NEW YORK STATE | Office of Mental Health

# PSYCKES Train the Trainer

PSYCKES Training Webinar

July 14, 2026

# Agenda

- Identify key considerations when planning for training
- Review recommended pre-training activities
- Highlight key information and core competencies
- Review available training resources
  - Note: this training will not cover PSYCKES itself in detail

# Planning for PSYCKES Training

# Initial Questions

- Understanding workflow expectations and use cases is critical
- Questions to consider:
  - Who at your organization needs PSYCKES training?
  - What aspects of PSYCKES do they need training on?
  - What type of training is most appropriate for each staff member?

# Evaluating Training Needs

| Role | PSYCKES Use Case | Training Domains |
|---|---|---|
| **Front Desk Staff** | • Attesting to PSYCKES consent<br>• Printing PSYCKES Clinical Summary | • Registrar tab<br>• Recipient Search |
| **Clinicians** | • Attesting to PSYCKES consent<br>• Review Clinical Summary for clinical decision-making | • Recipient Search<br>• Clinical Summary |
| **Supervisors** | • Identify at-risk clients<br>• Clinical supervision<br>• Monitor PSYCKES use | • QI Reports<br>• Recipient Search<br>• Clinical Summary<br>• Usage reports |
| **QA/QI Staff** | • Review performance on quality measures<br>• Integrate Clinical Summary into utilization/incident review | • QI Reports<br>• Recipient Search<br>• Clinical Summary |

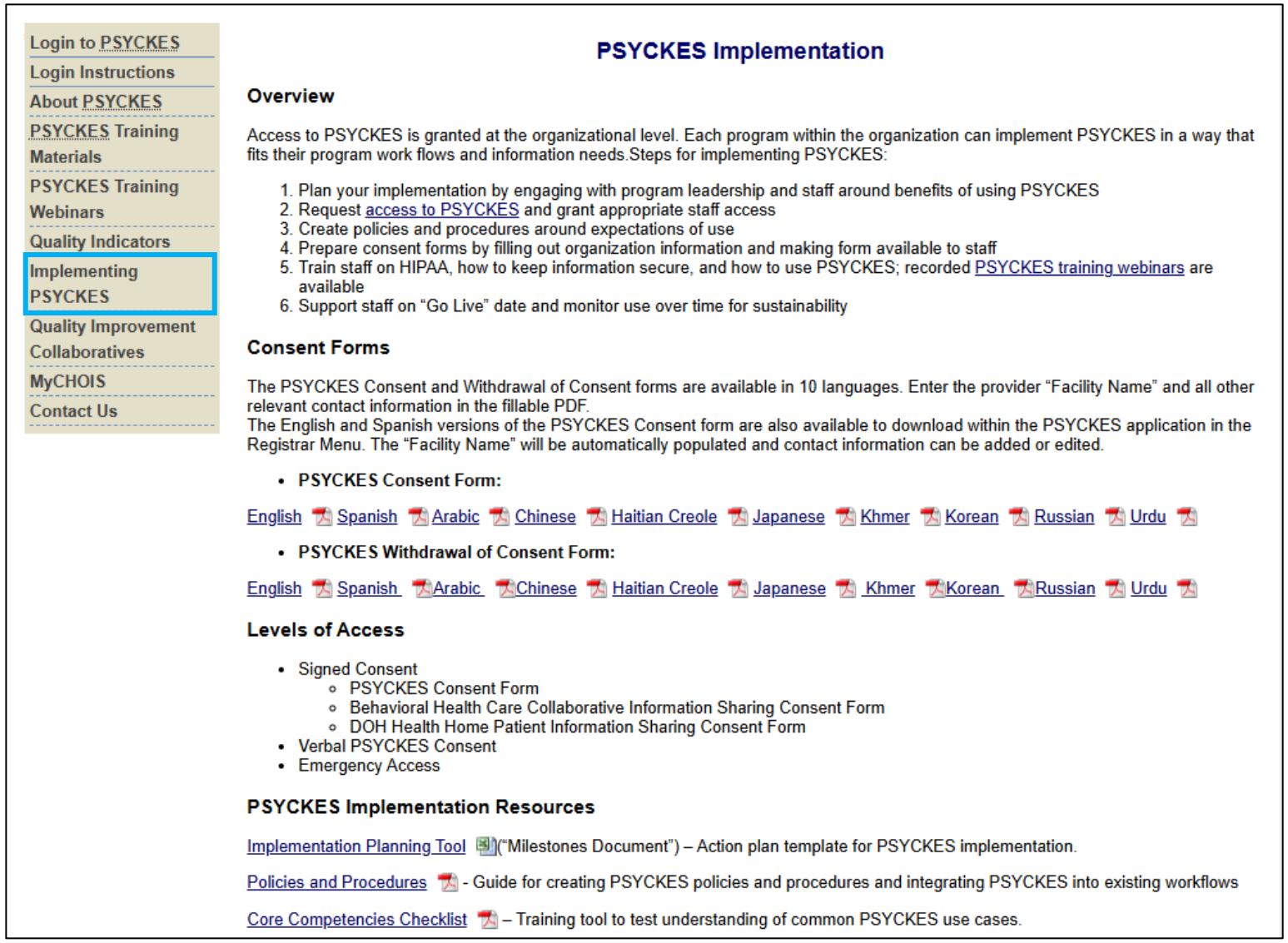
# Evaluating Training Format

| Format | Best For… | Advantages | Challenges |
|---|---|---|---|
| **Webinars** | • Staff with access to computers<br>• Self-directed learners | • Offered regularly by PSYCKES staff<br>• Live and recorded formats | • Not specific to users' workflow/use cases<br>• No on-site support |
| **Group Training: Demo** | • Larger groups<br>• Similar use cases<br>• Comfort with computers | • Can tailor to your specific workflow | • Assessing users' capacity to apply training<br>• Scheduling |
| **Group Training: Hands-on** | • Larger groups<br>• Similar use cases | • Can tailor to your specific workflow<br>• Immediate feedback/assistance | • Computer access<br>• Engaging users with different skills<br>• Scheduling |
| **One-on-One Training** | • Staff needing support with computers<br>• Unique use cases | • Flexible scheduling<br>• Immediate feedback/assistance | • Trainer time and effort |

# Preparing for the Training Session

- Develop a training outline
  - Internal policies and procedures
  - Consult Core Competencies Checklist
  - Decide whether to use de-identified data or real data
- Practice skills to be taught
  - View webinars such as Introduction to PSYCKES, Navigating Recipient Search for Population Health, and Using the PSYCKES Clinical Summary
- Confirm that tokens are activated and tested prior to training
- Have training materials and contact numbers on hand

# Resources on the PSYCKES Website



Login to PSYCKES
Login Instructions
About PSYCKES
PSYCKES Training Materials
PSYCKES Training Webinars
Quality Indicators
Implementing PSYCKES
Quality Improvement Collaboratives
MyCHOIS
Contact Us

## PSYCKES Implementation

### Overview

Access to PSYCKES is granted at the organizational level. Each program within the organization can implement PSYCKES in a way that fits their program work flows and information needs.Steps for implementing PSYCKES:

1. Plan your implementation by engaging with program leadership and staff around benefits of using PSYCKES
2. Request access to PSYCKES and grant appropriate staff access
3. Create policies and procedures around expectations of use
4. Prepare consent forms by filling out organization information and making form available to staff
5. Train staff on HIPAA, how to keep information secure, and how to use PSYCKES; recorded PSYCKES training webinars are available
6. Support staff on "Go Live" date and monitor use over time for sustainability

### Consent Forms

The PSYCKES Consent and Withdrawal of Consent forms are available in 10 languages. Enter the provider "Facility Name" and all other relevant contact information in the fillable PDF.
The English and Spanish versions of the PSYCKES Consent form are also available to download within the PSYCKES application in the Registrar Menu. The "Facility Name" will be automatically populated and contact information can be added or edited.

- **PSYCKES Consent Form:**

English Spanish Arabic Chinese Haitian Creole Japanese Khmer Korean Russian Urdu

- **PSYCKES Withdrawal of Consent Form:**

English Spanish Arabic Chinese Haitian Creole Japanese Khmer Korean Russian Urdu

### Levels of Access

- Signed Consent
  - PSYCKES Consent Form
  - Behavioral Health Care Collaborative Information Sharing Consent Form
  - DOH Health Home Patient Information Sharing Consent Form
- Verbal PSYCKES Consent
- Emergency Access

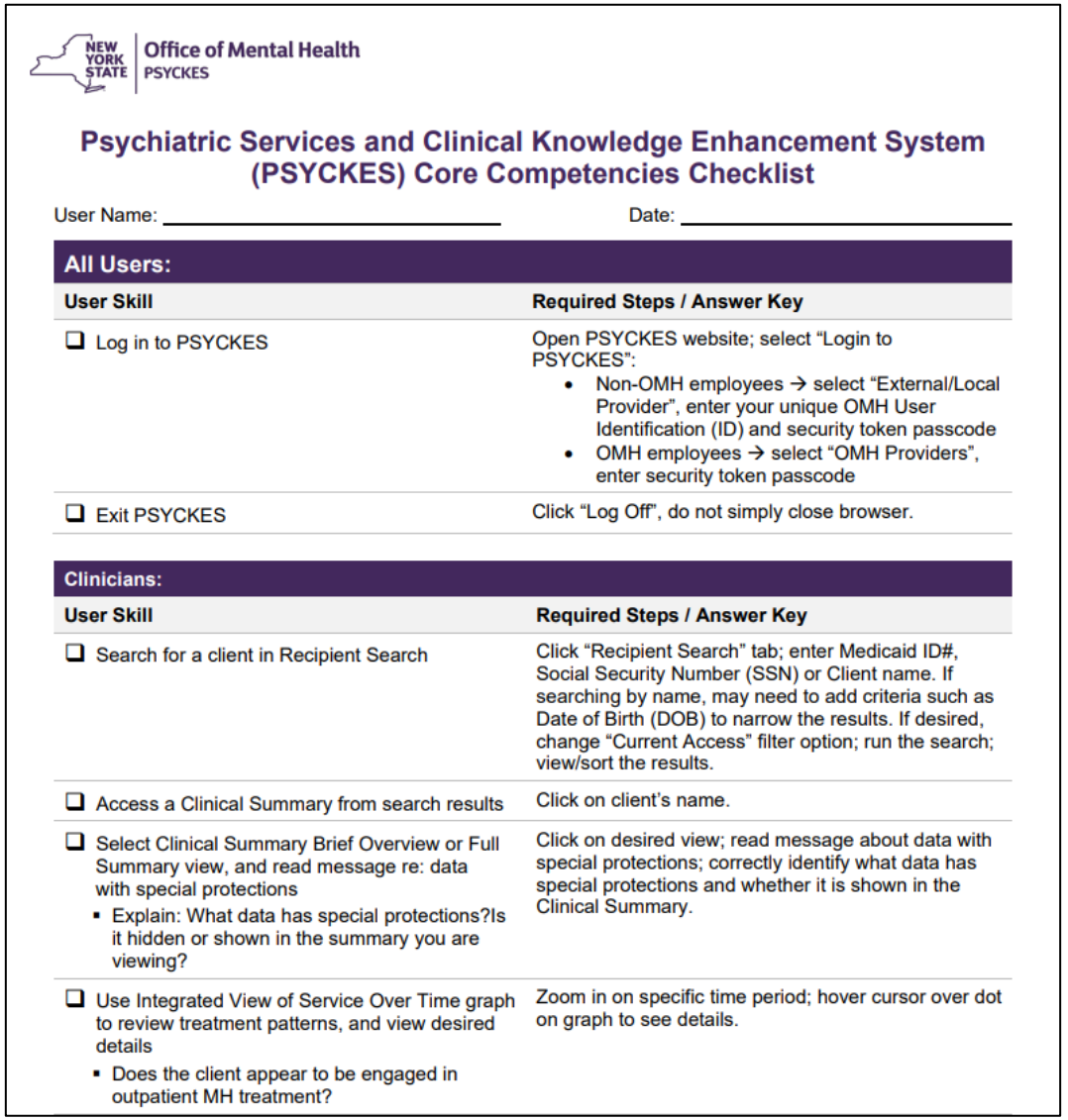
### PSYCKES Implementation Resources

Implementation Planning Tool ("Milestones Document") – Action plan template for PSYCKES implementation.

Policies and Procedures - Guide for creating PSYCKES policies and procedures and integrating PSYCKES into existing workflows

Core Competencies Checklist – Training tool to test understanding of common PSYCKES use cases.

# Core Competencies Checklist



NEW YORK STATE | Office of Mental Health
PSYCKES

## Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) Core Competencies Checklist

User Name: _____ Date: _____

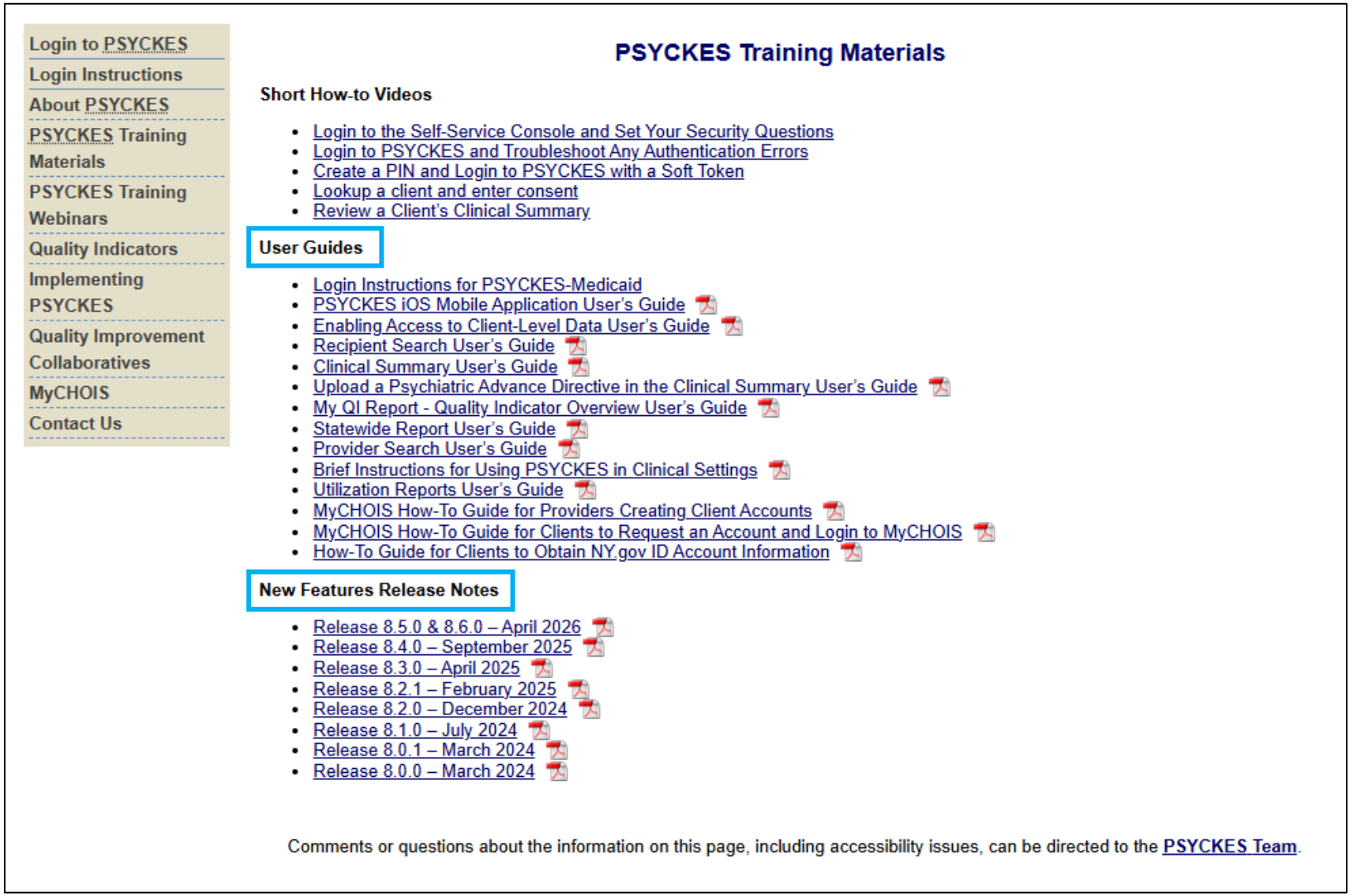
**All Users:**

| User Skill | Required Steps / Answer Key |
|---|---|
| ❑ Log in to PSYCKES | Open PSYCKES website; select "Login to PSYCKES":<br>• Non-OMH employees → select "External/Local Provider", enter your unique OMH User Identification (ID) and security token passcode<br>• OMH employees → select "OMH Providers", enter security token passcode |
| ❑ Exit PSYCKES | Click "Log Off", do not simply close browser. |

**Clinicians:**

| User Skill | Required Steps / Answer Key |
|---|---|
| ❑ Search for a client in Recipient Search | Click "Recipient Search" tab; enter Medicaid ID#, Social Security Number (SSN) or Client name. If searching by name, may need to add criteria such as Date of Birth (DOB) to narrow the results. If desired, change "Current Access" filter option; run the search; view/sort the results. |
| ❑ Access a Clinical Summary from search results | Click on client's name. |
| ❑ Select Clinical Summary Brief Overview or Full Summary view, and read message re: data with special protections<br>▪ Explain: What data has special protections?Is it hidden or shown in the summary you are viewing? | Click on desired view; read message about data with special protections; correctly identify what data has special protections and whether it is shown in the Clinical Summary. |
| ❑ Use Integrated View of Service Over Time graph to review treatment patterns, and view desired details<br>▪ Does the client appear to be engaged in outpatient MH treatment? | Zoom in on specific time period; hover cursor over dot on graph to see details. |

# PSYCKES Website Resources



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## PSYCKES Training Materials

**Short How-to Videos**

- Login to the Self-Service Console and Set Your Security Questions
- Login to PSYCKES and Troubleshoot Any Authentication Errors
- Create a PIN and Login to PSYCKES with a Soft Token
- Lookup a client and enter consent
- Review a Client's Clinical Summary

**User Guides**

- Login Instructions for PSYCKES-Medicaid
- PSYCKES iOS Mobile Application User's Guide
- Enabling Access to Client-Level Data User's Guide
- Recipient Search User's Guide
- Clinical Summary User's Guide
- Upload a Psychiatric Advance Directive in the 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
- Utilization Reports User's Guide
- MyCHOIS How-To Guide for Providers Creating Client Accounts
- MyCHOIS How-To Guide for Clients to Request an Account and Login to MyCHOIS
- How-To Guide for Clients to Obtain NY.gov ID Account Information

**New Features Release Notes**

- Release 8.5.0 & 8.6.0 – April 2026
- Release 8.4.0 – September 2025
- Release 8.3.0 – April 2025
- Release 8.2.1 – February 2025
- Release 8.2.0 – December 2024
- Release 8.1.0 – July 2024
- Release 8.0.1 – March 2024
- Release 8.0.0 – March 2024

Comments or questions about the information on this page, including accessibility issues, can be directed to the PSYCKES Team.

# PSYCKES 101: PSYCKES Data

# Basic Information About PSYCKES

- A secure, HIPAA-compliant web-based application that integrates multiple data sources to support population health, quality improvement, care coordination, and clinical decision-making
- Includes five years of data *(and beyond for certain data elements)* on Medicaid Behavioral Health population
  - All Medicaid FFS claims and Managed Care encounter data, across treatment settings
  - Medications, medical & behavioral health outpatient & inpatient services, ER, crisis, care coordination, and more
  - Clinical Summary (updated weekly)
- 80+ quality flags related to clinical concerns – e.g., low medication adherence, high utilization of inpatient or ER services, eligible for Health Home Plus (updated monthly)

# Limitations of PSYCKES Data

- Accuracy dependent on coding and billing
- Data elements are limited to what is shown on claims
  - E.g., can see diagnostic procedures and labs but not results
- Variable lag between services and billing – service data may not be updated for weeks or months
- Client data affected by:
  - Use of bundled services
  - Loss of Medicaid coverage
  - Client relocation

# Training Takeaways

- PSYCKES data can provide crucial information about treatment history (e.g., hospitalizations, medication usage, pattern of service usage, alerts, etc.)
- May not represent entire clinical picture
- Train staff on ways to handle inconsistencies with client self-reporting
  - Goal: support clinician-client dialogue

# Client Data for Providers: Comparison

| Link Type | Client Data Access Type | Any client data? | Data with special protection? | Duration |
|---|---|---|---|---|
| **Automatic** | Billed service in past 9 months | No, client name only | N/A | 9 months after last service |
| **Manual** | Attest client is being served at/transferred to agency | No, client name only (linked to Recipient Search reports) | N/A | 12 months after attestation was enabled |
| **Manual** | Clinical emergency | Yes | Yes, all data | 72 hours |
| **Manual** | Verbal PSYCKES consent | Yes | No, limited release | 9 months |
| **Manual** | PSYCKES consent<br>BHCC consent | Yes | Yes, all data | 3 years after last service |
| **Manual** | DOH Health Home consent | Yes | Yes, all data | As long as client's Health Home enrollment is verified in MAPP (90-day grace period) |

# Training Takeaways for Providers

- Data with special protections is only available with provider attestation (signed consent/ER) via the PSYCKES Enable Access module
- Important for staff to make the effort to obtain signed consent:
  - Respect for clients
  - Long-term access to all available client data
- Protocols for Clinical Emergencies:
  - If a patient refuses or is unable to consent and is having a clinical emergency, the provider is permitted to obtain a PSYCKES clinical summary without consent ("breaking the glass")
  - Clinical emergency - a medical or behavioral condition for which there is an immediate need for treatment
    - Symptoms are severe enough that the absence of immediate treatment would likely result in serious harm to self or others
  - Providers are responsible for ensuring that the medical record supports emergency access by documenting why/how the client meets criteria for a clinical emergency and attesting with their signature, date, and time stamp

# PSYCKES 101: Core Competencies

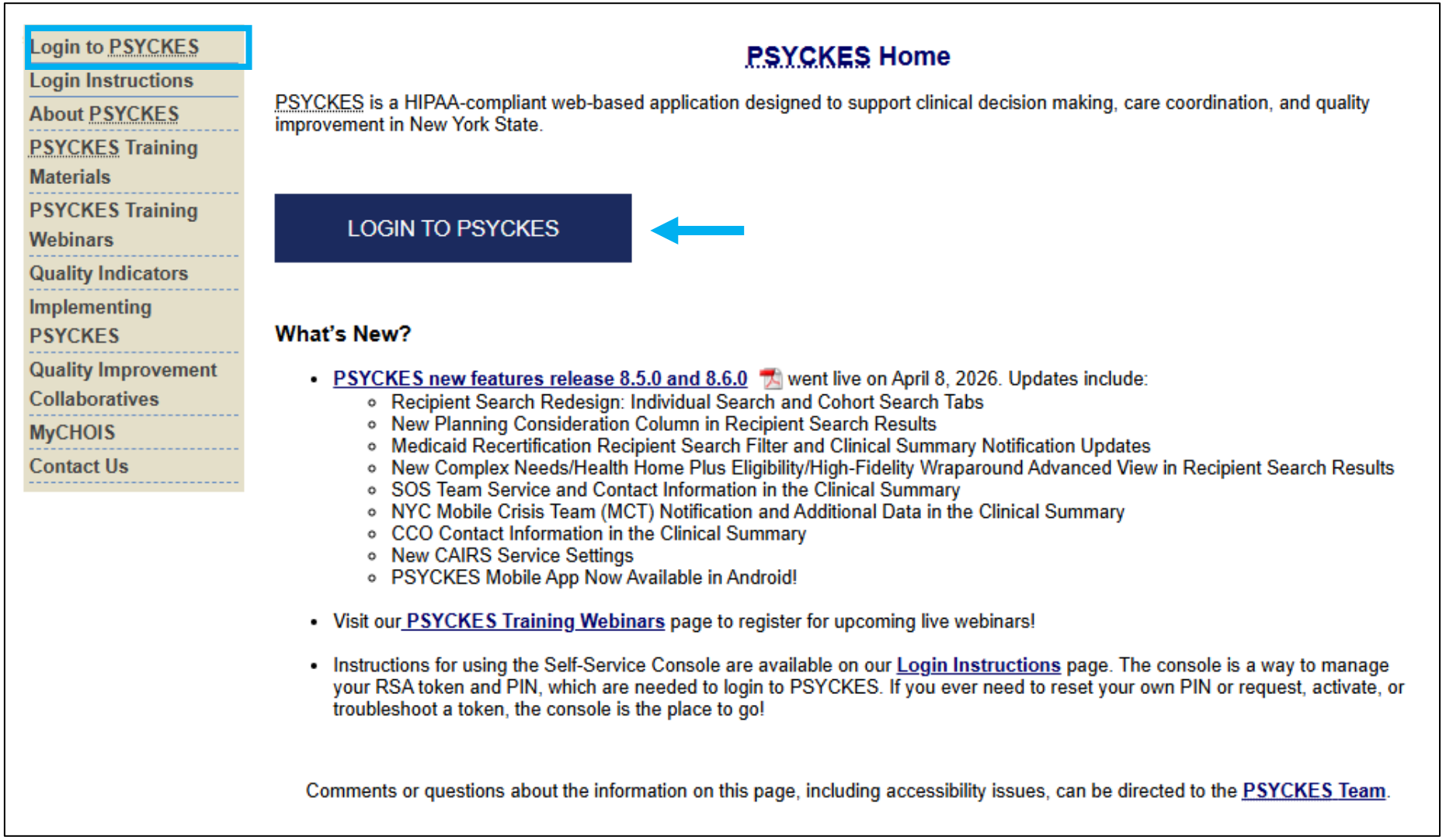
# Core Competencies

- Logging in to PSYCKES
- Finding clients
  - Individual Search
  - Cohort Search
- Navigating the Clinical Summary
- Changing Protected Health Information (PHI) access level
- Identifying clients with quality flags

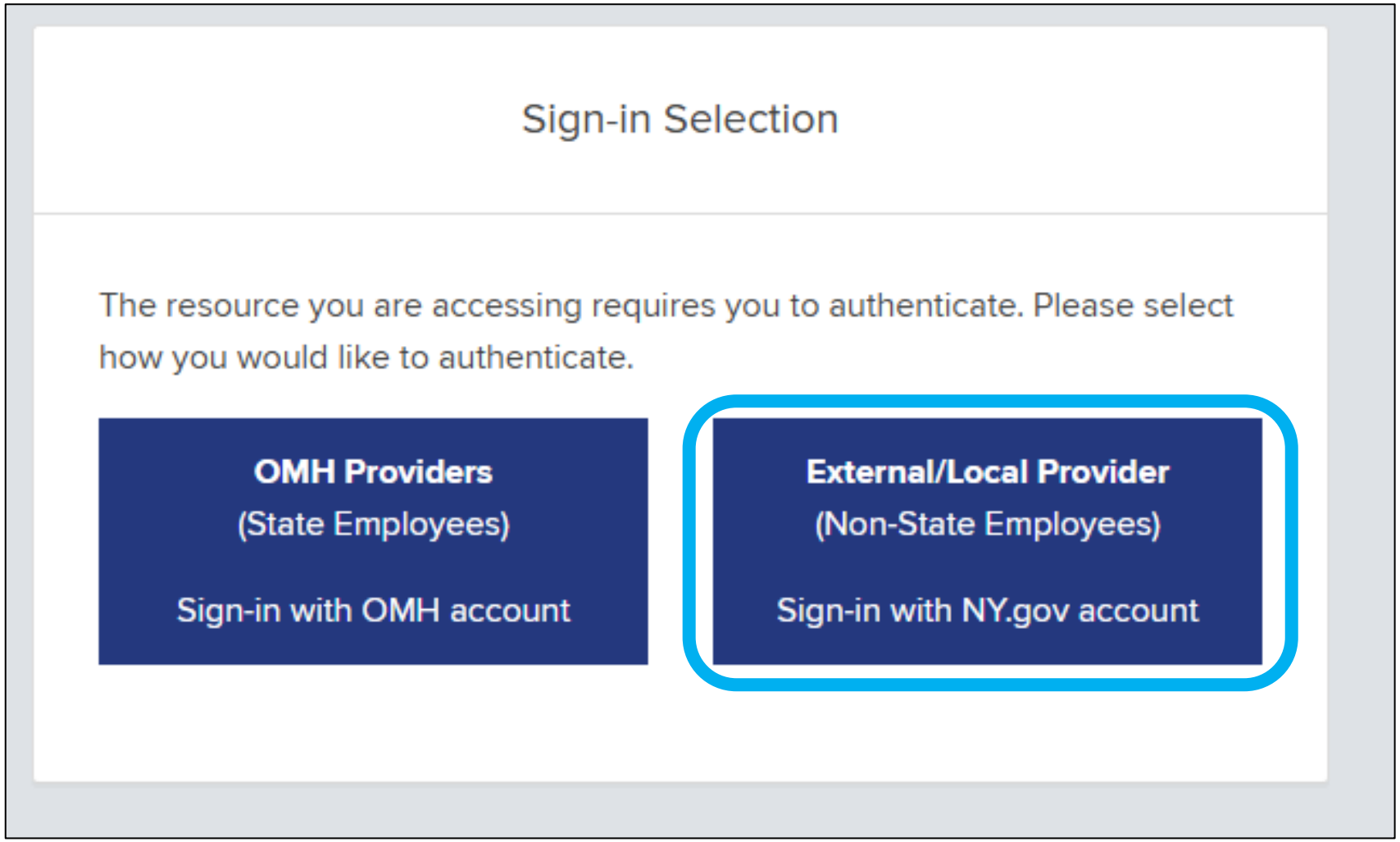
# Before Logging in to PSYCKES

- User must be given PSYCKES access in the Authorization Management System (AMS) by your organization's Security Manager
- User then receives email with their User ID and links to NY.gov and the Self-Service Console
  - Note: User must create password in NY.gov first. Their user ID, along with their NY.gov ID password, are used to log in to the Self-Service Console.
- Security token requested through Self-Service Console
  - Hard token = physical keychain
  - Soft token = RSA mobile app (activated and installed once request is approved)
- PIN set through the Self-Service Console I
  - PIN must contain 8 digits
  - PIN cannot begin with zero
  - PIN cannot have consecutive or sequential numbers (e.g., 11111111, 12341234, 12344321)
  - Cannot reuse one of five recently used PINs

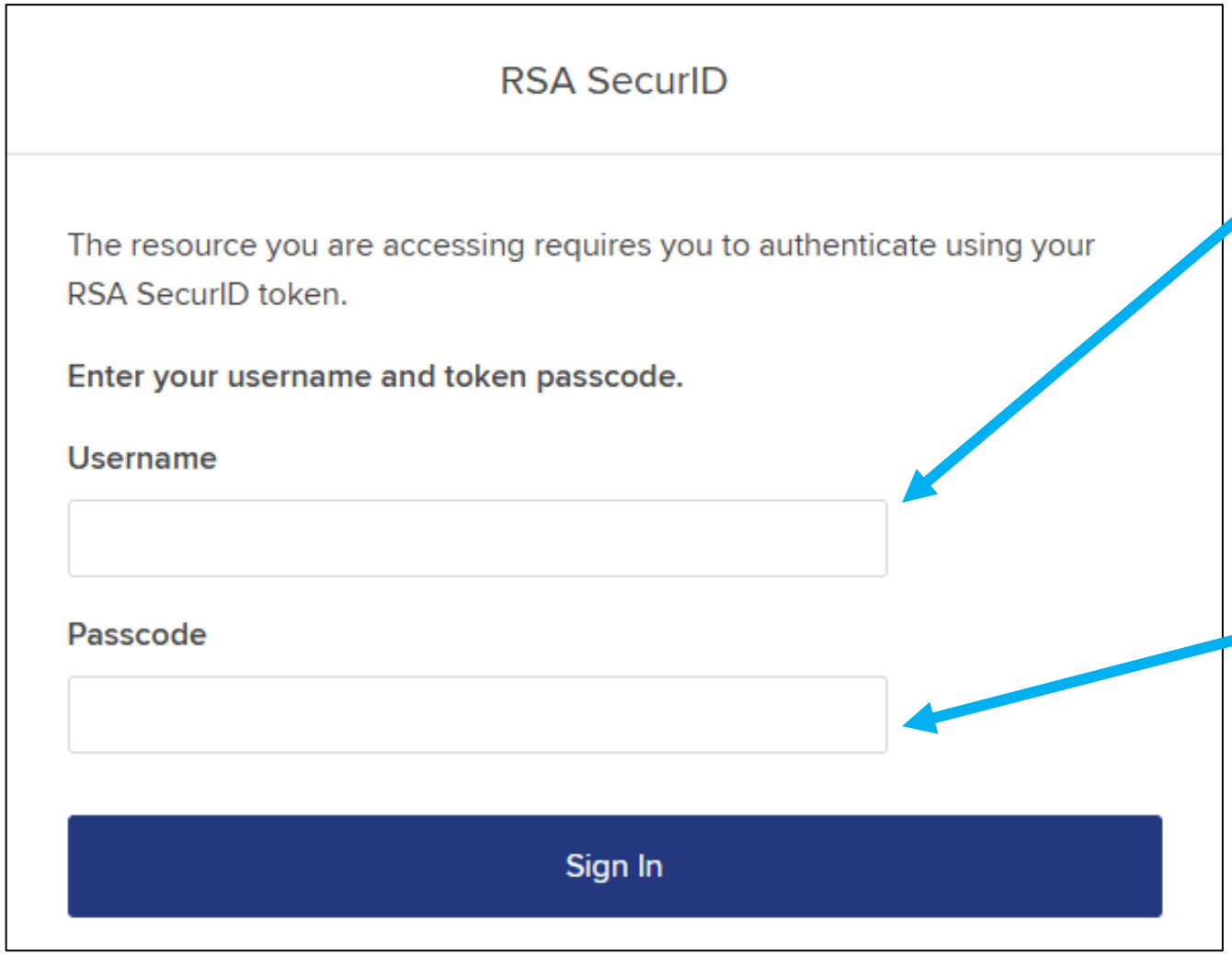
# Core Competency: Logging in to PSYCKES



# Logging in to PSYCKES: Sign-in Selection



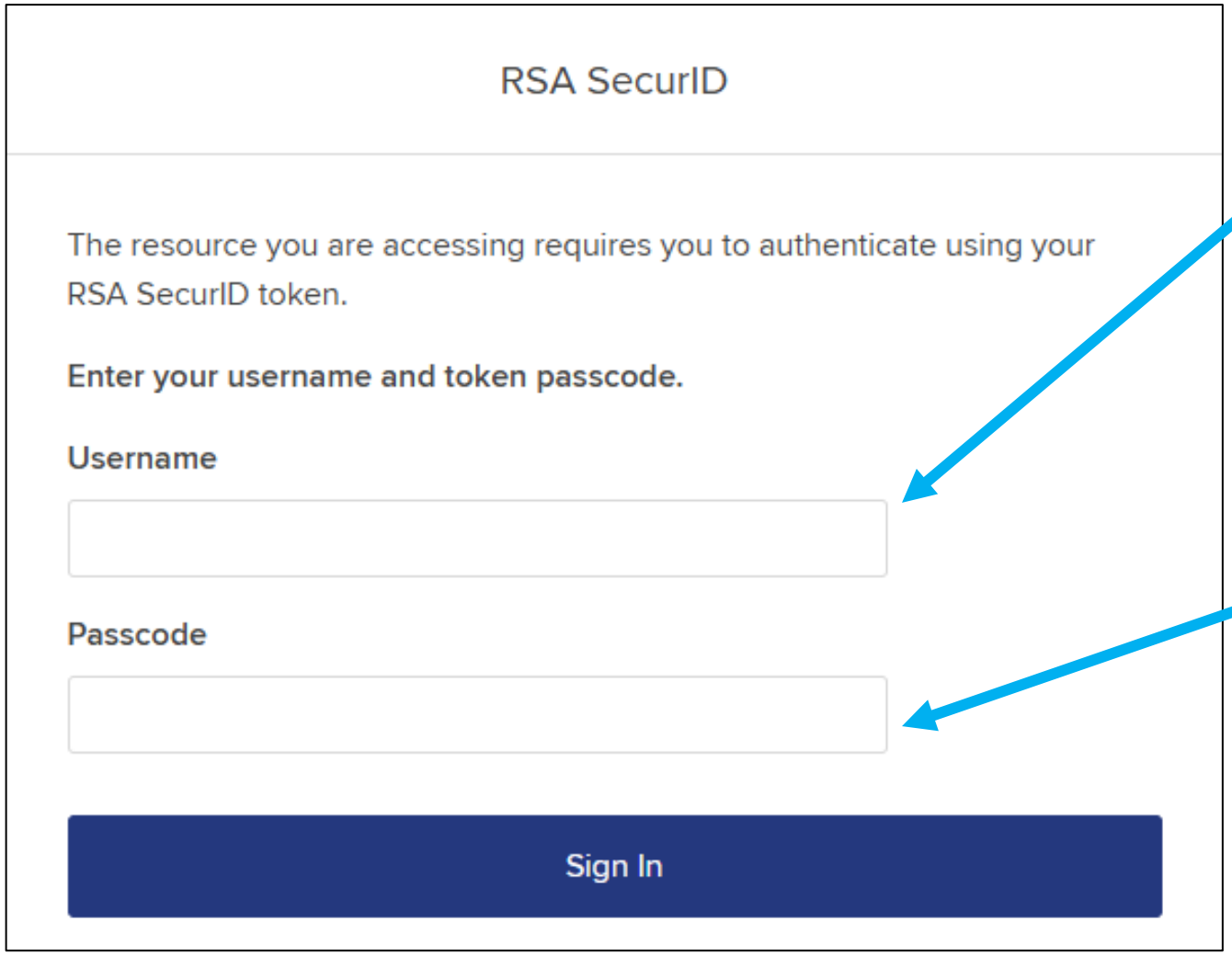
# Logging into PSYCKES: Soft Token




**Enter OMH-issued User ID**

**Soft token:** Enter PIN into RSA token→ enter code it generates in passcode field

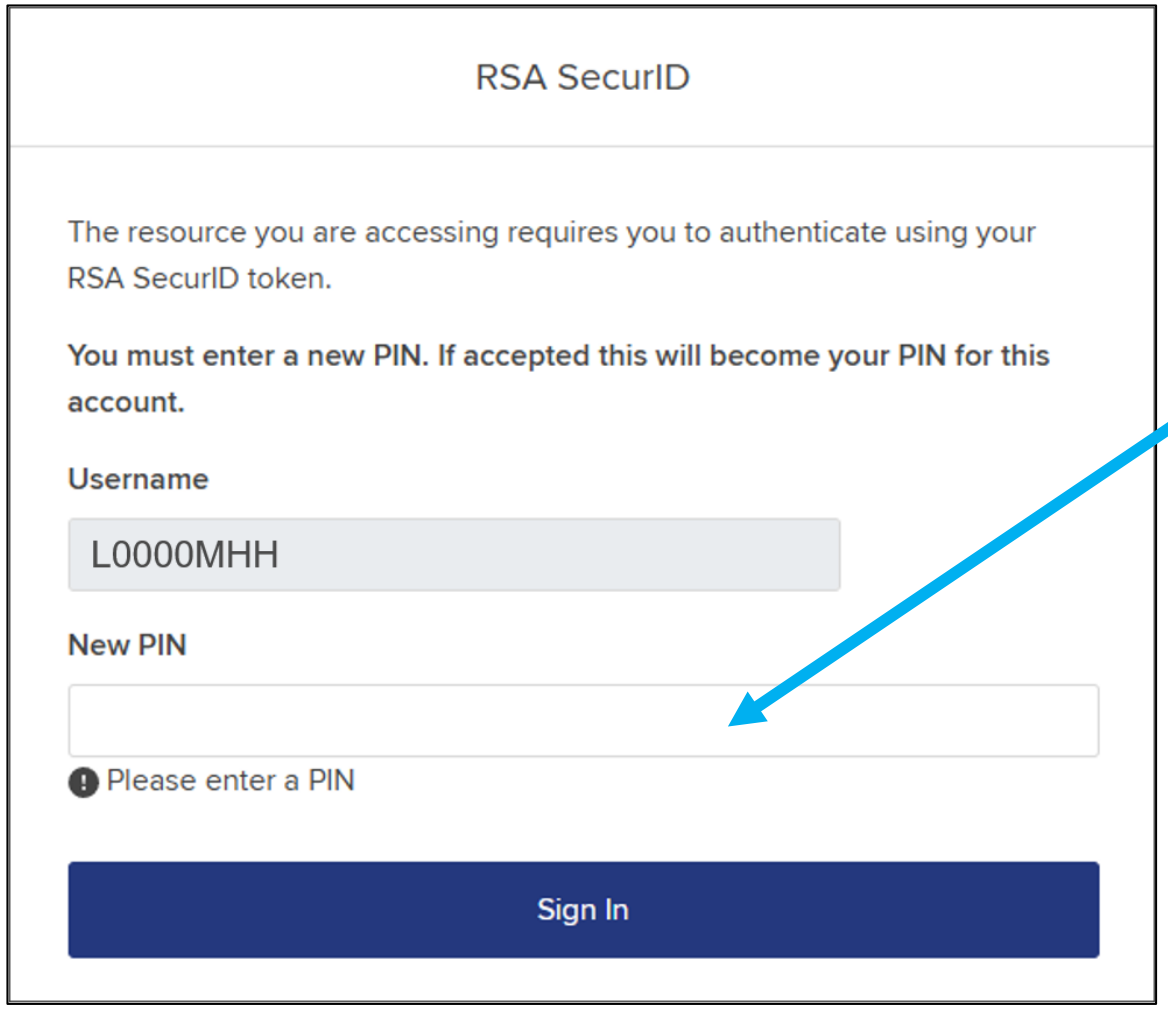
# First Login to PSYCKES: Hard Token




**Enter OMH-issued User ID**

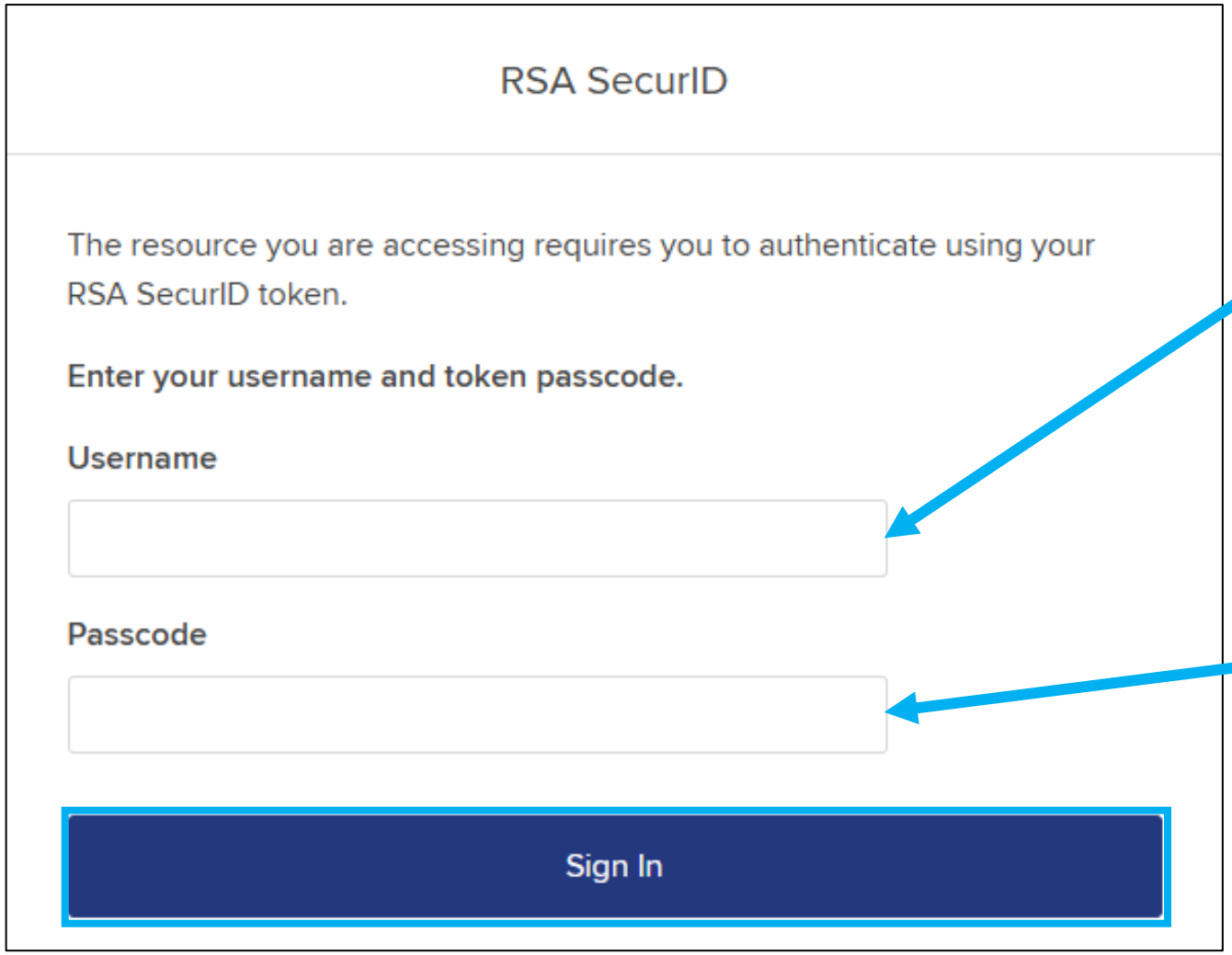
**Hard token:** Enter the six digits displayed on the token

# First Login to PSYCKES: Hard Token – Creating a PIN




**You'll then be prompted to create an 8-digit PIN**

# Logging in to PSYCKES: Hard Token



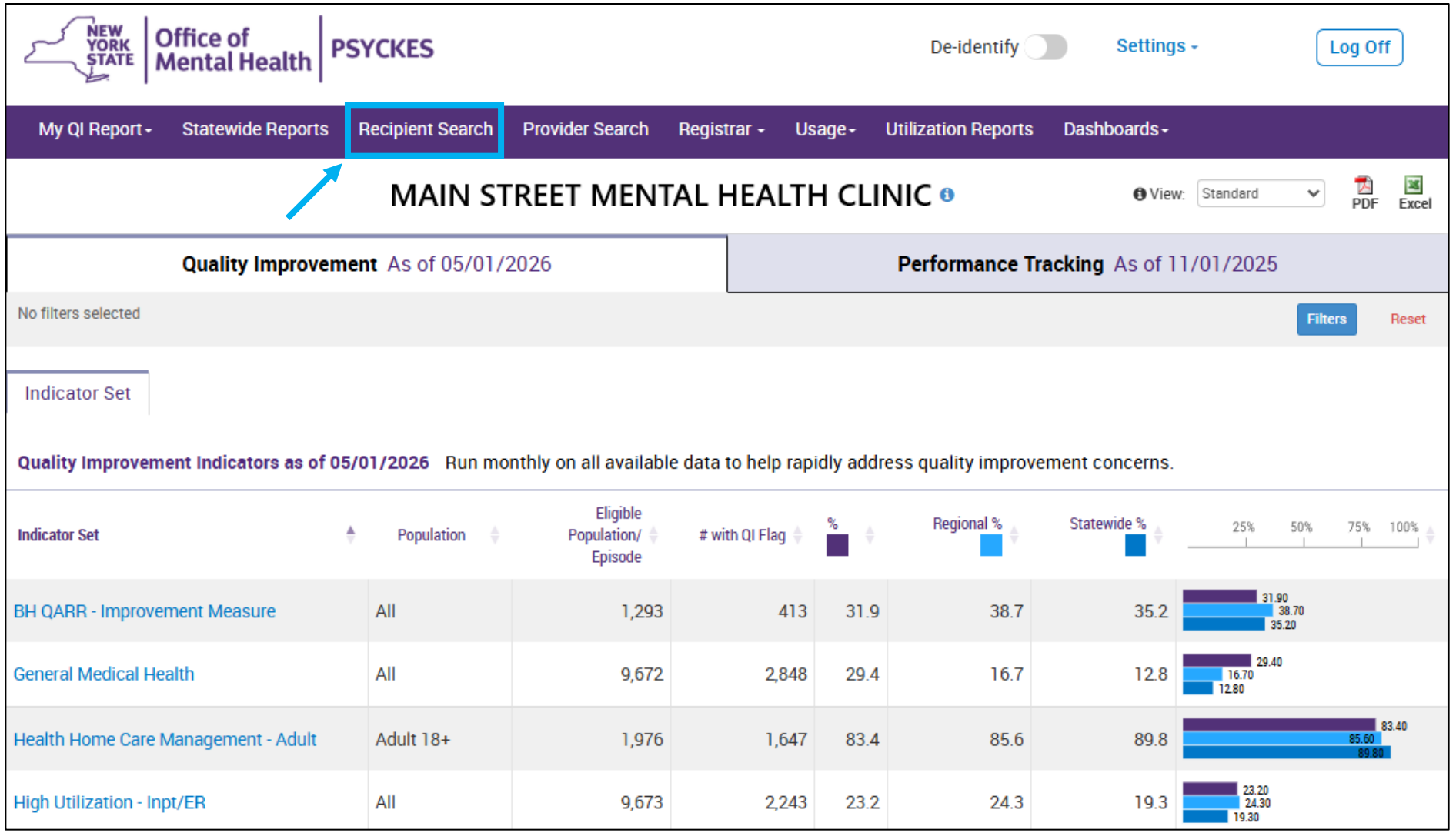

**Enter User ID**

**Wait for your token code to change. Then, enter your PIN followed by the new code in the Passcode field**

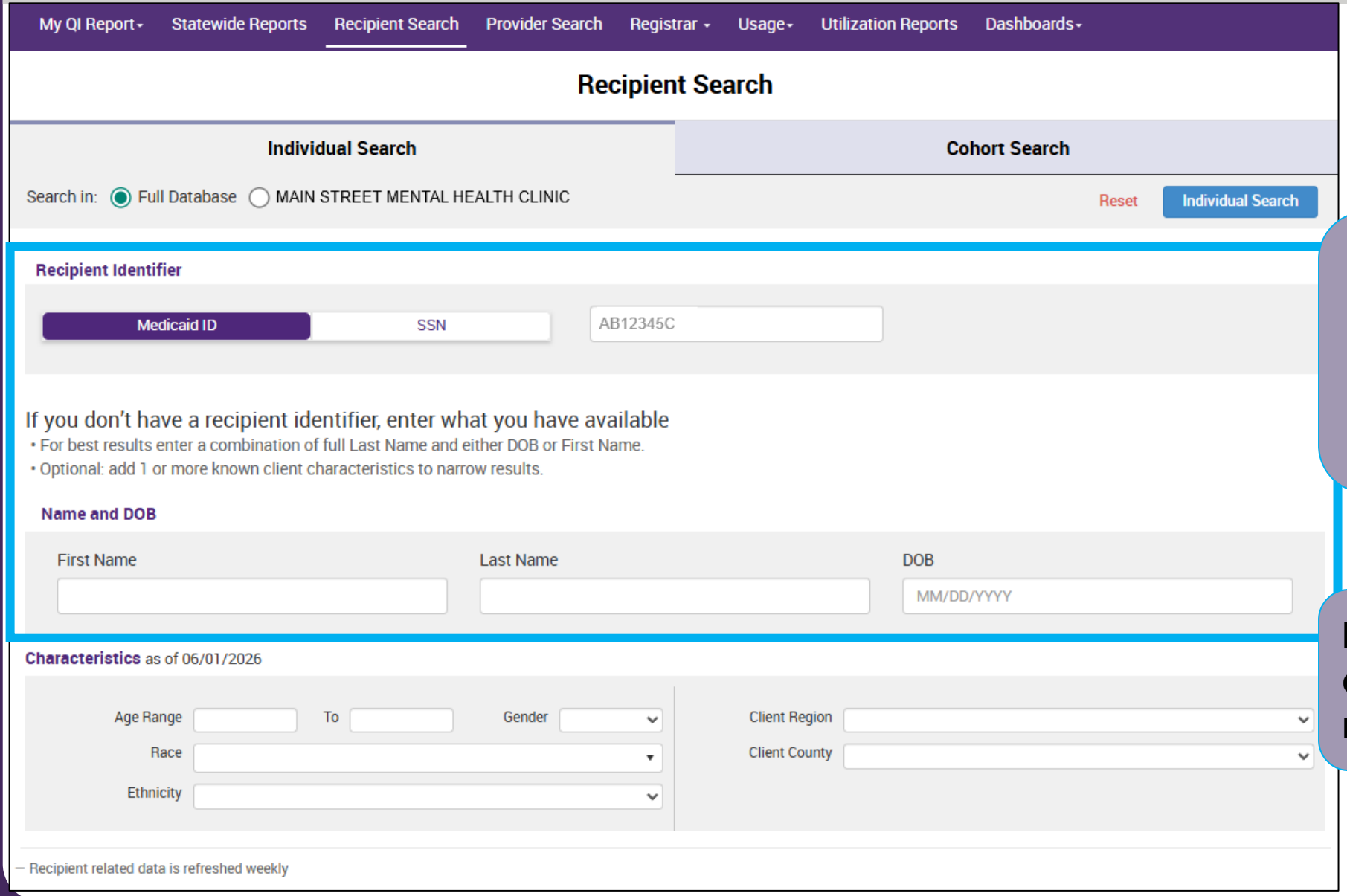
# Logging in to PSYCKES: Common Issues

- Be prepared for token issues during or after your training:
  - “My token doesn’t work”
  - “I see an “authentication failed” message”
  - “I see a “Wait for the passcode to change” message”
- **Non-OMH/Non-State PC employees**: Contact the OMH Helpdesk or call 518-474-5554 opt. 2 or email healthhelp@its.ny.gov
- **OMH/State PC employees**: Contact the NYS Helpdesk at https://chat.its.ny.gov or call 1-844-891-1786

# Core Competency: Finding Clients



# Core Competency: Individual Search

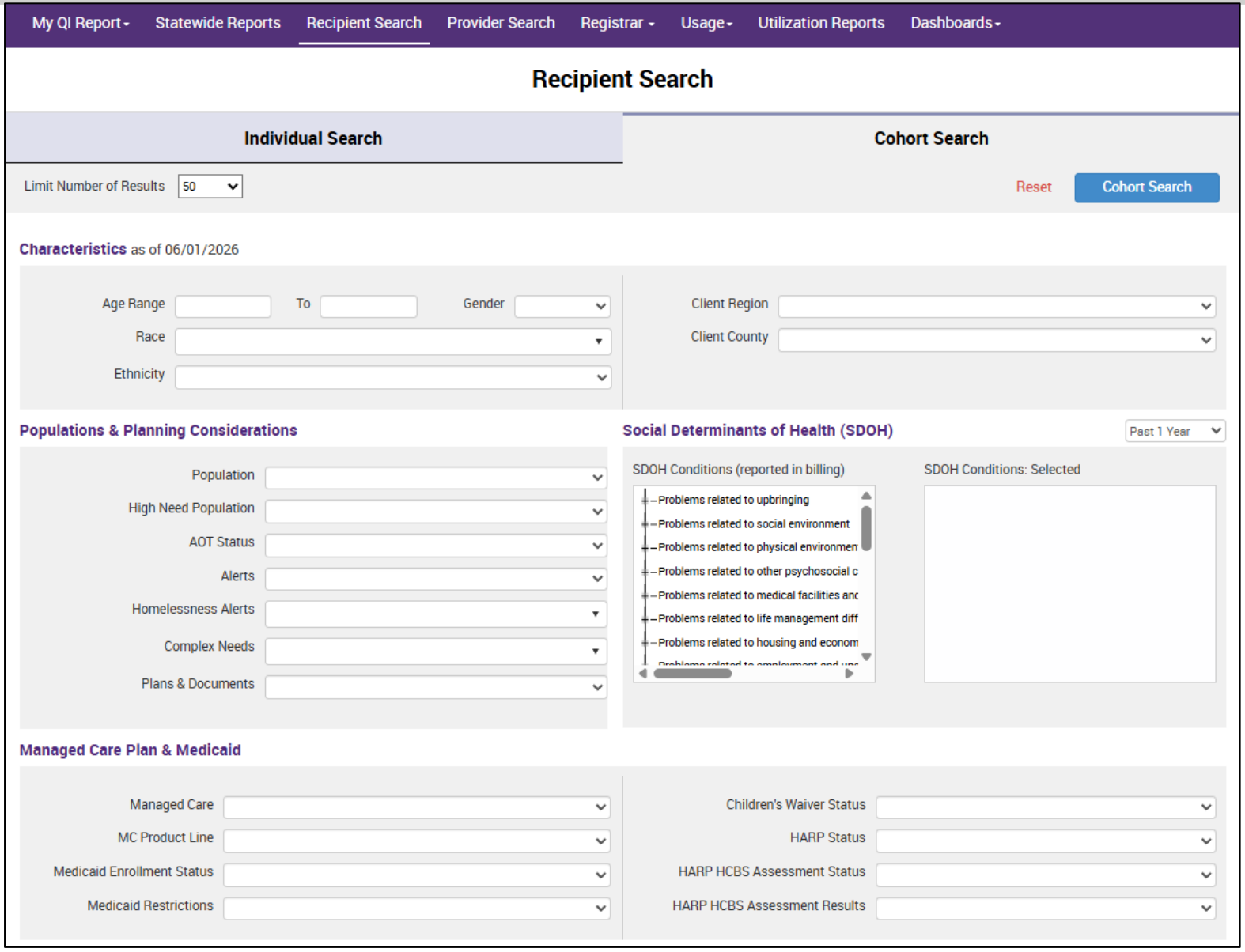



**Search for individuals by:**

- Medicaid ID
- Social Security number
- First Name/Last Name/Date of Birth

**If searching by name, use other criteria to narrow results**

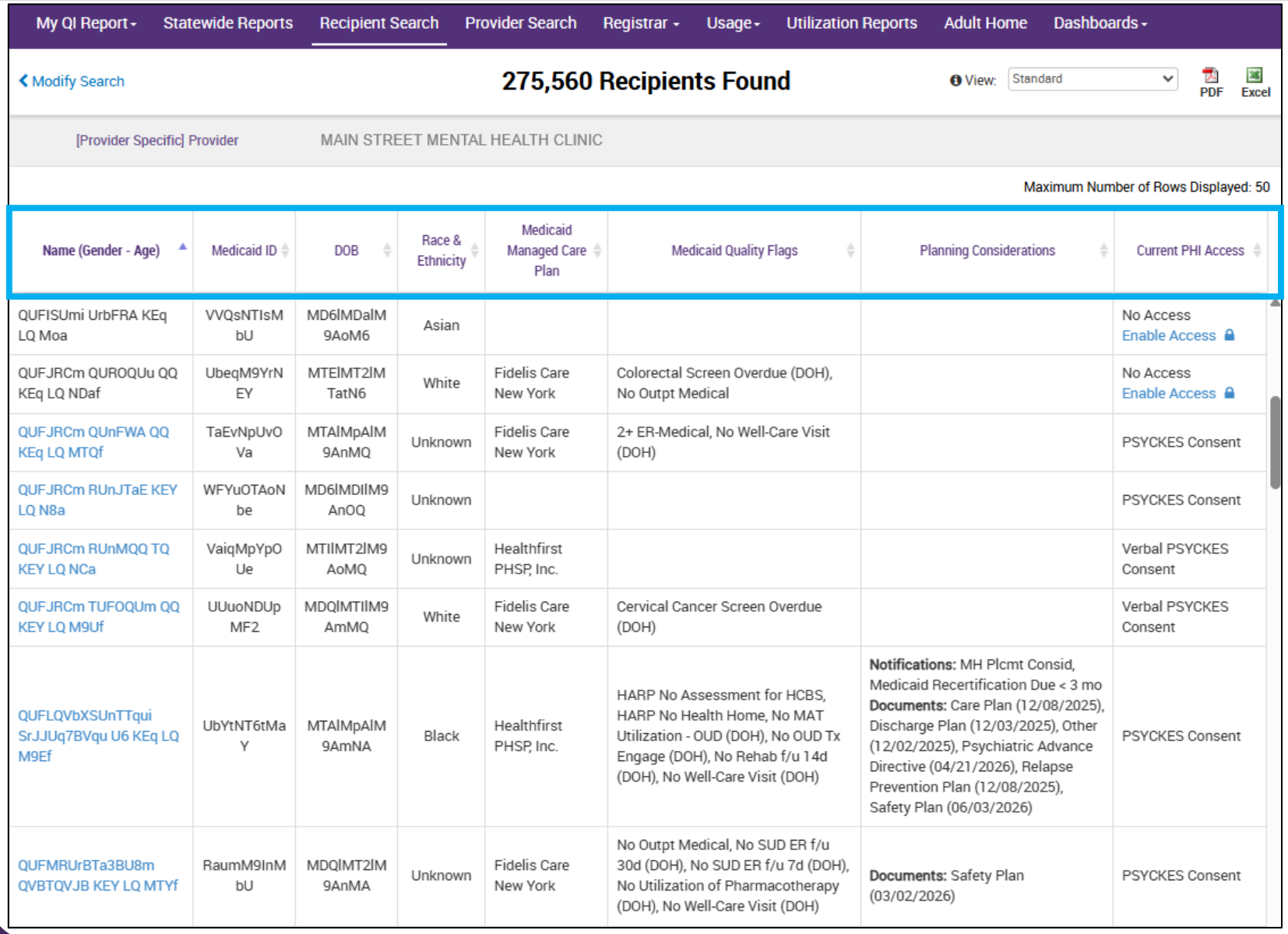
# Core Competency: Cohort Search




**Search for cohorts by:**

- Age
- Gender
- HARP status
- AOT status
- MC plan
- Quality flag
- Prescriber
- Service
- Diagnoses
- Medication
- And more!

# Search Results



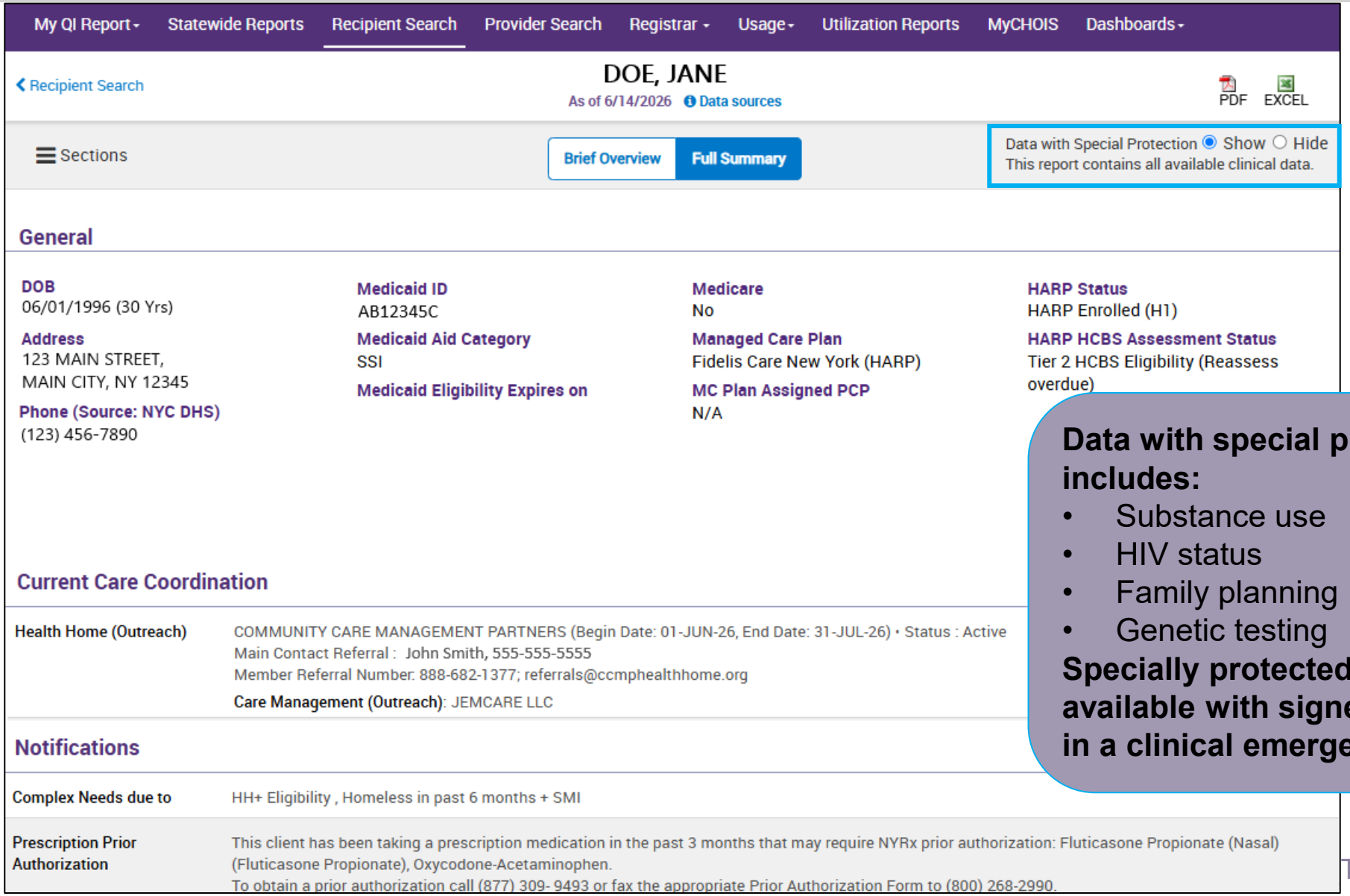

| Name (Gender - Age) | Medicaid ID | DOB | Race & Ethnicity | Medicaid Managed Care Plan | Medicaid Quality Flags | Planning Considerations | Current PHI Access |
|---|---|---|---|---|---|---|---|
| QUFISUmi UrbFRA KEq LQ Moa | VVQsNTIsMbU | MD6lMDalM9AoM6 | Asian | | | | No Access Enable Access |
| QUFJRCm QUROQUu QQ KEq LQ NDaf | UbeqM9YrNEY | MTElMT2lMTatN6 | White | Fidelis Care New York | Colorectal Screen Overdue (DOH), No Outpt Medical | | No Access Enable Access |
| QUFJRCm QUnFWA QQ KEq LQ MTQf | TaEvNpUvOVa | MTAlMpAlM9AnMQ | Unknown | Fidelis Care New York | 2+ ER-Medical, No Well-Care Visit (DOH) | | PSYCKES Consent |
| QUFJRCm RUnJTaE KEY LQ N8a | WFYuOTAoNbe | MD6lMDIlM9AnOQ | Unknown | | | | PSYCKES Consent |
| QUFJRCm RUnMQQ TQ KEY LQ NCa | VaiqMpYpOUe | MTIlMT2lM9AoMQ | Unknown | Healthfirst PHSP, Inc. | | | Verbal PSYCKES Consent |
| QUFJRCm TUFOQUm QQ KEY LQ M9Uf | UUuoNDUpMF2 | MDQlMTIlM9AmMQ | White | Fidelis Care New York | Cervical Cancer Screen Overdue (DOH) | | Verbal PSYCKES Consent |
| QUFLQVbXSUnTTqui SrJJUq7BVqu U6 KEq LQ M9Ef | UbYtNT6tMaY | MTAlMpAlM9AmNA | Black | Healthfirst PHSP, Inc. | HARP No Assessment for HCBS, HARP No Health Home, No MAT Utilization - OUD (DOH), No OUD Tx Engage (DOH), No Rehab f/u 14d (DOH), No Well-Care Visit (DOH) | **Notifications:** MH Plcmt Consid, Medicaid Recertification Due < 3 mo **Documents:** Care Plan (12/08/2025), Discharge Plan (12/03/2025), Other (12/02/2025), Psychiatric Advance Directive (04/21/2026), Relapse Prevention Plan (12/08/2025), Safety Plan (06/03/2026) | PSYCKES Consent |
| QUFMRUrBTa3BU8m QVBTQVJB KEY LQ MTYf | RaumM9InMbU | MDQlMT2lM9AnMA | Unknown | Fidelis Care New York | No Outpt Medical, No SUD ER f/u 30d (DOH), No SUD ER f/u 7d (DOH), No Utilization of Pharmacotherapy (DOH), No Well-Care Visit (DOH) | **Documents:** Safety Plan (03/02/2026) | PSYCKES Consent |

**Select recipient name (Gender – Age) to view Clinical Summary, with appropriate access**

# Finding Clients: Common Issues

- “I searched for a client in Recipient Search, but it yielded 0 results.”
  - Error entering client’s Medicaid ID or other identifiers
  - Client not yet linked to agency by billing or PHI Access Module
  - Client is new to Medicaid or has not yet had a behavioral health service, diagnosis, or medication billed to Medicaid
  - Managed Care Plan PSYCKES Users only: Client is no longer enrolled in plan; try selecting “current and recently disenrolled” in MC Enrollment filter under Managed Care & Medicaid section of Cohort Search

# Core Competency: Clinical Summary

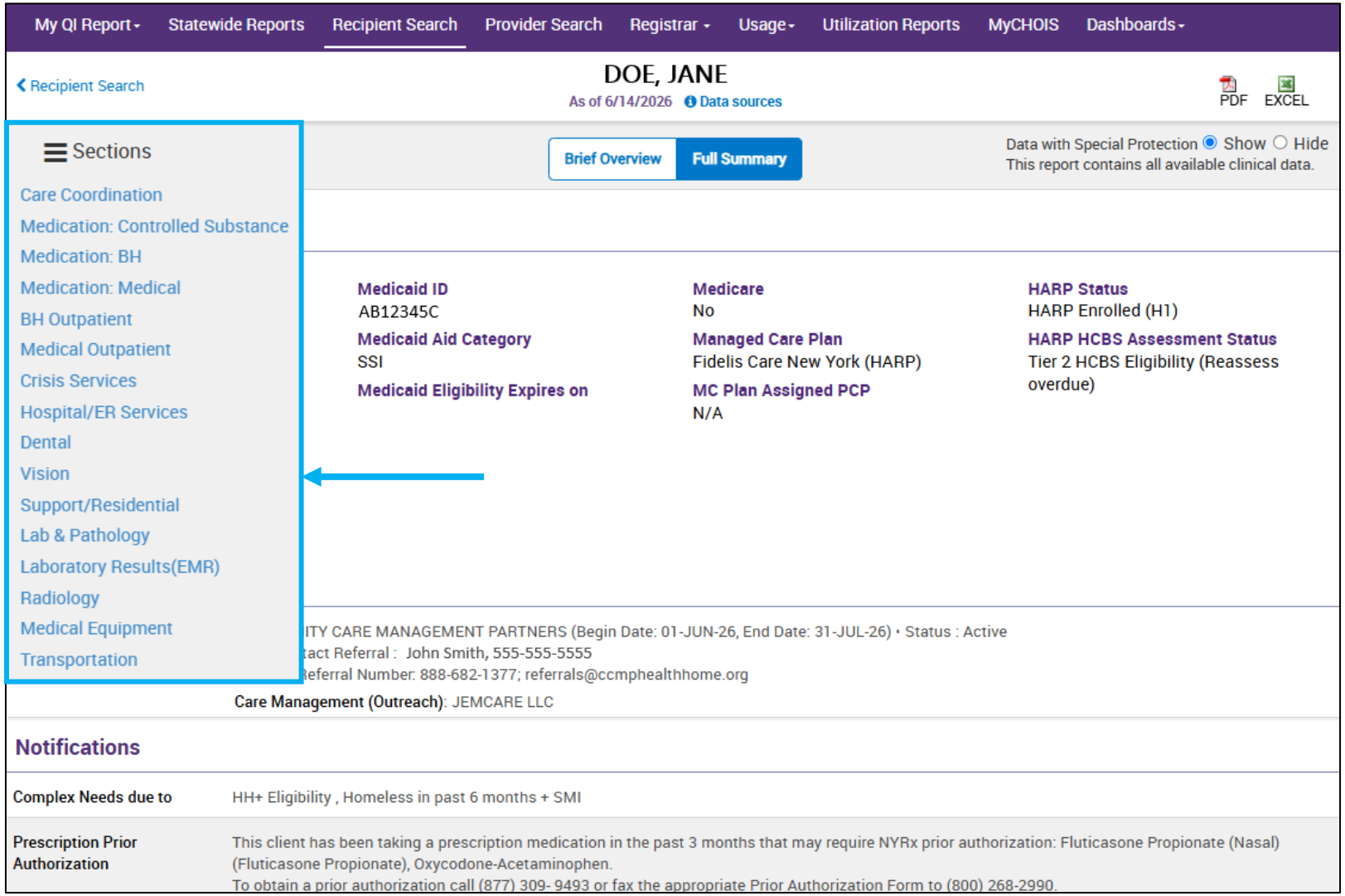



**Data with special protection includes:**

- Substance use
- HIV status
- Family planning
- Genetic testing

**Specially protected data is only available with signed consent or in a clinical emergency.**

# Clinical Summary Navigation



# Active Medicaid Restrictions, Alerts, SDOH

## Active Medicaid Restrictions

This individual can only receive the Medicaid service(s) from provider(s) identified below

| Restrictions Type | Restrictions Provider |
|---|---|
| Nurse Practitioner | (Begin Date: 06-JUL-25) : DUPLAN NIKESHA ANTONETTE, Po Box G, New York, NY, Phone: (718) 924-2323 |

## Alerts

Incidents from NIMRS, Service invoices from Medicaid  Details  Table | Graph

| Alert Type | Number of Events/Meds/Positive Screens | First Date | Most Recent Date | Provider Name(s) | Program Name | Severity/Diagnosis/ Meds/Results |
|---|---|---|---|---|---|---|
| Homelessness - NYC DHS Shelter | 21 | 10/19/2023 | 6/26/2025 | NEW BEGINNINGS SHELTER | Single Adult, Enhanced General | |
| Homelessness - NYC DHS Outreach | 8 | 10/7/2023 | Current | BOWERY RESIDENTS COMMITTEE, INC. | Outreach | |
| Homelessness - reported in billing | 4 | 11/21/2024 | 3/1/2026 | MEDS OOS PHYSICIAN & OTHE | Homelessness Unspecified | |
| Treatment for Suicidal Ideation | 8 | 9/23/2023 | 2/24/2026 | PENN PRESBYTERIAN MEDICAL CENTER PA | ER - Medical | Suicidal Ideation |

## Social Determinants of Health (SDOH) reported in billing

| | |
|---|---|
| Other problems related to primary support group, including family circumstances | Other specified problems related to primary support group |
| Problems related to housing and economic circumstances | Homelessness unspecified • Housing instability, housed unspecified • Unsheltered homelessness • Insufficient health insurance coverage • Other specified lack of adequate food |

# Quality Flags, Plans & Documents, Screenings & Assessments

## Quality Flags as of monthly QI report 5/1/2026 Definitions

Recent | All (Graph) | All (Table)

| Indicator Set | |
|---|---|
| General Medical Performance Tracking Measure (as of 11/01/2025) | Overdue for Breast Cancer Screening |
| SUD Performance Tracking Measure (as of 11/01/2025) | No Engagement in Opioid Use Disorder (OUD) Treatment • No Engagement in SUD Treatment • No Initiation of Opioid Use Disorder (OUD) Treatment • No Initiation of SUD Treatment |

## Plans & Documents

| Date Document Created | Document Type | Provider Name | Document Created By | Role | Delete Document |
|---|---|---|---|---|---|
| 5/15/2026 | Safety Plan | COLUMBIA MEMORIAL HOSPITAL | JOHN SMITH | N/A | |

## Screenings & Assessments Definitions

Table | Graph

| Assessment Name | Number of Assessments Entered | Last Assessment Date | Last Assessment Provider | Last Assessment Rated By(Role) | Last Assessment Results | |
|---|---|---|---|---|---|---|
| PHQ-9 | 1 | 5/15/2026 | COLUMBIA MEMORIAL HOSPITAL | Administered in PSYCKES mobile app | No - Minimal Depression (Score = 0 out of 27) | |

# Behavioral Health & Medical Diagnoses

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

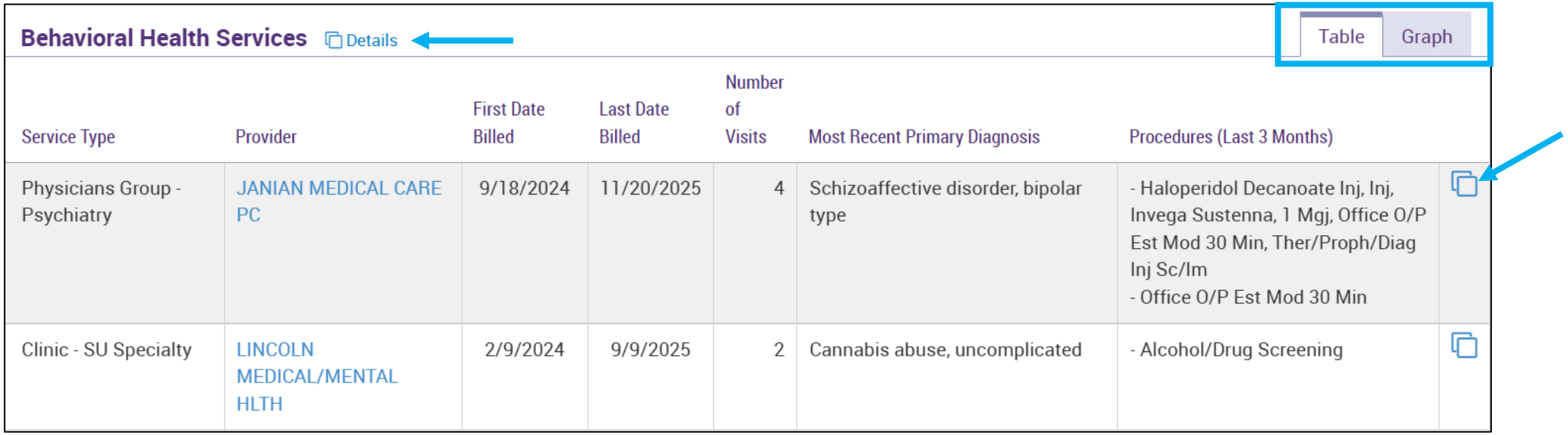
Other stimulant related disorders • Unspecified/Other Psychotic Disorders • Substance-Induced Psychotic Disorder • Unspecified/Other Anxiety Disorder • Tobacco related disorder • Unspecified/Other Depressive Disorder • Adjustment Disorder • Schizophrenia • Substance-Induced Depressive Disorder

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

| | |
|---|---|
| Certain infectious and parasitic diseases | Human immunodeficiency virus [HIV] disease • Dermatophytosis • Viral infection of unspecified site |
| Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | Other immunodeficiencies • Other anemias • Neutropenia |
| Diseases of the circulatory system | Other cardiac arrhythmias • Nonrheumatic pulmonary valve disorders • Nonrheumatic aortic valve disorders • Nonrheumatic mitral valve disorders |
| Diseases of the digestive system | Inguinal hernia • Other functional intestinal disorders • Other and unspecified noninfective gastroenteritis and colitis |
| Diseases of the genitourinary system | Other disorders of bladder |
| Diseases of the musculoskeletal system and connective tissue | Other joint disorder, not elsewhere classified • Enthesopathies, lower limb, excluding foot • Other and unspecified soft tissue disorders, not elsewhere classified |
| Diseases of the nervous system | Pain, not elsewhere classified • Sleep disorders |
| Diseases of the respiratory system | Other and unspecified disorders of nose and nasal sinuses • Pneumonia, unspecified organism • Vasomotor and allergic rhinitis |
| Diseases of the skin and subcutaneous tissue | Other disorders of pigmentation • Atrophic disorders of skin • Other epidermal thickening |

# Clinical Summary Components

- Each section can be viewed as a table or a graph
- Select Details for more information:
  - For all services within the section
  - For a particular episode of care/medication

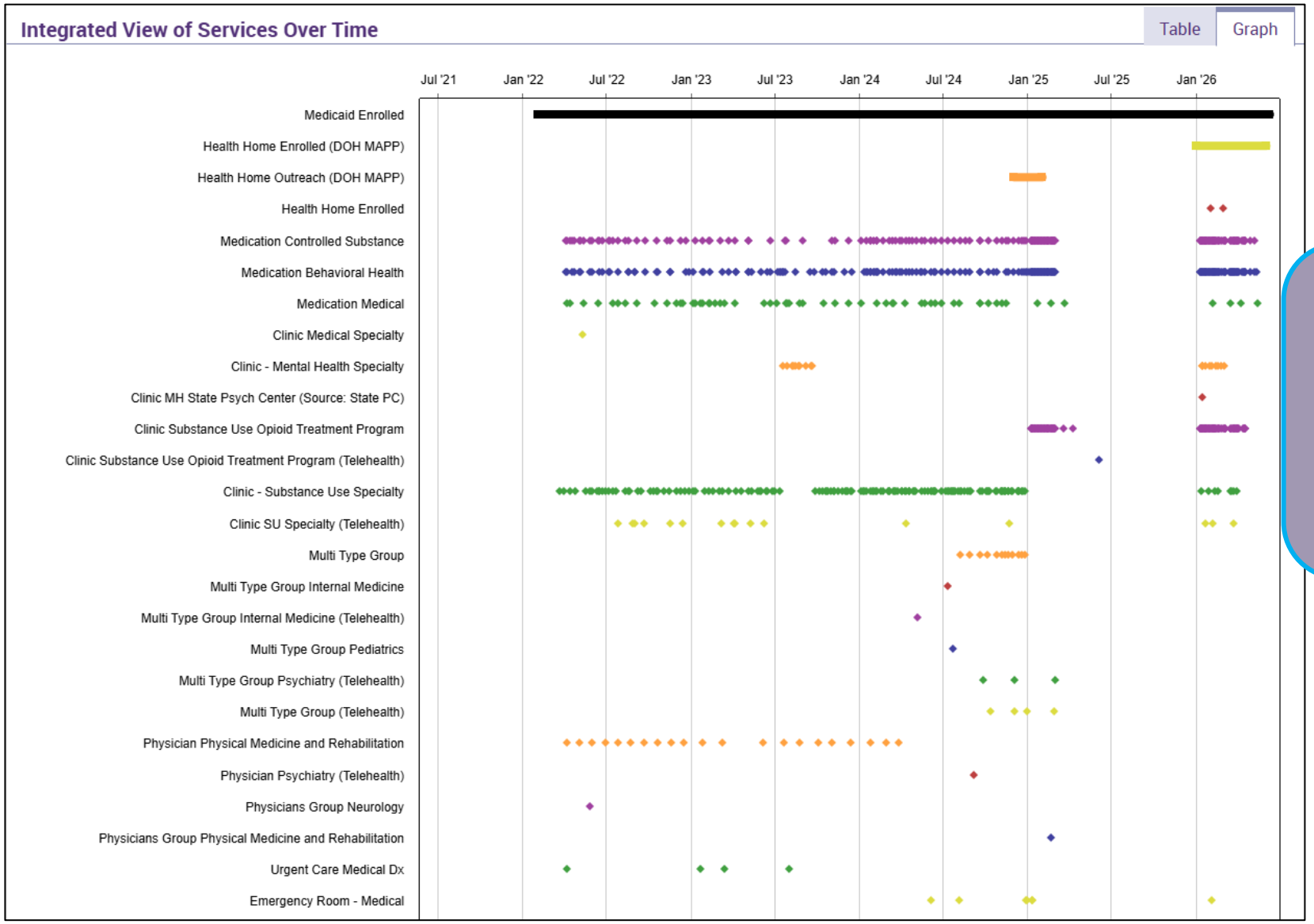


**Behavioral Health Services** Details

Table | Graph

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Primary Diagnosis | Procedures (Last 3 Months) |
|---|---|---|---|---|---|---|
| Physicians Group - Psychiatry | JANIAN MEDICAL CARE PC | 9/18/2024 | 11/20/2025 | 4 | Schizoaffective disorder, bipolar type | - Haloperidol Decanoate Inj, Inj, Invega Sustenna, 1 Mgj, Office O/P Est Mod 30 Min, Ther/Proph/Diag Inj Sc/Im<br>- Office O/P Est Mod 30 Min |
| Clinic - SU Specialty | LINCOLN MEDICAL/MENTAL HLTH | 2/9/2024 | 9/9/2025 | 2 | Cannabis abuse, uncomplicated | - Alcohol/Drug Screening |

# Clinical Summary: Integrated View of Services Over Time




**All services displayed in graphic form to make it easier to identify utilization patterns, including medication adherence and outpatient, inpatient, and ER services.**

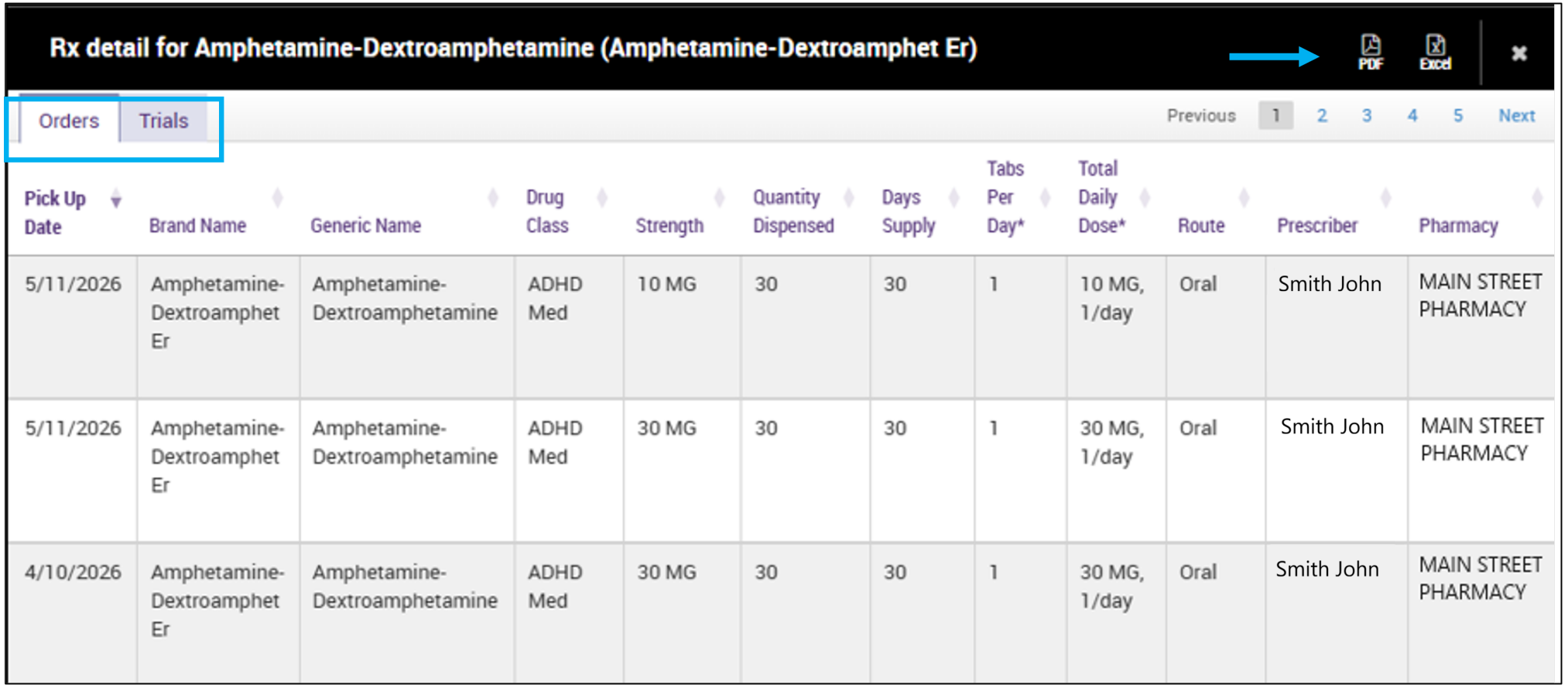
# Sample Section: Medication: Behavioral Health

**Medication: Behavioral Health** Details

Table | Graph

| Drug Class | Drug Name | Last Dose* | Estimated Duration | First Day Picked Up | Last Day Picked Up | |
|---|---|---|---|---|---|---|
| ADHD Med | Amphetamine-Dextroamphetamine (Amphetamine-Dextroamphet Er) | 10 MG , 1/day | 2 Month(s) 3 Week(s) 4 Day(s) | 3/16/2026 | 5/11/2026 | |
| Mood Stabilizer | Gabapentin | 300 MG , 2/day | 2 Month(s) 3 Week(s) 4 Day(s) | 2/27/2026 | 5/8/2026 | |
| Anxiolytic/Hypnotic | Buspirone Hcl | 15 MG , 2/day | 3 Month(s) 2 Week(s) 3 Day(s) | 2/5/2026 | 5/8/2026 | |
| Mood Stabilizer | Topiramate | 100 MG , 2/day | 3 Month(s) 2 Week(s) 3 Day(s) | 2/5/2026 | 5/8/2026 | |
| Anxiolytic/Hypnotic | Diazepam | 5 MG , 1/day | 2 Month(s) 3 Week(s) 1 Day(s) | 3/16/2026 | 5/8/2026 | |
| Antidepressant | Escitalopram Oxalate | 10 MG , 2/day | 1 Month(s) 4 Week(s) 1 Day(s) | 3/16/2026 | 5/8/2026 | |
| Withdrawal Management | Nicotine Polacrilex | 4 MG | 2 Month(s) 1 Week(s) 5 Day(s) | 3/16/2026 | 4/28/2026 | |
| Anxiolytic/Hypnotic | Hydroxyzine Hcl | 25 MG , 4/day | 1 Month(s) 3 Week(s) 5 Day(s) | 3/16/2026 | 4/28/2026 | |
| Opioid | Methadone Maintenance | N/A | 1 Year(s) 3 Month(s) 1 Week(s) 4 Day(s) | 1/7/2025 | 4/17/2026 | |

# Medication Details



**Rx detail for Amphetamine-Dextroamphetamine (Amphetamine-Dextroamphet Er)**

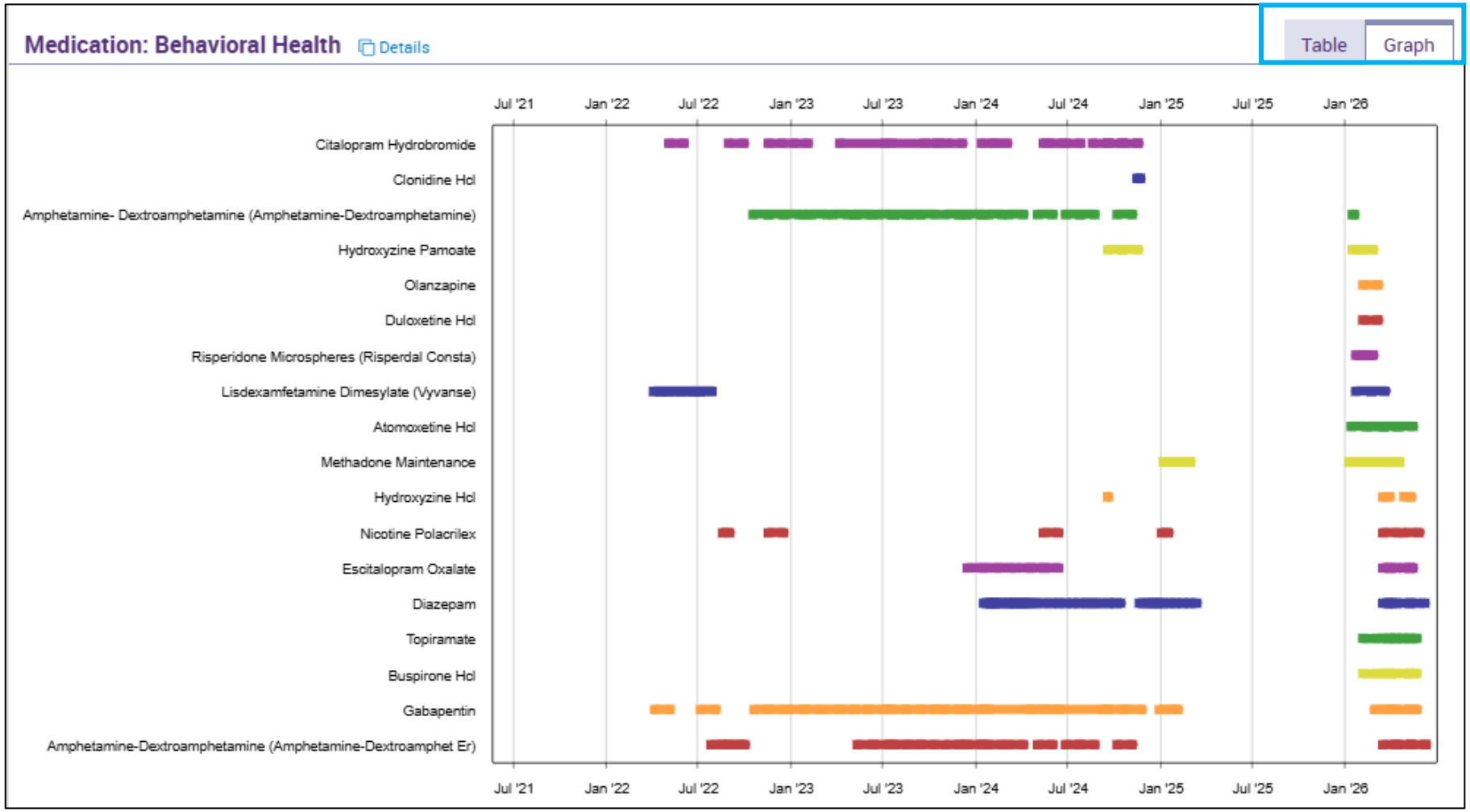
PDF Excel

Orders | Trials

Previous 1 2 3 4 5 Next

| Pick Up Date | Brand Name | Generic Name | Drug Class | Strength | Quantity Dispensed | Days Supply | Tabs Per Day* | Total Daily Dose* | Route | Prescriber | Pharmacy |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5/11/2026 | Amphetamine-Dextroamphet Er | Amphetamine-Dextroamphetamine | ADHD Med | 10 MG | 30 | 30 | 1 | 10 MG, 1/day | Oral | Smith John | MAIN STREET PHARMACY |
| 5/11/2026 | Amphetamine-Dextroamphet Er | Amphetamine-Dextroamphetamine | ADHD Med | 30 MG | 30 | 30 | 1 | 30 MG, 1/day | Oral | Smith John | MAIN STREET PHARMACY |
| 4/10/2026 | Amphetamine-Dextroamphet Er | Amphetamine-Dextroamphetamine | ADHD Med | 30 MG | 30 | 30 | 1 | 30 MG, 1/day | Oral | Smith John | MAIN STREET PHARMACY |

# Medication: View as a Graph



# Crisis Services

**Crisis Services** Details

Table | Graph

| Service Type | Provider | Admission/Date of Service | Discharge/Date of Service | #Visits/ Length of Stay | Most Recent Primary Diagnosis | Most Recent Procedures (Last 3 Months) |
|---|---|---|---|---|---|---|
| Intensive Crisis Residence (age 21+) | ST JOSEPHS HOSPITAL YONKERS | 1/7/2026 | 1/20/2026 | 13 | Major depressive disorder, recurrent severe without psychotic features | - Crisis Interven Waiver/Diem |
| Mobile Crisis - Response | PEOPLE PROJECTS TO EMPOWER & ORGANI | 9/24/2025 | 1/5/2026 | 2 | Illness, unspecified | - Crisis Interven Svc, 15 Min |

# Hospital/ER Services

## 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 - SU | ELLIS HOSPITAL | 10/8/2025 | 10/8/2025 | 1 | Alcohol use, unspecified with intoxication, unspecified | - |
| ER - Medical | ELLIS HOSPITAL | 6/8/2025 | 6/8/2025 | 1 | Pain in right elbow | - Emergency Dept Visit Low Mdm, X-Ray Exam Of Elbow |
| ER - Medical | ELLIS HOSPITAL | 11/20/2024 | 11/20/2024 | 1 | Suicidal ideations | - Assay Of Breath Ethanol, Emergency Dept Visit Hi Mdm |
| ER - Medical | ELLIS HOSPITAL | 11/14/2024 | 11/14/2024 | 1 | Contusion of other part of head, initial encounter | - Ct Head/Brain W/O Dye, X-Ray Exam Of Hand, X-Ray Exam Of Knee 1 Or 2, X-Ray Exam Of Shoulder |
| ER - Medical | ELLIS HOSPITAL | 11/13/2024 | 11/14/2024 | 1 | Contusion of other part of head, initial encounter | - Emergency Dept Visit Mod Mdm |
| ER - MH | ALBANY MEDICAL CTR HOSPITAL | 11/12/2024 | 11/12/2024 | 1 | Anxiety disorder, unspecified | - Assay Of Free Thyroxine, Assay Of Magnesium, Assay Of Troponin Quant, Assay Thyroid Stim Hormone, Complete Cbc W/Auto Diff Wbc, Comprehen Metabolic Panel, Drug Screen Quantalcohols, Electrocardiogram Tracing, Emergency Dept Visit Mod Mdm, Hospital Observation Per Hr, Lorazepam Injection, Ther/Proph/Diag Inj Iv Push, X-Ray Exam Chest 2 Views |

# Dental, Vision, Living Support & Residential

## Dental

Details | Table | Graph

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Procedures (Last 3 Months) |
|---|---|---|---|---|---|
| Dental Clinic - Office/Outpatient | SYRACUSE COMM HEALTH CTR INC | 3/7/2023 | 3/7/2023 | 1 | - Limit Oral Eval Problm Focus |

## Vision

Details | Table | Graph

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Procedures (Last 3 Months) |
|---|---|---|---|---|---|
| Eye Appliances - Office/Outpatient | BLACKMER HAN SONG | 4/10/2024 | 4/10/2024 | 1 | - Lens Spher Bifoc Plano 4.00d, Vision Svcs Frames Purchases |
| Eye Care Services - Office/Outpatient | HOROWITZ HAROLD ASHER | 4/10/2024 | 4/10/2024 | 1 | - Office O/P Est Low 20 Min |

## Living Support/Residential Treatment

Details | Table | Graph

| Program/Type | Provider Name | First Date of Service (last 5 years) | Last Date Billed | Number of Visits |
|---|---|---|---|---|
| Home Care - Personal Care Services | PUBLIC PARTNERSHIPS LLC | 4/2/2025 | 6/1/2026 | 15 |
| Home Care - Unspecified Type | PUBLIC PARTNERSHIPS LLC | 10/6/2025 | 5/29/2026 | 197 |

# Laboratory & Pathology

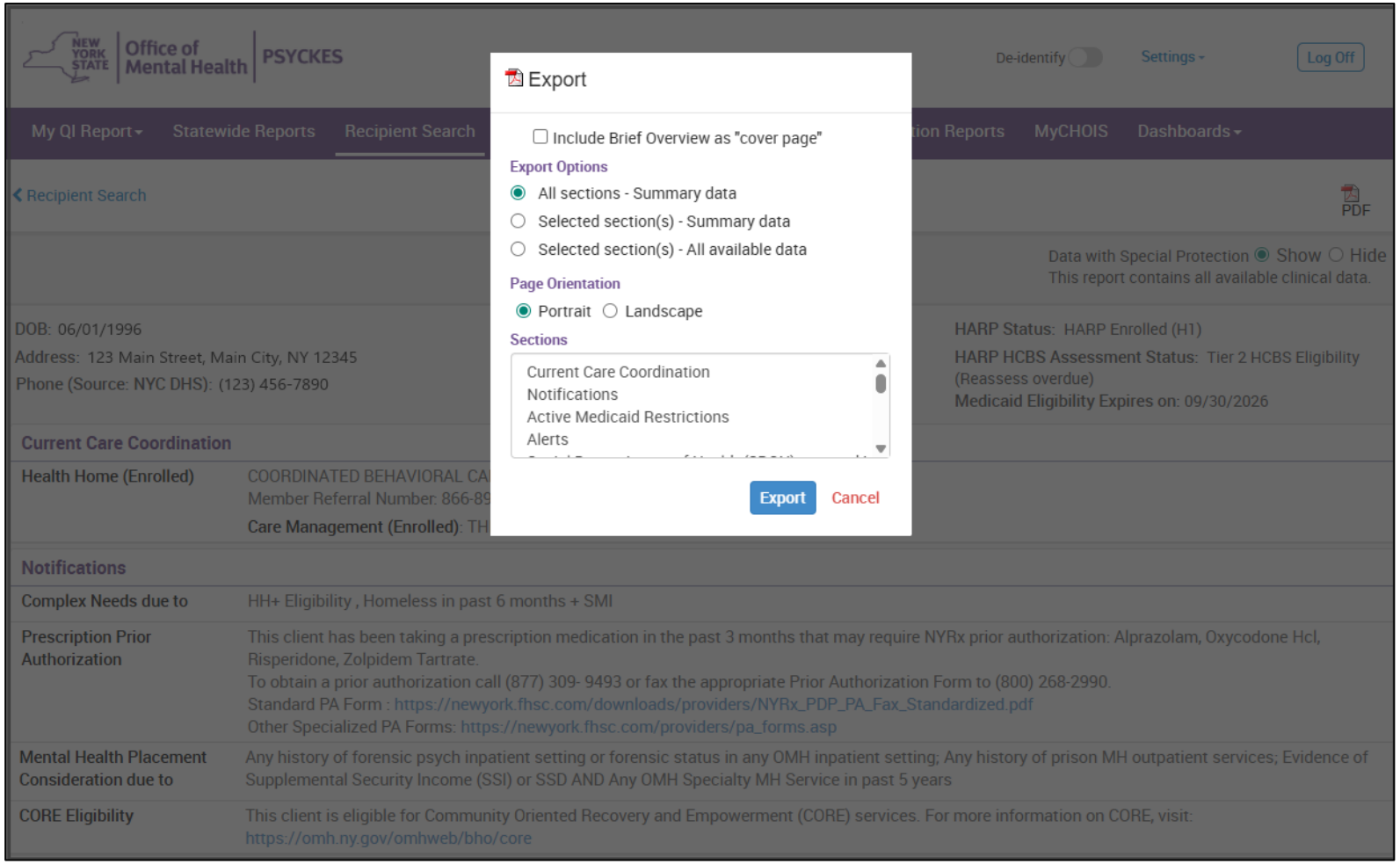
## Laboratory & Pathology

Details

Table | Graph

| Test/Panel Name | First Billed | Last Billed | # Tests | Most Recent Lab/Pathology Provider |
|---|---|---|---|---|
| Assay Of Folic Acid Serum, Assay Of Free Thyroxine, Assay Of Urine Creatinine, General Health Panel, Hemoglobin Glycosylated A1c, Lipid Panel, Ur Albumin Quantitative, Urinalysis Auto W/Scope, Vitamin B-12, Vitamin D 25 Hydroxy | 2/18/2026 | 2/18/2026 | 1 | QUEST DIAGNOSTICS INC |
| Hep B Surface Antibody, Mumps Antibody, N.Gonorrhoeae Dna Amp Prob, Rubella Antibody, Rubeola Antibody, Syphilis Test Non-Trep Qual, Tb Test Cell Immun Measure, Varicella-Zoster Antibody | 1/14/2026 | 1/14/2026 | 1 | SHERMAN-ABRAMS LABORATORY |

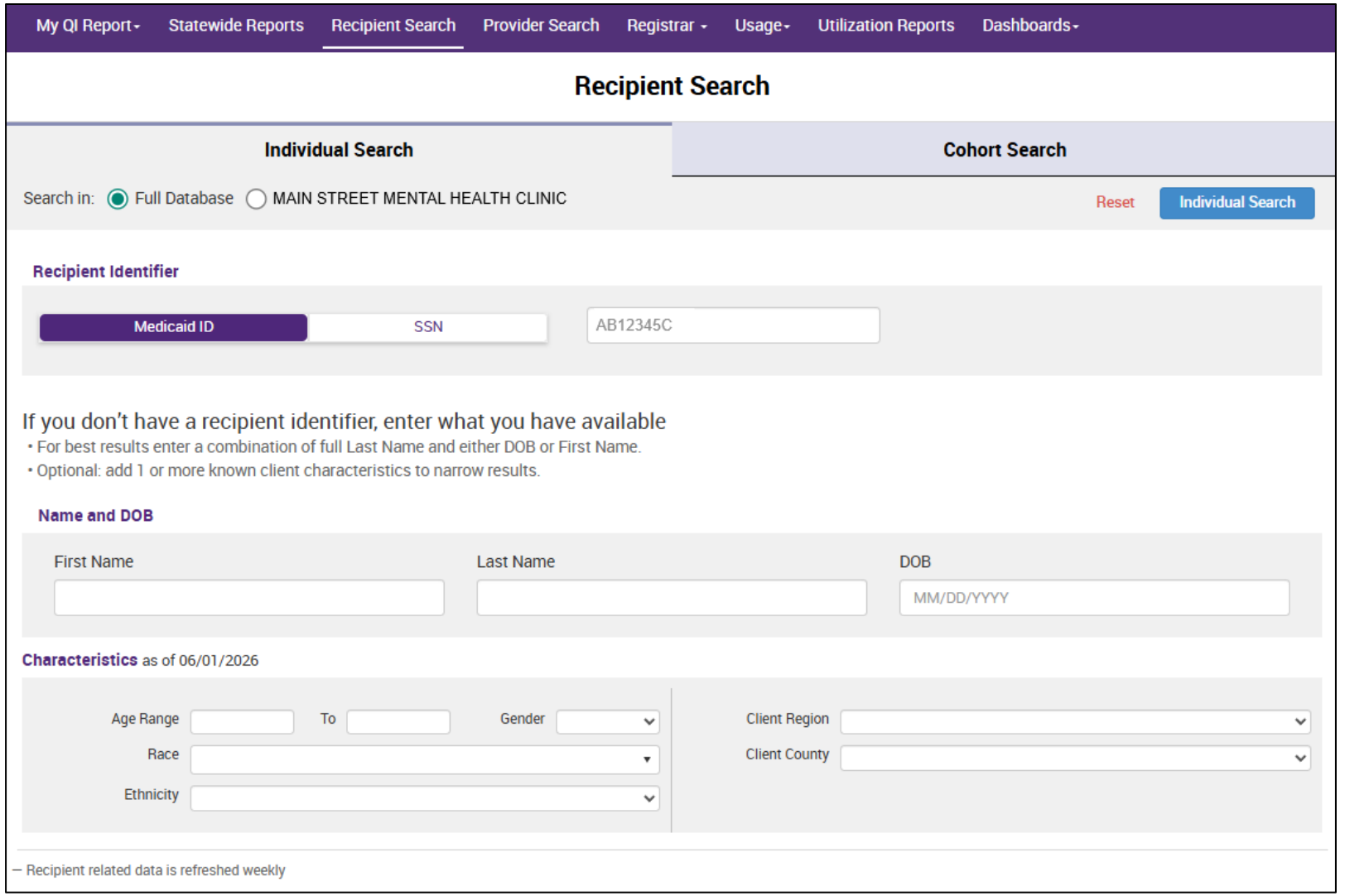
# Clinical Summary: Export Data to PDF or Excel



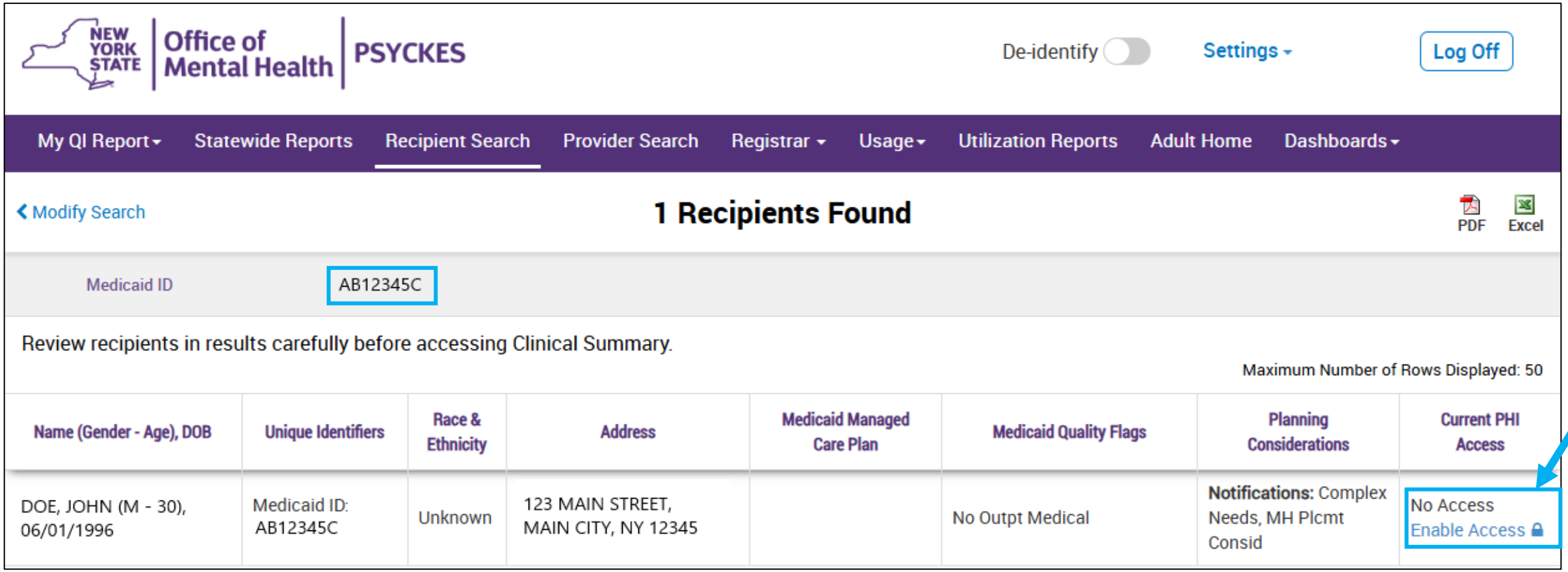
# Clinical Summary: Common Questions

- I can’t access a client’s Clinical Summary, even though I could recently.
  - Emergency access was enabled, but it expired
  - MCO users: client may have disenrolled from plan
- Why can’t I see lab results?
  - Not included in claims/encounter records
- Why does it say “No Medicaid claims available for this data type”?
  - Bill may not have been processed yet

# Core Competency: Changing PHI Access in Recipient Search



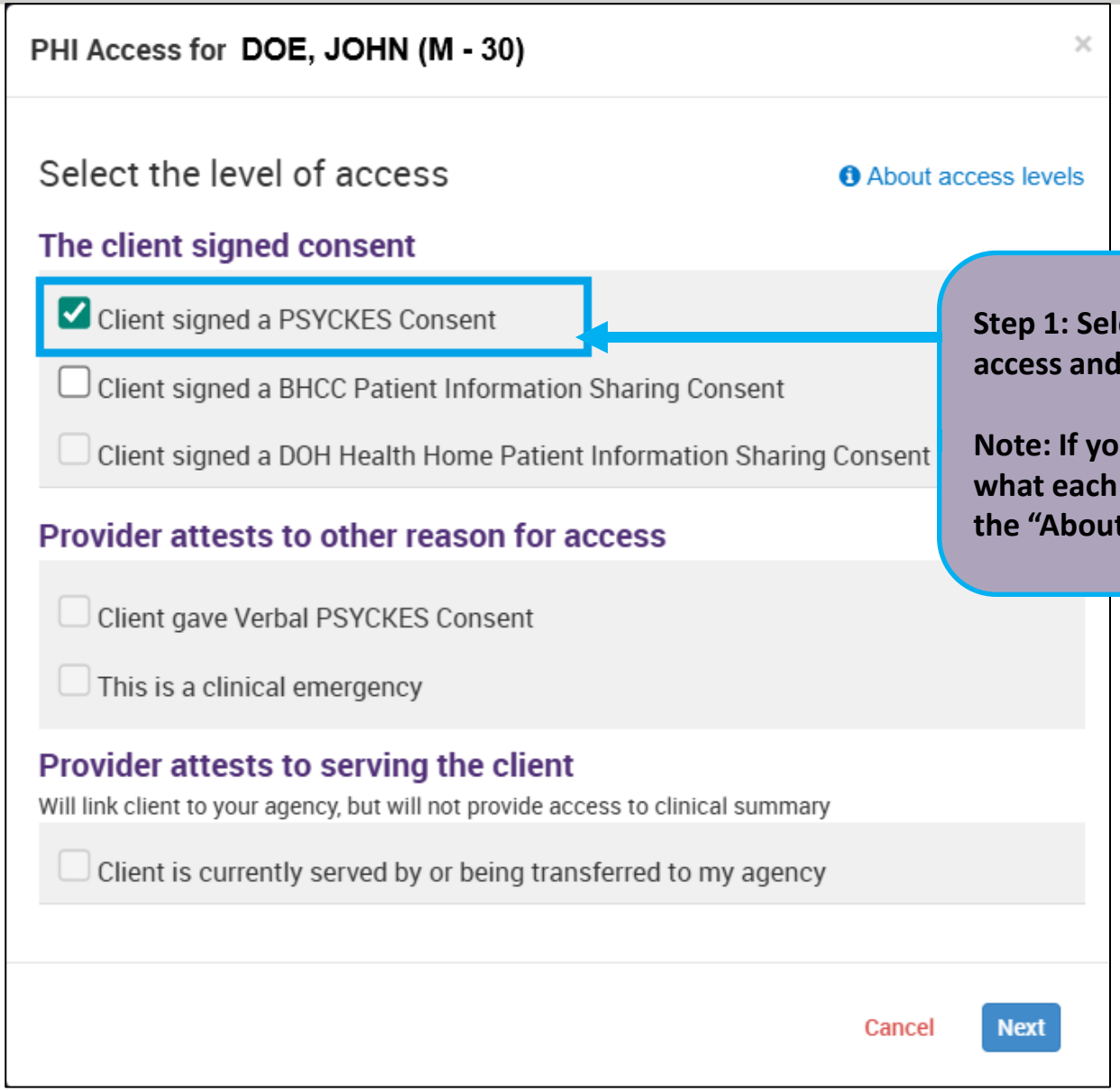
# Confirm Correct Match, Select "Change PHI Access"



# Training Take-Away Message: Confirm Search Results

- Responsible for gatekeeping PHI of over 13 million individuals, including PHI with special protections
- Treatment decisions must be based on correct client information

# Step 1: Select Basis for Access to Client's PHI




**Step 1: Select the appropriate level of access and select "Next."**

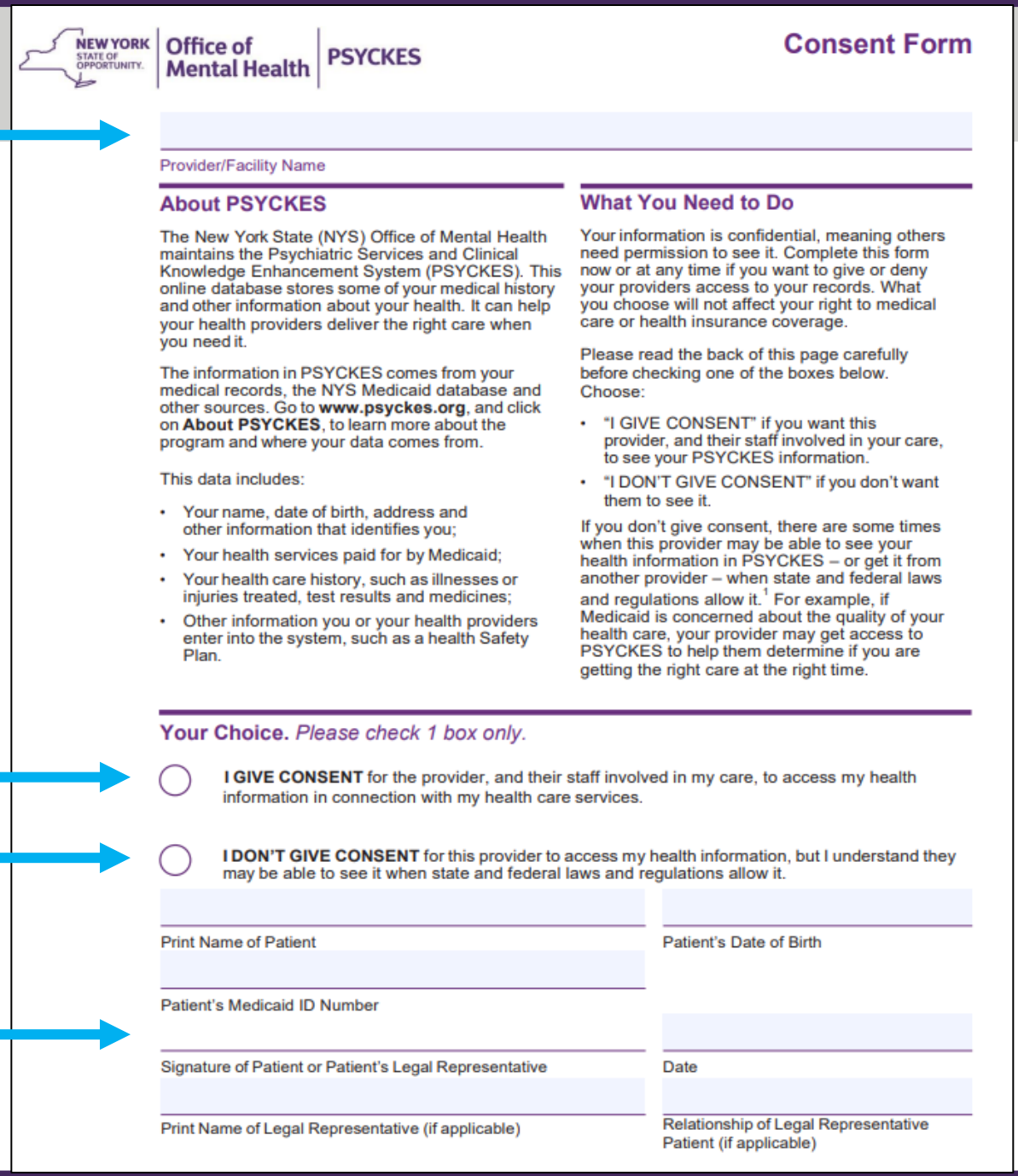
**Note: If you'd like to learn more about what each access level entails, select the "About Access Levels" link**

# Levels of Access to Client Data

- **Signed Consent (PSYCKES, BHCC, DOH Health Home/CCO)**
  - Allows access to all available data (including data with special protections such as SUD, HIV, family planning, genetic testing) for 3 years after the last billed service
- **Verbal Consent**
  - Allows access to limited data (excluding data with special protections) for 9 months
- **Clinical Emergency**
  - Allows access to all available data (including data with special protections) for 72 hours
- **Attestation of service** *(Client currently being served by/transferred to your agency)*
  - This will link client to your agency for Recipient Search reports but will not provide access to the Clinical Summary

# PSYCKES Consent Form

**Ensure that client checks off "I give consent" or "I don't give consent" Otherwise, consent form is invalid**



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

Consent Form

Provider/Facility Name

## About PSYCKES

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

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

This data includes:

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

## What You Need to Do

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

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

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

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

**Your Choice.** *Please check 1 box only.*

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

○ **I DON'T GIVE CONSENT** for this provider to access my health information, but I understand they may be able to see it when state and federal laws and regulations allow it.

Print Name of Patient

Patient's Date of Birth

Patient's Medicaid ID Number

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative Patient (if applicable)

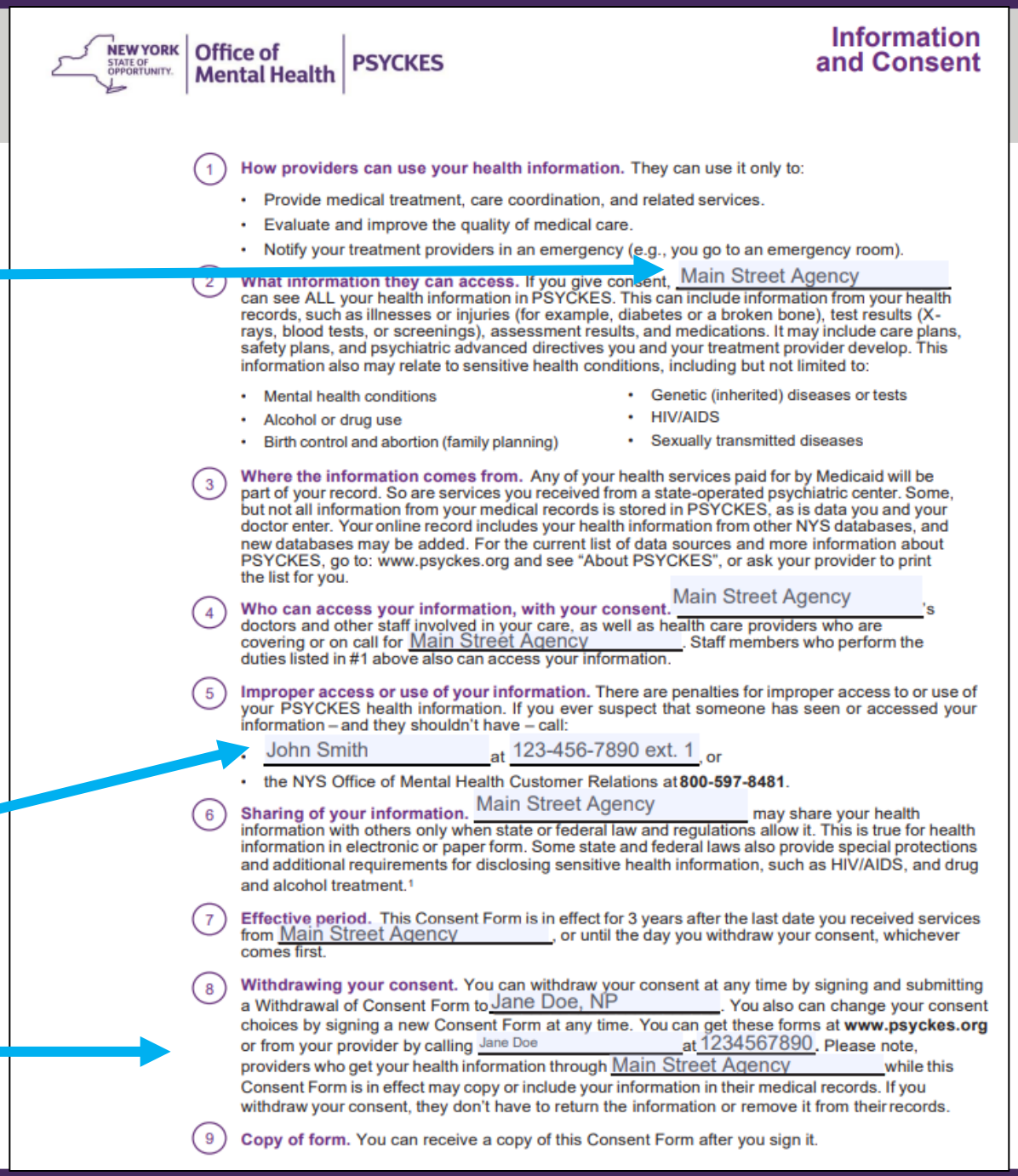
# Information and Consent

**Printing the PSYCKES Consent Form from the Registrar tab will pre-fill the fields on the second page**

**If using blank consent forms from the public PSYCKES website, enter your agency's name at the top of the first page, and it will auto-populate in other fields**

**In Section 5, enter the name and contact information of the individual at your agency who handles PHI breaches**

**In Section 8, enter the name/title and contact information of the individual at your agency who can withdraw consent**

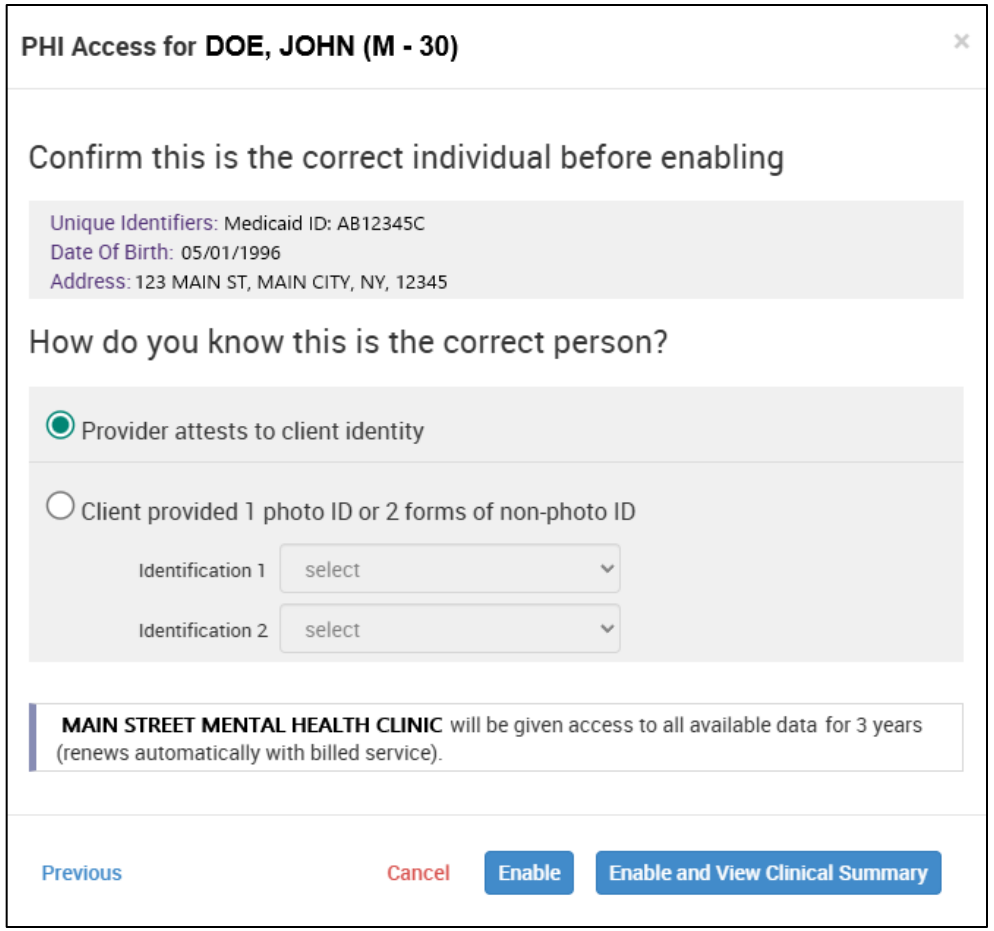


NEW YORK STATE OF OPPORTUNITY. Office of Mental Health | PSYCKES

Information and Consent

1. **How providers can use your health information.** They can use it only to:
   - Provide medical treatment, care coordination, and related services.
   - Evaluate and improve the quality of medical care.
   - Notify your treatment providers in an emergency (e.g., you go to an emergency room).
2. **What information they can access.** If you give consent, Main Street Agency can see ALL your health information in PSYCKES. This can include information from your health records, such as illnesses or injuries (for example, diabetes or a broken bone), test results (X-rays, blood tests, or screenings), assessment results, and medications. It may include care plans, safety plans, and psychiatric advanced directives you and your treatment provider develop. This information also may relate to sensitive health conditions, including but not limited to:
   - Mental health conditions
   - Alcohol or drug use
   - Birth control and abortion (family planning)
   - Genetic (inherited) diseases or tests
   - HIV/AIDS
   - Sexually transmitted diseases
3. **Where the information comes from.** Any of your health services paid for by Medicaid will be part of your record. So are services you received from a state-operated psychiatric center. Some, but not all information from your medical records is stored in PSYCKES, as is data you and your doctor enter. Your online record includes your health information from other NYS databases, and new databases may be added. For the current list of data sources and more information about PSYCKES, go to: www.psyckes.org and see "About PSYCKES", or ask your provider to print the list for you.
4. **Who can access your information, with your consent.** Main Street Agency's doctors and other staff involved in your care, as well as health care providers who are covering or on call for Main Street Agency. Staff members who perform the duties listed in #1 above also can access your information.
5. **Improper access or use of your information.** There are penalties for improper access to or use of your PSYCKES health information. If you ever suspect that someone has seen or accessed your information – and they shouldn't have – call:
   - John Smith at 123-456-7890 ext. 1, or
   - the NYS Office of Mental Health Customer Relations at **800-597-8481**.
6. **Sharing of your information.** Main Street Agency may share your health information with others only when state or federal law and regulations allow it. This is true for health information in electronic or paper form. Some state and federal laws also provide special protections and additional requirements for disclosing sensitive health information, such as HIV/AIDS, and drug and alcohol treatment.[1]
7. **Effective period.** This Consent Form is in effect for 3 years after the last date you received services from Main Street Agency, or until the day you withdraw your consent, whichever comes first.
8. **Withdrawing your consent.** You can withdraw your consent at any time by signing and submitting a Withdrawal of Consent Form to Jane Doe, NP. You also can change your consent choices by signing a new Consent Form at any time. You can get these forms at **www.psyckes.org** or from your provider by calling Jane Doe at 1234567890. Please note, providers who get your health information through Main Street Agency while this Consent Form is in effect may copy or include your information in their medical records. If you withdraw your consent, they don't have to return the information or remove it from their records.
9. **Copy of form.** You can receive a copy of this Consent Form after you sign it.

# Step 2: Verify Client Identity and Submit




- Select one form of photo ID or two forms of non-photo ID, or attest to the client's identity without ID
- Select Cancel, Enable, or Enable and View Clinical Summary
- Immediately upon entering consent, any PSYCKES user at the agency can view the client's data

# Changing PHI Access Level: Common Questions

- What is considered a clinical emergency?
  - A medical or behavioral condition for which there is an immediate need for treatment
    - Symptoms are of sufficient severity that the absence of immediate treatment would likely result in serious harm to self or others
  - Examples:
    - Threats/attempts at suicide or serious bodily harm
    - Homicidal or other violent behavior causing reasonable fear of serious physical harm
    - Inability or refusal to provide for essential needs due to mental illness
    - Overdose, sedation, altered mental status, or catatonia
- When can I attest that I know the client's identity?
  - Develop internal processes
  - Document rationale
  - Keep copy of ID in chart
  - Comfortable making clinical decisions based on information provided

# Core Competency: Identifying Clients with QI Flags

My QI Report | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | Adult Home | Dashboards

**MAIN STREET MENTAL HEALTH CLINIC** View: Standard PDF Excel

**Quality Improvement** As of 06/01/2026 | **Performance Tracking** As of 11/01/2025

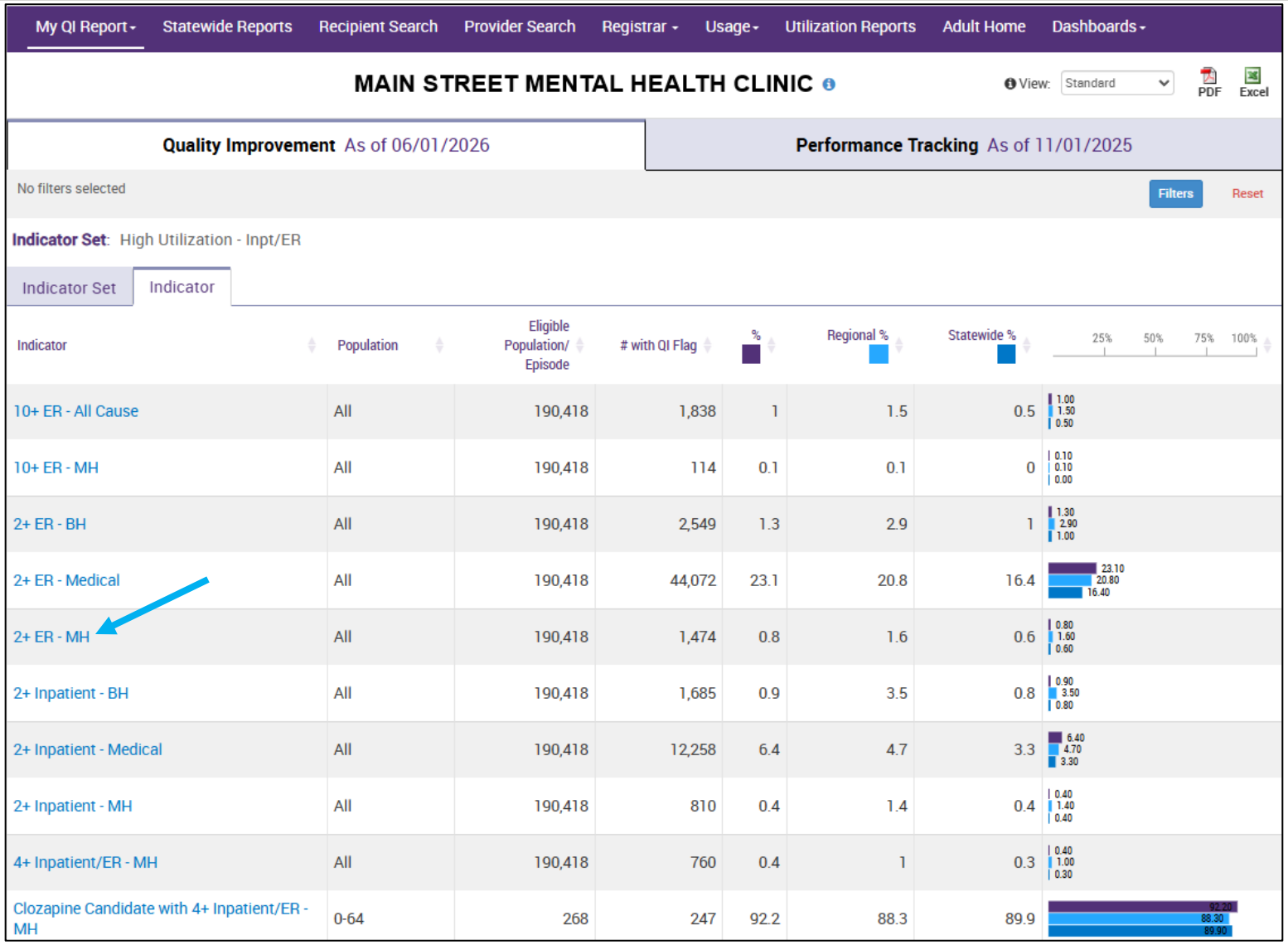
No filters selected Filters Reset

Indicator Set

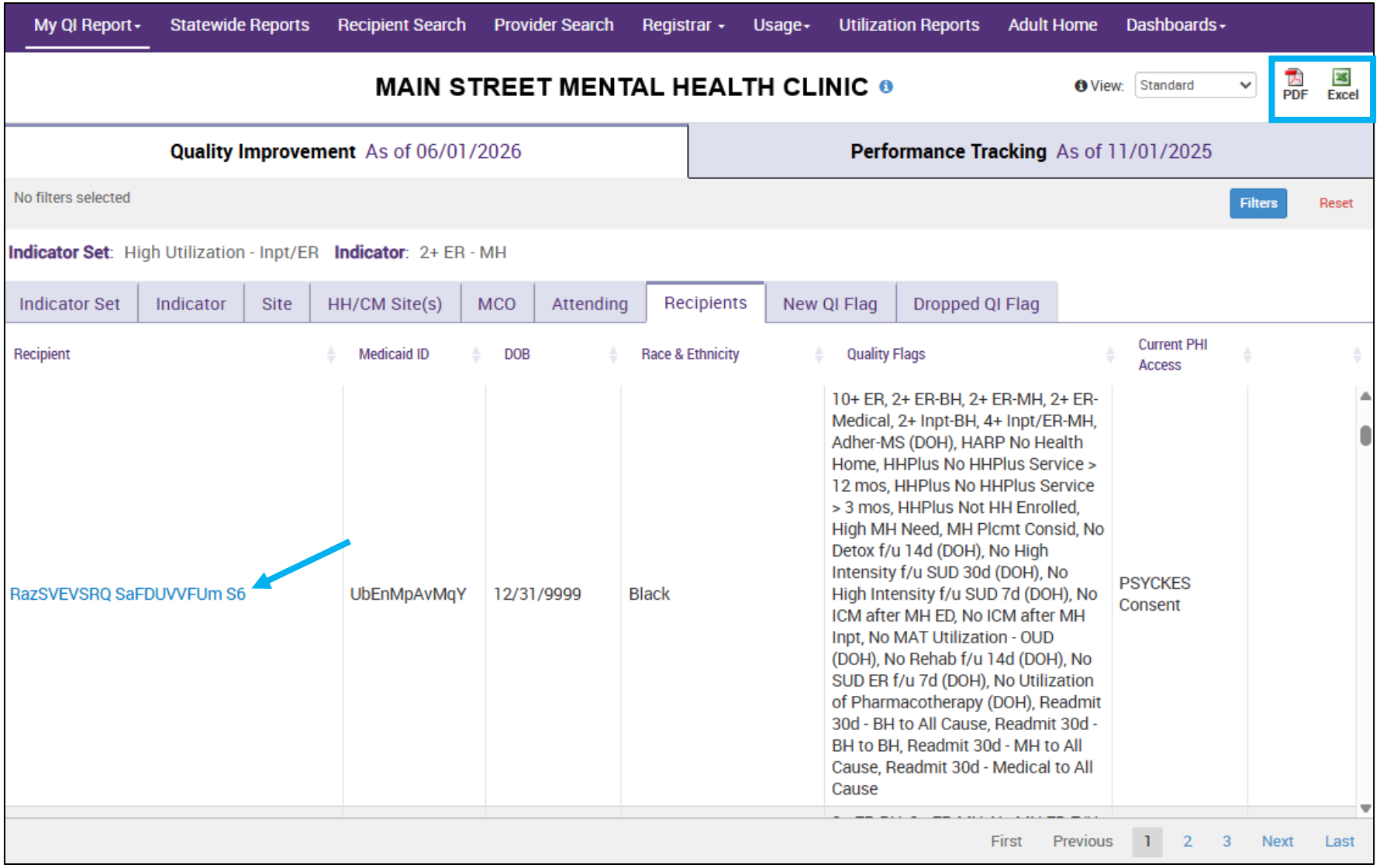
**Quality Improvement Indicators as of 06/01/2026** Run monthly on all available data to help rapidly address quality improvement concerns.

| Indicator Set | Population | Eligible Population/ Episode | # with QI Flag | % | Regional % | Statewide % | 25% 50% 75% 100% |
|---|---|---|---|---|---|---|---|
| BH QARR - Improvement Measure | All | 6,813 | 2,245 | 33 | 35.6 | 35.8 | 33.00 35.60 35.80 |
| General Medical Health | All | 190,304 | 17,008 | 8.9 | 13.8 | 12.7 | 8.90 13.80 12.70 |
| Health Home Care Management - Adult | Adult 18+ | 9,842 | 8,630 | 87.7 | 80 | 89.9 | 87.70 80.00 89.90 |
| High Utilization - Inpt/ER | All | 190,418 | 52,395 | 27.5 | 25.5 | 19.2 | 27.50 25.50 19.20 |
| Polypharmacy | All | 16,568 | 2,048 | 12.4 | 18.1 | 11.6 | 12.40 18.10 11.60 |
| Preventable Hospitalization | Adult | 129,393 | 2,564 | 2 | 1.2 | 0.9 | 2.00 1.20 0.90 |
| Readmission Post-Discharge from any Hospital(Episode Based) | All | 73,625 | 16,903 | 23 | 23.2 | 15.8 | 23.00 23.20 15.80 |
| Readmission Post-Discharge from this Hospital(Episode Based) | All | 43,613 | 8,093 | 18.6 | 23 | 16.1 | 18.60 23.00 16.10 |
| Treatment Engagement | Adult 18-64 | 5,310 | 1,834 | 34.5 | 33 | 34.3 | 34.50 33.00 34.30 |

# Drill down on selected indicator

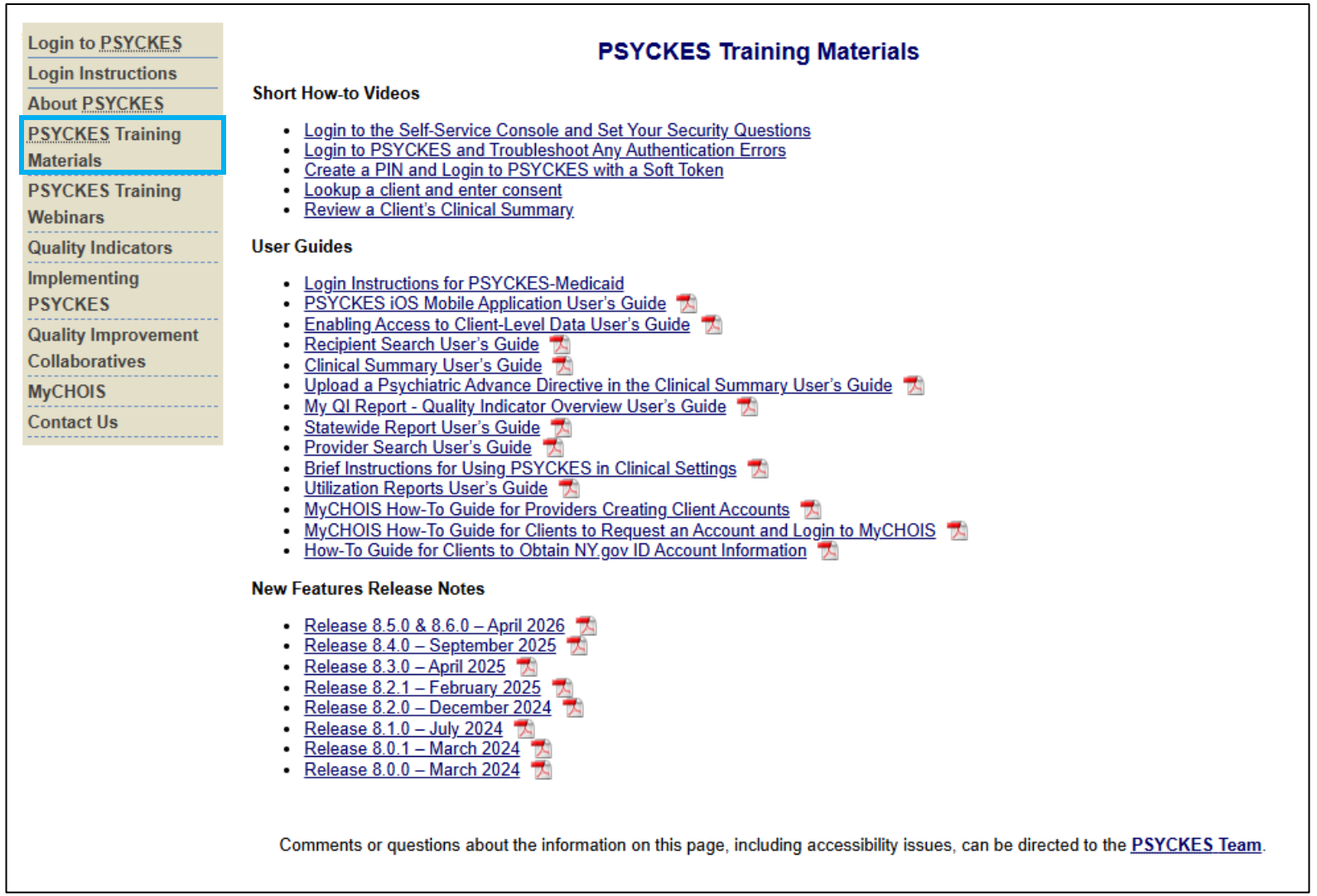


# Export client list or select client to view Clinical Summary



# Training & Technical Support

# Short How-to Videos, User Guides, and Release Notes



Login to PSYCKES
Login Instructions
About PSYCKES
PSYCKES Training Materials
PSYCKES Training Webinars
Quality Indicators
Implementing PSYCKES
Quality Improvement Collaboratives
MyCHOIS
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## PSYCKES Training Materials

### Short How-to Videos

- Login to the Self-Service Console and Set Your Security Questions
- Login to PSYCKES and Troubleshoot Any Authentication Errors
- Create a PIN and Login to PSYCKES with a Soft Token
- Lookup a client and enter consent
- Review a Client's Clinical Summary

### User Guides

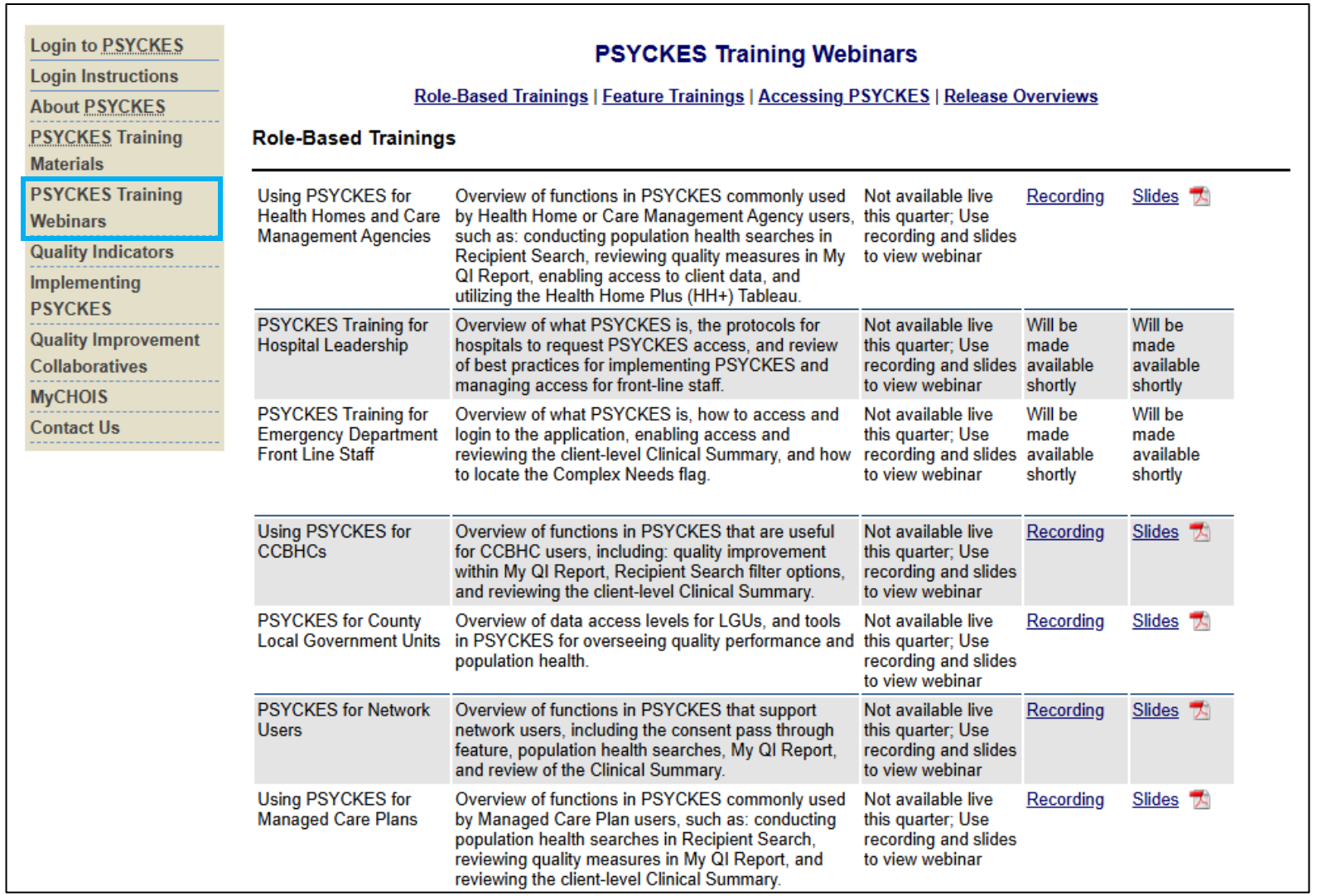
- Login Instructions for PSYCKES-Medicaid
- PSYCKES iOS Mobile Application User's Guide
- Enabling Access to Client-Level Data User's Guide
- Recipient Search User's Guide
- Clinical Summary User's Guide
- Upload a Psychiatric Advance Directive in the Clinical Summary User's Guide
- My QI Report - Quality Indicator Overview User's Guide
- Statewide Report User's Guide
- Provider Search User's Guide
- Brief Instructions for Using PSYCKES in Clinical Settings
- Utilization Reports User's Guide
- MyCHOIS How-To Guide for Providers Creating Client Accounts
- MyCHOIS How-To Guide for Clients to Request an Account and Login to MyCHOIS
- How-To Guide for Clients to Obtain NY.gov ID Account Information

### New Features Release Notes

- Release 8.5.0 & 8.6.0 – April 2026
- Release 8.4.0 – September 2025
- Release 8.3.0 – April 2025
- Release 8.2.1 – February 2025
- Release 8.2.0 – December 2024
- Release 8.1.0 – July 2024
- Release 8.0.1 – March 2024
- Release 8.0.0 – March 2024

Comments or questions about the information on this page, including accessibility issues, can be directed to the PSYCKES Team.

# PSYCKES Training Webinars



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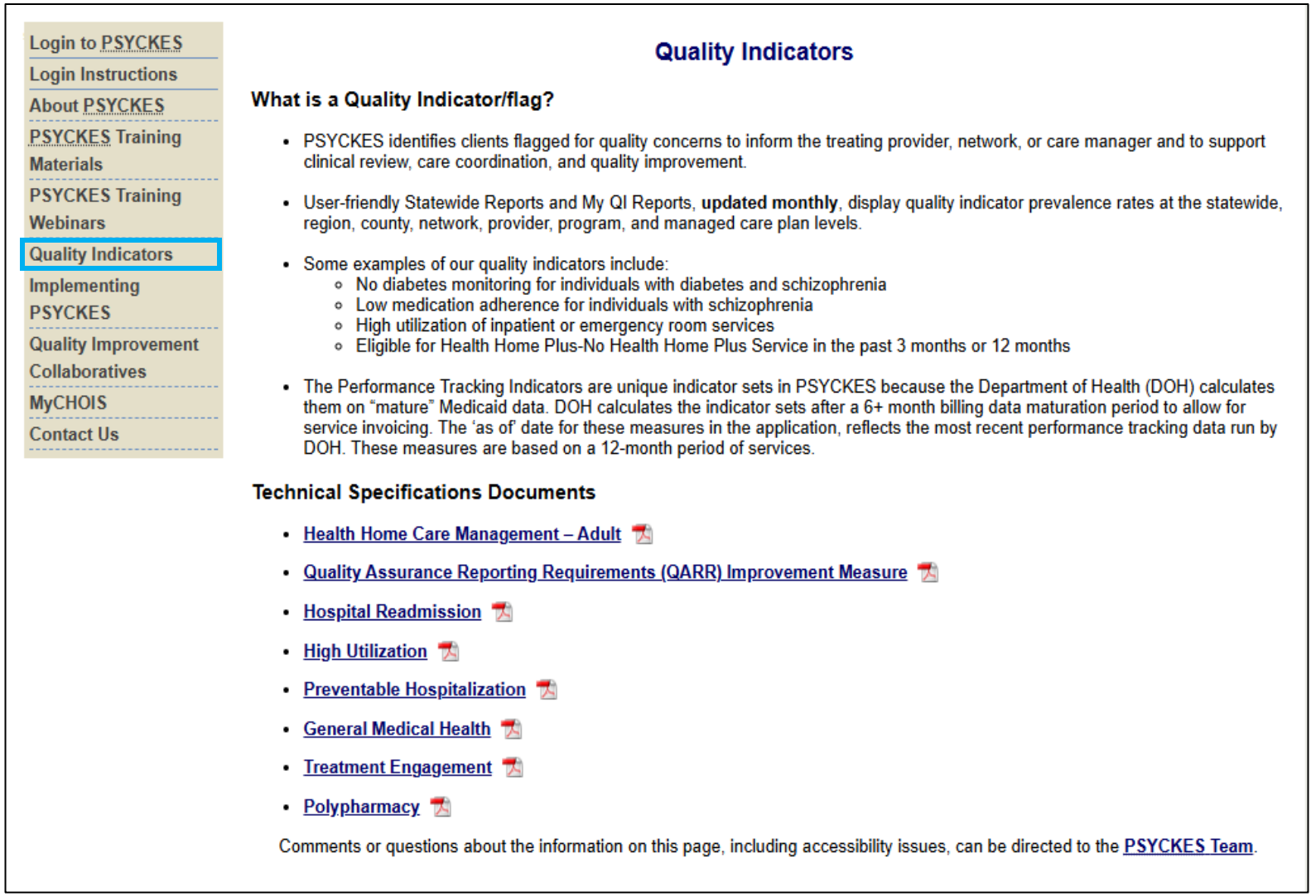
**PSYCKES Training Webinars**

Role-Based Trainings | Feature Trainings | Accessing PSYCKES | Release Overviews

**Role-Based Trainings**

| | | | | |
|---|---|---|---|---|
| Using PSYCKES for Health Homes and Care Management Agencies | Overview of functions in PSYCKES commonly used by Health Home or Care Management Agency users, such as: conducting population health searches in Recipient Search, reviewing quality measures in My QI Report, enabling access to client data, and utilizing the Health Home Plus (HH+) Tableau. | Not available live this quarter; Use recording and slides to view webinar | Recording | Slides |
| PSYCKES Training for Hospital Leadership | Overview of what PSYCKES is, the protocols for hospitals to request PSYCKES access, and review of best practices for implementing PSYCKES and managing access for front-line staff. | Not available live this quarter; Use recording and slides to view webinar | Will be made available shortly | Will be made available shortly |
| PSYCKES Training for Emergency Department Front Line Staff | Overview of what PSYCKES is, how to access and login to the application, enabling access and reviewing the client-level Clinical Summary, and how to locate the Complex Needs flag. | Not available live this quarter; Use recording and slides to view webinar | Will be made available shortly | Will be made available shortly |
| Using PSYCKES for CCBHCs | Overview of functions in PSYCKES that are useful for CCBHC users, including: quality improvement within My QI Report, Recipient Search filter options, and reviewing the client-level Clinical Summary. | Not available live this quarter; Use recording and slides to view webinar | Recording | Slides |
| PSYCKES for County Local Government Units | Overview of data access levels for LGUs, and tools in PSYCKES for overseeing quality performance and population health. | Not available live this quarter; Use recording and slides to view webinar | Recording | Slides |
| PSYCKES for Network Users | Overview of functions in PSYCKES that support network users, including the consent pass through feature, population health searches, My QI Report, and review of the Clinical Summary. | Not available live this quarter; Use recording and slides to view webinar | Recording | Slides |
| Using PSYCKES for Managed Care Plans | Overview of functions in PSYCKES commonly used by Managed Care Plan users, such as: conducting population health searches in Recipient Search, reviewing quality measures in My QI Report, and reviewing the client-level Clinical Summary. | Not available live this quarter; Use recording and slides to view webinar | Recording | Slides |

# Quality Indicators/Flags



# Technical Support

- If you have any questions regarding the PSYCKES application, please reach out to our helpdesk:
  - 9:00AM – 5:00PM, Monday – Friday
  - PSYCKES-help@omh.ny.gov
- If you're having issues with your token or logging in, contact the ITS or OMH helpdesk:
  - ITS (OMH/State PC Employee) Helpdesk:
    - Please contact the NYS Helpdesk at https://chat.its.ny.gov or call 844-891-1786
  - OMH (Non-OMH/Non-State PC Employee) Helpdesk:
    - 518-474-5554, option 2; healthhelp@its.ny.gov

# Q&A

# Thank you!