</a>	21 MG/24HR	2 Month(s) 1 Week(s) 6 Day(s)	1/12/2024	2/26/2024	<a href="#">Copy</a>

### Behavioral Health Services [Details](#)

[Table](#) [Graph](#)

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Clinic - MH Specialty	<a href="#">SULLIVAN CNTY DEPT OF COMM SV</a>	3/14/2024	8/8/2024	11	Antisocial personality disorder	- Prev Med Cnsl Indiv Apprx 15	<a href="#">Copy</a>
Clinic - SU Specialty	<a href="#">LEXINGTON CTR FOR RECOVERY</a>	3/13/2024	3/13/2024	1	Other psychoactive substance dependence, uncomplicated	- Alcohol And/Or Drug Assess	<a href="#">Copy</a>
Clinic - MH Specialty - State Psych Center (Source: State PC)	<a href="#">CENTRAL NEW YORK PSYCHIATRIC CENTER</a>	6/25/1996	4/24/2019	4	Localized swelling, mass and lump, unspecified	-	<a href="#">Copy</a>

### Medical Outpatient Services [Details](#)

[Table](#) [Graph](#)

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Physician - Unspecified	<a href="#">MORCOS DAVID</a>	6/12/2024	6/12/2024	1	Other specified hypothyroidism	- Office O/P Est Low 20 Min	<a href="#">Copy</a>
Nurse Practitioner	<a href="#">BISSONETTE MAYA SAHAN</a>	5/16/2024	5/16/2024	1	Hypothyroidism, unspecified	- Office O/P New Mod 45 Min	<a href="#">Copy</a>
Physician - Internal Medicine	<a href="#">SCHWALB DAVID B</a>	5/8/2024	5/8/2024	1	Encounter for general adult medical examination with abnormal findings	- Office O/P Est Mod 30 Min, Prev Visit Est Age 40-64	<a href="#">Copy</a>

### Crisis Services

Service Type	Provider	Admission/First Billed	Discharge Date/Last Date Billed	#Visits/Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
CSIDD - Crisis Service - DD	<a href="#">YOUNG ADULT INSTITUTE INC</a>	11/1/2023	2/1/2024	3	Mild intellectual disabilities	-	<a href="#">Copy</a>

### Hospital/ER Services [Details](#)

[Table](#) [Graph](#)

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
ER - MH - CPEP	<a href="#">QUEENS HOSPITAL</a>	4/19/2024	4/19/2024	1	Bipolar disorder, unspecified	- Psych Diagnostic Evaluation	<a href="#">Copy</a>
ER - Medical	<a href="#">GARNET HEALTH MEDICAL CENTER</a>	4/16/2024	4/16/2024	1	Shortness of breath	- Metabolic Panel Total Ca	<a href="#">Copy</a>
Inpatient - SU - Detox	<a href="#">LONG ISLAND JEWISH MED CTR</a>	8/6/2023	8/10/2023	4	Major depressive disorder, recurrent, severe with psychotic symptoms	- Detoxification Services For Substance Ab	<a href="#">Copy</a>

# **Training & Technical Support**

## Training & Technical Support

- For more PSYCKES resources, please go to our website at: [www.psyckes.org](http://www.psyckes.org)
- 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](mailto: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](mailto:healthhelp@its.ny.gov)