



**Office of
Mental Health**

Consent, Emergency, Quality Flag: PSYCKES Levels of Access

We will begin shortly

To hear the webinar, click “Call Me” in the Audio Connection box and enter your phone number - the WebEx system will call your phone

If you do not see the Audio Connection box, go to the top of your WebEx screen, click “Communicate” > “Audio Connection” > “Join Teleconference”

Hannah Ritz

PSYCKES, OPHE Implementation Team

March 7, 2023

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 over bar at top 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
- Slides will be emailed to attendees after the webinar

Agenda

- PSYCKES overview
- Access to client data
- Using the PSYCKES Enable PHI Access Module
 - Set up and print PSYCKES Consent form
 - Attest to right to view client Clinical Summary
 - Withdrawal of consent
- PSYCKES Recipient Search & Clinical Summary
- Implementing PSYCKES Enable PHI Access Module
- Resources

PSYCKES Overview



**Office of
Mental Health**

What is PSYCKES?

- A secure, HIPAA-compliant web-based platform for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decision-making and quality improvement
- Ongoing data updates
 - Clinical Summary, including mobile app updated weekly
 - Quality Indicator reports updated monthly

Who is Viewable in PSYCKES?

- Over 10 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 and behavioral health outpatient and inpatient services, ER, care coordination, residential, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
 - 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)

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concerns in order to inform the treating provider and to support clinical review and quality improvement
- When a client has a quality flag, the provider is allowed access to that individual’s Clinical Summary
- Examples of current quality flags include:
 - Medication-Related, e.g., Polypharmacy, Medication Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - General Medical Health, e.g. No Diabetes Screening on an antipsychotic

Access to Client Data in PSYCKES



**Office of
Mental Health**

Clients are linked to an agency / hospital in one of two ways:

① **Automatically**: Client had a billed service at the agency within the past 9 months and are positive for a quality indicator

② **Manually**: Through the Enable PHI Access Module

- Signed consent
- Emergency (72 hours)
- Attest client is served by / being transferred to agency prior to billing and/or signed consent
- Verbal PSYCKES consent

Automatic access to client data

Without written consent

- Certain data provided without consent...
 - Positive for any quality concern flagged in PSYCKES
 - At least one billed service anywhere in your agency/hospital in past 9 months
- Rationale: monitor quality and safety of Medicaid program. Does not include Protected Health Information (PHI) with special protections:
 - HIV
 - Substance use information/treatment
 - Genetic information
 - Reproductive / family planning

Manual access to client data

With written consent or clinical emergency

- Expanded access
 - Search among all Medicaid enrollees in the Behavioral Health population, including those not yet linked to your agency/hospital through Medicaid billing and those not positive for a quality flag
 - Includes information with special protections (substance use, HIV, genetic information, family planning)
- Access to client-level data
 - With consent
 - In clinical emergencies (limited duration, 72 hours)
- Advantage of obtaining consent:
 - Access to data remains in effect until client is discharged (3 years after last bill) or client withdraws consent

Client Data for Providers: Comparison

Client data- agency link Type	Client data access type	Quality flag?	Any client data?	Data with special protection? (SUD, HIV, Family Planning, Genetic)	Duration
Automatic	Billed service in past 9 months	No	No, client name only	No	9 months after last service
		Yes	Yes	No	While flag is active, up to 9 months after last service
Manual	Attest client is being served at / transferred to agency	No	No, client name only	No	9 months after last service
		Yes	Yes	No	While flag is active, up to 9 months after last service
	Clinical emergency	n/a	Yes	Yes, all data	72 hours
	Verbal PSYCKES Consent	n/a	Yes	No	9 months
	Consent	n/a	Yes	Yes, all data	3 years after last service

Recipient Search: Enable PHI Access Module

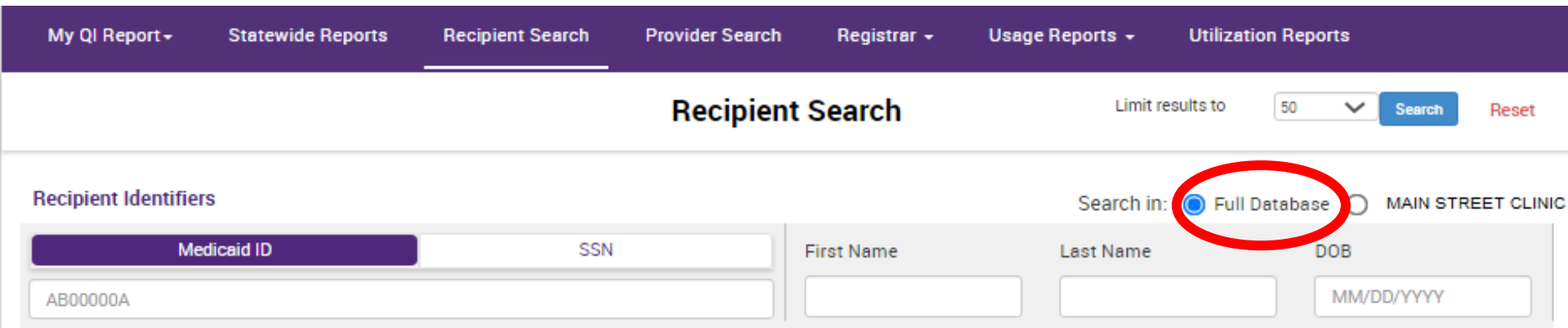


**Office of
Mental Health**

Recipient Search: Enable PHI Access Module

Step 1: Search for client

Enter recipient identifier(s) and click “Search”



The screenshot shows the 'Recipient Search' interface. At the top, there is a navigation bar with links: 'My QI Report', 'Statewide Reports', 'Recipient Search' (underlined), 'Provider Search', 'Registrar', 'Usage Reports', and 'Utilization Reports'. Below this, the 'Recipient Search' title is centered. To the right, there is a 'Limit results to' dropdown set to '50', a 'Search' button, and a 'Reset' link. The 'Recipient Identifiers' section contains a 'Search in:' dropdown with 'Full Database' selected (circled in red) and 'MAIN STREET CLINIC' as an option. Below this, there are four input fields: 'Medicaid ID' (containing 'AB00000A'), 'SSN', 'First Name', 'Last Name', and 'DOB' (with a placeholder 'MM/DD/YYYY').

- Medicaid ID
- Social Security Number (SSN)
- First Name – at least first two characters required, if entered
- Last Name – full last name required, if entered
- Date Of Birth (DOB) – enter to improve search results when searching with name

Recipient Search: Enable PHI Access Module

Step 1: Confirm client match and select “Change PHI Access Level”; if no match, click “Modify Search”

[My QI Report](#) [Statewide Reports](#) [Recipient Search](#) [Provider Search](#) [Registrar](#) [Usage Reports](#) [Utilization Reports](#)

[← Modify Search](#) **1 Recipients Found** [PDF](#) [Excel](#)

Medicaid IDABCD1234

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age) Medicaid ID	DOB	Address	Quality Flags	Managed Care Plan	Current PHI Access	
DOE JANE F - 49 ABCD1234	10/10/1970	12 MAIN ST #5 BROOKLYN, NY 12345		Fidelis Care New York	No Access	Enable Access



Recipient Search: Enable PHI Access Module

Step 1: Confirm client match

More than 10 recipients meet search criteria message

[My QI Report](#)

[Statewide Reports](#)

[Recipient Search](#)

[Provider Search](#)

[Registrar](#)▼

[Usage Reports](#)▼

[Utilization Reports](#)

[← Modify Search](#)

No Recipients Found

First Name

JOHN

AND

Last Name

SMITH

There are too many recipients matching your search criteria. You can narrow a search using one of the following strategies:

- Search with a unique identifier (Medicaid ID or Social Security Number)
- When searching by name, use First Name, Last Name, and DOB
- If your provider agency has served this client within the past year, you can limit search to clients served by your provider agency

Recipient Search: Enable PHI Access Module

Step 2: Attestation to right to access data

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

◀ Modify Search **1 Recipients Found** PDF Excel

Medicaid ID	
Review recipients in results carefully	
Name (Gender - Age) Medicaid ID	DOB
DOE JANE F - 49 ABCD1234	10/10/1970

Maximum Number of Rows Displayed: 50

Access Enable Access 🔒

PHI Access for DOE JANE (F - 49) ✕

Why are you allowed to view this data? [About access levels](#)

The client signed consent

☐ Client signed a PSYCKES Consent

☐ Client signed a BHCC Patient Information Sharing Consent

☐ Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

☐ Client gave Verbal PSYCKES Consent

☐ This is a clinical emergency

☐ Client is currently served by or being transferred to my facility

Cancel Next

Recipient Search: Enable PHI Access Module

PSYCKES Consent

- User-friendly design
- 10 languages available



Consent Form



PSYCKES CONSENT FORM

Provider/Facility Name

About PSYCKES

The New York State (NYS) Office of Mental Health maintains the Psychiatric Services and Clinical Enhancement System (PSYCKES). This online database stores some of your medical history and other information about your health. It can help your health providers deliver the right care when you need it.

The information in PSYCKES comes from your medical records, the NYS Medicaid database and other sources. Go to www.psyckes.org, and click on **About PSYCKES**, to learn more about the program and where your data comes from.

This data includes:

- Your name, date of birth, address and other information that identifies you;
- Your health services paid for by Medicaid;
- Your health care history, such as illnesses or injuries treated, test results and medicines;
- Other information you or your health providers enter into the system, such as a health Safety Plan.

What You Need to Do

Your information is confidential, meaning others need permission to see it. Complete this form now or at any time if you want to give or deny your providers access to your records. What you choose will not affect your right to medical care or health insurance coverage.

Please read the back of this page carefully before checking one of the boxes below. Choose:

- "I GIVE CONSENT" if you want this provider, and their staff involved in your care, to see your PSYCKES information.
- "I DON'T GIVE CONSENT" if you don't want them to see it.

If you don't give consent, there are some times when this provider may be able to see your health information in PSYCKES – or get it from another provider – when state and federal laws and regulations allow it.¹ For example, if Medicaid is concerned about the quality of your health care, your provider may get access to PSYCKES to help them determine if you are getting the right care at the right time.

The Psychiatric Services and Clinical Enhancement System (PSYCKES) is a web-based application maintained by the New York State (NYS) Office of Mental Health (OMH). It contains health information from the NYS Medicaid database, health information from clinical records, and information from other NYS health databases. For an updated list and more information about the NYS health databases in PSYCKES, visit www.psyckes.org and see "About PSYCKES."

PSYCKES data includes identifying information (such as your name and date of birth), information about health services that have been paid for by Medicaid, information about your health care history (such as treatment for illnesses or injuries, test results, lists of medication you have taken), and information entered by you or your treatment provider into the PSYCKES application (such as a Safety Plan).

The health information in PSYCKES can help your provider deliver better care. In this Consent Form, you can choose whether or not to give your provider electronic access to your health information that is in PSYCKES. You can give consent or deny consent, and this form may be filled out now or at a later date. **Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent will not be the basis for denial of health services.**

If you check the "I GIVE CONSENT" box below, you are saying "Yes, this provider's staff involved in my care may get access to all of my medical information that is in PSYCKES."

If you check the "I DENY CONSENT" box below, you are saying "No, this provider may not see or be given access to my medical information through PSYCKES," THIS DOES NOT MEAN YOUR PROVIDER IS COMPLETELY BARRED FROM ACCESSING YOUR MEDICAL INFORMATION IN ANY WAY. FOR EXAMPLE, IF THE MEDICAID PROGRAM HAS A QUALITY CONCERN ABOUT YOUR HEALTHCARE, THEN UNDER FEDERAL AND STATE REGULATIONS YOUR

Your Choice. Please check 1 box only.



I GIVE CONSENT for the provider, and their staff involved in my care, to access my health information in connection with my health care services.



I DON'T GIVE CONSENT for this provider to access my health information, but I understand they

Recipient Search: Enable PHI Access Module

BHCC Consent Logic

- The BHCC Patient Information Sharing Consent is intended to cover data sharing by and among the BHCC and the providers in the BHCC network
- Selecting that the client signed the BHCC Consent will:
 - Grant users at your provider agency access to clinical summary
 - Grant users at the selected BHCC access to clinical summary when they use their specialized BHCC PSYCKES Access View
 - Not automatically grant users at other provider agencies access to PSYCKES; each provider serving the client has to check this box in their own PSYCKES view (client only has to sign once)
- Access is granted for 3 years after the last billed service or until the client withdraws their BHCC consent
- If the client withdraws their BHCC consent, the provider agency will also lose their access to the clinical summary

Recipient Search: Enable PHI Access Module

DOH Health Home Consent Logic

- Access to PSYCKES by way of a signed DOH Health Home consent covers staff who work for the Health Home or the CMA program
- In PSYCKES, the DOH Health Home consent form check box option will only be available for:
 - Provider Agencies recognized as a DOH Health Home or CMA, according to MAPP
 - Users who say they work for Health Home Administration or the Care Management program at a provider agency, according to PSYCKES User Role Profile
 - PSYCKES language now included in Children's Health Home consent (DOH 2021)
- Access is granted to the clinical summary in real time and will stay active as long as the client's Health Home enrollment is verified in MAPP system (90 day grace period)

Recipient Search: Enable PHI Access Module

Client Consent

- Obtaining client consent
 - Client is asked to sign designated consent form
 - Give copy of consent form to client
 - Original is retained in the client's medical record
- Clinically, consent is the single best option
 - Obtaining consent is always better than not obtaining consent
 - You will get all of the PHI data, for up to 3 years
 - You will get data even if the client is not positive for a quality flag

Recipient Search: Enable PHI Access Module

Verbal PSYCKES Consent

- The standard and best practice for accessing client-level information in PSYCKES is by obtaining signed, written consent. However, during the time of the COVID-19 pandemic, verbal consent from the client is permitted for accessing information in PSYCKES.
- Verbal consent will allow you to get access to client-level data except for data with special protections (i.e., substance use information, HIV, family planning, genetic testing & safety plans).
- Verbal consent remains in effect for 9 months after it was attested to in PSYCKES or until the client withdraws their consent.

Recipient Search: Enable PHI Access Module

Procedures: Obtaining & Documenting Verbal Consent

The following procedures are required to obtain verbal consent from a client to access their information in PSYCKES:

- Content of the PSYCKES consent form is verbally reviewed with the client
 - Explain to the client what PSYCKES is and what information is available
 - Clarify that the client has a choice to either give consent or not give consent
 - Explain that they can withdraw their consent at any time
- Staff obtaining verbal consent completes the PSYCKES Consent form
 - Check the “I give consent” check box
 - In the “Signature of Patient” line enter: “Verbal consent with <name of staff obtaining verbal consent>”
 - Enter the client’s name in the “Name of Patient” line
 - Enter the date verbal consent was obtained in the “Date” line
- The completed PSYCKES consent form is filed and saved in agency’s records; this can be saved in the client’s paper chart or electronic chart
- A copy of the completed PSYCKES consent form with the date of verbal consent is provided to the client via mail, email, or in person at a future date

Recipient Search: Enable PHI Access Module

Clinical Emergency

New York State Public Health Law Section 4900.3

"Emergency condition" means a medical or behavioral condition, **the onset of which is sudden**, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the **absence of immediate medical attention** to result in (a) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of **a behavioral condition placing the health of such person or others in serious jeopardy**; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

Recipient Search: Enable PHI Access Module

Attestation of Service

- When to use:
 - Clients for whom you do not yet have consent
 - Clients with whom you are beginning to work but have not billed for yet
 - At the point of intake or during the first few months of treatment
 - Program provides clinical Medicaid services, but does not bill Medicaid (e.g., non-billable partner in a health home or a state-operated inpatient service)

- Level of access:
 - Does not include data with special protections (HIV, SUD, Reproductive, Genetic, Care Plans & Documents)
 - Community providers (not operated by OMH) have access for up to 9 months after last billed service, if client is positive for a quality flag
 - State-op providers have access for up to 3 years, regardless of quality flag status

Recipient Search: Enable PHI Access Module

Step 3: Confirm client identity

- Check box to indicate provider attests to client identity OR
- Use drop-down lists to verify that client provided at least one form of ID

n results carefully before accessing Clinical Summary

DOB

Maximum Nu

Current PHI Access

No Access

PHI Access for DOE JANE (F - 49)

How do you know this is the correct person?

☐ Provider attests to client identity

☐ Client provided 1 photo ID or 2 forms of non-photo ID

Identification 1

Identification 2

MAIN ST HOSPITAL will be given access to all available data for 3 years (renews automatically with billed service).

[Previous](#) [Cancel](#) [Enable](#) [Enable and View Clinical Summary](#)

Recipient Search: Enable PHI Access Module

Step 4: Enable or Enable and View Clinical Summary

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

◀ Modify Search **1 Recipients Found** PDF Excel

Medicaid ID	Name (Gender - Age) Medicaid ID	10/11
DOE JANE F - 49 ABCD1234		

Review recipients in results c

num Number of Rows Displayed: 50

Enable Access 🔒

PHI Access for DOE JANE (F - 49) ✕

How do you know this is the correct person?

☒ Provider attests to client identity

☐ Client provided 1 photo ID or 2 forms of non-photo ID

Identification 1 ▾

Identification 2 ▾

MAIN ST HOSPITAL will be given access to all available data for 3 years (renews automatically with billed service).

[Previous](#) [Cancel](#) [Enable](#) [Enable and View Clinical Summary](#)

Clinical Summary

Impact of Entering Consent or Clinical Emergency

- The Clinical Summary
 - Any PSYCKES user at agency will be able to view Clinical Summary after consent entered
 - Heading contains demographic information, Managed Care Plan, Quality Indicator status
 - Current Care Coordination Contact Information
 - Integrated View of Services Overtime
 - Medications, Outpatient Services, Hospitalizations, Labs
- Show/Hide Enhanced PHI Toggle
 - After consent or clinical emergency is entered in the Enable PHI Access Module, you will see an additional feature in the Clinical Summary to show and hide enhanced PHI
 - Enables HIV, Substance Use, Family Planning, Genetic, to be visible or hidden from view

Clinical Summary Header

With consent: **SHOW** data with special protections

My QI Report - Statewide Reports Recipient Search Provider Search Registrar - Usage - Utilization Reports MyCHOIS Adult Home		
QUvERVJTTqui SqFSRUu RQ Clinical Summary as of 2/27/2023		
<div>PDF</div>		
<div>Recipient Search</div>		
<div>About included data sources</div>		
<div>Brief Overview1 Year Summary5 Year Summary</div>		
<div>Data with Special Protection Show Hide This report contains all available clinical data.</div>		
<div>DOB: OCynNoynOTUt (N9U Yrs) Address: MpA Uq7FUarBT6 UrQi UazPUqVWRUnULA TbaI MTERnpU Medicaid ID: RFEuNpYmNE6 Managed Care Plan: Fidelis Care New York (HARP) MC Plan Assigned PCP: N/A Medicare: Yes HARP Status: HARP Enrolled (H1) HARP HCBS Assessment Status: Tier 2 HCBS Eligibility (Reassess overdue) Medicaid Eligibility Expires on:</div>		
<div>Current Care Coordination</div>		
<div>Health Home (Enrolled) COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-AUG-22) • Status : Active Main Contact Referral: CBCHealthHome@cbcare.org Member Referral Number: 866-899-0152 Care Management (Enrolled): JEWISH BD FAM/CHILD SVCS MH</div>		
<div>Health Home Plus Services last received January 2023 from MENTAL HEALTH ASSOC/NASSAU MH</div>		
<div>CORE Eligibility This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: https://omh.ny.gov/omhweb/bho/core</div>		
<div>Alerts • all availableMost Recent</div>		
<div>1 Homelessness - NYC DHS Shelter2/11/2022 PAM'S PLACE (Single Adult, Mental Health)</div>		
<div>Social Determinants of Health (SDH) Past Year</div>		
<div>Problems related to employment and unemploymentUnemployment, Unspecified</div>		
<div>Active Quality Flags • as of monthly QI report 2/1/2023</div>		
<div>High Utilization - Inpt/ER 2+ ER • BH • 2+ ER • Medical • 4+ Inpatient/ER • BH MH Performance Tracking Measure (as of 07/01/2022) Low Antipsychotic Medication Adherence - Schizophrenia • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 30 Days • No Follow Up after MH Inpatient - 7 Days Vital Signs Dashboard - Adult (as of 07/01/2022) Low Antipsychotic Medication Adherence - Schizophrenia • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 30 Days • No Follow Up after MH Inpatient - 7 Days • Overdue for Colorectal Cancer Screening</div>		
<div>Diagnoses Past Year</div>		
<div>Behavioral Health (4) Most Recent: Cocaine related disorders • Tobacco related disorder • Schizoaffective Disorder • Cannabis related disorders Most Frequent (# of services): Schizoaffective Disorder (3) • Cocaine related disorders (2) • Cannabis related disorders (1) • Tobacco related disorder (1)</div>		
<div>Medical (5) Most Recent: Personal risk factors, not elsewhere classified • Type 2 diabetes mellitus • Encounter for general examination without complaint, suspected or reported diagnosis • Abnormalities of breathing • Contact with and (suspected) exposure to communicable diseases Most Frequent (# of services): Abnormalities of breathing (1) • Contact with and (suspected) exposure to communicable diseases (1) • Type 2 diabetes mellitus (1) • Encounter for general examination without complaint, suspected or reported diagnosis (1) • Personal risk factors, not elsewhere classified (1)</div>		

Clinical Summary Header

With consent: HIDE data with special protections

My QI Report - Statewide Reports Recipient Search Provider Search Registrar - Usage - Utilization Reports MyCHOIS Adult Home

Recipient Search

QUvERVJTTqui SqFSRUu RQ

Clinical Summary as of 2/27/2023



About included data sources

Brief Overview

1 Year Summary

5 Year Summary

Data with Special Protection ☐ Show ☒ Hide
This report does not contain clinical data with special protection - consent required.

DOB: OCynNoynOTUt (N9U Yrs)
Address: MpA Uq7FUarBT6 UrQi UazPUqVWRUnULA Tbei MTERNpu

Medicaid ID: RFEuNpYmNE6 Medicare: Yes
Managed Care Plan: Fidelis Care New York (HARP)
MC Plan Assigned PCP: N/A

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

Current Care Coordination

Health Home (Enrolled) COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-AUG-22) • Status : Active
Main Contact Referral: CBCHealthHome@cbcare.org
Member Referral Number: 866-899-0152
Care Management (Enrolled): JEWISH BD FAM/CHILD SVCS MH

Health Home Plus Services last received January 2023 from MENTAL HEALTH ASSOC/NASSAU MH

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

Alerts • all available

Most Recent

1 Homelessness - NYC DHS Shelter 2/11/2022 PAM'S PLACE (Single Adult, Mental Health)

Social Determinants of Health (SDH) Past Year

Problems related to employment and unemployment Unemployment, Unspecified

Active Quality Flags • as of monthly QI report 2/1/2023

High Utilization - Inpt/ER
2+ ER - BH • 2+ ER - Medical • 4+ Inpatient/ER - BH

MH Performance Tracking Measure (as of 07/01/2022)
Low Antipsychotic Medication Adherence - Schizophrenia • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 30 Days • No Follow Up after MH Inpatient - 7 Days

Vital Signs Dashboard - Adult (as of 07/01/2022)
Low Antipsychotic Medication Adherence - Schizophrenia • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 30 Days • No Follow Up after MH Inpatient - 7 Days • Overdue for Colorectal Cancer Screening

Diagnoses Past Year

Behavioral Health (1) Most Recent: Schizoaffective Disorder
Most Frequent (# of services): Schizoaffective Disorder (3)

Medical (5) Most Recent: Personal risk factors, not elsewhere classified • Encounter for general examination without complaint, suspected or reported diagnosis • Type 2 diabetes mellitus • Abnormalities of breathing • Contact with and (suspected) exposure to communicable diseases
Most Frequent (# of services): Abnormalities of breathing (1) • Contact with and (suspected) exposure to communicable diseases (1) • Encounter for general examination without complaint, suspected or reported diagnosis (1) • Type 2 diabetes mellitus (1) • Personal risk factors, not elsewhere classified (1)

Clinical Summary Header

Without consent: No option to show/hide



Office of
Mental Health

PSYCKES

De-identify ☒

Settings ▾

Log Off

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage ▾

Utilization Reports

Adult Home

← Recipient Search

QUFDSCm Qq7SSVNUTrBIRUe

Clinical Summary as of 2/27/2023



PDF

📘 About included data sources

Brief Overview

1 Year Summary

5 Year Summary

This report does not contain clinical data with special protection - consent required.

DOB: NCyoOCynOTUn (NpA Yrs)

Address: M9QoNQ VqVTVENIRVNURVI QVZFLA QbJPTb6i
Tbai MTAqN9E

Medicaid ID: WV6vODAvNr2

Medicare: Yes

Managed Care Plan: Elderserve Health Inc

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

Housing/Residential Program Supported Housing Community Services, Pibly Supported Housing/Bronx-Comm.Svcs.. PIBLY Residential Programs, Inc. (Admission Date: 14-SEP-17)
Program Contact Information : Nicole Bernier: (718)-430-0121

Alerts & Incidents • all available

Most Recent

3

Suicidal Ideation (3 Inpatient)

10/19/2022

BRONXCARE HOSPITAL CENTER(Inpatient - MH)

Active Quality Flags • as of monthly QI report 10/1/2022 .

High Utilization - Inpt/ER

2+ ER - Medical • 4+ Inpatient/ER - Med

Diagnoses Past Year

Behavioral Health (3)

Most Recent: Autism Spectrum Disorder • Adjustment Disorder • Schizophrenia

Most Frequent (# of services): Schizophrenia (13) • Autism Spectrum Disorder (3) • Adjustment Disorder (1)

Medical (15)





5 Most Recent: Encounter for administrative examination • Problems related to care provider dependency • Personal history of certain other diseases • Symptoms and signs involving emotional state • Other deforming dorsopathies ...

5 Most Frequent (# of services): Encounter for administrative examination (215) • Illness, unspecified (22) • Problems related to care provider dependency (9) • Other and unspecified polyneuropathies (2) • Hydrocele and spermatocele (2) ...

Clinical Summary

Outpatient Services – Behavioral Health and Medical

Provider, dates, # of visits, diagnosis, procedures, practitioner

Behavioral Health Services 							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 - Medical Specialty	NORTH SHORE UNIVERSITY HOSPITAL	9/20/2022	1/6/2023	4	Other specified counseling	- Mccd, Risk Adj, Maintenance		
Clinic - Medical Specialty	CENTRASTATE MED CTR NJ	12/15/2022	12/15/2022	1	Alcohol dependence with intoxication, unspecified	- Magnetic Resonance Imaging (Mri) Of Brai		
Clinic - SU - Methadone Maintenance Treatment	PROMESA	3/3/2022	9/20/2022	4	Opioid dependence, uncomplicated	-Alcohol And/Or Drug Services -Psytx Pt&Family 30 Minutes - Office/Outpatient Visit Est		


Clinical Summary

Hospital/ER Services – Integrated Behavioral/Medical

Service type, provider, diagnosis, admission/discharge dates, length of stay, procedures

Hospital/ER/Crisis 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 - Medical	NEW YORK PRESBYTERIAN HOSPITAL	1/6/2023	1/6/2023	1	Encounter For Examination For Admission To Residential Institution	- Emergency Dept Visit Sf Mdm	
ER - Medical	LINCOLN MEDICAL/MENTAL HLTH	12/15/2022	12/15/2022	1	Other Specified Disorders Of Teeth And Supporting Structures	- Emergency Dept Visit Sf Mdm	
ER - MH - CPEP	BELLEVUE HOSPITAL CENTER	11/30/2022	11/30/2022	1	Alcohol Abuse With Intoxication, Uncomplicated	- Complete Cbc Automated - Compreh Metabolic Panel - Drug Screen Quantalcohols - Haloperidol Injection - Hepatitis C Ab Test - Infectious Agent Detection By Nucleic Ac - Lorazepam Injection - Psych Diagnostic Evaluation - Routine Venipuncture - Ther/Proph/Diag Inj Sc/Im	
ER - SU	NEW YORK PRESBYTERIAN HOSPITAL	10/19/2022	10/19/2022	1	Other Psychoactive Substance Use, Unspecified, Uncomplicated	- Diphenhydramine Hol Injectio - Emergency Dept Visit Hi Mdm - Lorazepam Injection	

Clinical Summary

Upload Care Plans & Documents

Plans & Documents Upload Create New				
Date Document Created	Document Type	Provider Name	Document Created By	Role
7/3/2022	Psychiatric Advance Directive	BEHAVIORAL HEALTH PROVIDER AGENCY	Jessica Marquez	Quality Improvement
10/2/2021	Relapse Prevention Plan	BEHAVIORAL HEALTH PROVIDER AGENCY	Jeremy Herring	Quality Improvement

- Any provider agency or hospital with access to PSYCKES will be able to view Care Plans & Documents after obtaining client's consent or in the case of a clinical emergency.
- Agencies and hospitals that do not have the client sign the PSYCKES consent form or do not attest to a clinical emergency will not be able to open these documents.

Clinical Summary

Export data to PDF, Excel, CCD

To select section(s), click or “Shift”+click or “Ctrl”+click.

Brief

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

Medicaid ID QquqMTAmNqE	HARP Status HARP Enrolled (H1)
Medicaid Aid Category SSI	HARP HCBS Assessment Never Assessed
Medicaid Eligibility	DSRIP PPS Alliance for Better Health PPS

Export

☐ Include Brief Overview as "cover page"

Export Options

- ☒ All sections - Summary data
- ☐ Selected section(s) - Summary data
- ☐ Selected section(s) - All available data

Page Orientation

- ☒ Portrait
- ☐ Landscape

Sections Select All ☒

Current Care Coordination

POP Intensive Care Transition Services

Alerts & Incidents

Quality Flags

* Use ctrl key to select/unselect multiple items.

Export **Cancel**

Clinical Summary

Export data to PDF

New York State Office of Mental Health- Confidential (Contains Protected Health Information)

QUJERUnSQVfFUSm QVNFRUm QQ

Clinical Summary as of 2/27/2023 (Past 1 Year)

This report contains all available clinical data.

Name	Medicaid ID	Medicare	HARP Status
QUJERUnSQVfFUSm QVNFRUm QQ	RVQoN9QpNqe	No	Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)
DOB	Medicaid Aid Category	Managed Care Plan	HARP HCBS Assessment Status
OSyrLpEvOTM KDIu WVJTKQ	MA-TANF W/DEPRIV	Fidelis Care New York (Mainstream)	N/A
Address	Medicaid Eligibility Expires on	MC Plan Assigned PCP	
M92p TUFWSWQ TEzV QVZFLA WUzOSqVSUom Tbai MTAtMDM		Kung, Lili	

Current Care Coordination

Medicaid Eligibility Alert: This client uses the New York State of Health (NYSoH) enrollment system for Medicaid recertification. For more information contact NYSoH at 1-855-355-5777.

POP Intensive Care Transition Services

Recipient Search – Cohort search

Search for cohorts of recipients by service setting, age, quality flag, diagnosis, drug or drug class, etc.

[My QI Report](#) [Statewide Reports](#) [Recipient Search](#) [Provider Search](#) [Registrar](#) [Usage](#) [Utilization Reports](#) [Adult Home](#)

Recipient Search

Limit results to

50

Search

Reset

Recipient Identifiers

Search in: ☒ Full Database ☐ MAIN STREET MENTAL HEALTH CLINIC

Medicaid ID

SSN

AB00000A

First Name

Last Name

DOB

MM/DD/YYYY

Characteristics as of 02/27/2023

Age Range To Gender

Race

Ethnicity

Region

County

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

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

Quality Flag as of 02/01/2023

[Definitions](#)

Services: Specific Provider as of 02/01/2023

Past 1 Year

Recipient Search – Cohort search results

Sample search: clients on Seroquel

- Check Current PHI Access column to see if you have access to clients' Clinical Summaries
- Click on recipient name to view Clinical Summary

NEW YORK STATE OF OPPORTUNITY | Office of Mental Health | PSYCKES

De-identify ☒ Settings - Log Off

My QI Report Statewide Reports **Recipient Search** Provider Search Registrar - Usage Reports - Utilization Reports MyCHOIS

< Modify Search **1,777 Recipients Found** PDF Excel

Drug Name [Provider Specific] Provider Name		SEROQUEL BEHAVIORAL HEALTH PROVIDER AGENCY				Maximum Number of Rows Displayed: 50	
Name	Medicaid ID		Quality Flags	Managed Care Plan	Current PHI Access		
Fdaaeae Bfafaec	Bhbaaje Bcjdghd	01/01/9999	Beafdg Dbfbbhf	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med		Quality Flag	
no QI flag, no consent; no access to client data	no QI flag, no consent; no access to client data	01/01/9999	Ajadidb Dcddbhh	HARP No Health Home	Total Care	All Data - Consent	
Gegfhcg Jhdibed	Afhdagd Fbaehec	01/01/9999	Gbgdeia Badhbba			No Access	
Gegfhcg Jhdibed	Bhdccfj Gfcahic	01/01/9999	Effjjic Jbhjdcd			All Data - Consent	
Gegfhcg Jhdibed				2AP, 4PP(A), BH QARR - DOH, HARP No Health Home	Fidelis Care New York	Quality Flag	

Previous Next

Recipient Search – Cohort search

Sample search: consented clients

Generate list of all consented clients by filtering for Current Access → Select type of consent

Services: Specific Provider as of 02/01/2023

Past 1 Year ▼

Current Access filter

STREET MENTAL HEALTH CLINIC

Region



County



Current Access

Service Utilization

Service Setting:

PSYCKES Consent
DOH Health Home Consent
BHCC Consent
Verbal PSYCKES Consent
Emergency
Attestation of Service only
Linked through Medicaid Billing only (Limited access with Quality Flag)

+ - Care Coordination

+ - Living Support/Residential

+ - Other

+ - Outpatient - MH

+ - Outpatient - Medical Specialty

Registrar: Manage PHI Access submenu



**Office of
Mental Health**

Registrar Menu Tab

Manage PHI Access submenu

- Enable PHI Access
 - Enable access to client's clinical summary
 - Print PSYCKES Consent form
- Provider Details for Consent form
 - Enter contact information for agency that will pre-populate in PSYCKES Consent form
- Withdraw Consent
 - Register client's withdrawal of consent
 - Print PSYCKES Withdrawal of Consent form
- Deactivate an attestation of service

Manage PHI Access

[Manage PHI Access](#)

Enable PHI Access

Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency
- Client is served by/ being transferred to your provider agency

[Search & Enable Access >](#)

Provider Details for Consent form

Use this function to add/edit name(s) and phone number(s) displayed in the consent form before printing.

[Add/Edit Details >](#)

Withdraw Consent

Print Withdrawal of Consent form: [English](#) [Spanish](#) [Other languages](#)

Register client's withdrawal of consent to disable access to client data. Client must sign the PSYCKES withdrawal of Consent form, the DOH Health Home Withdrawal of Consent form, or the BHCC Withdrawal of Consent form.

Note: Under certain circumstances (e.g. client quality flag), your provider agency may still have access to limited client data.

[Search & Withdraw Consent >](#)

Deactivate Attestation of Service

Deactivate an attestation of service that created a manual link between a client and your provider agency.

Note: Clients may still be linked to your provider agency based on Medicaid data.

[Search & Deactivate Attestation >](#)

Registrar: Enable PHI Access Module

Step 1: Search for client

Enter recipient identifier(s), and click “Search”



Office of
Mental Health

PSYCKES

De-identify ☒

Settings ▾

Log Off

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

Search & Enable Access

[← Manage PHI Access](#)

Recipient Identifiers

Medicaid ID

SSN

First Name

Last Name

DOB

.....

MM/DD/YYYY

Limit results to

50

Search

Reset

- Medicaid ID
- Social Security Number (SSN)
- First Name – at least first two characters required, if entered
- Last Name – full last name required, if entered
- Date Of Birth (DOB) – enter to improve search results when searching with name

Registrar: Enable PHI Access Module

Step 1: Confirm client match and select “Change PHI Access Level”; if no match, click “Modify Search”

[My QI Report](#)[Statewide Reports](#)[Recipient Search](#)[Provider Search](#)[Registrar ▾](#)[Usage Reports ▾](#)[Utilization Reports](#)[◀ Modify Search](#)

1 Recipients Found



Medicaid ID

ABCD1234

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age) Medicaid ID	DOB	Address	Quality Flags	Managed Care Plan	Current PHI Access	
DOE JANE F - 49 ABCD1234	10/10/1970	12 MAIN ST #5 BROOKLYN, NY 12345		Fidelis Care New York	No Access	Enable Access



**Office of
Mental Health**

Registrar: Enable PHI Access Module

Step 2: Attestation to right to access client data

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

← Modify Search 1 Recipients Found PDF Excel

Medicaid ID	Name (Gender - Age) Medicaid ID	DOB
	DOE JANE F - 49 ABCD1234	10/10/1970

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

PHI Access Enable Access

PHI Access for DOE JANE (F - 49)

Why are you allowed to view this data? [About access levels](#)

The client signed consent

- ☐ Client signed a PSYCKES Consent
- ☐ Client signed a BHCC Patient Information Sharing Consent
- ☐ Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

- ☐ Client gave Verbal PSYCKES Consent
- ☐ This is a clinical emergency
- ☐ Client is currently served by or being transferred to my facility

Cancel Next

Registrar: Enable PHI Access Module

Verbal PSYCKES Consent Policy

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

< Modify Search

1 Recipients Found

PDF Excel

Medicaid ID

Review recipients in results carefully

Name
(Gender - Age)
Medicaid ID

DOB

DOE JANE
F - 49
ABCD1234

10/10/1970

Maximum Number of Rows Displayed: 50

PHI Access

ss

Enable Access 🔒

PHI Access for DOE JANE (F - 49)

×

Please note that use of Verbal PSYCKES Consent requires adherence to the following policies:

- Content of the PSYCKES consent form is verbally reviewed with the client.
- In the "Signature of Patient" line of the PSYCKES consent form enter:
"Verbal consent with < name of staff obtaining verbal consent >."
- Client is offered a copy of the consent form.
- The completed PSYCKES consent form is filed and saved in your agency's records.

[View full policy](#)

Previous

Cancel

Next

Registrar: Enable PHI Access Module

Step 3: Verify client identity

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

◀ Modify Search 1 Recipients Found PDF Excel

Name (Gender - Age) Medicaid ID	DOB
DOE JANE F - 49 ABCD1234	10/10/1970

Maximum Number of Rows Displayed: 50

PHI Access for DOE JANE (F - 49)

How do you know this is the correct person?

☒ Provider attests to client identity

☐ Client provided 1 photo ID or 2 forms of non-photo ID

Identification 1

Identification 2

MAIN STREET MENTAL HEALTH CLINIC will be given access to Clinical Summary data excluding data with special protection (e.g., HIV, substance Use) for 9 months.

Previous Cancel Enable Enable and View Clinical Summary

Registrar: Manage PHI Access

Add / Edit Provider Details for Consent Form

[My QI Report ▾](#)[Statewide Reports](#)[Recipient Search](#)[Provider Search](#)[Registrar ▾](#)[Usage Reports ▾](#)[Utilization Reports](#)

Manage PHI Access

Enable PHI Access

Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency
- Client is served by/ being transferred to your provider agency

[Search & Enable Access >](#)

Provider Details for Consent form

Use this function to add/edit name(s) and phone number(s) displayed in the consent form before printing.

[Add/Edit Details >](#)

Before printing the consent form, fill in the blanks in the form using the Manage PHI Access submenu

Registrar: Manage PHI Access

Add / Edit Provider Details for Consent Form

[My QI Report](#)[Statewide Reports](#)[Recipient Search](#)[Provider Search](#)[Registrar ▾](#)[Usage Reports ▾](#)[Utilization Reports](#)[MyCHOIS](#)[◀ Back to PHI access](#)

MAIN STREET MENTAL HEALTH CLINIC

Add/Edit Provider Details for consent form

Provider/Hospital to contact for improper use of PSYCKES PHI

Contact Name/Title

Phone Number

(555) 555-5555

Ext.

Provider/Hospital to contact for PSYCKES Withdrawal of Consent form

Contact Name/Title

Phone Number

(123) 456-7890

Ext.

Name/Title of Person
to give form to

Submit

Registrar: Manage PHI Access

Print PSYCKES Consent Form

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

Manage PHI Access

Enable PHI Access

Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency
- Client is served by/ being transferred to your provider agency

[Search & Enable Access >](#)

- Print PSYCKES Consent Forms
 - English and Spanish, 10 Other languages at www.psyckes.org
 - Consent and Withdrawal of Consent
- Best practice: PSYCKES form pre-printed and available on hard copy



Office of
Mental Health

Registrar: Withdrawal of Consent



**Office of
Mental Health**

Withdrawal of Consent

- Clients have the right to withdraw consent
- Withdraw Consent form must be used and is available through the:
 - PSYCKES application >> Registrar Menu >> Manage PHI Access
 - PSYCKES public website
- After client signs the Withdraw Consent form, go to the Registrar menu > Manage PHI Access to withdraw the consent
 - Agency may still have access to client data if client is positive for a quality flag and agency bills Medicaid for them
- Attestation to service can also be de-activated in the Registrar menu
- For Verbal PSYCKES Consent, if withdrawal of consent is being communicated verbally by the client, the content of the withdrawal of consent form should be verbally reviewed with the client and the provider can complete the form on their behalf. In the “Signature of Patient” line enter “Verbally obtained with <name of staff obtaining verbal consent>.”

Manage PHI Access

Enable PHI Access

Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency
- Client is served by/ being transferred to your provider agency

[Search & Enable Access >](#)

Provider Details for Consent form

Use this function to add/edit name(s) and phone number(s) displayed in the consent form before printing.

[Add/Edit Details >](#)

Withdraw Consent

Print Withdrawal of Consent form: [English](#) [Spanish](#) [Other languages](#)

Register client's withdrawal of consent to disable access to client data. Client must sign the PSYCKES withdrawal of Consent form, the DOH Health Home Withdrawal of Consent form, or the BHCC Withdrawal of Consent form.

Note: Under certain circumstances (e.g. client quality flag), your provider agency may still have access to limited client data.

[Search & Withdraw Consent >](#)



Deactivate Attestation of Service

Deactivate an attestation of service that created a manual link between a client and your provider agency.

Note: Clients may still be linked to your provider agency based on Medicaid data.

[Search & Deactivate Attestation >](#)



Registrar: Manage PHI Access – Withdraw Consent

Search by Medicaid ID #

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

[◀ Back to PHI access](#)

Register Client's Withdrawal of Consent

Medicaid Id

AB12345C

Submit

Clear



Registrar: Manage PHI Access – Withdraw Consent

Verify Client ID and Withdraw

My QI ReportStatewide ReportsRecipient SearchProvider SearchRegistrarUsage ReportsUtilization Reports

[Back to PHI access](#)

Register Client's Withdrawal of Consent

Medicaid Id

.....

SubmitClear

Results

Name	DOB	Address	Medicaid ID	Select Active Consent to Withdraw	
QUNPUrRB TabDTqnF	MTIIM9AIMTasN6	MTEoMQ RbRFTEVZ QVZF MaY QbJPTb6 Tba MTAqNpI	WVapNDUpMUE	<div><div><input type="checkbox"/> PSYCKES Consent for MAIN STREET MENTAL HEALTH CLINIC</div><div><input type="checkbox"/> DOH Health Home Patient Information Sharing Consent</div><div><input type="checkbox"/> BHCC Consent for COORDINATED BEHAVIORAL CARE IPA</div></div>	<div>Withdraw</div>

Registrar: Manage PHI Access – Withdraw Consent

Consent Withdrawn

[◀ Back to PHI Access](#)

Register Client's Withdrawal of Consent

Medicaid ID

Search

Clear

Consent withdrawal for recipient XXXXXXXX

Usage Reports: PHI Access Module

Monitor consent activity

My QI Report - Statewide Reports Recipient Search Provider Search Registrar - Usage - 1 Utilization Reports MyCHOIS Adult Home

PHI Access Module 2

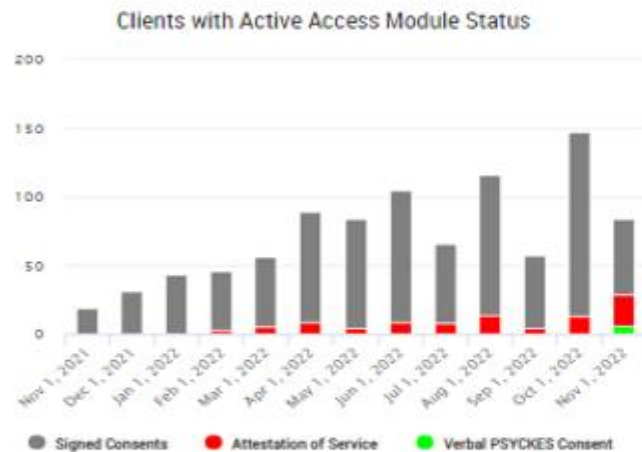
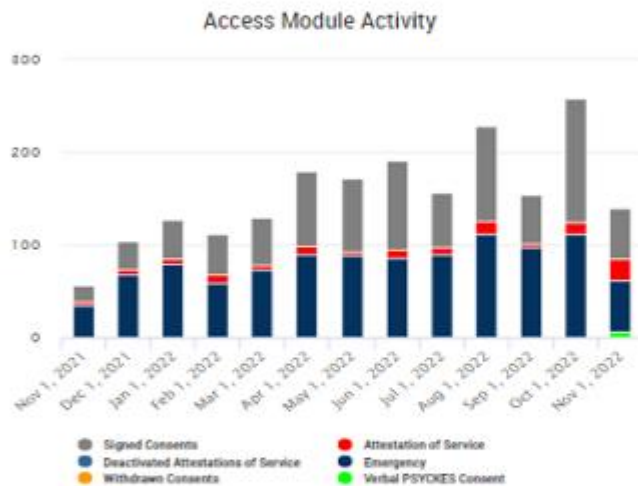
PSYCKES Users
PHI Access Module 2
Clinical Summaries
MyCHOIS Usage Report
MyCHOIS Summary Reports

PROVIDER MAIN STREET MENTAL HEALTH CLINIC DATE RANGE: 11/17/2021 END DATE: 11/17/2022 GRAPH INT...
PROFESSION: ALL NON LICENSED PROFESSIONAL DISCIPLINE/TRAINING: ALL

PDF Excel

LOCATION: ALL SETTING/PROGRAM TYPE: ALL LICENSED

Summary of PHI Access Module usage during the selected date range



Total number of clients entered during the selected date range

PHI Access Module during Selected Date Range						
Signed Consents	Verbal PSYCKES Consent	Emergency	Attestation of Service	Total Clients Entered	Withdrawn Consents	Deactivated Attestation of Service
845 (42.1%)	6 (1%)	1045 (52.1%)	110 (6%)	2006	0	0

Implementation



**Office of
Mental Health**

Implementing PSYCKES Enable PHI Access Module

- Establish policies, procedures, and responsibilities
- Train staff on work flow and how to use PSYCKES
 - “PSYCKES Train the Trainer webinar”
- Inform clinical staff about value of implementation
 - Data with special protections in PSYCKES Clinical Summary to support clients’ treatment
- Fill in PSYCKES Consent form with agency’s information
- Designate staff (clinic manager, PSYCKES point person) to use PSYCKES to monitor use:
 - Create a list of consented/un-consented clients
 - Use the "Usage Reports" available in PSYCKES to:
 - Track # of consent forms entered (aggregated and by user)
 - Track # of Clinical Summaries viewed

Establish Policies and Procedures for Enable PHI Access Module

- How to identify potential PSYCKES clients
 - All Medicaid Enrollees
 - Non-Medicaid clients (either served by a State PC or served by a provider agency utilizing PSYCKES MyCHOIS)
- When to obtain consent from clients
 - PSYCKES Consent form is pre-printed and accessible to staff
 - Include consent form in intake package for new clients
 - Front desk staff obtain consent before appointment for current clients
 - Discuss Consent form with client during time of treatment update (e.g., clinician is provided the form for use during treatment session)
- Who is responsible for obtaining and entering consent
 - Front desk clerical staff
 - Clinical staff providing treatment
 - Decide whether the person obtaining consent will also be the person, who attests in PSYCKES that consent was obtained

Establish Policies and Procedures for Enable PHI Access Module

- How to provide the staff member entering consent with the client information needed to attest in PSYCKES consent was obtained
 - Medicaid ID or Social Security #
 - Consent or Clinical Emergency
 - Forms of ID obtained from client
- How to obtain client IDs and document client identity
 - Request client bring 2 forms of ID (acceptable forms listed in Enable PHI Access Module), make copies of forms of ID, attach to consent form
 - Alternatively, follow agency's established procedures for verifying identity
- Who will file PSYCKES Consent Form in the client's medical record (paper chart or EMR)

Establish Policies and Procedures for Enable PHI Access Module

- Identify staff authorized to certify a clinical emergency
- How will clients' Clinical Summaries be viewed
 - Staff member who enters consent prints Clinical Summary and places it in client's chart
 - Clinical Summary is attached to EMR
 - Treatment provider(s) login to PSYCKES to view Clinical Summary
- Who will register client's withdrawal of consent if requested by client
- If a client declines consent when first asked, will they be asked again in the future; if so, how will this be tracked
- Include PSYCKES workflow and training when new staff come on board

PSYCKES Training & Technical Support



**Office of
Mental Health**

PSYCKES Training

- PSYCKES website: www.psyckes.org
- PSYCKES Training Webinars
 - Live webinars: Register on PSYCKES Training Webinars page
 - Recorded webinars: Slides and recordings available
 - Using PSYCKES Quality Indicator Reports
 - Navigating PSYCKES Recipient Search for Population Health
 - Using the PSYCKES Clinical Summary
 - Consent, Emergency, Quality Flag: PSYCKES Levels of Access
 - PSYCKES Mobile App for iPhones & iPads
 - Using PSYCKES from Home
 - Introduction to PSYCKES
 - Where to Start: Getting Access to PSYCKES
- PSYCKES User Guides & Short How-To Videos
 - www.psyckes.org > PSYCKES Training Materials

Have you heard about the Self-Service Console?

- The Self-Service Console is a way to manage your RSA token and PIN, for logging into secure OMH applications, including PSYCKES
- The console is accessed at: mytoken.ny.gov
- From within your Self-Service Console account, you can:
 - Set security questions
 - Reset your PINs
 - Activate tokens
 - Request a replacement token
- We recommend all users set up security questions in the console so that you can reset your own PIN if ever needed
- As of April 2022, the console must be used when new users need a token or existing users need a replacement token

PSYCKES Technical Support

- PSYCKES Help (PSYCKES support)
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- ITS Help Desk (Token, Login & SMS support)
 - Provider Partner OMH Helpdesk:
 - 1-800-435-7697; healthhelp@its.ny.gov
 - OMH Employee ITS Helpdesk:
 - 1-844-891-1786; fixit@its.ny.gov