



**Office of  
Mental Health**

# New PSYCKES Features

**We will begin shortly**

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**November 13, 2019**

# 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
- Demonstration of New Features in Release 6.7.0
  - Enhancements to Consent: PSYCKES, BHCC, and DOH Adult Health Home (5055)
  - Bulk Population Management Advanced Views in Recipient Search Results Page
  - New Alert: Concurrent Opioid-Benzodiazepine
  - Opioid Medications & Controlled Substances Filters
  - Children's Waiver Status (K Codes)
  - Any OMH Outpatient Specialty MH Services Population Filter
- Training & Technical Assistance

# PSYCKES Overview

# What is PSYCKES?

- A web-based platform for sharing...
  - Medicaid claims and encounter data
  - Other state health administrative data
  - Data and documents entered by providers and patients
- Secure, HIPAA-compliant
- Supports:
  - Quality improvement: quality measures, quality flags
  - Clinical decision-making and care coordination: individual client information

# Who is Viewable in PSYCKES?

- Over 8 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 health databases (0-7 day lag):
  - State Psychiatric Center EMR
  - Assertive Community Treatment provider contact (OMH CAIRS)
  - Assisted Outpatient Treatment provider contact (OMH TACT)
  - Health Home enrollment & CMA provider (DOH MAPP)
  - Suicide attempt (OMH NIMRS)
  - Managed Care Plan & HARP status (MC Enrollment Table)
  - Safety Plans/Screenings and assessments entered by clients or providers into PSYCKES MyCHOIS

# Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider, care manager or network to support clinical review and quality improvement
- User-friendly Statewide Reports and My QI Reports, updated monthly, display quality indicator prevalence rates at the statewide, region, county, network, provider, program, MC plan, and PPS level
- Over 60 quality indicators, such as:
  - No diabetes monitoring for individuals with diabetes and schizophrenia
  - Low medication adherence for individuals with schizophrenia
  - Antidepressant trial of < 12 weeks for individuals with depression
  - High utilization of inpatient/emergency room, Hospital Readmission
  - HARP Enrolled-Not Health Home Enrolled, HARP Enrolled-Not Assessed for HCBS

# Enhancements to Consent: PSYCKES, BHCC, and DOH Adult Health Home 5055



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# Client Consent for PSYCKES: Background

- Protecting client data is critical to PSYCKES
- Use of PSYCKES has expanded to new settings, such as health homes and other networks
- PSYCKES consent functionality needed to adapt to ensure client data is protected and users have appropriate permissions to access client data
- Consent forms incorporate PSYCKES language to:
  - Obtain client's permission to access their information
  - Inform client on who will have access to their information
  - Inform client on what information is available
  - Minimize burden of client being asked to sign multiple forms
- Clients can withdraw their consent

# Client Consent for PSYCKES: Consent Forms

There are three possible consent forms that a client can sign for provider/network access to their information in PSYCKES:

- PSYCKES Consent Form
  - New user friendly design
  - 10 languages available
- Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Consent
- Department of Health Adult Health Home Patient Information Sharing Consent (DOH-5055)

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](http://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.<sup>1</sup> 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.

**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



PSYCKES  
Consent  
Form

## PSYCKES CONSENT FORM

Public 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](http://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

# Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Consent

\_\_\_\_\_  
Name of Behavioral Health Care Collaborative/Legal Entity



BHCC  
Consent  
Form

Patient Name

Patient Date of Birth

Patient ID Number

By signing this form, you agree to have your health information shared by and among the \_\_\_\_\_ BHCC and its provider organizations. The goals of the BHCC initiative are to improve the integration of physical and behavioral health and to help healthcare providers improve quality of care. To support coordination of your care, health care providers and other people involved in your care need to be able to talk to each other about your care and share your health information with each other to give you better care. You will still be able to get health care and health insurance even if you do not sign this form.

The BHCC may get your health information, including your health records, from providers listed on the BHCC website: \_\_\_\_\_ and/or from others through a computer system run by the \_\_\_\_\_, a Regional Health Information Organization (RHIO) and/or a computer system called PSYCKES run by the New York State Office of Mental Health. A RHIO uses a computer system to collect and store your health information, including medical records, from your doctors and health care providers who are part of the RHIO. The RHIO can only share your health information with the people who you say can see or get your health information. PSYCKES is a computer system to collect and store your health information from your doctors and health care providers to help them plan and coordinate your care.

If you give consent and sign this form, the BHCC and any of the programs within the provider organizations (see BHCC website for list of provider organizations: \_\_\_\_\_) are allowed to get, see, read and copy, and share by and among each other, ALL of your

# Health Home Patient Information Sharing Consent



[Redacted area]

Name of Health Home

By signing this form, you agree to be in the [Redacted] Health Home.

To be in a Health Home, health care providers and other people involved in your care need to be able to talk to each other about your care and share your health information with each other to give you better care. While being in a Health Home will help make sure you get the care you need, you will still be able to get health care and health insurance even if you do not sign this form or do not want to be in the Health Home.

The Health Home may get your health information, including your health records, from partners listed at the end of this form and/or from others through a computer system run by the [Redacted], a Regional Health Information Organization (RHIO) and/or a computer system called PSYCKES run by the New York State Office of Mental Health, and/or a computer system called TABS/CHOICES. A RHIO uses a computer system to collect and store your health information, including medical records, from your doctors and health care providers who are part of the RHIO. The RHIO can only share your health information with the people who you say can see or get your health information. PSYCKES is a computer system to collect and store your health treatment from your doctors and health care providers who are part of the Medicaid program. TABS/CHOICES is a computer system run by the New York State Office for People With Developmental Disabilities, that collects and stores information about your developmental disabilities.

If you agree and sign this form, the Health Home and the partners listed on this form are allowed to get, see, read and copy, and share with each other, ALL of your health information (including all of your health information the Health Home obtains from the RHIO and/or from PSYCKES and/or from TABS/CHOICES) that they need to give you care, manage your care or study your care to make health care better for patients. The

# Recipient Search

## Recipient Search

Limit results to

### Recipient Identifiers

Search in:  Full Database    BROOKLYN CENTER FOR PSYCHOTHERAPY, INC.

Medicaid ID <input type="text" value="ABCD1234"/>	SSN <input type="text" value="000-00-0000"/>	First Name <input type="text"/>	Last Name <input type="text"/>	DOB <input type="text" value="MM/DD/YYYY"/>
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### Characteristics as of 10/23/2019

Age Range	<input type="text"/>	To	<input type="text"/>
Gender	<input type="text"/>		
Children's Waiver Status	<input type="text"/>		
HARP Status	<input type="text"/>		
AOT Status	<input type="text"/>		
High Need Population	<input type="text"/>		
Population	<input type="text"/>		
Managed Care	<input type="text"/>		
MC Product Line	<input type="text"/>		
DSRIP PPS	<input type="text"/>		
Medicaid Restrictions	<input type="text"/>		
Alerts & Incidents	<input type="text"/>		

### Quality Flag as of 07/01/2019

- HARP Enrolled - Not Health Hor
- HARP-Enrolled - No Assessmen
- Antipsychotic Polypharmacy (2
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressar
- Adherence - Mood Stabilizer (Bi
- Adherence - Antipsychotic (Sch
- Treatment Engagement - Summ
- No Metabolic Monitoring (Gluc/
- No Metabolic Monitoring (Gluc/
- No Diabetes Monitoring (HbA1C
- No Diabetes Screening (Gluc/H

[Definitions](#)

### Services: Specific Provider as of 07/01/2019

Past 1 Year

Provider	<input type="text" value="BROOKLYN CENTER FOR PSYCHOTHERAPY, INC."/>		
Region	<input type="text"/>	County	<input type="text"/>
Current Access	<input type="text"/>		
Service Utilization	<input type="text"/>	Number of Visits	<input type="text"/>
Service Setting:	<ul style="list-style-type: none"><li>-Outpatient - MH</li><li>-Outpatient - Medical Specialty</li><li>-Outpatient - SU</li><li>-Outpatient - Unspecified</li></ul>		
Service Detail:	Selected		

# Recipient Search: Search Results

[← 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	<a href="#">Enable Access</a>



# Enable/Update Access: PSYCKES Consent

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

Maximum Number of Rows Displayed: 50

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

PHI Access

Enable Access

**PHI Access for DOE JANE (F - 49)**

Why are you allowed to view this data?

**The client signed consent**

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH-5055 Health Home Patient Information Sharing Consent

**The client did not sign consent**

- This is a clinical emergency
- Client is currently served by or being transferred to my facility

Cancel   **Next**

# PSYCKES Consent: Client Identity Attestation

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)	DOB	Medicaid ID
	DOE JANE F - 49	10/10/1970	ABCD1234

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

PHI Access   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   select

Identification 2   select

BROOKLYN CENTER FOR PSYCHOTHERAPY, INC. will be given access to all available data for 3 years (renews automatically with billed service).

Previous   Cancel   **Enable**   **Enable and View Clinical Summary**

# PSYCKES Consent: Client provided ID

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

1 Recipients Found

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: select

Identification 2: select

- U.S. Driver's License
- Government Issued Photo ID Card
- Social Security Card
- U.S. Passport
- Credit or Bank Card
- Student ID
- U.S. Permanent Resident (Green) Card
- Foreign Passport
- Canadian Driver's License
- Employment Authorization Card (INS Form I-688A)
- Native American Tribal Document
- Voter's Registration Card
- Military Dependent's Card
- Temporary Resident Card (INS Form I-688)
- Welfare Benefit Card

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

PHI Access

Enable Access

Maximum Number of Rows Displayed: 50

Previous

View Clinical Summary

# Enable/Update Access: BHCC

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

1 Recipients Found

PDF   Excel

PHI Access for DOE JOHN (M - 32)

Why are you allowed to view this data?

**The client signed consent**

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH-5055 Health Home Patient Information Sharing Consent

**The client did not sign consent**

- This is a clinical emergency
- Client is currently served by or being transferred to my facility

Cancel   Next

Name (Gender - Age) Medicaid ID	DOB
DOE JOHN M - 32 EFGH5678	08/09/1987

# BHCC: Patient Information Sharing Consent Form(s)

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

Maximum Number of Rows Displayed: 50

Name (Gender - Age) Medicaid ID	DOB
DOE JOHN M - 32 EFGH5678	08/09/1987

PHI Access   Update Access

PHI Access for DOE JOHN (M - 32)

Which Behavioral Health Care Collaborative Patient Information Sharing Consent form(s) did the client sign?

- Client signed COORDINATED BEHAVIORAL HEALTH SERVICES IPA BHCC Consent Form
- Client signed RECOVERY HEALTH SOLUTIONS IPA BHCC Consent Form

Did the client sign a different BHCC Consent form? Contact psyckes-help@omh.ny.gov

Previous   Cancel   **Next**

# BHCC: Client Identity Attestation

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

1 Recipients Found

PHI Access for DOE JOHN (M - 32)

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: select

Identification 2: select

COORDINATED BEHAVIORAL HEALTH SERVICES IPA and ARMS ACRES, INC. will be given access to all available data for 3 years (renews automatically with billed service).

Previous   Cancel   Enable   **Enable and View Clinical Summary**

Name (Gender - Age) Medicaid ID	DOB
DOE JOHN M - 32 EFGH5678	08/09/1987

# BHCC: Client provided ID

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

1 Recipients Found

PHI Access for DOE JOHN (M - 32)

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: select

- U.S. Driver's License
- Government Issued Photo ID Card
- Social Security Card
- U.S. Passport
- Credit or Bank Card
- Student ID
- U.S. Permanent Resident (Green) Card
- Foreign Passport
- Canadian Driver's License
- Employment Authorization Card (INS Form I-688A)
- Native American Tribal Document
- Voter's Registration Card
- Military Dependent's Card
- Temporary Resident Card (INS Form I-688)
- Welfare Benefit Card

Identification 2:

COORDINATED BENEFIT: access to all available

Previous   Clinical Summary

Name (Gender - Age)	DOB	Medicaid ID
DOE JOHN (M - 32)	08/09/1987	EFGH5678

# 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
- Checking the box in PSYCKES that the client signed the BHCC Patient Information Sharing Consent for the selected BHCC 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
- Withdrawal of BHCC consent is managed in the PSYCKES Registrar Menu > Withdraw Consent

# Enable/Update Access: DOH 5055 Health Home

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

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

Medicaid ID

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

Name (Gender - Age) Medicaid ID	DOB
SMITH JOHN M - 57 ABC123DE	04/22/1962

PHI Access   Update Access

PHI Access for SMITH JOHN (M - 57)

Why are you allowed to view this data?

**The client signed consent**

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH-5055 Health Home Patient Information Sharing Consent

**The client did not sign consent**

- This is a clinical emergency
- Client is currently served by or being transferred to my facility

Cancel   **Next**

# DOH 5055: Client Identity Attestation

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

1 Recipients Found

PHI Access for SMITH JOHN (M - 57)

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   select

Identification 2   select

PROJECT HOSPITALITY, INC. Health Home and/or Care Management users will be given access to all available data while the client is enrolled in your Health Home program. Only staff who work for the Health Home and/or Care Management program should view the clinical summary with this access.

Previous   Cancel   Enable   Enable and View Clinical Summary

Name (Gender - Age)	DOB	Medicaid ID
SMITH JOHN M - 57 ABC123DE	04/22/1962	

# DOH 5055: Client provided ID

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

1 Recipients Found

PHI Access for DOE JOHN (M - 32)

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: select

- U.S. Driver's License
- Government Issued Photo ID Card
- Social Security Card
- U.S. Passport
- Credit or Bank Card
- Student ID
- U.S. Permanent Resident (Green) Card
- Foreign Passport
- Canadian Driver's License
- Employment Authorization Card (INS Form I-688A)
- Native American Tribal Document
- Voter's Registration Card
- Military Dependent's Card
- Temporary Resident Card (INS Form I-688)
- Welfare Benefit Card

Identification 2:

COORDINATED BENEFIT: access to all available services will be given (e).

Previous   Clinical Summary

Name (Gender - Age)	DOB	Medicaid ID
DOE JOHN M - 32 EFGH5678	08/09/1987	

# DOH 5055 Adult Health Home Consent Logic

- Access to PSYCKES by way of a signed Adult Health Home Patient Information Sharing Consent (DOH-5055) only covers staff who work for the Health Home or the CMA program
- In PSYCKES, the DOH 5055 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
- Access is granted to the clinical summary in real time and will stay active as long as the clients Health Home enrollment is verified in MAPP system (90 day grace period after entry in PSYCKES)
- Access will expire after Health Home enrollment ends, according to MAPP (access will remain for 90 days after end date)
- PSYCKES User Role profile can be updated under “Settings”

# DOH 5055: PSYCKES User Role Profile



Office of Mental Health

PSYCKES

De-identify

Settings ▾

Log Off

- Change My Home Page
- Update My User Profile

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports

MyCHOIS

## Recipient Search

Limit results to

50 ▾

Search

Reset

### Recipient Identifiers

Medicaid ID

AB00000A

SSN

000-00-0000

First Name

Last Name

DOB

MM/DD/YYYY

### Characteristics as of 10/23/2019

Age Range

To

Gender

Children's Waiver Status

HARP Status

AOT Status

High Need Population

Population

Managed Care

MC Product Line

### Quality Flag as of 07/01/2019

- HARP Enrolled - Not Health Hc
- HARP-Enrolled - No Assessme
- Antipsychotic Polypharmacy (
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressi
- Adherence - Mood Stabilizer (E
- Adherence - Antipsychotic (Sc
- Treatment Engagement - Sum
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (LDL

### Services: Specific Provider as of 07/01/2019

Past 1 Year ▾

Provider

ABC Hospital, Inc.

Region

County

Current Access

Service Utilization

Number of Visits

Service Setting:

- Care Coordination
- Foster Care
- Inpatient - ER
- Living Support/Residential
- Other

Service Detail: Selected

Empty text area for service details.

# User Role Survey

## Your primary work setting

Provider Agency



[Change Setting >](#)

## Your primary role(s) in your organization (Up to 2)

Direct Service Provider/Clinician/Care Manager

Program Director/Manager

Agency/Facility-Wide Leadership

Utilization Management

Information Technology

Peer Advocate

Supervisor of Direct Services

Medical Director

Quality Management (QI/QA)

Administrative Support/Medical Records

Business Intelligence/Data Analysis/Evaluation

Intern/Resident/Trainee

## Setting or program type in which you regularly work(up to 2)

Agency/Facility-Wide

Care Management

Mobile Crisis

Inpatient - Psychiatry

ACT Team

Emergency Department/CPEP

MIT (Mobile Integration Team)

Inpatient - Withdrawal & Stabilization



# User Role Survey

## Your primary work setting

Health Home Administration



[Change Setting >](#)

## Your primary role(s) in your organization (Up to 2)

Direct Service Provider/Clinician/Care Manager

Program Director/Manager

Agency/Facility-Wide Leadership

Utilization Management

Information Technology

Peer Advocate

Supervisor of Direct Services

Medical Director

Quality Management (QI/QA)

Administrative Support/Medical Records

Business Intelligence/Data Analysis/Evaluation

Intern/Resident/Trainee

## NPI & License Details

Do you have an individual NPI number?

Yes  No

# How to Withdraw Consent in PSYCKES

## Manage PHI Access

### Enable PHI Access

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

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 (DOH 5055, adult)
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- 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](#)

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 >](#)

[← Back to PHI access](#)

## Register Client's Withdrawal of Consent

Medicaid Id



[Back to PHI access](#)

## Register Client's Withdrawal of Consent

Medicaid Id

.....

[Clear](#)

### Results

Name	DOB	Address	Medicaid ID	Select Active Consent to Withdraw	
QUNPUrRB TabDTqnF	MTIIM9AIMTasN6	MTEoMQ RbRFTEVZ QVZF MaY QbJPTb6 Tba MTAqNpl	WVapNDUpMUE	<input type="checkbox"/> PSYCKES Consent for ACMH, INC. <input type="checkbox"/> DOH 5055 Consent <input type="checkbox"/> BHCC Consent for COORDINATED BEHAVIORAL CARE IPA	<a href="#">Withdraw</a>



# Bulk Population Management Views in Recipient Search

# Recipient Search

Limit results to: 50

**Search**

Reset



## Recipient Identifiers

Medicaid ID <input type="text" value="AB00000A"/>	SSN <input type="text" value="000-00-0000"/>	First Name <input type="text"/>	Last Name <input type="text"/>	DOB <input type="text" value="MM/DD/YYYY"/>
--	---	------------------------------------	-----------------------------------	--

## Characteristics as of 10/23/2019

Age Range	<input type="text"/>	To	<input type="text"/>
Gender	<input type="text" value="▼"/>		
Children's Waiver Status	<input type="text" value="▼"/>		
HARP Status	<input type="text" value="▼"/>		
AOT Status	<input type="text" value="▼"/>		
High Need Population	<input type="text" value="▼"/>		
Population	<input type="text" value="▼"/>		
Managed Care	<input type="text" value="▼"/>		
MC Product Line	<input type="text" value="▼"/>		
DSRIP PPS	<input type="text" value="▼"/>		
Medicaid Restrictions	<input type="text" value="▼"/>		
Alerts & Incidents	<input type="text" value="▼"/>		

## Quality Flag as of 07/01/2019

- HARP Enrolled - Not Health Hc
- HARP-Enrolled - No Assessme
- Antipsychotic Polypharmacy (
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepress
- Adherence - Mood Stabilizer (
- Adherence - Antipsychotic (Sc
- Treatment Engagement - Sum
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (LDL
- No Diabetes Screening (Gluc/I

[Definitions](#)

## Services: Specific Provider as of 07/01/2019

Past 1 Year ▼

Provider	<input type="text" value="ABC Hospital, Inc."/>		
Region	<input type="text" value="▼"/>	County	<input type="text" value="▼"/>
Current Access	<input type="text" value="▼"/>		
Service Utilization	<input type="text" value="▼"/>	Number of Visits	<input type="text" value="▼"/>

Service Setting:

- Care Coordination
- Foster Care
- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD
- Outpatient - MH

Service Detail: Selected

## Medication & Diagnosis as of 07/01/2019

Past 1 Year ▼

Prescriber Last Name	<input type="text"/>	
Drug Name	<input type="text"/>	<input type="checkbox"/> Active Drug
Psychotropic Drug Class*	<input type="text" value="ADHD Med"/>	
Non-Psychotropic Drug Class*	<input type="text" value="Analgesics and Anesthetics"/>	

## Services by Any Provider as of 07/01/2019

Past 1 Year ▼

Provider	<input type="text"/>		
Region	<input type="text" value="▼"/>	County	<input type="text" value="▼"/>
Service Utilization	<input type="text" value="▼"/>	Number of Visits	<input type="text" value="▼"/>

# Standard View

[← Modify Search](#)

## 2,062 Recipients Found

View: **Standard**   
Care Coordination  
Hospital Utilization

 PDF    Excel

[Provider Specific] Provider   ABC HOSPITAL, INC.

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ▾	DOB ▾	Gender ▾	Quality Flags ▾	Managed Care Plan ▾	Current PHI Access ▾
SMITH JOHN	ABCD1234	8/16/1964	M - 55	2+ ER-Medical, HARP No Assessment for HCBS, HARP No Health Home	Fidelis Care New York	PSYCKES Consent, CBC IPA BHCC Consent
DOE JANE	XYZ01234	3/25/1975	F - 44		HIP (EmblemHealth)	No Access
BROWN SUE	XYZ4567A	12/26/1984	F - 35	2+ ER-Medical, 2+ Inpt-BH, No Outpt Medical		Quality Flag
WASHINGTON GEORGE	HIJ09876	10/16/1964	M - 55	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, HARP No Assessment for HCBS, Readmit 30d - Medical to Medical	HIP (EmblemHealth)	Quality Flag
JONES BOB	QAS4567	2/25/1969	M - 50	2+ ER-Medical, 4+ Inpt/ER-Med, BH QARR - DOH, No HbA1c-DM	Healthfirst PHSP, Inc.	Quality Flag

# Care Coordination View

[← Modify Search](#)

## 2,062 Recipients Found

View Standard Care Coordination Hospital Utilization 

[Provider Specific] Provider   ABC HOSPITAL, INC.

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

Name ▲	Medicaid ID ▾	DOB ▾	Gender ▾	Current PHI Access ▾	Managed Care Plan ▾	HARP Status (H Code) ▾	Children's Waiver Status (K Code)
SMITH JOHN	ABCD1234	8/16/1964	M - 55	Health Home Consent (DOH 5055), CBC IPA BHCC Consent			
BROWN SUE	XYZ4567A	12/26/1984	F - 35	PSYCKES Consent, CBC IPA BHCC Consent	Fidelis Care New York	Enrolled No HCBS Eligibility Assessment (H1)	
DOE JANE	XYZ01234	3/25/1975	F - 44	No Access	HIP (EmblemHealth)		
WASHINGTON GEORGE	HIJ09876	6/25/1984	F - 35	Quality Flag			

CLICK HERE TO SCROLL

# Care Coordination View

[← Modify Search](#)

## 2,062 Recipients Found

View Standard Care Coordination Hospital Utilization  Excel

[Provider Specific] Provider   ABC HOSPITAL, INC.

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

Name ▲	Health Home Name (Enrolled) ◆	Care Management Name (Enrolled) ◆	ACT Provider (Active) ◆	OnTrackNY Early Psychosis Program (Enrolled) ◆	
SMITH JOHN	COORDINATED BEHAVIORAL CARE INC	PROJECT HOSPITALITY INC AI			
BROWN SUE					
DOE JANE					
WASHINGTON GEORGE					

CLICK HERE TO SCROLL

# Care Coordination View

[← Modify Search](#)

## 2,062 Recipients Found

View Standard Care Coordination Hospital Utilization Excel

[Provider Specific] Provider   ABC HOSPITAL, INC.

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

Name	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)	AOT Status	AOT Provider (Active)
SMITH JOHN				
BROWN SUE			Active Court Order	Family Service League, Inc.
DOE JANE				
WASHINGTON GEORGE				

# Hospital Utilization View

[← Modify Search](#)

**2,062 Recipients Found**

View: Standard Care Coordination **Hospital Utilization** Excel

[Provider Specific] Provider ABC HOSPITAL, INC.

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Managed Care Plan ⇅	Current PHI Access ⇅	# ER Services Past Yr			# Inpatient Services Past Yr		
						ALL ⇅	Behavioral Health ⇅	Medical ⇅	ALL ⇅	Behavioral Health ⇅	Medical ⇅
SMITH JOHN	ABCD1234	8/16/1964	M - 55		Health Home Consent (DOH 5055), CBC IPA BHCC Consent				1	1	
BROWN SUE	XYZ4567A	12/26/1984	F - 35	Fidelis Care New York	PSYCKES Consent, CBC IPA BHCC Consent	2		2			
DOE JANE	XYZ01234	3/25/1975	F - 44	HIP (EmblemHealth)	No Access						
WASHINGTON GEORGE	HIJ09876	6/25/1984	F - 35		Quality Flag	3	1	2	1	1	

# Overdose Risk – Concurrent Opioid & Benzodiazepine Alert

# Recipient Search: Alerts & Incidents

## Recipient Search

Limit results to

### Recipient Identifiers

Medicaid ID <input type="text" value="AB00000A"/>	SSN <input type="text" value="000-00-0000"/>	First Name <input type="text"/>	Last Name <input type="text"/>	DOB <input type="text" value="MM/DD/YYYY"/>
--	---	------------------------------------	-----------------------------------	--

### Characteristics as of 10/23/2019

Age Range	<input type="text"/>	To	<input type="text"/>
Gender	<input type="button" value="v"/>		
Children's Waiver Status	<input type="button" value="v"/>		
HARP Status	<input type="button" value="v"/>		
AOT Status	<input type="button" value="v"/>		
High Need Population	<input type="button" value="v"/>		
Population	<input type="button" value="v"/>		
Managed Care	<input type="button" value="v"/>		
MC Product Line	<input type="button" value="v"/>		
DSRIP PPS	<input type="button" value="v"/>		

### Quality Flag as of 07/01/2019

- HARP Enrolled - Not Health Hor
- HARP-Enrolled - No Assesmer
- Antipsychotic Polypharmacy (2
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressa
- Adherence - Mood Stabilizer (B
- Adherence - Antipsychotic (Sch
- Treatment Engagement - Sumn
- No Metabolic Monitoring (Gluc,
- No Metabolic Monitoring (Gluc,
- No Metabolic Monitoring (Gluc,
- No Metabolic Monitoring (LDL-I
- No Diabetes Screening (Gluc/H

[Definitions](#)

### Services: Specific Provider as of 07/01/2019

Past 1 Year

Provider	<input type="text"/>		
Region	<input type="button" value="v"/>	County	<input type="button" value="v"/>
Current Access	<input type="button" value="v"/>		
Service Utilization	<input type="button" value="v"/>	Number of Visits	<input type="button" value="v"/>
Service Setting:	<ul style="list-style-type: none"><li>Care Coordination</li><li>Foster Care</li><li>Inpatient - ER</li><li>Living Support/Residential</li><li>Other</li><li>Outpatient - DD</li><li>Outpatient - MH</li></ul>		
Service Detail: Selected	<input type="text"/>		

### Medication & Diagnosis

Prescriber Last Name	<input type="text"/>
Drug Name	<input type="text"/>
Psychotropic Drug Class	<input type="button" value="v"/>

- Alerts & Incidents - Any Suicide/Self-Harm Related Alerts Below
- Suicide Attempt (Medicaid/ NIMRS)
- Suicidal Ideations (Medicaid)
- Self-Inflicted Harm/ Injury (Medicaid)
- Self-Inflicted Poisoning (Medicaid)
- Overdose - Opioid past 1 year
- Overdose - Opioid (Intentional) past 1 year
- Overdose - Opioid (Unintentional) past 1 year
- Overdose - Opioid past 3 years
- Overdose - Opioid (Intentional) past 3 years
- Overdose - Opioid (Unintentional) past 3 years
- Overdose Risk - Concurrent Opioid & Benzodiazepine past 1 year**
- OMH Unsuccessful Discharge

### Services by Any Provider as of 07/01/2019

Past 1 Year

Provider	<input type="text"/>		
Region	<input type="button" value="v"/>	County	<input type="button" value="v"/>
Service Utilization	<input type="button" value="v"/>	Number of Visits	<input type="button" value="v"/>

# Clinical Summary: Alerts & Incidents

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

## SMITH, JOHN

Clinical Summary as of 10/23/2019



← Recipient Search

**Brief Overview**   1 Year Summary   5 Year Summary

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

DOB: 10/12/1990 (29 Yrs)

Medicaid ID: ABCD1234

Medicare: No

HARP Status: Not Eligible

Address: 123 MAIN ST #2, BROOKLYN, NY, 12345

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

DSRIP PPS: Maimonides Medical Center PPS

**Alerts & Incidents** · all available

Most Recent

1	Overdose Risk - Concurrent Opioid and Benzodiazepine (85 cumulative days)	4/19/2019	All Opioids & Benzodiazepines: Alprazolam, Oxycodone Hcl, Promethazine-Codeine
---	---	-----------	--

Note: Higher # count totals for Inpatient, ER, and Other settings may represent multiple services in same day

# Opioid Medications & Controlled Substances Filters

# Recipient Search

Limit results to:

## Recipient Identifiers

Medicaid ID <input type="text" value="AB00000A"/>	SSN <input type="text" value="000-00-0000"/>	First Name <input type="text"/>	Last Name <input type="text"/>	DOB <input type="text" value="MM/DD/YYYY"/>
--	---	------------------------------------	-----------------------------------	--

## Characteristics as of 10/23/2019

Age Range	<input type="text"/>	To	<input type="text"/>
Gender	<input type="text" value="▼"/>		
Children's Waiver Status	<input type="text" value="▼"/>		
HARP Status	<input type="text" value="▼"/>		
AOT Status	<input type="text" value="▼"/>		
High Need Population	<input type="text" value="▼"/>		
Population	<input type="text" value="▼"/>		
Managed Care	<input type="text" value="▼"/>		
MC Product Line	<input type="text" value="▼"/>		
DSRIP PPS	<input type="text" value="▼"/>		
Medicaid Restrictions	<input type="text" value="▼"/>		
Alerts & Incidents	<input type="text" value="▼"/>		

## Quality Flag as of 07/01/2019

- HARP Enrolled - Not Health Hc
- HARP-Enrolled - No Assessme
- Antipsychotic Polypharmacy (
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepress
- Adherence - Mood Stabilizer (
- Adherence - Antipsychotic (Sc
- Treatment Engagement - Sum
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (Gluc
- No Metabolic Monitoring (LDL
- No Diabetes Screening (Gluc/I

[Definitions](#)

## Services: Specific Provider as of 07/01/2019

Past 1 Year

Provider:

Region:  County:

Current Access:

Service Utilization:  Number of Visits:

Service Setting:

- Care Coordination
- Foster Care
- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD
- Outpatient - MH

Service Detail: Selected

## Medication & Diagnosis as of 07/01/2019

Past 1 Year

Prescriber Last Name:

Drug Name:   Active Drug

Psychotropic Drug Class\*

- ADHD Med
- Antidepressant
- Antipsychotic
- Antipsychotic - Long Acting Injectab

Non-Psychotropic Drug Class\*

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

Diagnosis:

## Services by Any Provider as of 07/01/2019

Past 1 Year

Provider:

Region:  County:

Service Utilization:  Number of Visits:

Service Setting:

- Care Coordination
- Foster Care
- Inpatient - ER
- Living Support/Residential

Service Detail: Selected



# Opioid Medications & Controlled Substances

**Medication & Diagnosis** as of 07/01/2019 Past 1 Year

Prescriber Last Name

Drug Name   Active Drug

Psychotropic Drug Class\*

Non-Psychotropic Drug Class\* 

- Controlled Substances
- Endocrine and Metabolic Drugs
- Gastrointestinal Agents
- Genitourinary Products
- Hematological Agents
- Miscellaneous Products
- Neuromuscular Drugs
- Nutritional Products
- Opioid Medications
- Respiratory Agents

Diagnosis

Diagnosis given 1+   Primary

BH Diagnosis

- Any BH Diagnosis
- Any MH Diagnosis
- Anxiety Disorders
- Bipolar and Related Disorders

Medical Diagnosis

- Certain conditions originating in the perinatal period
- Certain infectious and parasitic diseases
- Congenital malformations, deformations and chromosomal anomalies
- Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

# Children's Waiver Status Filter

# Recipient Search: Children's Waiver Status

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

## Recipient Search

Limit results to

### Recipient Identifiers

Medicaid ID <input type="text" value="AB00000A"/>	SSN <input type="text" value="000-00-0000"/>	First Name <input type="text"/>	Last Name <input type="text"/>	DOB <input type="text" value="MM/DD/YYYY"/>
--	---	------------------------------------	-----------------------------------	--

### Characteristics as of 10/23/2019

Age Range	<input type="text"/>	To	<input type="text"/>
Gender	<input type="text"/>		
<b>Children's Waiver Status</b>	<input type="text"/>		
HARP Status	<input type="text"/>		
AOT Status	<input type="text"/>		
High Need Population	<input type="text"/>		
Population	<input type="text"/>		
Managed Care	<input type="text"/>		
MC Product Line	<input type="text"/>		
DSRIP PPS	<input type="text"/>		
Medicaid Restrictions	<input type="text"/>		
Alerts & Incidents	<input type="text"/>		

### Quality Flag as of 07/01/2019

- HARP Enrolled - Not Health Hor
  - HARP-Enrolled - No Assessmer
  - Antipsychotic Polypharmacy (2
  - Antipsychotic Two Plus
  - Antipsychotic Three Plus
  - Antipsychotic Four Plus - SC
  - Antipsychotic Five Plus
  - Antipsychotic Six Plus
  - Antipsychotic Seven Plus
  - Antipsychotic Eight Plus
  - Antipsychotic Nine Plus
  - Antipsychotic Ten Plus
  - Antipsychotic Eleven Plus
  - Antipsychotic Twelve Plus
  - Antipsychotic Thirteen Plus
  - Antipsychotic Fourteen Plus
  - Antipsychotic Fifteen Plus
  - Antipsychotic Sixteen Plus
  - Antipsychotic Seventeen Plus
  - Antipsychotic Eighteen Plus
  - Antipsychotic Nineteen Plus
  - Antipsychotic Twenty Plus
  - Antipsychotic Twenty One Plus
  - Antipsychotic Twenty Two Plus
  - Antipsychotic Twenty Three Plus
  - Antipsychotic Twenty Four Plus
  - Antipsychotic Twenty Five Plus
  - Antipsychotic Twenty Six Plus
  - Antipsychotic Twenty Seven Plus
  - Antipsychotic Twenty Eight Plus
  - Antipsychotic Twenty Nine Plus
  - Antipsychotic Thirty Plus
  - Antipsychotic Thirty One Plus
  - Antipsychotic Thirty Two Plus
  - Antipsychotic Thirty Three Plus
  - Antipsychotic Thirty Four Plus
  - Antipsychotic Thirty Five Plus
  - Antipsychotic Thirty Six Plus
  - Antipsychotic Thirty Seven Plus
  - Antipsychotic Thirty Eight Plus
  - Antipsychotic Thirty Nine Plus
  - Antipsychotic Forty Plus
  - Antipsychotic Forty One Plus
  - Antipsychotic Forty Two Plus
  - Antipsychotic Forty Three Plus
  - Antipsychotic Forty Four Plus
  - Antipsychotic Forty Five Plus
  - Antipsychotic Forty Six Plus
  - Antipsychotic Forty Seven Plus
  - Antipsychotic Forty Eight Plus
  - Antipsychotic Forty Nine Plus
  - Antipsychotic Fifty Plus
- [Definitions](#)

### Services: Specific Provider as of 07/01/2019

Past 1 Year ▾

Provider	<input type="text"/>		
Region	<input type="text"/>	County	<input type="text"/>
Current Access	<input type="text"/>		
Service Utilization	<input type="text"/>	Number of Visits	<input type="text"/>
Service Setting:	<input type="text"/>		
Service Detail: Selected	<input type="text"/>		

# Clinical Summary: Children's Waiver Status



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

< Recipient Search

## QUJSRVUi RUnJUq7B

Clinical Summary as of 10/23/2019



Sections

- Brief Overview
- 1 Year Summary**
- 5 Year Summary

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

### General

<b>Name</b>	<b>Medicaid ID</b>	<b>Medicare</b>	<b>DSRIP PPS</b>
QUJSRVUi RUnJUq7B	UUiuNTQvOV6	No	Mount Sinai PPS, LLC
<b>DOB</b>	<b>Medicaid Aid Category</b>	<b>Managed Care Plan</b>	
NoytLpImMDY KDEp WVJTKQ	SSI	Affinity Health Plan (Mainstream)	
<b>Address</b>	<b>Medicaid Eligibility Expires on</b>	<b>Children's Waiver Status</b>	
ODIu RaFJTEU UrRSRUVU MUYi QbJPTb6i Tbai MTAqNpQ		HCBS - Serious Emotional Disturbance (K3)	

### Current Care Coordination

Health Home (Enrolled) - Status : Active, COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-JAN-19), Main Contact: Referral - Enoch Naklen, 646-930-8823, enaklen@cbcare.org; Jasmine Ketcham, 646-930-8791, jketcham@cbcare.org; Member Referral Number: 866-899-0152

Care Management (Enrolled) : SAINT DOMINIC'S FAMILY SERVICES

- This information is updated weekly from DOH Health Home file.

# Any OMH Outpatient Specialty MH Services Population Filter

# Recipient Search: New Population Filter

## Recipient Search

Limit results to

### Recipient Identifiers

Medicaid ID <input type="text" value="AB00000A"/>	SSN <input type="text" value="000-00-0000"/>	First Name <input type="text"/>	Last Name <input type="text"/>	DOB <input type="text" value="MM/DD/YYYY"/>
--	---	------------------------------------	-----------------------------------	--

### Characteristics as of 10/23/2019

Age Range	<input type="text"/>	To	<input type="text"/>
Gender	<input type="text" value=""/>		
Children's Waiver Status	<input type="text" value=""/>		
HARP Status	<input type="text" value=""/>		
AOT Status	<input type="text" value=""/>		
High Need Population	<input type="text" value=""/>		
<b>Population</b>	<input type="text" value=""/>		
Managed Care	<input type="text" value=""/>		
MC Product Line	<input type="text" value=""/>		
DSRIP PPS	<input type="text" value=""/>		
Medicaid Restrictions	<input type="text" value=""/>		

### Quality Flag as of 07/01/2019

- HARP Enrolled - Not Health Ho
- HARP-Enrolled - No Assessmer
- Antipsychotic Polypharmacy (2
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressa
- Adherence - Mood Stabilizer (B
- Adherence - Antipsychotic (Sch
- tment Engagement - Sumn
- Metabolic Monitoring (Gluc,
- Metabolic Monitoring (Gluc,
- Metabolic Monitoring (Gluc,
- Metabolic Monitoring (LDL-l
- Diabetes Screening (Gluc/H

### Services: Specific Provider as of 07/01/2019 Past 1 Ye

Provider	<input type="text"/>		
Region	<input type="text" value=""/>	County	<input type="text"/>
Current Access	<input type="text"/>		
Service Utilization	<input type="text" value=""/>	Number of Visits	<input type="text"/>
Service Setting:	<ul style="list-style-type: none"><li>+- Care Coordination</li><li>+- Foster Care</li><li>+- Inpatient - ER</li><li>+- Living Support/Residential</li><li>+- Other</li><li>+- Outpatient - DD</li><li>+- Outpatient - MH</li></ul>		
Service Detail: Selected	<input type="text"/>		

# PSYCKES Training & Technical Support

# PSYCKES Training

- PSYCKES website: [www.psyckes.org](http://www.psyckes.org)
- Webinars
  - Live: Register in “Calendar” section of website
  - Recorded: Posted in “Recorded Webinars” of website
    - Using PSYCKES for Clinicians
    - Enable Access to Client-Level Data in PSYCKES
    - Using PSYCKES Recipient Search
    - Using PSYCKES Quality Indicator Reports
    - PSYCKES Mobile App for iPhones & iPads
- User Guides
  - Available in “About PSYCKES” section of website

# PSYCKES Technical Support

- PSYCKES Help
  - Support using PSYCKES and questions about data
  - 9:00AM – 5:00PM, Monday – Friday
  - PSYCKES-help@omh.ny.gov
- ITS Help Desk
  - Token, login, and SMS support
  - Provider Partner ITS Helpdesk:
    - healthhelp@its.ny.gov; 1-800-435-7697
  - OMH Employee ITS Helpdesk:
    - fixit@its.ny.gov; 1-844-891-1786

