

New PSYCKES Features Release 7.3.0

We will begin shortly

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Kristen McLaughlin, MA Medical Informatics | PSYCKES Office of Population Health & Evaluation November 9, 2021

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- 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 7.3.0
 - New BH QARR Measures Added to Quality Indicator Reports
 - Recipient Search Revised Layout
 - Race and Ethnicity Filters Added to Recipient Search
 - Perform a Non-Medicaid Population Search in Recipient Search
 - Real-time Health Home Plus Service Information from DOH MAPP
 - NYSoH Message in Clinical Summary for Clients Using NYSoH to Recertify Medicaid
 - Diagnoses in Clinical Summary Beyond Primary and Secondary
 - Enhancements to Managed Care POP Data Entry Portal
 - Create Client Accounts for MyCHOIS Consumer Application
 - iOS Mobile App Release 5.0: Redesigned Clinical Summary for iPad
- Training & Technical Support



PSYCKES Overview



What is **PSYCKES**?

- A secure, HIPAA-compliant online application for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decisionmaking, care coordination and quality improvement
- Ongoing data updates
 - Clinical Summary 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):
 - 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 or network and to support clinical review and quality improvement
- When a client has an applicable quality flag, the provider is allowed access to that individual's Clinical Summary
- Examples of current quality flags include:
 - No diabetes monitoring for individuals with diabetes and schizophrenia
 - Low medication adherence for individuals with schizophrenia
 - No follow-up after MH inpatient within 7 days; within 30 days
 - High utilization of inpatient/emergency room, Hospital Readmission
 - HARP Enrolled-Not Assessed for HCBS, Health Home Plus-Eligible, No Health Home Plus Service



7.3.0 New Features!



New BH QARR Measures Added to Quality Indicator Reports



New BH QARR Measures

- The following new measures were added to the BH QARR - DOH Performance Tracking Measure indicator set in My QI Report, Statewide Reports, Recipient Search, and the Clinical Summary:
 - No Follow Up after Mental Health Emergency Department Visit – 7 Days
 - No Metabolic Monitoring (Glucose/HbA1c and LDL-C) Child & Adolescent on Antipsychotic
 - No Metabolic Monitoring (Glucose/HbA1c) Child and Adolescent on Antipsychotic
 - No Metabolic Monitoring (LDL-C) Child and Adolescent on Antipsychotic



My QI Report - Statewide Reports Re	cipient Search	Provider Search	Registrar - Us	age -	Utilization Reports	MyCHOIS /	Adult Home	
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REGION: ALL COUNTY: ALL SITE: ALL PROGRAM	TYPE: ALL AGE: ALL	MC PRODUCT LINE	all man As	a re ecific	minder, th indicator	e meası set are	ures in this run monthly	
Indicator Set: BH QARR - DOH Performance	Tracking Measure	- as of 04/01/202	afte	er a	6-month d	ata mat	uration period	
Indicator Set Indicator								
Indicator	Population \Rightarrow	Eligible Population	# with QI Flag \Rightarrow	\$	Regional %	Statewide %	25% 50% 75%	100%
1. No Follow Up for Child on ADHD Med - Initiation	Child	19	9	47.37	35.07	36.88	47.37 35.07 36.88	
2. No Follow Up for Child on ADHD Med - Continuation	Child	3	1	33.33	29.43	33.93	33.33 29.43 33.93	
3. Antidepressant Medication Discontinued - Acute Phase	Adult	451	189	41.91	41.36	43.67	41.91 41.36 43.67	
4. Antidepressant Medication Discontinued - Recovery Phase	Adult	448	243	54.24	53.99	57.09	54.24 53.99 57.09	
5. Low Antipsychotic Medication Adherence - Schizophrenia	Adult	298	113	37.92	36.46	37.88	37.92 36.46 37.88	
6. No Follow Up after MH Inpatient - 7 Days	6+	337	138	40.95	42.52	43.09	40.95 42.52 43.09	
7. No Follow Up After MH ED Visit - 7 Days	6+	172	98	56.98	37.01	33.33	37.01 33.33	
8. No Engagement in SUD Treatment	Adol & Adult	700	510	72.86	69.83	72.18	72.80 69.83 72.18	5

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar - Us	age -	Utilization Reports	MyCHOIS /	Adult Home		
Provider Search			MAIN Quality Indica	STREET CI tor Overview As Of 10	INIC /01/2021	0		DF Excel		
REGION: ALL COUNTY:	ALL SITE: ALL PROG	RAM TYPE: ALL AGE: A	LL MC PRODUCT LIN	E: ALL MANAGED C	High	nlighted m	etabolic	measures		
Indicator Set: BH QA	ARR - DOH Performa	nce Tracking Measu	re - as of 04/01/20	21	were previously combined as one					
Indicator Set In	dicator				mea	asure, and	now the	ey are broken		
In	dicator	+ Population	Eligible Population	# with QI Flag	out	into 3 sepa	arate me	asures		
9. No Initiation of Sl	JD Treatment	Adol & Adult	761	280	36.79	33.10	34.16	36.79 33.10 34.16		
10. No Diabetes Scr Schizophrenia/Bipo	eening - Iar on Antipsychoti	Adult	590	183	31.02	26.89	29.62	31.02 26.89 29.62		
11. No Metabolic Me (Gluc/HbA1c and LE Antipsychotic	onitoring DL-C) Child & Adol c	Child & Adol (1 to 17)	27	19	70.37	66.42	69.19	70.37 66.42 69.19		
12. No Metabolic M (Gluc/HbA1c) Child Antipsychotic	onitoring & Adol on	Child & Adol (1 to 17)	27	25	92.59	79.60	81.67	<u>92/59</u> 79.60 81.67		
13. No Metabolic M Child & Adol on Anti	onitoring (LDL-C) psychotic	Child & Adol (1 to 17)	27	26	96.3	98.43	98.61	96/30 98/43 98/61		
14. No Diabetes Mo Schizophrenia	nitoring - DM &	Adult	101	45	44.55	34.86	38.43	44.55 34.86 38.43		
15. No Follow Up af Days	ter MH Inpatient - 3	6+	337	92	27.3	29.38	28.97	27.30 29.38 28.97		
16. No CV Monitorin Schizophrenia	ng - CV &	Adult	14	7	50	32.17	33.32	50.00 32.17 33.32		
17. No Psychosocia on Antipsychotic	l Care - Child & Ado	Child	14	4	28.57	29.08	27.38	28.57 29.08 27.38		
BH QARR - DOH 202 Subset (1-13)	20 Quality Incentive	All	1,589	1,044	65.7	64.01	65.97	65.70 64.01 65.97		
BH QARR - DOH 202 Summary (1-17)	0 Total Indicator	All	1,602	1,069	66.73	64.48	66.32	66.73 64.48 66.32		

New Recipient Search Layout/Filters



STATE OF OPPORTUNITY. Office of Mental Health	ealth PSYCKES De-identify Settings -							Log Off	
My QI Report - Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage -	Utilization Reports	MyCHOIS	Adult Home		
		Rec	ipient Se	arch		Limit results to	50 🗸 s	earch Reset	
Filters in tRecipient IdentificMedicaid IDIncidents"	Recipient Identified example, "High Need Population," "AOT Status," and "Alerts & Medicaid ID Incidents" are now located at the top right								
AB00000A							MM/DD/Y	YYY	
Characteristics as of 10/31/2021									
Age Range	Го	Gender			Population			~	
Race			•	H	igh Need Population			~	
Ethnicity			~		AOT Status			~	
County of Fiscal Responsibility			~		Alerts & Incidents			~	
Managed Care Plan & Medicaid									
Managed Care			~	Chile	dren's Waiver Status			~	
MC Product Line			~		HARP Status			~	
Medicaid Enrollment Status			~	HARP HCBS	Assessment Status			~	
Medicaid Restrictions			~	HARP HCBS	Assessment Results			~	
Quality Flag as of 10/01/2021		C Definitions	Servic	es: Specific	Provider as of 10/01	/2021		Past 1 Year 🗸 🗸	
HARP Enrolled - Not Health Home Enrolled - (up HARP-Enrolled - No Assessment for HCBS - (up	pdated weekly) odated weekly)		-	Provi	ider				



Race & Ethnicity Filters

- Two new report filters, "Race" and "Ethnicity" were added to the "Characteristics" section
- The "Race" filter options include:
 - Asian, Black, Native American, Pacific Islander, White, Multiracial, and Unknown race
- The "Ethnicity" filter options include:
 - Hispanic or Latinx
 - Not Hispanic or Latinx
 - Unknown ethnicity
- Information for these new filters is pulled from Medicaid data



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My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage -	Utilization Reports	MyCHOIS	Adult Home	
			Rec	ipient Se	arch		Limit results to	50 V Search	Reset
Recipient Identif Medicaid ID AB00000A Characteristics a	fiers SSN as of 10/31/2021	OMH State II	D OMH Case	# First	Name	Last Nam	1e	DOB MM/DD/YYYY	
Age Ran Ra Ethnic County of Fiscal Re	nge ace city Native Amer Asian Black Pacific Islan	To	Gender	✓ ✓ Ur se cre	o to 4 r lected eating	Population ace option in each se an "or" log	s can b earch, ic)e	 <
Managed Care P Ma MC F Medicaid Enrollr	Plan (White Multiracial anage Unknown ra Product Line ment Status	ice		~	Child HARP HCBS /	ren's Waiver Status HARP Status Assessment Status			* *



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My QI	I Report -	Statewide Reports	Recipient Search	Provider Search	Registrar 🕶	Usage •	Utilization Reports	MyCHOIS	Adult Home			
≮ Modify	Search			1,860	Recipients	s Found		O View:	Standard	¥	D PDF	X Excel
	Race		Black OR White									
AND	Ethnicity		Not Hispanic or Latin	X								
AND	[Provider Sp	pecific] Provider	Main Street Clin	ic								
Review	recipients	in results carefully b	efore accessing Clin	ical Summary.				1	Maximum Number	of Rows	Display	ed: 50

Name 🔺	Medicaid ID	DOB 🔶	Gender	Medicaid Quality Flags	Medicaid Managed Care 🖕
QUJSQU7BTQ TUFSTEVORQ	UFMrNDEu MVA	OCynOCynO TYn	R6 LQ N9A	2AP, No DM Monitoring - DM & Schiz (DOH), No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No HbA1c & LDL-C (DM & Schiz), No HbA1c-DM, No LDL-C - AP	Centers Plan for Healthy Living
QUJSQUrT SazOQVRIQUu	UVInNpEpM ra	MoyoMoyn OTYt	TQ LQ NTQ		Amida Care
QUJSQUrT VEVSUba Vm	WEqvNTQo Mqu	NCynMoynO T6u	TQ LQ MpM	No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No SUD Tx Engage, No SUD Tx Engage (DOH)	

Non-Medicaid Population Search in Recipient Search



Non-Medicaid Population Search

- Certain filters in Recipient Search pull from OMH administrative databases that do not rely on Medicaid billing:
 - i.e., suicide attempt information also pulls from the OMH NIMRS database, AOT information pulls from the OMH TACT database, and State-Operated Psychiatric Center information pulls from the OMH MHARS database
- When selecting one of these filters, even clients not on Medicaid may be included in the search results when the clients
 - meet criteria for the selected filter AND
 - have consented to the provider agency for release of PSYCKES information

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My QI Report - Stat	tewide Reports	Recipient Se	earch Pi	rovider Search	Registrar -	Usage -	Utilization Reports	MyCHOIS Adu	ult Home		
Modify Search				79 Re	ecipients l	Found		O View: Standa	ard 🗸	DF	X Excel
Alerts & Incidents Suicide Attempt (Medicaid/ NIMRS)											
AND [Provider Specific	reet Clin	lic	When a client with no Medicaid								
Review recipients in res	sults carefully b	efore accessi	ng Clinical	Summary.	histor	y is ir bit v	ncluded in	this type	of oid"	0.1	
					in the	ir "Me	edicaid ID	column	of	ws Display	/ed: 50
Name 🔺	Medicaid ID	DOB 🔶	Gender		the re	sults	page			lanaged Ca 'lan	re 👌
QUJSQUrt QqzPUEVS Ta	RV Mu	M8ynM8yn OTaq	TQ LQ M92	2AP, No DM Scre	een - AP (DOH)				Affinity Hea	lth Plan	ĺ
QUnMTqNDQQ SaVOTabGRVI T6		MSynM8yn OT6p	R6 LQ Mp6	2+ Inpt-BH, 2+ In - BH to BH, Read	Inpt-BH, 2+ Inpt-MH, HHPlus No HHPlus Service, HHPlus Not HH Enrolled, Readmit 30d H to BH, Readmit 30d - MH to MH						
QVJVTErJQqi UqFSQU6	Non- Medicaid	N8ypMCynO T6r	R6 LQ MpY								
QVVTVEb0 TUFSSm	Non- Medicaid	N8ypMCyn0 TYn	TQ LQ N9A								

Real-Time Health Home Plus Service Information from DOH MAPP



Real-Time Health Home Plus Service Information:

- In addition to using Medicaid billing as a source for identifying clients who received a Health Home Plus (HH+) level of service, the DOH MAPP Health Home tracking system will now be an additional, more realtime source for this information
 - In Recipient Search, a new filter option was added to "High Need Population" called "HH+ Service --Received at least once in past 3 months" (Source: DOH MAPP)
 - In the Clinical Summary, a new message was added to the "Current Care" section at the top indicating when a client is currently receiving Health Home Plus





Managed Care Plan & Medicaid

STATE OF OPPORTUNITY. Office Men	tal Health			De-identify	Settings +	Log Off
My QI Report - Statewi	ide Reports Recipient Search	Provider Search Registr	ar + Usage + Ut	ilization Reports MyC	CHOIS Adult Home	
Recipient Search		QUF0SVei S Clinical Summary a	SEFTUqFO s of 10/31/2021			DF
About included data source	es	Brief Overview 1 Year St	immary 5 Year Sumr	Data with Spec This report cor	cial Protection Show Hidentains all available clinical data	1
DOB: MSynNCynOT6v (Mpl Y Address: MT2vMA TUFSTUb Tbai MTAqN9A	/rs) PT6 QVZF M9AnM8m QbJPTb6i	Medicaid ID: TVMuNDUrMqq Managed Care Plan: UnitedHe (HARP)	HARP Enrolled (H1) ssessment Status: Never Ass bility Expires on:	sessed		
Current Care Coordination	1	This message	e would di ime in pas	splay if clie	ent received	HH+
Health Home (Enrolled)	CNYHHN INC (Begin Date: 01) Main Contact Referral: Dana B Member Referral Number: 315 Care Management (Enrolled): U	MAPP. The m HH+ and the	ost recen	t month the	e client received	ved
Health Home Plus	Services last received September	er 2021 from UCP UTICA MH				
Alerts & Incidents • all availa	able	Most Recent				
1 Overdose - Opioid (1	I ER)	10/18/2016	ELMHURST HOSPITAL CENTER(ER - SU)			
6 Suicidal Ideation (4	Inpatient,1 ER,2 Other)	4/8/2014 ST LUKES ROOSEVELT HSP CTR(Inpatient - MH)				

Clinical Summary Message for Clients Using NYSoH to Recertify Medicaid



Message for Using NYSoH to Recertify Medicaid:

- A message will appear in a client's Clinical Summary if their method of Medicaid enrollment and recertification is the New York State of Health (NYSoH) web-based system, as opposed to the Welfare Management System (WMS)
- This feature also uses a more robust data source for identifying all clients who use NYSoH for Medicaid recertification, compared to identifying only those targeted to use NYSoH
- When applicable to a client, the message will display in the Current Care Coordination section





Medications Past Year

Last Pick Up

Diagnoses in Clinical Summary Beyond Primary and Secondary



Diagnoses in Clinical Summary:

- The client-level Clinical Summary now includes diagnoses beyond just the primary and secondary level in Medicaid claims/encounters
- Diagnoses given at the tertiary level and beyond will be displayed if they are related to a quality flag in PSYCKES overall
- These diagnoses include any of the following:
 - Schizophrenia, Bipolar Disorder, Major Depression, Other Psychotic and Developmental Disorders, Alcohol, Opioid or Other Drug Abuse/Dependence (with client consent), Diabetes, Acute Myocardial Infarction, Ischemic Vascular Disease, and Intentional Self-Harm



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

Bipolar I • Insomnia Disorder • Unspecified/Other Depressive Disorder • Unspecified/Other Bipolar • Schizophrenia • Unspecified/Other Anxiety Disorder • Major Depressive Disorder • Sedative, hypnotic, or anxiolytic related disorders • Generalized Anxiety Disorder • Unspecified/Other Personality Disorder • Other Mental Disorders • Illness Anxiety Disorder • Schizoaffective Disorder • Unspecified/Other Psychotic Disorders • Adjustment Disorder • Brief Psychotic Disorder (ICD10 Only) • Other psychoactive substance related disorders

Medical Diagnoses Primary, secondary, and quality flag-related diagnoses (most frequent first)								
Diseases Of The Circulatory System	Other venous embolism and kidney disease	thrombosis • Essential (primary) hypertension • Other peripheral vascular diseases • Hypertensive chronic						
Diseases Of The Digestive System	Gastro-esophageal reflux dis	If a client has a diagnosis beyond the primary or secondary level on a Medicaid claim/encounter, it will be listed in the						
Diseases Of The Genitourinary System	Neuromuscular dysfunction	Behavior Health or Medical Diagnoses						
Diseases Of The Musculoskeletal System And Connective Tissue	Dorsalgia • Other and unsp	pecified soft tissue disorders, not elsewhere classified						
Diseases Of The Nervous System	Disorders of autonomic nerv not elsewhere classified •	ous system • Parkinson's disease • Hereditary and idiopathic neuropathy • Other disorders of brain • Pain, Sleep disorders • Multiple sclerosis • Other and unspecified polyneuropathies						

Η	ospital/ER/	Crisis Se	rvices 🗅	Details							Table	Graph
Se	rvice Type		Provider	Car ass	an also be found in the diagnoses column ssociated with the date of service in the outpatient							
			NFW YORK		ospital	ization	servi	ces de	etails se	ections] 🕂
Inj	patient - MH		HOSPITAL		12/11/2020	12/23/2020	12	Episode Mixe With Psychot	d, Severe, ic Features			
	All Hospita	al, ER, and	l Crisis Se	ervices for NEW	/ YORK PRE	SBYTERIAN H	IOSPITA	L Provider			PDF Excel	×
EF										F	Previous 1 2	Next]
	Date of Service	Service Type	Provide	2r	Primary, secondary, and quality flag-related diagnoses 🔶				Admission Date	Discharge Dt/Last 🖕 Dt Billed	Procedure	¢
In	n 12/23/2020 Inpatient - NEW YORK MH HOSPITAL			YORK BYTERIAN ITAL	Bipolar disor psychotic fea	Bipolar disorder, current episode mixed, severe, with psychotic features				12/23/2020]
EF	12/14/2020	ER - MH - CPEP	NEW PRESI HOSP	YORK BYTERIAN ITAL	Bipolar disor psychotic fea	der, current episod atures	le mixed, se	vere, with	12/14/2020	12/14/2020	Psych Diagnostic Evaluation)
	12/11/2020 Inpatient - NEW YORK MH HOSPITAL				Bipolar disorder, current episode mixed, severe, with psychotic features					12/23/2020		
	11/15/2020	ER - MH - CPEP	NEW PRESI HOSP	YORK BYTERIAN ITAL	Bipolar disorder, current episode mixed, severe, with psychotic features				11/15/2020	11/15/2020	Psych Diagnostic Evaluation	
EF	R - Medical		MOUNT SI	NAI HOSPITAL	11/4/2020	11/4/2020 11/4/2020 1 Poisoning By Antiallergic And Antiemetic Drugs, Intentional Self-Harm. - Comprehen Metabolic - Creatine Mb Fraction - Drug Test Prsmv Che					oolic Panel ion Chem Anlyzr	G

Enhancements to Managed Care POP Data Entry Portal



Updates to Managed Care POP Data Entry Portal:

- The following changes were made to the data entry portal:
 - The data entry page was reformatted, so that "Program Type" and "Provider Agency" data entry fields are located above "Date of Service"
 - Three new options were added to the "Program Type" drop-down:
 - Crisis Residential Services: Intensive Crisis Residence
 - Crisis Residential Services: Residential Crisis Support
 - Crisis Residential Services: Children's Crisis Residence
 - More options were added to "Duration" drop-down to accommodate the new program types



My QI Report - Statewide F	Reports Recipient Search Provider Search Registrar - Usage - Utilization Reports MyCHOIS
Clinical Summary	ACT Behavioral Health Home and Community Based Service (HCBS) provider Bridger Service
To start an episode of ca	Bridger Service - Peer Certified Community Based Health Care (CCBHC) provider Certified Home Care agencies Service' program type for a POP
Index Inpatient/ER Event Hos Hospital Name	Crisis Residential Services: Intensive Crisis Residence Crisis Residential Services: Residential Crisis Support Crisis Residential Services: Children's Crisis Residence Critical Time Intervention (CTI) Health Home/Care Manager Licensed Independent Practitioner Group Practice
First Care Transition Service	Mobile Integration Team (MIT)In the POP portal, rather thanMobile Crisis Teamentering every date of service atOPWDD Care Managementthe crisis residenceOther Peer Provider Servicethe crisis residence
Program Type Provider Agency	Other Main Street Clinic
Date of Service	Cannot be more than 60 days ago. Duration (if available)
Mode of Contact	✓
Individual Involved	✓

Questions? Contact psyckes-help@omh.ny.gov

Cancel Start Episode

Create Client Accounts for MyCHOIS Consumer Application



Create Client Accounts for MyCHOIS Consumer:

- The PSYCKES team is expanding the use of MyCHOIS Consumer, the client-facing version of PSYCKES, so that any provider using PSYCKES can create a user ID and password for a client they serve
 - If you don't see MyCHOIS in the navigation bar and want to use this feature, contact <u>PSYCKES-Help@omh.ny.gov</u>
- Clients can then login to MyCHOIS from any web browser and access "My Treatment Data," the clientfacing version of the Clinical Summary, as well as other recovery-oriented tools
 - MyCHOIS Consumer login page can be found on the PSYCKES website under "MyCHOIS" menu option





What is MyCHOIS

My Collaborative Health Outcomes Information System (MyCHOIS) is an interactive, web-based platform of evidence-based tools used by both consumers and providers to promote active participation by consumers in their mental health treatment and recovery. The program aims to increase empowerment, activation and health literacy amongst patients, improve doctor-patient communication, promote patient-centered care and recovery, and enhance the ability to make data-driven treatment decisions.

The provider-facing portal

- The Dashboard allows providers to manage their client caseload and staff roster
- Client Overview allows providers to assign, complete, and review clinical assessments and screenings and view PSYCKES Clinical Summary data, if available

Recovery Resources

Educational materials and recovery tools that can be distributed to clients. Health Resources » Recovery Videos » Worksheets » Personal Medicine Cards » Multimedia Tutorials » Pat Deegan's Recovery Library »

Search:

Q

NEW YORK STATE OF OPPORTUNITY.	Office of Mental Health	PSYCKES De-ide	ntify 🔵 Setting	gs - Lo	g Off
My QI Report + S	Statewide Reports	Recipient Search Provider Search Registrar - Usage - Utilization F	Reports MyCHOIS		
✓ MyCHOIS Home		Green Building Change Site	Add	Client Add Staff	PDF Excel
All Clients Staff Ros	ter Suicide Care P	athway High Risk List	Search:		
Name	DOB(Gender)	Step 2: Find the client in your	Registries 🔶	Current PHI Access	Edit Client
Black, Brian	01/13/1976 (M)	"All Clients" tab or select "Add Client" to securely add	COVID-19	MyCHOIS only	G
Blue, Betty	11/04/1987 (F)	Pre them to this tab Primary Inerapist Triangle, Trish (DOH)	COVID-19, Suicide Care Pathway	PSYCKES Consent	G
Red, Robert	07/04/1980 (M)	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cloz Candidate, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No Outpt Medical		PSYCKES Consent	G
Yellow, Mellow	01/04/1998 (F)			PSYCKES Consent	Ē
White, Walter	05/26/1957 (T)		COVID-19	MyCHOIS only	G

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KMyCHOIS Home		Green Building		Ad	Id Client Add Staff	PDF Excel
All Clients Staff Ros	ter Suicide Care Pa	athway High Risk List		Search:		
Name Black, Brian Blue, Betty Red, Robert	D08(Gender) (* 01/13/1976 (M) 11/04/1987 (F) 07/04/1980 (M)	Ass Step 3: Select "Consumer Login Account" from "Edit Client" menu on the far right for intended client Primary Inerapist: Irrangle, Insh (DOH) 2+ ER-BH, 2+ ER-MH, 2+ ER-M Inpt/ER-BH, 4+ Inpt/ER-MH, 0 Candidate, No Gluc/HbA1c & AP, No LDL-C - AP, No Outpt M	Ingage Ingage Medical, 4+ Cloz LDL-C - Iedical	Registries COVID-19 COVID-19, Suicide Care Pathway	Current PHI Access Client Profile PHI Access/Conse Consumer Login A COVID-19 Registry Client Registries Link to Other Data (Medicaid, MHARS Remove Client Fro PSYCKES Consent	Edit Client ent account bases s) m Site
Yellow, Mellow White, Walter	01/04/1998 (F) 05/26/1957 (T)			COVID-19	PSYCKES Consent MyCHOIS only	6

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My QI Rep Ste	p 4: Client's email and gistrar - Usage - Utilization Reports MyCl	CHOIS Adult Home
	ate account	Add Client Add Staff PDF Excel
All Clients Staff Rost	er Suit MyCHOIS Consumer Account for Red, Robert (M – 41)	×
Name	Creating a consumer account will allow an individual client to login to MyCHOIS Consumer to access their personal health record, use the Recovery Library, upload of edit their Psychiatric Advance Directive, and many other resources and tools. The cl	or Current PHI Edit Access Client
Black, Brian	email and phone number are required to create an account:	MyCHOIS only
Blue, Betty	Client's Email Client's phone number	PSYCKES Consent
Red, Robert	Once the consumer account is created, you will be given instructions to review and with the client.	I share PSYCKES Consent
Yellow, Mellow	01/04/1990 (F)	Cancel PSYCKES Consent
White, Walter	05/26/1957 (T)	MyCHOIS only



New York State Office of Mental X +

NEW YORK STATE Menta	e of al Health	MyCHOIS
Statement of Acce	ss and Confidentiali	ty
VARNING: This computer system is solely for the use of authorize of privacy in its use. To ensure that the system is functioning prop- heir activities monitored and recorded by system personnel. Use o Jnauthorized or improper use of this system may result in administ o use this system you indicate your awareness of, and consent onditions stated in this warning, LOG OFF IMMEDIATELY.	ed users for official purposes erly, individuals using this c if this system evidences an e trative disciplinary action ar t to, these terms and cond	s. Users of this system have no expectation omputer system are subject to having all o express consent to such monitoring. Ind civil and criminal penalties. By continuing ditions of use. If you do not agree to the
Private system for	r authorized use or	nlv
Please identify by entering your user ID an User ID:	d password below and cl	ick the Login button.
Login	Client	t enters the user

generated when their account

was created

- 🗆 X

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የ Help 🛛 👰 Español 🛛 🚺 Log Out

Password reset screen

If this is your first time logging in, please change your password below. You will be asked to change your password every 6 months.

Your password must be at least 8 characters and have at least 1 number.

Enter New Password:	
Re-enter password:	

The client will be prompted to create a new password upon first login. This client-created password will be used on subsequent logins

Submit





My Treatment Data

- · Review my services
- · Review my medications
- Review my diagnoses
- Upload a Psychiatric Advanced
 Directive
- · Create or upload a Safety Plan

Learning Center

Explore a library of resources to support my recovery

Health Resources » Recovery Videos » Worksheets » Personal Medicine Cards » Multimedia Tutorials » Pat Deegan's Recovery Library »

Search

Q



Current Care Coordination

COVID-19 Registry: HUTCHINGS PSYCHIATRIC CENTER (11-DEC-20 to Present) Designations: Previous Symptomatic - Recovered

Health Home (Enrolled) - Status : Active, ONONDAGA CASE MGMT SVCS MH (Begin Date: 01-JUN-16), Main Contact: Referral - Tracy Marchese, 585-613-7642, tmarchese@hhuny.org; Nira Tobochnik, 585-613-7640, ntobochnik@hhuny.org; Member Referral Number: 585-613-7659

Care Management (Enrolled) : ONONDAGA CASE MGMT SVCS MH

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

Plans & Documents 1 Upload Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
5/11/2020	Safety Plan	HUTCHINGS PSYCHIATRIC CENTER	Judy Smith	Care Manager	

NEW YORK STATE OF OPPORTUNITY.	Office of Mental Health	PSYCKES	S			De	e-ider	ntify 🔵	Setting	gs - Lo	g Off
My QI Report + S	Statewide Reports	Recipient Sea	arch Provider Search	Registrar -	Usage -	Utilizati	ion R	eports MyCl	HOIS		
KMyCHOIS Home			C	Green Build	ling					Add Staff	PDF Excel
All Clients Staff Ros	ter Suicide Care Pa	athway H	If client forg	gets the	eir			Search	n:		
Name	DOB(Gender)	Assigned Staf	password, s Consumer	select " Passwo	Rese ord"	et	\$	Registries	Clien PHI /	nt Profile Access/Consent	
Black, Brian	01/13/1976 (M)	Prescribe	from "Edit C	Client" r	nenu	to		COVID-19	Cons COV	sumer Login Accou ID-19 Registry	Int
Blue, Betty	11/04/1987 (F)	Prescriber Primary Th	time use pa	assword	3		e	COVID-19, Suicide Ca Pathway	Clien Link (Mec	nt Registries to Other Database dicaid, MHARS)	s
Red, Robert	07/04/1980 (M)		2+ ER- Inpt/Ef Candid AP, No	BH, 2+ ER-MH R-BH, 4+ Inpt/ late, No Gluc/ LDL-C - AP, No	I, 2+ ER-M ER-MH, C HbA1c & Outpt M	ledical, loz LDL-C - edical	4+		Rese Rem	et Consumer Passw ove Client From Sit PSYCKES Consent	vord te
Yellow, Mellow	01/04/1998 (F)									PSYCKES Consent	
White, Walter	05/26/1957 (T)							COVID-19		MyCHOIS only	G

iOS Mobile App Release 5.0



iOS Mobile App New Features

Enhancements to iPad version of the mobile app:

- The iPad redesign utilizes the additional space allowed on this type of device, such as displaying data in a table format for maximum comprehension
- Some other exclusive iPad features include:
 - Brief Overview
 - Left Hand Menu
 - Service Type Cards
 - Filters

Care Coordination History:

- If a client has applicable current or historical Care Coordination information, it will appear in the client-level clinical summary in iOS under "Services"
 - Previously, the iOS app only included the Current Care Coordination details



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PHI Access: PSYCKES Consent

Overview	
Active Medicaid Restrictions	>
Alerts & Incidents	>
Quality Flags	>
Plans & Documents	>
Screenings & Assessments	>
Diagnoses	>
Medications	>
Services	
All services	666
Care Coordination	20
Outpatient Behavioral Health	32
Outpatient Medical	26
Hospital/ER/Crisis	519

Overview for Prkxkfe Lebnhrb K

Clinical Summary as of 08/09/2021

Gender from Medicaid tjionoQ

Medicaid ID YQEFQYH WKTPBYO

Date of Birth 01/01/9999 (999 Yrs)

Dual-Eligible (Medicaid & Medicare) No

Address from Medicaid frXScYSZfd

🗇 View on map

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.

Health Home Plus Eligibility

This client is eligible for Health Home Plus due to: Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH

Brief Overview now available in the iPad version as the default screen a user lands on when they access a client's clinical summary

Managed Care Plan No Managed Care(FFS Only)

MC Plan Assigned PCP N/A

HARP Status Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

HARP HCBS Assessment Status N/A

	_	
_		
	_	
	_	

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PHI Access: PSYCKES Consent

Overview	
Active Medicaid Restrictions	>
Alerts & Incidents	>
Quality Flags	>
Plans & Documents	>
Screenings & Assessments	>
Diagnoses	>
Medications	>
Services	
All services	666
Care Coordination	20
Outpatient Behavioral Health	32
Outpatient Medical	26
Hospital/ER/Crisis	519

Overview for Atnlspn Xhppblk D

Clinical Summary as of 08/09/2021

Diagnoses Past Year

Users will be able to scroll on the overview to see more details

Behavioral Health (12)	5 Most Recent: Major Disorder • Phobia-Age	Depressive Disoraphobia • Uns	order • Bipolar I • Unspecified/Other Anxiety pecified/Other Bipolar
	5 Most Frequent (# o Phobia-Agoraphobia (Anxiety Disorder (6)	f services): Maj (9) • Generalized	or Depressive Disorder (10) • Bipolar I (10) • d Anxiety Disorder (7) • Unspecified/Other
General Medical (54)	5 Most Recent: Proble noninflammatory diso examination without of conditions associated not elsewhere classifi 5 Most Frequent (# of Type 2 diabetes mellity unspecified soft tissue	ems related to o orders of vulva an complaint, suspe l with female gen ed f services): Dors tus (34) • Fractu e disorders, not	ther psychosocial circumstances • Other nd perineum • Encounter for other special ected or reported diagnosis • Pain and other nital organs and menstrual cycle • Convulsions, salgia (59) • Pain, not elsewhere classified (37) • ure of foot and toe, except ankle (13) • Other and elsewhere classified (10)
Modioations Doct	Voor	Loot Diele Lin	
medications Past	Tear	Last Pick Up	
Zolpidem Tartrate •	Anxiolytic/Hypnotic	10/01/2021	Dose: 10 MG, 1/day • Quantity: 30
Clonazepam • Anxio	lytic/Hypnotic	09/22/2021	Dose: 1 MG, 3/day • Quantity: 90
Escitalopram Oxalat	e • Antidepressant	09/22/2021	Dose: 10 MG, 1/day • Quantity: 30



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PHI Access: PSYCKES Consent

Overview	
Active Medicaid Restrictions	>
Alerts & Incidents	>
Quality Flags	>
Plans & Documents	>
Screenings & Assessments	>
Diagnoses	>
Medications	>
Services	
All services	666
Care Coordination	20
Outpatient Behavioral Health	32
Outpatient Medical	26
Hospital/ER/Crisis	519

Overview for Prkxkfe Lebnhrb K

Clinical Summary as of 08/09/2021

>	Gender from Medicaid tjionoQ	Managed Care Plan No Managed Care(FFS Only)			
>	Medicaid ID YQEFQYH WKTPBYO	MC Plan Assigned PCP N/A			
>	Date of Birth 01/01/9999 (999 Yrs) Dual-Eligible (Medicaid & Medicare) No	HARP Status Not HARP Eligible (Current Medicaid Enrollees excluding			
>		HI-H9) HARP HCBS Assessment Status			
>	Address from Medicaid frXScYSZfd	N/A			
>	View on map Left-hand me option to tap	enu provides users the into individual sections			
666	Current Care C 101 additional	uelalis, as needed			
20	Medicaid Eligibility Alert This client uses the New York State of He	ealth (NYSoH) enrollment system for Medicaid recertification			
32	For more information contact witson at 1-0				

Ehdoqhc Krdelcq Q								
Alerts & Incidents Quality Flags	>	Hospital/ER/Crisis		Service Type cards provide the unique				Filter
Plans & Documents	>			Service Types as well		ell		
Screenings & Assessments	>	ER Mental He	esealth	as III		115	# Visits 10	
Diagnoses	>	ER Substance	ER Substance Use				37	
Medications	\rightarrow	Inpatient Mental Health					9 1	
Services		Inpatient Med	Inpatient Medical				3	
All services	92		_					
Care Coordination		Date	Туре		Provider	Diagn	osis	
Outpatient Behavioral Health	2	09/23/2021	ER Substance l	Jse	ELMHURST HOSPITAL CENTER	Alcoh	ol abuse with i	ntoxication, unspecified
Outpatient Medical		09/22/2021	ER Substance l	Jse	CONEY ISLAND HOSPITAL	Alcoh uncor	ol use, unspec nplicated	ified with intoxication,
Hospital/ER/Crisis	67	09/17/2021 - 09/18/2021	ER Substance l	Jse	BETH ISRAEL MEDICAL CENTER	Alcoh uncor	ol use, unspec nplicated	ified with intoxication,
Radiology	11	09/17/2021	ER Substance l	Jse	NEW YORK-PRESBYTERIAN BROOKLYN METH	Alcoh	ol use, unspec ecified	ified with intoxication,
Laboratory & Pathology Living Support & Residential	5	09/16/2021	ER Mental Heal	th	MONTEFIORE MEDICAL CENTER	Suicio	dal ideations	
Dentel		09/16/2021	ER Substance l	Jse	NEW YORK-PRESBYTERIAN	Alcoh	ol use, unspec	ified with intoxication,

1 Ehdoghc Krdelcg Q > Alerts & Incidents Hospital/ER/Crisis Filter > Quality Flags In Past 5 Years When Filter button is selected, > Plans & Documents users will see the section's Services Types > Screenings & Assessments unique service types/counts and ER Mental Health corresponding checkboxes ER Substance Use > Diagnoses ER Medical > Medications Inpatient Mental Health 9 Inpatient Substance Use Services 3 Inpatient Medical 92 All services Provider Diagnosis Date Type Care Coordination 09/23/2021 ER Substance Use ELMHURST Alcohol abuse with intoxication, unspecified HOSPITAL CENTER Outpatient Behavioral Health 2 Alcohol use, unspecified with intoxication, 09/22/2021 ER Substance Use CONEY ISLAND HOSPITAL Outpatient Medical uncomplicated 09/17/2021 -ER Substance Use BETH ISRAEL Alcohol use, unspecified with intoxication, Hospital/ER/Crisis 09/18/2021 MEDICAL CENTER uncomplicated Radiology 11 09/17/2021 ER Substance Use Alcohol use, unspecified with intoxication, NEW YORK-PRESBYTERIAN BROOKLYN METH unspecified 5 Laboratory & Pathology 09/16/2021 ER Mental Health MONTEFIORE Suicidal ideations

MEDICAL CENTER

Living Support & Residential

Phase A and I

09/16/2021

ER Substance Use

NEW YORK-PRESBYTERIAN Alcohol use, unspecified with intoxication,

〈 Back

Alerts & Incidents

Quality Flags

Plans & Documents Screenings & Assessm

Diagnoses

Medications

Services

All services

Care Coordination

Outpatient Behavioral

Outpatient Medical

Radiology

Laboratory & Patholog

Living Support & Resid

	Filters for Hospital/ER/Crisis			Filter
	Services Types		# Visits	
ents	ER Mental Health		10	s
	ER Substance Use		37	10 37
	ER Medical		7	9
	Inpatient Mental Health		9	3
	Inpatient Substance Use		1	
Health	Inpatient Medical		3	with intoxication, unspecified
	Users can select]		specified with intoxication,
	whichever service types they are interested in and	Cancel	Apply	specified with intoxication,
	tap "apply"	ROOKLYN METH	unspecified	specified with intoxication,
ential	09/16/2021 ER Mental Health	MONTEFIORE MEDICAL CENTER	Suicidal ideatio	ons
	09/16/2021 ER Substance Use	NEW YORK-PRESBYTERIAN	Alcohol use, ur	specified with intoxication,

Ehdoqhc Krdelcq Q			Once th section's	Once the filters are applied, the section's table and service type			
Alerts & Incidents	>	Hospita	card bo	card box will reflect only the services that were selected			
Quality Flags	>	In Past 5 Ye	ears Services				
Plans & Documents	>					· 1	
Screenings & Assessments	>	Services Type	es		# Visits		
Diagnoses	>	Inpatient Sub	ostance Use		37 1		
Medications	>	Data	Turse	Dravidar	Disenssis		
Services		Date	Туре	Provider	Diagnosis		
All services	92	09/23/2021	ER Substance Use	ELMHURST HOSPITAL CENTER	Alcohol abuse with i	intoxication, unspecified	
Care Coordination		09/22/2021	ER Substance Use	CONEY ISLAND HOSPITAL	Alcohol use, unspec uncomplicated	ified with intoxication,	
Outpatient Behavioral Health	2	09/17/2021 - 09/18/2021	ER Substance Use	BETH ISRAEL MEDICAL CENTER	Alcohol use, unspec uncomplicated	ified with intoxication,	
Outpatient Medical		09/17/2021	ER Substance Use	NEW YORK-PRESBYTERIAN	Alcohol use, unspec	ified with intoxication,	
Hospital/ER/Crisis	67			BROOKLYN METH	unspecified		
Radiology	11	09/16/2021	ER Substance Use	NEW YORK-PRESBYTERIAN BROOKLYN METH	Alcohol use, unspec unspecified	ified with intoxication,	
Laboratory & Pathology	5	09/13/2021	ER Substance Use	BROOKDALE HOSPITAL MEDICAL CENTER	Alcohol abuse, unco	omplicated	
Living Support & Residential		09/09/2021	ER Substance Use	MONTEFIORE MEDICAL CENTER	Alcohol dependence	e, uncomplicated	

1 Ihocabz Tcwahih C

PHI Access: PSYCKES Consent

Update Access

Overview

Active Medicaid Restrictions Alerts & Incidents Quality Flags Plans & Documents Screenings & Assessments Diagnoses Medications Services All services Care Coordination

Outpatient Medical

Care Coordination In Past 5 Years

If a client has applicable current or historical Care Coordination information, now available in the "Care Coordination" section

Invoices

2

er

Services Types

5

>

>

>

>

Health Home HARP (Medicaid - Billing)	15
Health Home - Unspecified Type (Medicaid - Billing)	2
Health Home - Outreach (Medicaid - Billing)	2
Health Home - Enrolled (DOH MAPP)	1

Date Type Provider Practitioner > 06/01/2021 MONTEFIORE MEDICAL Health Home - Enrolled CENTER (HH), UNITED (DOH MAPP) > BRONX PARENTS INC (CM) Some examples 5 include current or 04/01/2020 Health Home - Outreach COMMUNITY CARE (Medicaid - Billing) MANAGEMENT PARTNERS previous AOT, HH+, 06/01/2018 Health Home -COMMUNITY CARE ACT, HH or CMA 666 MANAGEMENT PARTNERS Unspecified Type (Medicaid - Billing) services 20 05/01/2018 Health Home -COMMUNITY CARE Unspecified Type MANAGEMENT PARTNERS **Outpatient Behavioral Health** 32 (Medicaid - Billing) 26 04/01/2018 Health Home HARP COMMUNITY CARE MANAGEMENT PARTNERS (Medicaid - Billing)

PSYCKES Training & Technical Support



PSYCKES Training

- PSYCKES website: <u>www.psyckes.org</u>
- 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's Guides & Short How-To Videos
 - www.psyckes.org > PSYCKES Training Materials



Helpdesk 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

