



# Enable Access to Client-Level Data in PSYCKES

We will begin shortly

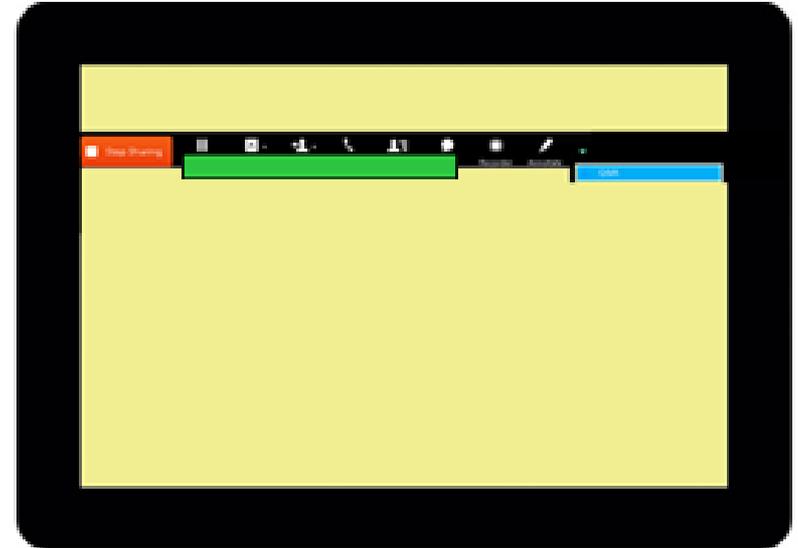
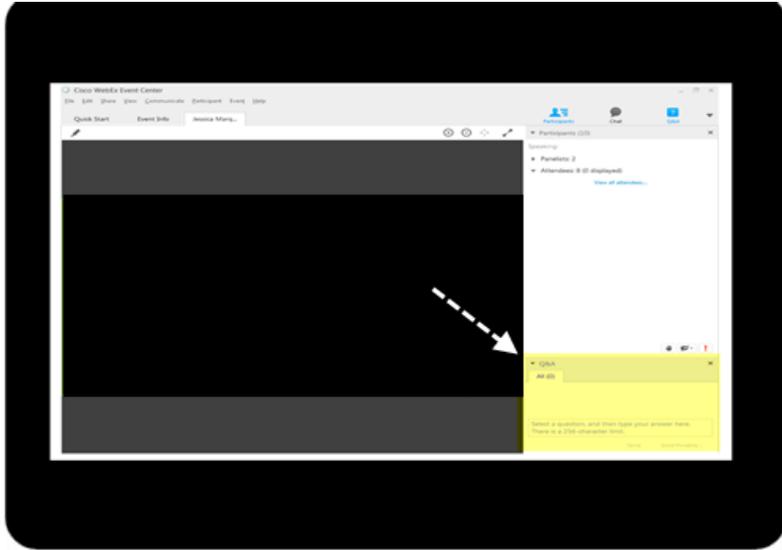


To listen to the audio:

Call **1-518-549-0500** and enter MeetingPlace ID: **644 570 113#**

Jeremy Herring  
PSYCKES – Implementation Team  
April 9<sup>th</sup>, 2020

# Ask Your Questions via WebEx Q&A



# Overview

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

# New in PSYCKES!

- New Consent Module: BHCC Consent and DOH 5055 consent
- The PSYCKES iOS Mobile App is now available in the App Store for iPhones and iPads!
- Value Based Payment (VBP) reports for providers
  - Identify the other providers who serve your clients
- Upload and view “Care Plans and Other Documents”

# What is PSYCKES?

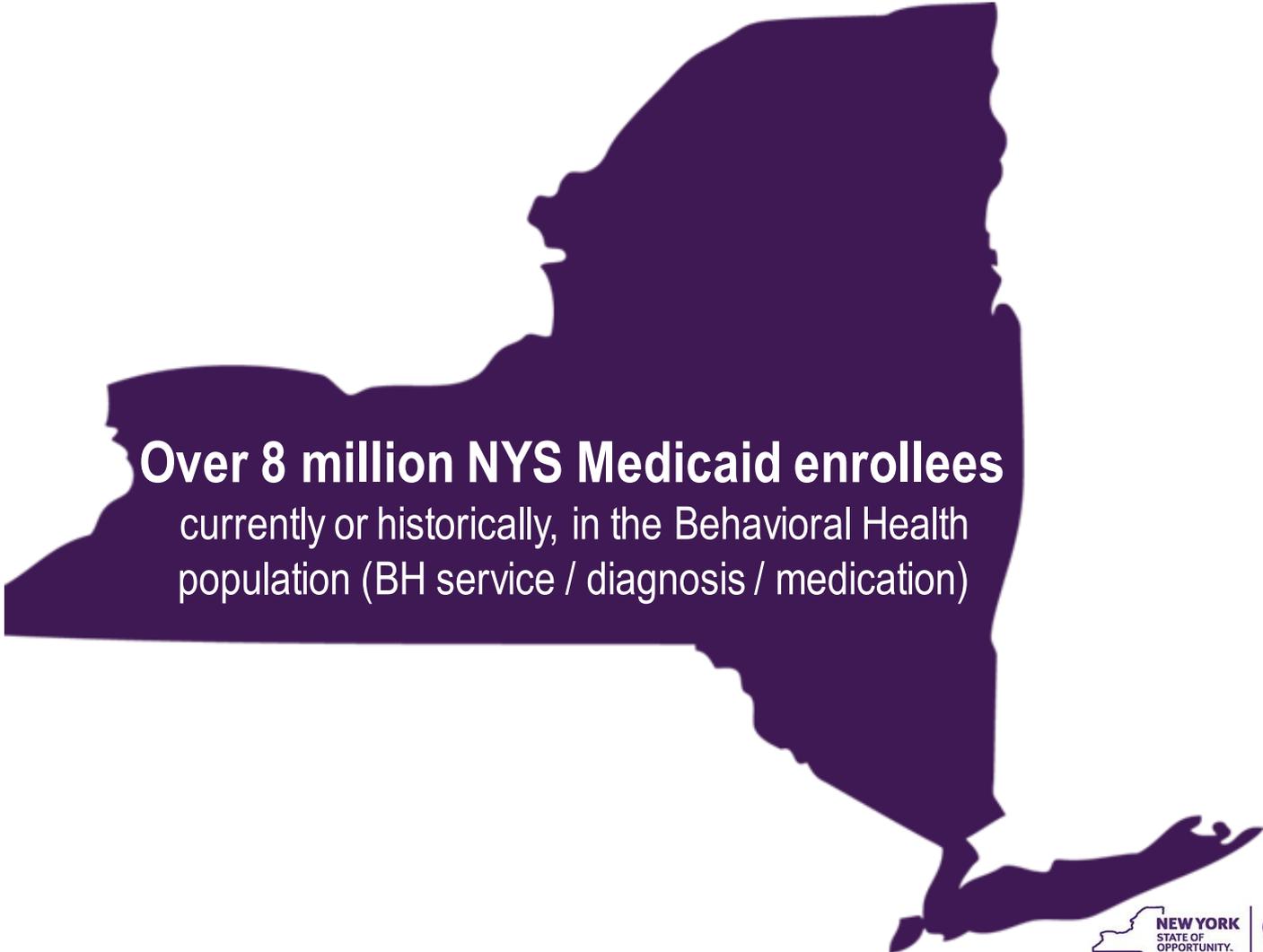


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# PSYCKES is...

- A secure, HIPAA-compliant web-based platform for sharing Medicaid claims data
- Designed to support clinical decision-making and quality improvement
- Ongoing data updates

# Data Available in PSYCKES



**Over 8 million NYS Medicaid enrollees**  
currently or historically, in the Behavioral Health  
population (BH service / diagnosis / medication)



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# Data Available in PSYCKES

- PSYCKES clinical reports provide up to 5 years of claims data for NYS Medicaid enrollees in the Behavioral Health population
  - Including Fee for Service and Managed Care
- The PSYCKES **My QI Report** screen provides provider/system level performance on indicators developed for quality concerns
  - Promotes quality improvement by providing lists of recipients served by providers who meet criteria for quality concerns

# Quality Concerns or Quality Indicators

## “Flags”

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

# Access to Client Data in PSYCKES



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

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

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

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

# Automatic access to client data

## Without consent

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

# Manual access to client data

## With consent using Enable PHI Access Module

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

# Client Data for Providers: Comparison

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

# Login to PSYCKES: My QI Report Screen



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

## BEHAVIORAL HEALTH PROVIDER AGENCY

Quality Indicator Overview As Of MM/DD/YYYY



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

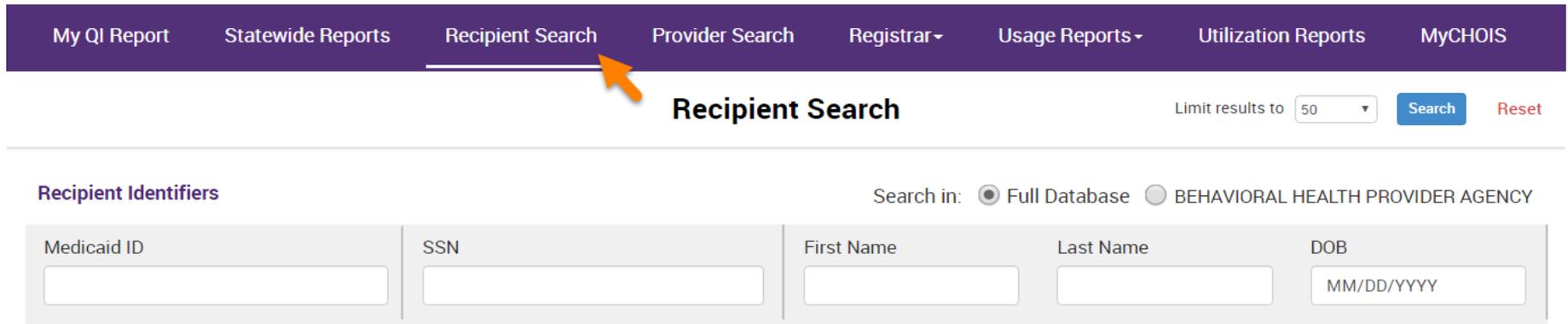
Filters Reset

### Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - DOH Performance Tracking Measure - as of MM/DD/YYYY	All	479	321	67.01	67.71	66.91	67.01 67.71 66.91
BH QARR - Improvement Measure	All	343	201	58.60	51.15	47.37	58.60 51.15 47.37
General Medical Health	All	1,401	412	29.41	14.46	13.32	29.41 14.46 13.32
HARP Enrolled - Not Health Home Enrolled	Adult 21+	233	123	52.79	67.43	67.54	52.79 67.43 67.54
High Utilization - Inpt/ER	All	1,450	456	31.45	27.64	24.22	31.45 27.64 24.22
Polypharmacy	All	456	103	22.59	11.07	11.36	22.59 11.07 11.36
Preventable Hospitalization	Adult	1,128	8	0.71	0.58	0.88	0.71 0.58 0.88
Readmission Post-Discharge from any Hospital	All	446	59	13.23	10.50	11.64	13.23 10.50 11.64
Readmission Post-Discharge from this Hospital	All	176	15	8.52	9.64	11.70	8.52 9.64 11.70
Treatment Engagement	(0-64) yrs	228	96	42.11	45.75	42.72	42.11 45.75 42.72

# How to find Enable PHI Access Module

- Recipient Search: Recipient identifier search



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

**Recipient Search**   Limit results to 50   Search   Reset

**Recipient Identifiers**   Search in:  Full Database    BEHAVIORAL HEALTH PROVIDER AGENCY

Medicaid ID   SSN   First Name   Last Name   DOB  
MM/DD/YYYY

- Registrar: Manage PHI Access submenu



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

**Manage PHI Access**

Manage PHI Access   Manage MyCHOIS Users

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

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

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent (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](#) > **3**

# Recipient Search: Enable PHI Access Module



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# Recipient Search: Enable PHI Access Module

## Step 1: Search for client

Enter recipient identifier(s) and click “Search”

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

### Recipient Search

Limit results to 50 ▾

Search

Reset

#### Recipient Identifiers

Search in:  Full Database  BEHAVIORAL HEALTH PROVIDER AGENCY

Medicaid ID

SSN

First Name

Last Name

DOB

MM/DD/YYYY

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



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# Recipient Search: Enable PHI Access Module

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

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

[← Modify Search](#)

1 Recipients Found



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>



# Recipient Search: Enable PHI Access Module

## Step 1: Confirm client match

More than 10 recipient meet search criteria message



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PSYCKES

De-identify

Settings ▾

Log Off

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

[← Modify Search](#)

### No Recipients Found

	First Name	ASDFNEFG
AND	Last Name	ASDFNEFG

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

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



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# Recipient Search: Enable PHI Access Module

## Step 2: Attestation to right to access data

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

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

Medicaid ID

Review recipients in results carefully

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

Maximum Number of Rows Displayed: 50

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**

# Recipient Search: Enable PHI Access Module

## Step 2: Attestation to right to access data

Medicaid ID

Review recipients in results carefully

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

Maximum Number of Rows Displayed: 50

PHI Access

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

1 Check PSYCKES Consent box if client granted consent and signed PSYCKES Consent Form

2 If no consent was obtained, check box 2a if it is a clinical emergency or 2b if client is being served by/ transferred to agency/hospital

# Recipient Search: Enable PHI Access Module

## Step 2: Options for Attestation to right to access data – Client Consent

- Client signed consent form
  - PSYCKES Consent Form
  - BHCC Consent form
  - Health Home Patient Information Sharing Consent, DOH form 5055 (lead Health Home only)
- PSYCKES Consent Form can be printed from Registrar: Manage PHI Access submenu

# Recipient Search: Enable PHI Access Module

## Step 2: Options for Attestation to right to access data – Client Consent

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

# Recipient Search: Enable PHI Access Module

## Step 2: Options for Attestation to right to access data – Clinical Emergency

### New York State Public Health Law Section 4900.3

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

# Enable PHI Access Module

## Step 2: Options for Attestation to right to access data – Attestation of Service

- When to use:
  - Clients for whom you do not yet have consent
  - Clients with whom you are beginning to work but have not billed for yet
  - At the point of intake or during the first few months of treatment
  - Program provides clinical Medicaid services, but does not bill Medicaid (e.g., non-billable partner in a health home or a state-operated inpatient service)
- Level of access:
  - Does not include data with special protections (HIV, SUD, Reproductive, Genetic, Care Plans & Documents)
  - Community providers (not operated by OMH) have access for up to 9 months after last billed service, if client is positive for a quality flag
  - State-op providers have access for up to 3 years, regardless of quality flag status

# Recipient Search: Enable PHI Access Module

## Step 3: Confirm client identity

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

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 JANE F - 49 ABCD1234	10/10/1970

**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

Previous   New Clinical Summary

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Mental Health

# Recipient Search: Enable PHI Access Module

## Submit and quit or Submit and Go to Clinical Summary

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

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

Medicaid ID

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

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

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

How do you know this is the correct person?

Provider attests to client identity

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

Identification 1

Identification 2

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**

PHI Access

SS   **Enable Access** 🔒

# Enable PHI Access Module

## Brief overview

- Step 1: Search client and confirm match
  - Search using identifiers: First Name, Last Name, Medicaid ID, Social Security Number, Date of Birth
  - Confirm client match
- Step 2: Attest to right to access client data
  - Client signed PSYCKES Consent Form or Health Home Patient Information Sharing Consent, DOH form 5055 (lead Health Home only)
  - Clinical emergency
  - Client is served at / being transferred to agency/hospital prior to billing and/or signed consent

# Enable PHI Access Module

## Brief overview

- Step 3: Verify client identity
  - Provider attests to client's identity
  - Verify client provided one form of ID

- Save and exit

OR

Save and proceed to Clinical Summary

# Clinical Summary

## Impact of Entering Consent or Clinical Emergency

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

# Clinical Summary header

## With consent: toggle between show/hide enhanced PHI



### QUFNQUui SrJJUm

Clinical Summary as of 2/11/2020



Brief Overview

1 Year Summary

5 Year Summary

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

DOB: NCynN8ynOTYv (NTA Yrs)

Address: M9A TUFTUqFDSFVTRVRUUm UrQi UrRBVEVO  
SVNMQUvELA Tbai MTApMD2

Medicaid ID: UqutNDYsMVY

Medicare: No

Managed Care Plan: No Managed Care(FFS Only)

MC Plan Assigned PCP: N/A

HARP Status: Eligible Pending Enrollment (H9)

HARP HCBS Assessment Status: Tier 2 HCBS Eligibility  
(Reassess by 10/29/2020)

#### Current Care Coordination

##### Health Home (Enrolled)

NORTH SHORE UNIVERSITY HOSPITAL (Begin Date: 01-JUN-19) • Status : Active  
Main Contact Referral: Stacey Marrone: 516-600-1277, smarrone1@northwell.edu • Jeannie Losquadro: 516-876-5310, jlosquad@northwell.edu  
Member Referral Number: 888-680-6501  
Care Management (Enrolled): NORTH SHORE UNIVERSITY HOSPITAL

#### Alerts & Incidents • all available

Most Recent

5 Suicidal Ideation (2 Inpatient, 2 ER, 3 Other)

8/25/2014 STATEN ISLAND UNIV HOSP (Clinic - Unspecified Specialty)

#### Active Quality Flags • as of monthly QI report 11/1/2019

##### Health and Recovery Plan (HARP)

HARP-Enrolled - No Assessment for HCBS

#### Diagnoses Past Year

##### Behavioral Health (3)

Most Recent: Tobacco related disorder • Alcohol related disorders • Opioid related disorders • PTSD

Most Frequent (# of services): Alcohol related disorders (11) • Tobacco related disorder (2) • Opioid related disorders (1)

##### Medical (19)

5 Most Recent: Persons encountering health services in other circumstances • Persons encountering health services for other

# Clinical Summary header

## With consent: toggle between show/hide enhanced PHI



Office of Mental Health | PSYCKES

De-identify

Settings ▾

Log Off

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

← Recipient Search

### QUFNQUui SrJJUm

Clinical Summary as of 2/11/2020



Brief Overview

1 Year Summary

5 Year Summary

Data with Special Protection  Show  Hide

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

DOB: NCynN8ynOTYv (NTA Yrs)

Address: M9A TUFTUqFDSFVTRVRUUm UrQi UrRBVEVO SVNMQUvELA Tbai MTApMD2

Medicaid ID: UqutNDYsMVY

Medicare: No

Managed Care Plan: No Managed Care(FFS Only)

MC Plan Assigned PCP: N/A

HARP Status: Eligible Pending Enrollment (H9)

HARP HCBS Assessment Status: Tier 2 HCBS Eligibility (Reassess by 10/29/2020)

#### Current Care Coordination

##### Health Home (Enrolled)

NORTH SHORE UNIVERSITY HOSPITAL (Begin Date: 01-JUN-19) • Status : Active  
Main Contact Referral: Stacey Marrone: 516-600-1277, smarrone1@northwell.edu • Jeannie Losquadro: 516-876-5310, jlosquad@northwell.edu  
Member Referral Number: 888-680-6501  
Care Management (Enrolled): NORTH SHORE UNIVERSITY HOSPITAL

#### Alerts & Incidents • all available

Most Recent

5 Suicidal Ideation (2 Inpatient, 3 Other)

8/25/2014 STATEN ISLAND UNIV HOSP (Clinic - Unspecified Specialty)

#### Active Quality Flags • as of monthly QI report 11/1/2019

##### Health and Recovery Plan (HARP)

HARP-Enrolled - No Assessment for HCBS

#### Diagnoses Past Year

Behavioral Health (1)

Most recent: PTSD

Medical (19)

5 Most Recent: Persons encountering health services in other circumstances • Persons encountering health services for other

# Clinical Summary header

## Without consent: no option to show enhanced PHI

QS3IRUFST8m Uq7FSUnB QQ

Clinical Summary as of 2/19/2020



Brief Overview

1 Year Summary

5 Year Summary

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

DOB: NoyuLpEvN9Q (NTU Yrs)

Address: MTIv UrBSSUvH UrQ QVBU M8m UqFSQVRPRqE  
UrBSSUvHLA Tbai MTIuN9Y

Medicaid ID: Qb6sNplqNqU

Medicare: No

Managed Care Plan: No Managed Care(FFS Only)

MC Plan Assigned PCP: N/A

HARP Status: Not Eligible

HARP HCBS Assessment Status: N/A

### Diagnoses Past Year

#### Behavioral Health

No Medicaid claims for this data type in the past year

#### Medical (2)

Most Recent: Dorsalgia · Other joint disorder, not elsewhere classified

Most Frequent (# of services): Dorsalgia (1) · Other joint disorder, not elsewhere classified (1)

# Clinical Summary

## Outpatient Services – Behavioral Health and Medical

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

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

Table

Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Clinic - Medical Specialty	NORTH SHORE UNIVERSITY HOSPITAL	8/1/2019	11/1/2019	4	Other specified counseling	- Mccd, Risk Adj, Maintenance	
Clinic - Medical Specialty	CENTRASTATE MED CTR NJ	10/10/2019	10/10/2019	1	Alcohol dependence with intoxication, unspecified	- Magnetic Resonance Imaging (Mri) Of Brai	
Clinic - SU - Methadone Maintenance Treatment	PROMESA	7/3/2019	8/7/2019	4	Opioid dependence, uncomplicated	-Alcohol And/Or Drug Services -Psytx Pt&/Family 30 Minutes - Office/Outpatient Visit Est	

# Clinical Summary

## Hospital/ER Services – Integrated Behavioral/Medical

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

Hospital/ER Services [Details](#)

Table [Graph](#)

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
ER - MH - CPEP	BETH ISRAEL MEDICAL CENTER	12/28/2019	12/28/2019	1	Adjustment Disorder, Unspecified	- Psych Diagnostic Evaluation	
ER - SU	BELLEVUE HOSPITAL CENTER	12/26/2019	12/26/2019	1	Substance Use	- Emergency Dept Visit	
Inpatient - MH	ST LUKES ROOSEVELT HSP CTR	9/22/2019	10/24/2019	32	Schizoaffective Disorder, Unspecified		
ER - Medical	BELLEVUE HOSPITAL CENTER	10/24/2019	10/24/2019	1	Headache		

# Clinical Summary

## Upload Care Plans & Documents

Plans & Documents [Upload](#) [Create New](#)

Date Document Created	Document Type	Provider Name	Document Created By	Role
10/2/2019	Psychiatric Advance Directive	BEHAVIORAL HEALTH PROVIDER AGENCY	Jessica Marquez	Quality Improvement
10/2/2019	Relapse Prevention Plan	BEHAVIORAL HEALTH PROVIDER AGENCY	Jeremy Herring	Quality Improvement

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

# Clinical Summary

## Export data to PDF, Excel, CCD

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

The screenshot shows a clinical summary report with an 'Export' dialog box overlaid. The dialog box is titled 'Export' and contains the following options:

- Include Brief Overview as "cover page"
- Export Options**
  - All sections - Summary data
  - Selected section(s) - Summary data
  - Selected section(s) - All available data
- Page Orientation**
  - Portrait
  - Landscape
- Sections** Select All 
  - Current Care Coordination
  - POP Intensive Care Transition Service
  - Alerts & Incidents
  - Quality Flags

\* Use ctrl key to select/unselect multiple items.

At the bottom of the dialog, there are two buttons: 'Export' (highlighted with an orange arrow) and 'Cancel'.

# Clinical Summary

## Export data to PDF

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

### QUFSTqui SaFTTqu

Clinical Summary as of 2/19/2020 (Past 1 Year)

Name	Medicaid ID	Medicare	HARP Status
QUFSTqui SaFTTqu	WVetMpEtOUe	No	Eligible Pending Enrollment (H9)

DOB	Medicaid Aid Category	Managed Care Plan	HARP HCBS Assessment Status
MSynLpEvODQ KDMs WVJTKQ	SAFETY NET W/O DEPRIV	Amerigroup New York (Mainstream)	Never Assessed

Address	Medicaid Eligibility Expires on	MC Plan Assigned PCP	DSRIP PPS
Mpam OVRI QVZFLA TaVX WUzSSom Tbai MTAmMDE		Wei, Ji-Qing	New York City Health and Hospitals Corp PPS

## Current Care Coordination

POP High User: This client is enrolled in an episode of intensive care transition services, see below for details. To coordinate, please contact the client's managed care plan Amerigroup New York Behavioral Health Outpatient UM Team, 646-477-9831 (Sam Bicanic), 646-532-8837 (Monique), [outpatientutilizationmanagement@anthem.com](mailto:outpatientutilizationmanagement@anthem.com).

# Recipient Search – cohort search

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

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization 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 02/19/2020

Age Range  To  Gender  ▾

Population  ▾

High Need Population  ▾

AOT Status  ▾

Alerts & Incidents  ▾

Managed Care  ▾

MC Product Line  ▾

Medicaid Restrictions  ▾

DSRIP PPS  ▾

Children's Waiver Status  ▾

HARP Status  ▾

HARP HCBS Assessment Status  ▾

HARP HCBS Assessment Results  ▾

# Recipient Search – cohort search results

## Sample search: clients on Seroquel

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



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PSYCKES

De-identify

Settings ▾

Log Off

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

← Modify Search

**1,777 Recipients Found**



Drug Name: SEROQUEL  
[Provider Specific] Provider Name: BEHAVIORAL HEALTH PROVIDER AGENCY

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Quality Flags ⇅	Managed Care Plan ⇅	Current PHI Access ⇅
Fdaaeae Bfafaec	Bhbaaje Bcjdghd	01/01/9999	Beafgg Dbfbhhf	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med		Quality Flag
Gegfhcg Jhdibed	Aadfbcf Edcdiee	01/01/9999	Ajadidb Dcdbdbh	HARP No Health Home	Total Care	All Data - Consent
Gegfhcg Jhdibed	Afhdagd Fbaeche	01/01/9999	Gbgdeia Badhbba			No Access
Gegfhcg Jhdibed	Bhdccfj Gfcahic	01/01/9999	Effjjic Jbhjdc			All Data - Consent
Gegfhcg Jhdibed	Cjbcaee Edhiehb	01/01/9999	Eefbiic Cbbfbbb	2AP, 4PP(A), BH QARR - DOH, HARP No Health Home	Fidelis Care New York	Quality Flag

# Recipient Search – cohort search

## Sample search: consented clients

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

Characteristics as of 02/19/2020

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

Quality Flag as of 11/01/2019

[Definitions](#)

Services: Specific Provider as of 11/01/2019

Past 1 Year

- HARP Enrolled - Not Health Home Enrolled - (updated weekly)
- HARP-Enrolled - No Assessment for HCBS - (updated weekly)
- Antipsychotic Polypharmacy (2+ >90days) Children
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressant <12 weeks (MDE)
- Adherence - Mood Stabilizer (Bipolar)
- Adherence - Antipsychotic (Schiz)

Provider

Region  County

**Current Access**

Service Utilization

- PSYCKES Consent
- DOH 5055 Health Home Consent
- BHCC Consent
- Emergency
- Attestation of Service only
- Linked through Medicaid Billing only (Limited access with Quality Flag)

Service Setting:

- + Care Coordination
- + Foster Care

# Registrar: Manage PHI Access submenu



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# Registrar Tab

Registrar tab available for all PSYCKES users



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PSYCKES

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Recipient Search

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Registrar ▾

Usage Reports ▾

Utilization Reports

MyCHOIS

**Manage PHI**

Manage PHI Access

Manage MyCHOIS Users



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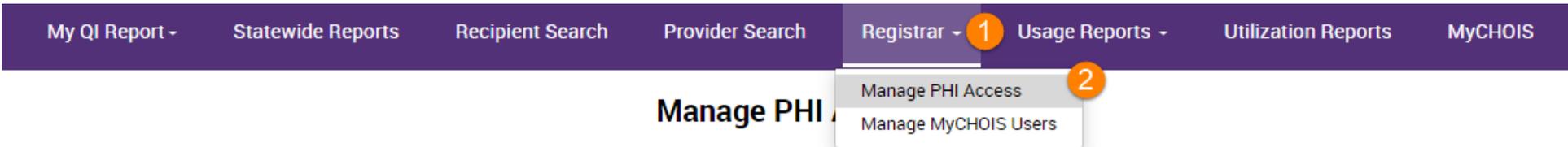
# Registrar Tab

## Manage PHI Access submenu

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

# Registrar: Manage PHI Access

## Enable PHI Access Module



**Enable PHI Access** [Print PSYCKES Consent form: English](#) [Spanish](#) [Other languages](#)

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

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent (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 >](#) **3**

1. Hover mouse over **Registrar** menu
2. Click **Manage PHI Access** submenu
3. Click **Search & Enable PHI Access**

# Registrar: Enable PHI Access Module

## Step 1: Search for client

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



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[← Manage PHI Access](#)

### Search & Enable Access

#### Recipient Identifiers

Medicaid ID <input type="text" value="....."/>	SSN <input type="text"/>	First Name <input type="text"/>	Last Name <input type="text"/>	DOB <input type="text"/>
---	-----------------------------	------------------------------------	-----------------------------------	-----------------------------

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

Search

Reset



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# Registrar: Enable PHI Access Module

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

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

[← Modify Search](#)

### 1 Recipients Found



Medicaid ID

ABCD1234

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

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

# Registrar: Enable PHI Access Module

## Step 2: Attestation to right to access client data

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

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

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

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

PHI Access   Enable Access

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

Why are you allowed to view this data?

**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**

# Registrar: Enable PHI Access Module

## Step 3: Verify client identity

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

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

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

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

PHI Access   Enable Access 🔒

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

How do you know this is the correct person?

Provider attests to client identity

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

Identification 1

Identification 2

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**

# Registrar: Manage PHI Access

## Add / Edit Provider Details for Consent Form

My QI Report -

Statewide Reports

Recipient Search

Provider Search

Registrar - 1

Usage Reports -

Utilization Reports

MyCHOIS

Manage PHI

Manage PHI Access 2

Manage MyCHOIS Users

### Enable PHI Access

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

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

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent (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 >](#) 3

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



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# Registrar: Manage PHI Access

## Add / Edit Provider Details for Consent Form



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PSYCKES

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[← Back to PHI access](#)

### BEHAVIORAL HEALTH PROVIDER AGENCY

Add/Edit Provider Details for consent form

#### Provider/Hospital to contact for improper use of PSYCKES PHI

Contact Name/Title	<input type="text"/>		
Phone Number	<input type="text" value="(555) 555-5555"/>	Ext.	<input type="text"/>

#### Provider/Hospital to contact for PSYCKES Withdrawal of Consent form

Contact Name/Title	<input type="text"/>		
Phone Number	<input type="text" value="(123) 456-7890"/>	Ext.	<input type="text"/>
Name/Title of Person to give form to	<input type="text"/>		

Submit

# Registrar: Manage PHI Access

## Print PSYCKES Consent Form



### Enable PHI Access

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

3

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](#)

## ■ Print PSYCKES Consent Forms

- English and Spanish
- Consent and Withdrawal of Consent
- Best practice: PSYCKES form pre-printed and available on hard copy

# Registrar: Withdrawal of Consent



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# Withdrawal of Consent

- Clients have the right to withdraw consent
- Withdraw Consent form must be used and is available through the:
  - PSYCKES application >> Registrar Menu >> Manage PHI Access
  - PSYCKES public website
- After client signs the Withdraw Consent form, Manage PHI Access menu used to register client's withdrawal of consent
  - Agency may still have access to client data if client is positive for a quality flag and agency bills Medicaid for them
- Attestation to service can also be de-activated

# Registrar: Manage PHI Access

## Withdraw Consent

[My QI Report -](#)

[Statewide Reports](#)

[Recipient Search](#)

[Provider Search](#)

[Registrar -](#)

[Usage Reports -](#)

[Utilization Reports](#)

[MyCHOIS](#)

### Manage PHI Access

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

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

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent (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 Other languages](#)

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

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

[Search & Withdraw Consent >](#)



#### Deactivate Attestation of Service

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

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

[Search & Deactivate Attestation >](#)



# Registrar: Manage PHI Access – Withdraw Consent

## Search by Medicaid ID #



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### Register Client's Withdrawal of Consent

Medicaid ID

Search

Clear

# Registrar: Manage PHI Access – Withdraw Consent

## Verify Client ID and Withdraw

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

[← Back to PHI access](#)   **Register Client's Withdrawal of Consent**

Medicaid Id

**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>



# Registrar: Manage PHI Access – Withdraw Consent

## Consent Withdrawn



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### Register Client's Withdrawal of Consent

Medicaid ID

Search

Clear

Consent withdrawal for recipient XXXXXXXXX

# Usage Reports: PHI Access Module

## Monitor consent activity

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar

Usage Reports



Utilization Reports

MyCHOIS

< Modify Search

### PHI Access Module Usage

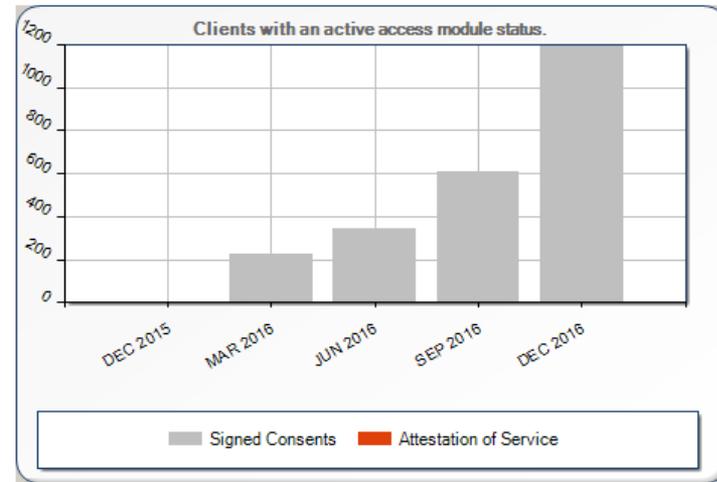
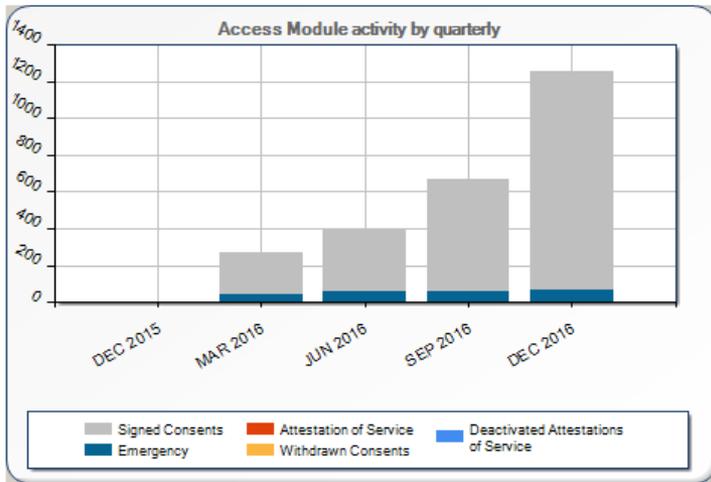
PDF Excel

- PSYCKES Users
- PHI Access Module
- Clinical Summaries
- MyCHOIS Usage Report



Provider: BEHAVIORAL HEALTH PROVIDER AGENCY Date Range: 01/01/2016 to 12/31/2016 Graph Interval : Quarterly Setting : Licensed Profession: All

#### Summary of PHI Access Module usage during the selected date range



#### Total number of clients entered during the selected date range

Signed Consents	Emergency	Attestation of Service	Total Clients Entered	Withdrawn Consents	Deactivated Attestation of Service
2362 (91%)	218 (8%)	8 (0%)	2,588	2	0

# Usage Reports: PHI Access Module

## Monitor consent activity

Total number of clients entered during the selected date range

Signed Consents	Emergency	Attestation of Service	Total Clients Entered	Withdrawn Consents	Deactivated Attestation of Service
2362 (91%)	218 (8%)	8 (0%)	2,588	2	0

PHI Access Module usage during the selected date range, by user

User Name ▲	Current User Profile			PHI Access Module Use during Selected Date Range					
	Setting	Role in Organization	Licensed Profession	Total Clients Entered	Attestation of Service	Total Signed + Emergency	Signed Consents (%)	Emergency (%)	2 Forms of ID (%)
Last Name, First Name	Emergency Department/CPEP	Administrative Support		4	0	4	4 (100%)	0	0
Last Name, First Name	Local Government Unit, Medical - Inpatient, Medical - Outpatient, Medical - Residential, Mental Health - Inpatient, Mental Health - Outpatient, Mental Health - Residential, Substance Use - Inpatient, Substance Use - Outpatient, Substance Use - Residential	Administrative Support		17	0	17	0	17 (100%)	0
Last Name, First Name	BHO - Behavioral Health Organization, Mental Health - Inpatient, Mental Health - Outpatient	Leadership , Quality Management , SW, RN, NP, Other Clinician/Direct Service	Licensed Clinical Social Worker	52	1	51	50 (98%)	1 (2%)	0
Last Name, First Name	Mental Health - Outpatient	SW, RN, NP, Other Clinician/Direct Service		1	0	1	1 (100%)	0	0
Last Name, First Name	BHO - Behavioral Health Organization	SW, RN, NP, Other Clinician/Direct Service	Licensed Clinical Social Worker	1	0	1	1 (100%)	0	0

# Implementation

# Implementing PSYCKES Enable PHI Access Module

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

# Establish Policies and Procedures for Enable PHI Access Module

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

# Establish Policies and Procedures for Enable PHI Access Module

- How to provide the staff member entering consent with the client information needed to attest in PSYCKES consent was obtained
  - Medicaid ID or Social Security #
  - Consent or Clinical Emergency
  - Forms of ID obtained from client
- How to obtain client IDs and document client identity
  - Request client bring 2 forms of ID (acceptable forms listed in Enable PHI Access Module, step 3), make copies of forms of ID, attach to consent form
  - Alternatively, follow agency's established procedures for verifying identity
- Who will file PSYCKES Consent Form in the client's medical record (paper chart or EMR)

# Establish Policies and Procedures for Enable PHI Access Module

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

# Resources

# PSYCKES Website

[www.psyckes.org](http://www.psyckes.org) ~ Navigation bar at left

<a href="#">Login to PSYCKES</a>
<a href="#">Login Help</a>
<a href="#">About PSYCKES</a>
<a href="#">Calendar</a>
<a href="#">Recorded Webinars</a>
<a href="#">Quality Concerns</a>
<a href="#">Implementing PSYCKES</a>
<a href="#">Initiatives</a>
<a href="#">Freestanding Clinics</a>
<a href="#">Hospital Collaborative</a>
<a href="#">Children's Collaborative</a>
<a href="#">Emergency Rooms</a>
<a href="#">MyCHOIS</a>
<a href="#">Resources</a>
<a href="#">QI Teams</a>
<a href="#">Clinicians</a>
<a href="#">Consumers/Families</a>
<a href="#">Contact Us</a>

## PSYCKES Medicaid Home



Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).

# PSYCKES Website: “Using PSYCKES” in All Sections

<a href="#">Login to PSYCKES</a>
<a href="#">Login Help</a>
<a href="#">About PSYCKES</a>
<a href="#">Calendar</a>
<a href="#">Recorded Webinars</a>
<a href="#">Quality Concerns</a>
<a href="#">Implementing PSYCKES Initiatives</a>
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<a href="#">Resources</a>
<a href="#">QI Teams</a>
<a href="#">Clinicians</a>
<a href="#">Consumers/Families</a>
<a href="#">Contact Us</a>



## About PSYCKES

[About PSYCKES](#) | [Data and Information Security](#) | [Consent](#) | [Training](#) | [Information in PSYCKES](#) | [New Features](#) | [Access to PSYCKES](#)

### PSYCKES Training

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) user's guides provide instructions on how to use each section of the PSYCKES-Medicaid application:

- [Login Instructions for PSYCKES-Medicaid](#) 
- [PSYCKES iOS Mobile Application User's Guide](#) 
- [Registrar Menu - PHI Access Module User's Guide](#) 
- [Recipient Search User's Guide](#) 
- [Clinical Summary User's Guide](#) 
- [My QI Report - Quality Indicator Overview User's Guide](#) 
- [Statewide Report User's Guide](#) 
- [Provider Search User's Guide](#) 
- [Brief Instructions for Using PSYCKES in Clinical Settings](#)  - Concise step-by-step instructions for using Registrar Menu and Recipient Search to access the Clinical Summary.
- [PSYCKES-Medicaid: How to Use NYSoH Features](#) 

Users can also learn more about using PSYCKES by attending live on-line training webinars (see [calendar](#) to register) or by watching [recorded webinars](#) which are available to view any time.

# For Further Information

- PSYCKES website
  - [www.psyckes.org](http://www.psyckes.org)
- PSYCKES Helpdesk (PSYCKES support)
  - 9:00AM – 5:00PM, Monday – Friday
  - [PSYCKES-Help@omh.ny.gov](mailto:PSYCKES-Help@omh.ny.gov)
- ITS Helpdesk (PSYCKES login, SMS support)
  - State employees: call 844-891-1786 or email [fixit@its.ny.gov](mailto:fixit@its.ny.gov)
  - Non-State Employees: call 518-474-5554 then press '2' at the prompt or email [healthhelp@its.ny.gov](mailto:healthhelp@its.ny.gov)

