

# **PSYCKES** Train the Trainer

### We will begin shortly

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

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

> Michelle Hand, MSW PSYCKES Medical Informatics Team July 19, 2022

# **Q&A via WebEx**

- All phone lines are muted
- Access "Q&A" box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor over green bar at top of screen to see menu
- Type questions using the "Q&A" feature
  - Submit to "all panelists" (default)
  - Please do not use Chat function for Q&A
- Note: slides will be emailed to attendees after the webinar



# Goals

- Identify key considerations in planning for training
- Review recommended pre-training activities
- Highlight key information and core competencies ("PSYCKES 101")
- Review available training resources
- (Not a thorough training on PSYCKES itself)



# **Planning for PSYCKES Training**

- Who needs training?
- What do they need training on?
- What type of training is most appropriate for which staff?
- Understanding workflow expectations and use cases is critical!



# **Evaluating Training Needs**

Role	PSYCKES Use Case	Training Domains
Front Desk Staff at Provider agency	<ul> <li>Attesting to consent in PSYCKES</li> <li>Printing PSYCKES Clinical Summary</li> </ul>	Registrar Tab
Clinicians	<ul> <li>Review Clinical Summary for clinical decision-making</li> <li>Attesting to consent in PSYCKES</li> </ul>	<ul><li>Recipient Search</li><li>Clinical Summary</li></ul>
Supervisors	<ul> <li>Identify at-risk clients</li> <li>Clinical supervision</li> <li>Monitor PSYCKES use</li> </ul>	<ul> <li>QI Reports</li> <li>Recipient Search</li> <li>Clinical Summary</li> <li>Usage Reports</li> </ul>
QA/QI Staff	<ul> <li>Review performance on quality measures</li> <li>Integrate Clinical Summary into UR, incident review</li> </ul>	<ul><li>QI Reports</li><li>Recipient Search</li><li>Clinical Summary</li></ul>

# **Evaluating Training Format**

Training Format	Best for	Advantages	Challenges
PSYCKES webinars	<ul> <li>Staff with access to computers</li> <li>Self-directed learners</li> <li>Comfortable with computers</li> </ul>	<ul> <li>Offered regularly by PSYCKES staff</li> <li>Live and recorded format</li> </ul>	<ul> <li>Not specific to users' workflow / use cases</li> <li>No on-site support</li> </ul>
Group training: Demo	<ul> <li>Larger groups of users</li> <li>Staff with similar use cases</li> <li>Comfortable with computers</li> </ul>	<ul> <li>Can tailor to organization's specific workflow</li> </ul>	<ul> <li>Difficult to assess users' capacity to apply training</li> <li>Scheduling</li> </ul>
Group training: Hands-on	<ul> <li>Larger groups of users</li> <li>Staff with similar use cases</li> </ul>	<ul> <li>Can tailor to organization</li> <li>Can offer immediate feedback / assistance</li> </ul>	<ul> <li>Requires access to computer lab</li> <li>Difficult to engage users with very different skills in same session</li> <li>Scheduling</li> </ul>
1:1 training	Staff needing support for computer use	<ul><li>Flexible scheduling</li><li>User-specific support</li></ul>	Trainer time

# **Preparing for the Training Session**

- Develop training outline
  - Internal policies and procedures
  - Consult Core Competencies Checklist
  - Decide whether to use identified or de-identified data
- Practice skills to be taught
  - Attend/view "Introduction to PSYCKES", "Using the PSYCKES Clinical Summary", "Consent, Emergency, Quality Flag: PSYCKES Levels of Access" and "Navigating PSYCKES Recipient Search for Population Health" webinars
- Confirm that tokens are activated and tested prior to training
- Have training materials and contact numbers on hand
  - Last page of presentation



### **Training Resources on 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**

### **Consent Forms**

The PSYCKES Consent and Withdrawal of Consent forms are available below in 10 languages. To use these forms, the provider "Facility Name" as well as relevant contact information must be entered in the appropriate blank spaces in the document (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, where the "Facility Name" will be automatically populated and contact information can be added or edited.

#### PSYCKES Consent Form:

<u>English</u>	🟂 <u>Spanish</u>	📌 <u>Arabic</u>	📌 <u>Chinese</u>	🔁 <u>Haitian Creole</u>	🟂 <u>Japanese</u>	🟂 <u>Khmer</u>	🟂 <u>Korean</u>	🟂 <u>Russian</u>	📌 <u>Urdu</u>	7
• P	SYCKES Wi	thdrawal o	f Consent Fo	orm:						
<u>English</u>	🛃 <u>Spanish</u>	<u> </u>	<b>Chinese</b>	🟂 <u>Haitian Creole</u>	🛃 <u>Japanese</u>	<u> Khmer</u>	<mark>∱ Korean</mark>	<u> ∱Russian</u>	📌 <u>Urdu</u>	7
Levels	of Access									

- Signed Consent
  - PSYCKES Consent Form
  - Behavioral Health Care Collaborative Information Sharing Consent Form
  - DOH Health Home Patient Information Sharing Consent for Adults (DOH 5055)
- Emergency Access
- Quality Flag 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

Training Recommendations 📆 - Guide for training staff on PSYCKES

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

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

# Core Competencies Checklist

NEW YORK

STATE OF OPPORTUNITY. Office of

Mental Health

 User Name:
 Date:

 All Users:
 Required Steps / Answer Key

 User Skill
 Required Steps / Answer Key

 Login to PSYCKES
 Open PSYCKES website; navigate to login screen; enter unique OMH User Identification (ID) and security token passcode.

 Exit PSYCKES
 Click "Log Off", do not simply close browser.

Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

**Core Competencies Checklist** 

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.
<ul> <li>Set Clinical Summary time period, and read message re: data with special protections</li> <li>Explain: What data has special protections? Is it hidden or shown in the summary you are viewing?</li> </ul>	Click on desired time period; read message about data with special protections; correctly identify what data has special protections and whether it is shown in the Clinical Summary.
<ul> <li>Use Integrated Graph to review services over time, and view desired details</li> <li>Does the client appear to be engaged in outpatient MH treatment?</li> </ul>	Zoom in on specific time period; hover cursor over dot on graph to see details.
<ul> <li>Find desired information in the Clinical Summary</li> <li>What quality flags (if any) does client have?</li> <li>Where and when was the client's most recent mental health outpatient visit?</li> <li>What (if any) are the client's current active medications (behavioral and/or medical)?</li> <li>What can you learn about labs and diagnostic testing?</li> </ul>	<ul> <li>Be familiar with the sections of the Clinical summary</li> <li>Be aware of which sections are broken out into Behavioral Health vs. Medical, and which are integrated</li> <li>Understand what the quality flags mean</li> <li>Be aware of what information is and is not available (e.g., labs and diagnostic tests are shown, but not results).</li> </ul>

# **Brief Instructions for Using PSYCKES**

#### Login to PSYCKES

### **Login Instructions**

### About PSYCKES

PSYCKES Training

### Materials

### **PSYCKES** Training

Webinars

- **Quality Indicators**
- Implementing
- PSYCKES
- **Quality Improvement**
- Collaboratives
- **MyCHOIS**
- Contact Us

### **PSYCKES Training Materials**

### Short How-to Videos

- Login to PSYCKES & Troubleshoot Any Authentication Errors
- Create a PIN and Login to PSYCKES with a Soft Token
- Lookup a client and enter consent

### User Guides

- Login Instructions for PSYCKES-Medicaid
- PSYCKES iOS Mobile Application User's Guide 1
- Enabling Access to Client-Level Data User's Guide T
- <u>Recipient Search User's Guide</u>
- <u>Clinical Summary User's Guide</u> T
- Upload a Psychiatric Advance Directive in the Clinical Summary User's Guide 📆
- My QI Report Quality Indicator Overview User's Guide T
- <u>Statewide Report User's Guide</u> 1
- Provider Search User's Guide 15
- Brief Instructions for Using PSYCKES in Clinical Settings
- <u>PSYCKES-Medicaid: How to Use NYSoH Features</u> T
- <u>Utilization Reports User's Guide</u> T

### New Features Release Notes

- <u>Release 7.2.2 August 2021</u> T
- <u>Release 7.1.0 February 2021</u>
- <u>Release 7.0.0 September 2020</u>
- <u>Release 6.9.0 June 2020</u>
- <u>Release 6.8.0 February 2020</u>
- <u>Release 6.7.1 November 2019</u>

# **Brief Instructions for Using PSYCKES**

Includes step-by-step instructions for enabling PHI access, using Recipient Search and Clinical Summary

### Using Recipient Search to enter consent and access client data

Steps:

- Login to PSYCKES and manage access
  - Go to Recipient Search
- 2. Search for client in the entire PSYCKES database
  - Enter any combination of the recipient identifiers (Medicaid ID, SSN, Name, or DOB) > Click "Search"
- 3. Confirm recipient match and click "Enable Access" or "Update Access" link on the rightmost column
- 4. Select reason for having a right to access the client's Medicaid data
  - If the client signed consent, select:
    - Client signed the PSYCKES Consent, BHCC Consent, OR DOH-5055 Adult Health Home Patient Information Sharing Consent
  - In the absence of signed consent, select:
    - This is a clinical emergency
    - Client is currently served by or being transferred to my facility
- 5. Indicate the way in which the client's identity has been verified and Enable OR Enable and View Clinical Summary
  - Provider attests to client identity
  - Client provided 1 photo ID or 2 forms of non-photo ID

# PSYCKES 101: PSYCKES Data



# **Basic Info about PSYCKES**

- A HIPAA-compliant, web-based platform for sharing Medicaid claims data
- Includes up to 5 years of data on Medicaid behavioral health population
  - All Medicaid-reimbursed services across settings
  - Fee-for-service and managed care
  - Clinical data is refreshed weekly
- 60+ quality measures in domains of psychotropic medication, acute care utilization, and outpatient health services
  - Can identify clients at risk or in need of extra support
  - Quality indicators are refreshed monthly



# **Limitations of PSYCKES Data**

- Accuracy dependent on coding and billing
- Data elements limited to what is shown on claims
   See diagnostic procedures/ labs but without results
- Time lag between services and billing is variable
   Service data may lag by weeks or months
- Client data affected by hospitalizations (bundled services), loss of Medicaid coverage, moves



# **Training Take-Away Message**

- PSYCKES data can provide important information about treatment history
- May not represent entire clinical picture
- Need to train staff on appropriate ways to handle inconsistencies with client self-report
  - Goal: to support clinician-client dialogue



### **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	No	No, client name only	No	9 months after last service
Autor	service in past 9 months	Yes	Yes	No	While flag is active, up to 9 months after last service
Manual	Attest client is being served at / transferred	No	No, client name only	No	9 months after last service
	to agency	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

# **Training Take-Away Message for Providers**

- Data with special protections is only available with provider attestation via the PSYCKES PHI Access Module
- It is important that staff make the effort to obtain signed consent (rather than using emergency access) whenever possible
  - Respect for clients
  - Long-term access to all available client data
- Note for Managed Care PSYCKES users: client consent is not needed
  - All data is available for current and recently disenrolled enrollees

## **Client Data for Managed Care Plan Users**

Enrollment Status	Quality Flag?	Access to All Client Data, Including Data with Special Protection?	Duration
Currently enrolled in MC Plan		Yes	Current calendar year, through April in following year
Dis-enrolled from MC Plan this year	n/a	Yes	Current calendar year, through April the following year
Dis-enrolled from MC Plan previous year		Yes, through April only	Through April the following year

# PSYCKES 101: Core Competencies



### **Core Competency: Logging in to PSYCKES**

Go to PSYCKES Home Page: <u>www.psyckes.org</u>
Click "Login to PSYCKES"

#### Login to PSYCKES

Login Instructions

About PSYCKES

**PSYCKES** Training

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**Quality Indicators** 

Implementing

PSYCKES

Quality Improvement

Collaboratives

**MyCHOIS** 

Contact Us

#### PSYCKES Home

<u>PSYCKES</u> is a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in New York State.

### LOGIN TO PSYCKES

#### What's New?

- PSYCKES new features release 7.2.2 went live on August 3, 2021. Updates include: A new AOT Status filter option in Recipient Search to identify clients with "AOT Active or expired within the last 5 years" as well as new Program Type/Service Setting report filters such as Crisis Intervention Services (Mobile Crisis and Telephonic Response and Follow-up), Children and Family Treatment & Support Services, and Children's Home and Community Based Services. <u>View Release Notes</u> for more details.
- The new Article 31 Quality Improvement Collaboratives launched in April 2021 <u>View the Quality Improvement Collaboratives</u> page for more details. Currently, participating clinics are working towards implementing strategies for sustainable telemental health services.
- The Behavioral Health High Risk Quality Collaborative (HRQC) in Emergency Departments (ED) is currently supporting hospitals in implementing PSYCKES and developing best practices for ED identification and management of patients at risk of suicide, opioid overdose, violence, and high hospital utilization.
- Recent Publication: <u>The Relationship Between Suicidal Behaviors and Zero Suicide Organizational Best Practices in Outpatient</u> <u>Mental Health Clinics</u>
  - What we learned: Layman et al. (2021) found that clinics that followed Zero Suicide organizational best practices with high fidelity were less likely to have a suicide attempt or death among patients under their care, after adjusting for patient census and population type served (adult vs. child). Seven best practices were significantly associated with reduced suicide risk.
  - o Thank you to the 165 clinics that participated in the Suicide Prevention CQI project!

# Logging in to PSYCKES, cont.

- Security Token Required
  - "Hard token" or "Soft token"
    - As of April 2022, default soft tokens are mobile tokens which can only be used on a mobile device
- PIN set at first log-on
  - 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







# Logging in to PSYCKES, cont.

- At Login Page, enter:
  - User ID
  - Password:
    - Hard token: PIN followed by code on token
    - Soft token: Enter PIN in soft token, copy and past token code into Passcode line on login screen



### Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.

This resource r PASSCODE.	requires an RSA SecurID log in. Please identify yourself by entering your user ID and your
User ID: PASSCODE:	
Continue	

# Be Prepared for Questions About...

- "My token doesn't work"
- "I tried to log in but see "authentication error"
- ITS Help Desk (Token, Login & SMS support)
  - Provider Partner OMH Helpdesk:
    - 518-474-5554 opt 2; <u>healthhelp@its.ny.gov</u>
  - OMH Employee ITS Helpdesk:
    - 1-844-891-1786; <u>fixit@its.ny.gov</u>



## **Core Competency: Finding Client(s)**

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar - U	sage -	Utilization Reports	Adult Home		
		ľ	Quality Indicat	MENTAL HEA or Overview As Of 06		INIC 9	• View:	Standard V DF	ING Excel
REGION: ALL COUNT	TY: ALL SITE: ALL PROGR	AM TYPE: ALL AGE: AL	L MC PRODUCT LINE	ALL MANAGED C/	ARE: ALL			Filtero	Repet
Indicator Set									
Ir	ndicator Set	Population	Eligible Population	# with QI Flag (	÷ * ÷	Regional %	Statewide %	25% 50% 75%	100%
BH QARR - DOH Per Measure - as of 12/	-	Adult	13,569	8,484	62.5	61.8	63.4	62.50 61.80 63.40	
BH QARR - Improver	ment Measure	All	7,407	2,472	33.4	36.8	37.2	33.40 36.80 37.20	
General Medical He	alth	All	180,713	15,627	8.6	12.9	12.4	8.60 12.90 12.40	
General Medical QA Stratification - as of	RR - DOH Measures for 12/01/2021	All	77,189	22,350	29	35.7	33.5	29.00 35.70 33.50	
Health Home Care M	Management - Adult	Adult 18+	10,203	7,834	76.8	78.1	84.4	76 78 8440	1.10
High Utilization - Inp	ot/ER	All	180,794	43,992	24.3	22.1	19.6	24.30 22.10 19.60	
Polypharmacy		All	17,403	2,463	14.2	16	12.2	14.20 16.00 12.20	
Preventable Hospita	alization	Adult	126,910	1,809	1.4	0.8	0.8	1.40 0.80 0.80	
Readmission Post-E	Discharge from any Hosp	ital All	34,888	5,483	15.7	13.9	11.3	15.70 13.90 11.30	
Readmission Post-D Hospital	Discharge from this	All	24,461	3,207	13.1	12.4	11.4	13.10 12.40 11.40	
Substance Use Disc	orders - as of 12/01/2021	Adol & Adult (13+)	10,933	6,631	60.7	58.5	62.2	60.70 58.50 62.20	
Treatment Engagen	nent	Adult 18-64	5,842	1,929	33	31.3	33.9	33.00 31.30 33.90	

# **Recipient Search**

Search by Medicaid ID, Social Security #, or first/last name/DOB If searching by name, use other criteria to narrow the list

My QI Report <del>+</del>	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Reports 🛨	Utilization Reports	
	Individ Searc		Recipient	Search	Limit	t results to 50 🔽	Search Reset
Recipient Identifiers				Search	in: ) Full Database (	MAIN STREET MENTA	L HEALTH CLINIC
Medic	aid ID	SSN		First Name	Last Name	DOB	
AB00000A						MM/D	D/YYYY

### Characteristics as of 07/06/2022

Age Range	То	Gender 🗸 🗸	Population		*
Race		v	High Need Population		*
Ethnicity		~	AOT Status		*
County of Fiscal Respon	asibility	~	Alerta		*
			Homelessness Alerts		•
Quality Flag as of 06/	/01/2022	C Definitions	Services: Specific Provider as of	f 06/01/2022	Past 1 Year 🗸
HARP-Enrolled - No Asse Eligible for Health Home	Ith Home Enrolled - (updated weekly) essment for HCBS - (updated weekly) Plus - Not Health Home Enrolled Plus - No Health Home Plus Service	,	Provider MAIN STREET M Region	County	~

# **Recipient Search**

Search for cohorts by age, gender, HARP status, AOT status, MC Plan, quality flag, prescriber, service, diagnosis, drug, etc.

My QI Report <del>-</del>	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Reports 🗸	Utilization Reports	
			Recipien	t Search	Limit	t results to 50 🗸	Search Reset
Recipient Identifier	s				Search in: 🔘 Full Da	tabase 🔿 MAIN STREET	MENTAL HEALTH CLINIC
Me	dicaid ID	SSN		First Name	Last Name	DOB	
AB00000A						MM/I	D/YYYY
Characteristics es o	of 07/06/2022						
Age Range	то	Gend		_	vulation		~
Race	•		Gr	oup/Coho	ort sulation		~
Ethnicity				Search	Status		~
County of Fiscal Resp	onsibility				Alerts		~
				nu	mereooriess Alerts		•
Managed Care Plar	a & Medicaid						
Mana	ged Care		~	Childre	en's Waiver Status		~
	duct Line		~		HARP Status		~
Medicaid Enrollmer	nt Status		~	HARP HCBS A	ssessment Status		~
Medicaid Res	trictions		~	HARP HCBS As	sessment Results		~
Quality Flag as of 0	6/01/2022	C	] Definitions	Services: Specific P	Provider as of 06/01/202	22	Paot 1 Year 🖌
	ealth Home Enrolled - (updated sessment for HCBS - (updated		<b>^</b>	Provide	PF MAIN STREET MENTAL HEAD	LTH CLINIC	

# **Search Results**

Select and click on recipient name for clinical summary

My QI Report <del>-</del>	Statewide Rep	orts Reci	pient Searcł	n Provider Search Registrar <del>-</del> Usage Reports -	- Utilization Reports					
Modify Search				300 Recipients Found	• View: Standard	v 🔁 🖼 PDF Excel				
[Provider Specific] Provider MAIN STREET CLINIC										
					Maximum Num	ber of Rows Displayed: 50				
Name	Medicaid ID 🌲	DOB 🍦	Gender 🔶	Quality Flags	Managed Care Plan 🔶	Current PHI Access				
QURBTVM Qq7BUanFUm V6	WUEoN9Qt OEu	MSyoOSynO TUo	TQ LQ N96	HARP No Assessment for HCBS		No Access				
QURBTVM SVZPUba S6	VUYrODEtN VE	NCyqLpEvO T6	R6 LQ M9E			PSYCKES Consent				
QURBTVM VEFSQQ	UUutMDYoN be	OSynLpEvN pa	R6 LQ NDA	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, Readmit 30d - Medical to Medical		Quality Flag				
QUnCQQ SVNSQUVM	VEqnMDYu NUq	MTIIMTIIMT arNQ	TQ LQ N9Q		Healthfirst PHSP, Inc.	No Access				
QUnJQqVB RURJTEJFUbRP	WauvMTQt MFU	MoypLpEvN TU	TQ LQ N9U	2+ Inpt-Medical, 4+ Inpt/ER-Med, Readmit 30d - Medical to Medical	* Search by nam multiple clients	PSYCKES Consent ne may return				

# **Be Prepared for Questions About...**

I searched for a client in "Recipient Search," but it yielded 0 results.

- Error entering client Medicaid ID or SS #
- Client not yet linked to the hospital/agency by billing or through the PHI Access Module
- Client new to Medicaid / has not yet had a behavioral health service, diagnosis, or medication billed to Medicaid
- Managed Care Plan PSYCKES user only: Client no longer enrolled in plan; try selecting "current and recently dis-enrolled



## **Core Competency: Clinical Summary**

My QI Report -	Statewide Repo	rts Recipient S	Search Provider	Search Registr	marUsage	Utilizati	on Reports	Adult Home				
Recipient Search			QqF	SVEFHRUVI Clinical Summary		SUE				PD	F Excel	C
E Sections			Brief Overvie	w 1 Year Summ	ary 5 Year Sum	mary		contains all availe Special Protection				
General												
Name QqFSVEFHRUvBLA	SbVMSUE	Medica Ur6sME			Medicare No			HARP St HARP Er	atus nrolled (H1	)		
OOB MSynLpEvNpQ KDQ	t WVJTKQ	Medica N/A	id Aid Category		Managed Care I Healthfirst PHS		ARP)		CBS Asses			
Address MpAoMm WUzVTa2 Ibai MTAqN9a	QVZFLA QbJF		id Eligibility Expire	es on	MC Plan Assign N/A	ed PCP		-				
Current Care Co	ordination											
Health Home (Enroll maryfern@montefio					: 01-APR-21), Mai	n Contact	t: Referral - N	Aary Fernandez	, 914-378-	6554,		
Care Management (	Enrolled) : BRO	NXWORKS INC A	AI .									
This information is	updated week	ly from DOH Hea	alth Home file.									
POP High User: In th lient's managed ca									oordinate,	please	contact	the
Care Coordination A	lert - This clien	t is eligible for H	ealth Home Plus o	due to: 4+ ER MH	< 12 months							
POP Intensive C	are Transiti	on Services										
No current episode (	of intensive ca	e transition serv	ices has been ope	ened						Start N	ew Episo	de 3
Active Medicaid	Restriction	S This individual c	an only receive the M	edicaid service(s) from	n provider(s) identifie	ed below						
Restrictions Type	Restrictions Pr		an only receive the m		in providen (o) racitain							
Clinic	(Begin Date:	23-FEB-17): NYC H	IEALTH & HOSPITAL	S CORPORATION, 1	60 Water St Fl 6, Ne	w York, NY	, Phone: (646)	458-2028				
Inpatient	(Begin Date:	23-FEB-17): NYC F	IEALTH & HOSPITAL	S CORPORATION, 1	60 Water St Fl 6, Ne	w York, NY	, Phone: (646)	458-2028				
Alerts & Incident	te Incidente fro	NUMPS Service in	voices from Medicaid	C Deteile						Table	Gra	iph
Alerts & morden	Numb		voices norn weakaid	Details								
Vert/Incident Type	Events Screen	:/Meds/Positive ns	First Date	Most Recent Date	Provider Nar	me(s)	Program Name	Severity/Di	agnosis/Meds	/Results		
Treatment for Suicidal deation	5		2/28/2017	7/10/2017	MONTEFIC MEDICAL		Clinic - Medical Specialty	Suicidal i	deations			C
Quality Flags as	of monthly QI rep	ort 5/1/2021 📋 De	efinitions					Recent	All (Gra	aph)	All (Tab	le)
ndicator Set								-				
Health Home Care Man Adult	nagement -	Eligible for Heal	th Home Plus - No H	ealth Home Plus Se	rvice							
High Utilization - Inpt/E	ER		2+ER-MH • 2+E 1ed • POP:High U		npatient - BH • 2	+ Inpatient	t-MH • 4+	Inpatient/ER - BH	<ul> <li>4+ Inpa</li> </ul>	atient/EP	- мн -	4-

# **Clinical Summary**

Set parameters, review demographic information

<ul> <li>Recipient Search</li> </ul>		RUvBLA SbVMSUE	D PDF			CCD	
Sections		Brief Overview 1 Year	Summary 5 Year Summary		ains all available clinical data. cial Protection ®Show OHide		
General			•				
Name QU3PUrRJTaVMTEai RE	FWSUQ	Medicaid ID WUupMT6rMqe	Medicare No		HARP Status HARP Enrolled (H1)		
DOB MTIIMTIIMTauMm KDMs WVJTKQ		Medicaid Aid Category N/A	Managed Care Plan UnitedHealthcare Community (HARP)		HARP HCBS Assessment Status Never Assessed		
Address MTUrMDY NpbUSA UrQi SEzXQVJE QaVBQq6i Tbai MTEqMTQ		Medicaid Eligibility Expires on	MC Plan Assigned PCP N/A	2		DSRIP PPS N/A	
Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)							
Opioid related disorders • Alcohol related disorders • Insomnia Disorder • Major Depressive Disorder • Tobacco related disorder							
Medical Diagnoses	Primary and Second	ary Dx (most frequent first)					
Certain Infectious And Parasitic Diseases	Human immunodeficiency virus (HIV) disease • Chronic viral hepatitis • Dermatophytosis • Unspecified viral hepatitis						
Diseases Of The Circulatory System	Other cardiac arrhythmias						
Diseases Of The Eye And Adnexa	Disorders of refraction and accommodation						
Diseases Of The Musculoskeletal System And Connective Tissue	Other joint disorder, not elsewhere classified						
Factors Influencing Health Status And Contact With Health Services	Asymptomatic human immunodeficiency virus [HIV] infection status • Personal history of certain other diseases • Encounter for general examination with complaint, suspected or reported diagnosis • Encounter for screening for infectious and parasitic diseases • Immunization not carried out and underimmunization status • Long term (current) drug therapy • Persons encountering health services for other counseling and medical advice, not elsewher classified • Persons encountering health services for other counseling and medical advice, not elsewher classified • Persons encountering health services in other circumstances						

# **Clinical Summary**

Without consent: PHI with special protections is masked

Recipient Search		FHRUVBLA SbVMSUE	DF Excel CCD
<b>≡</b> Sections	Brief Overview 1	View Ourseason E.View Ourseason	ort does not contain clinical data with special protection t required.
General			
Name QU3PUrRJTaVMTEai REFWSUQ	Medicaid ID WUupMT6rMqe	Medicare No	HARP Status HARP Enrolled (H1)
DOB MTIIMTIIMTauMm KDMs WVJTKQ	Medicaid Aid Category N/A	Managed Care Plan UnitedHealthcare Community Plan (HARP)	HARP HCBS Assessment Status Never Assessed
Address MTUrMDY NpbUSA UrQi SEZXQVJE QaVBQq6i Tbai MTEqMTQ	Medicaid Eligibility Expires on	MC Plan Assigned PCP N/A	DSRIP PPS N/A

### **Current Care Coordination**

Care Coordination Alert - This client is eligible for Health Home Plus due to: 3+ Inpt MH < 12 months

# **Clinical Summary:**

### Care Coordination Contact Information & Medication Restrictions

### **Current Care Coordination**

Health Home (Enrolled) - Status : Active, MONTEFIORE MEDICAL CENTER (Begin Date: 01-FEB-22,), Main Contact: Referral - Mary Fernandez, 914-378-6554, maryfern@montefiore.org; Member Referral Number: 855-680-CARE (2273)

Care Management (Enrolled) : BRONXWORKS INC AI

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

POP High User: In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate, please contact the client's managed care plan Healthfirst PHSP, Inc. Behavioral Health Clinical Department, (844) 892-6855, #CTI@healthfirst.org.

Care Coordination Alert - This client is eligible for Health Home Plus due to: 4+ ER MH < 12 months

### **POP Intensive Care Transition Services**

No current episode of intensive care transition services has been opened

Start New Episode 🔪

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

Restrictions Type	Restrictions Provider
Clinic	(Begin Date: 23-FEB-17): NYC HEALTH & HOSPITALS CORPORATION, 160 Water St FI 6, New York, NY, Phone: (646) 458-2028
Inpatient	(Begin Date: 23-FEB-17): NYC HEALTH & HOSPITALS CORPORATION, 160 Water St FI 6, New York, NY, Phone: (646) 458-2028



# Navigation

### Section links, expand / collapse sections

My QI Report +	Statewide Reports	Recipient Search Pro	ovider Search	Registrar 🗸	Usage Reports 🚽	Utilization Reports			
Recipient Search		QqFS\	VEFHRUVB Clinical Summary a	LA SbVMSU s of 7/6/2022	JE		🔂 🗷 PDF Excel	CCD	
Sections		Brief Overview	1 Year Summar	y 5 Year Summ		oes not contain clinical data wi uired.	th special prot	ection	
Care Coordination									
Medication: Controlled Sub	ostance								
Medication: BH		Medicaid ID	-	Medicare		HARP Status			
Medication: Medical		WEqmMpYtNVM		No		HARP Enrolled (H1)			
BH Outpatient	Q	Medicaid Aid Category N/A		Managed Care Pla Fidelis Care New '		HARP HCBS Assessm Never Assessed	ent Status		
Medical Outpatient		Medicaid Eligibility Expires of	on I	MC Plan Assigned	d PCP	DSRIP PPS			
Hospital/ER	JFTVA		(	Caro, Sixto		Stony Brook University	y Hospital PF	۰S	
Dental									
Vision	n								
Support/Residential	s : Active, CO	MMUNITY HLTHCARE NETW	VORK AI (Begin [	)ate: 01-FEB-22,	Main Contact: Referr	al - Allen Warnock, 212-545	-2444,		
Lab & Pathology		ia Dowe, 212-545-6243, sdowe@chnnyc.org; Member Referral Number: 855-CHN-HHCC (246-4422)							
Radiology	ESSEN MED								
Medical Equipment	ESSEN MED	ESSEN MEDICAL ASSOCIATES PC							
Transportation	eekly from l	DOH Health Home file.							

# **Clinical Summary Components**

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



# **Clinical Summary: Integrated View of Services Over Time**

All services displayed in graphic form to allow ready identification of utilization patterns, including medication adherence and outpatient, inpatient and ER services.





# **Sample Section: Pharmacy Data**

Drug, daily dose, duration, start date, last pick up, prescriber

Medication: Behavioral Health							
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	V	
Anxiolytic/ Hypnotic	Chlordiazepoxide Hcl	25 MG, 5/day	2 Day(s)	4/14/2022	4/14/2022	Ō	
Anxiolytic/ Hypnotic	Lorazepam, Injection	2 MG	8 Month(s) 2 Week(s) 2 Day(s)	7/29/2021	4/14/2022	G	
Antidepressant	Trazodone Hcl	50 MG, 1/day	3 Month(s) 2 Week(s) 3 Day(s)	1/24/2022	4/11/2022	Ō	
Mood Stabilizer	Gabapentin	400 MG, 3/day	1 Month(s) 3 Week(s) 5 Day(s)	3/12/2022	4/8/2022	Ō	
Antipsychotic	Haloperidol, Injection	UP TO 5 MG	6 Month(s) 3 Week(s) 1 Day(s)	9/12/2021	4/3/2022	Ō	
Anxiolytic/ Hypnotic	Chlordiazepoxide Hcl	10 MG, 4/day	3 Week(s) 4 Day(s)	2/14/2022	3/7/2022	Ō	
Anxiolytic/ Hypnotic	Diazepam	5 MG, 4/day	3 Day(s)	1/24/2022	1/24/2022	Ō	
Anxiolytic/ Hypnotic	Diazepam, Injection	UP TO 5 MG	5 Month(s) 1 Week(s) 4 Day(s)	7/24/2021	1/4/2022	Ō	
		333 MG, 3/day	4 Week(s) 2 Day(s)	12/3/2021	12/3/2021		
Antidepressant	Trezodone Hcl	50 MG, 1/day	1 Month(s)	9/26/2021	9/26/2021	Ō	
		333 MG, 3/day	1 Month(s)	9/26/2021	9/26/2021		
Mood Stabilizer	Gabapentin	300 MG, 6/day	1 Month(s)	9/5/2021	9/5/2021	Ō	
Antidepressant	Mirtazapine	15 MG, 1/day	1 Month(s)	9/14/2020	9/14/2020	G	
### Pharmacy Data: "See Detail" Trials and Orders

See trials and/or individual orders of each medication

RX detail for Chlordiazepoxide Hcl Medication									x x		
Orders	Trials									Previous	1 Next
Pick Up Date 🔶	Brand Name 🔶	Generic Name  🔶	Drug Class 🛛 🖕	Strength	Quantity Dispensed	Days Supply	Tabs per day* ∲	Total Daily Dose*	Route	Prescriber 🖕	Pharmacy 🔶
4/14/2022	Chlordiszepoxide Hcl	Chlordiazepoxide Hcl	Anxiolytic/ Hypnotic	25 MG	10	2	5	125 MG	Oral	Belachew Adam	CVS ALBANY LLC
3/7/2022	Chlordiszepoxide Hcl	Chlordiazepoxide Hcl	Anxiolytic/ Hypnotic	10 MG	16	4	4	40 MG	Oral	Boyce Alison Claire	CVS ALBANY LLC
2/14/2022	Chlordiszepoxide Hcl	Chlordiazepoxide Hcl	Anxiolytic/ Hypnotic	25 MG	6	3	2	50 MG	Oral		CVS ALBANY LLC

# **Pharmacy Data: View as a Graph**

### Utilization trends over time

### Medication: Behavioral Health Details



Graph

Table

# **Sample Section: Hospital/ER Services**

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

Heenitel/ED Services							Table	Graph	
Hospital/ER Services       Service Type	Provider	Admission 🔶	Discharge Date/Last 🔶 Date Billed	Length of 🔶 Stay	Most Recent Primary Diagnosis 🍦	Procedure(s) (Per Visit)	TUDIC	¢	
		5/22/2022	5/24/2022	2				Q	-
		4/22/2022	4/22/2022	£1				Q	Ō
ER - Medical	ALBANY MEMORIAL HOSPITAL	4/20/2022	4/21/2022	1	Cellulitis Of Right Lower Limb	<ul> <li>Assay Of Lactic Acid</li> <li>Blood Culture For Bacteri</li> <li>Cefazolin Sodium Injectio</li> <li>Complete Cbc W/Auto Di</li> <li>Comprehen Metabolic Pa</li> <li>Emergency Dept Visit</li> <li>Ketorolac Tromethamine</li> <li>Measure Blood Oxygen L</li> <li>Routine Venipuncture</li> <li>Ther/Proph/Diag Iv Inf In</li> <li>Tx/Pro/Dx Inj New Drug A</li> <li>X-Ray Exam Of Ankle</li> </ul>	on ff Wbc inel Inj evel	Ę	-
ER - Medical	ALBANY MEMORIAL HOSPITAL	4/16/2022	4/16/2022	1	Contusion Of Other Part Of Head, Initial Encounter	<ul> <li>Assay Glucose Blood Qua</li> <li>BI Smear W/Diff Wbc Cou</li> <li>Capillary Blood Draw</li> <li>Complete Cbc W/Auto Di</li> <li>Comprehen Metabolic Pa</li> <li>Ct Abd &amp; Pelv W/Contras</li> <li>Ct Head/Brain W/O Dye</li> <li>Ct Maxillofacial W/O Dye</li> <li>Ct Neck Spine W/O Dye</li> <li>Ct Thorax W/Dye</li> <li>Drug Test Prsmv Chem A</li> <li>Emergency Dept Visit</li> <li>Locm 300-399mg/Ml Iodi</li> <li>Measure Blood Oxygen L</li> <li>Routine Venipuncture</li> </ul>	int ff Wbc inel t nlyzr ine,1ml	Ę	Ō

# Labs, X-Ray and Other Data

Other services (if Medicaid billable): Dental, Vision, Living Support, Labs, Radiology, Medical Equipment, Transportation

Laboratory	& Patho	logy 🗇 Detail	8											Table	Gr	aph
Program/Type				Test Nan	ne			Dat	te Billed		Provider					
Office/ Outpatier	nt/ Laborat	ory		Trgt Ge	n Seq Dna 324 Ger	nes		2/	14/2022		MEDS 003	S LAB				G
Living Support				X-Ray E	xam Chest 1 View			2/	10/2022		PREVENTI	VE DIAGNO	STICS INC			G
Dental 🖻 De	etails													Table	Gr	aph
Service Type		Provider			First Date Billed	Last Date Billed	Number of Visit:	-	Most Rec (Last 3 M	ent Proced onths)	lures					
Unspecified Sett	ting	MEDS OOS PH	YSICIAN & O	THE	10/10/2021	2/7/2022	3		- Post 1	Srfc Res	inbased Cmp	ost				G
Inpatient		ICAHN SCHOO MOUNT S	L OF MEDICI	NE AT	11/23/2021	11/23/2021	1		- Treat C	raniofaci	ial Fracture					G
Vision 🖻 De	tails					1								Table	Gr	aph
Service Type			Provider			First Date Billed	Last	t Date	Billed	Number	r of Visits	Most Recer (Last 3 Mor	nt Procedure nths)	20		
Eye Care Service	es - Unspeci	ified Setting	EMPIRE VI	ISION CE	NTER INC	3/10/2022	3/1	0/20	22	1		- Eye Exar	m New Pat	tient		G
Eye Appliances -	Unspecifie	d Setting	EMPIRE VI	ISION CE	NTER INC	3/10/2022	3/1	0/20	22	1				s Purchases Plano 4.00		G
Living Supp	ort/Res	idential Trea	atment (	🗅 Details										Table	Gr	aph
Program/Type			Provider	Name			First (	Date o	of Service (la	ast 5 years	)	Last Date Bill	led N	umber of Visit:		
Home Care - Uns	specified Ty	/pe	COMM	υΝΙΤΥ ΗΙ	THCARE NETWOR	IK AI	1/1/2	2022				5/1/2022	5			G
Transportat	tion 🕞 🛛	etails												Table	Gr	aph
Туре	Provider N	lame		First	Date of Service (last !	5 years)	Last	t Date	Billed	Numb	er of Visits	Most R	ecent Prima	ry Diagnosis		
Ambulance	nce CITYWIDE MOBILE RESPONSE CORP 1/21/2022				2/1	2/12/2022 3 Mental disorder, not o specified			not otherwis	e	G					

# **Clinical Summary: Export Data to PDF or Excel**

To select section(s), click or "Ctrl"+click.

My QI Report - Statewide	e Reports Recipient Search	Provider Search	Registrar <del>-</del>	Usage Reports 🗸	Utilization Reports	MyCHOIS
Recipient Search	Q	U3PUrRJTaVM1	Eai REFWS	UQ		DF Excel CCD
	Brief	🔁 Export			ntains all available clinical d	
General		Include Brief Overview Export Options	v as "cover page"			
Name QU3PUrRJTaVMTEai REFWSUQ	Medicaid ID WUupMT6rMqe	<ul> <li>All sections - Summa</li> </ul>			HARP Status HARP Enrolled (H1)	
DOB MTIIMTIIMTauMm KDMs WVJTI	Medicaid Aid Cate	<ul> <li>Selected section(s) -</li> <li>Selected section(s) -</li> </ul>	, , , , , , , , , , , , , , , , , , ,	ommunity Plan	HARP HCBS Assess Never Assessed	ment Status
<b>Address</b> MTUrMDY NpbUSA UrQi SEzXQ <sup>v</sup> QaVBQq6i Tbai MTEqMTQ	Medicaid Eligibilit VJE 02/29/2020	<ul> <li>Page Orientation</li> <li>Portrait</li> <li>Landscape</li> </ul>		СР	<b>DSRIP PPS</b> N/A	
Current Care Coordination	1	Sections	Select All 🕑			
POP High User. In the event of e client's managed care plan Unite	J	Current Care Coordina POP Intensive Care Tr Active Medicaid Restr	ansition Servic	ve care transition se QIDept@UHC.COM.	ervices. To coordinate, p	lease contact the
POP Intensive Care Trans	ition Services	Alerts & Incidents	▼			
No intensive care transition serv	vices have been entered	* Use ctrl key to select/un items.	select multiple			
Active Medicaid Restriction	<b>DNS</b> This individual can only receive		Export Cancel	bw		

# **Be Prepared for Questions About...**

- I can't access a client's clinical summary, even though I could last week.
  - The client had a quality flag but no longer does (e.g., changed medication)
  - Emergency access was enabled, but it expired
  - MC Plan Users: client may have dis-enrolled from plan
- Why can't I see lab results?
  - Not included on claims / encounter records
- Why does it say "No Medicaid claims available for this data type?"
  - Try expanding the summary period



Core Competency: Changing Access Level in Recipient Search



# **Recipient Search: Individual Search**

My QI Report - Statewid	Individual	earch Provider Searc	h Registrar → Usage Reports	s - Utilization Reports
	Search	Recipie	nt Search	Limit results to 50 V Search Reset
Recipient Identifiers			Search in: 💿 Fu	III Database O MONTEFIORE MEDICAL CENTER
Medicaid ID AB00000A		SSN	First Name Last N	ame DOB MM/DD/YYYY
Characteristics as of 07/06/2022	2			
Age Range	То	Gender 🗸	Population	~
Race		T	High Need Population	~
Ethnicity		~	AOT Status	~
County of Fiscal Responsibility		~	Alerts	~
			Homelessness Alerts	•
Managed Care Plan & Medicaid	1			
Managed Care			Children's Weiver Status	
MC Product Line		~	HARP Status	<b>~</b>
Medicaid Enrollment Status		• •	HARP HCBS Assessment Status	~
Medicaid Restrictions		×	HARP HCBS Assessment Results	~
Quality Flag as of 06/01/2022		C Definitions	Services: Specific Provider as of 06/0	1/2022 Paot 1 Year 🗸
HARP Enrolled - Not Health Home Enr HARP-Enrolled - No Assessment for H		<u>^</u>	Provider MONTEFIORE MED	ICAL CENTER

# **Recipient Search: Individual Search**

### Search for client: Enter recipient identifier(s) and click "search"

- Medicaid ID
- Social Security Number (SSN)
- First name (at least first 2 characters)
- Last Name (full last name required)
- Date Of Birth (DOB)

My QI Report <del>+</del>	Statewide Reports	Recipient Search	Provider Search	Registrar 🕇	Usage Reports	- Utilizat	ion Reports		
			Recipient		Limit results to	50	Search	Reset	
Recipient Identifier	s		Search ir	1: ) Full Databa	se 🔵 MAIN S	TREET MENTA	L HEALTH C	LINIC	
Medi	icaid ID	SSN		First Name	Last Na	ne	DOB		
AB00000A							MM/DI	D/YYYY	

## Confirm Correct Match, Select "Change PHI Access

My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar <del>-</del>	Usage Reports 🗸	Utilization Reports		
✓ Modify Search			1 Recipients	Found			🔂 PDF	<b>X</b> Excel
Medicaid ID	ABC	CD1234 <b>4</b>						

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

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



# Training Take-Away Message: Confirm Search Results

- Responsibility as gatekeeper to PHI of over 10 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**

### Why are you allowed to view this data?

0

### 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





# **Step 1b: If Access is via PSYCKES Consent...**

ด

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

### Complete PSYCKES Consent

- Only the designated form may be used
- English and Spanish available in the application (other languages available on our "About PSYCKES" webpage)
- Give copy of signed consent form to client
- Original (or scanned version) of consent form is retained in the client's medical record
- No need to send PSYCKES the consent

# **PSYCKES Consent Form**

NEW YORK

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 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.pcyokes.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 baxes 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 rederal laws

and regulations allow it. <sup>1</sup> For example, if Medicaid is concerned about the quality of your health care, your provider may get access to PSYCKES to help them determine if you are getting the right care at the right time. Ensure that client checks off "I give" or "I deny" consent; otherwise consent is invalid

#### 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.



Patient's Date of Birth



Patient's Medicald ID Number

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (If applicable)

Relationship of Legal Representative

# **Step 2: Verify Client Identity and Submit**

How do you know this is the correct person?

O Provider attests to client identity										
O Client provided	Client provided 1 photo ID or 2 forms of non-photo ID									
Identification 1	select	T								
Identification 2	select	Ŧ								
MAIN STREET CLI automatically with b	-	ss to all available data for 3 years (renews								
Previous	Cancel	Enable Enable and View Clinical Summary								

- Select 1 forms of photo ID or 2 forms of non-photo ID from drop-down list, or attest to identity without ID
- Cancel, Enable, or Enable and View Clinical Summary

Immediately upon entering consent, any PSYCKES user at the agency can view the client's data.



# Be Prepared for Questions About...

- What is an Emergency?
  - Danger to self or others
  - Sudden onset
  - Immediate need for treatment
  - Driven by clinical criteria, not emergency setting
- When can I attest that I know the client's identity?
  - Develop internal procedures for this
  - Document rationale
  - If one ID, keep copy in chart
  - Must be comfortable making clinical decisions based on the information

### **Bonus Core Competency: Identify Clients w/QI Flags**

My QI Report - Statewide Reports Re	ecipient Search I	Provider Search	Registrar <del>-</del> Usa	age <del>-</del> l	Utilization Reports	Adult Home		
	MA	IN STREET N Quality Indicate	MENTAL HEA or Overview As Of 06/0		LINIC 0		DF Excel	
REGION: ALL COUNTY: ALL SITE: ALL PROGRAM	TYPE: ALL AGE: ALL	MC PRODUCT LINE	ALL MANAGED CAP	RE: ALL			Filters Reset	
Indicator Set								
Indicator Set	<ul> <li>Population </li> </ul>	Eligible Population	# with QI Flag ()	<b>%</b> (	Regional %	Statewide %	25% 50% 75% 100%	
BH QARR - DOH Performance Tracking Measure - as of 03/01/2021	All	12,687	8,302	65.44	63.93	65.22	65.44 63.93 65.22	
BH QARR - Improvement Measure	All	7,364	2,626	35.66	40.10	39.91	35.66 40.10 39.91	
General Medical Health	All	162,815	16,332	10.03	14.08	13.05	10.03 14.08 13.05	
Health Home Care Management - Adult Summary	Adult 18+	10,221	8,236	80.58	80.20	85.54	80.58 80.20 85!54	
High Utilization - Inpt/ER	All	162,922	36,579	22.45	20.37	17.74	22.45 20.37 17.74	
Polypharmacy	All	16,448	2,330	14.17	15.54	12.11	14.17 15.54 12.11	
Preventable Hospitalization	Adult	121,593	1,796	1.48	0.87	0.75	1.48 0.87 0.75	
Readmission Post-Discharge from any Hospital	All	33,731	5,287	15.67	14.34	11.53	15.67 14.34 11.53	
Readmission Post-Discharge from this Hospital	All	23,947	3,083	12.87	12.88	11.56	12.87 12.88 11.56	
Substance Use Disorders - as of 03/01/2021	Adol & Adult (13+)	11,383	6,859	60.26	60.47	64.09	60.25 60.47 64.09	
Treatment Engagement	Adult 18-64	5,753	2,153	37.42	35.10	37.14	37.42 35.10 37.14	

## **Drill down on selected indicator**

My QI Report - Statewide Reports Rec	pient Search P	Provider Search	Registrar 👻 Usa	ige <del>-</del> I	Utilization Reports	Adult Home			
	MAIN	A STREET ME Quality Indicat	ENTAL HEAL or Overview As Of 06/0		LINIC 0				DF Excel
REGION: ALL COUNTY: ALL SITE: ALL PROGRAM	TYPE: ALL AGE: ALL	MC PRODUCT LINE	ALL MANAGED CAP	re: All				Filters	Reset
Indicator Set: High Utilization - Inpt/ER									
Indicator Set Indicator									
Indicator	Population	Eligible Population	# with QI Flag 🔶	<b>%</b> ¢	Regional %	Statewide %	25%	50% I	75% 100%
2+ ER - BH	All	162,922	2,752	1.69	2.49	1.63	1.69 2.49 1.63		
2+ ER - Medical	All	162,922	29,850	18.32	16.47	14.64	18.32 16.47 14.64		
2+ ER - MH	All	162,922	1,851	1.14	1.59	1.03	1.14 1.59 1.03		
2+ Inpatient - BH	All	162,922	1,872	1.15	2.40	1.12	1.15 2.40 1.12		
2+ Inpatient - Medical	All	162,922	9,121	5.6	3.48	3.05	5.60 3.48 3.05		
2+ Inpatient - MH	All	162,922	955	0.59	1.04	0.53	0.59 1.04 0.53		
4+ Inpatient/ER - MH	All	162,922	1,065	0.65	0.94	0.51	0.65 0.94 0.51		
Clozapine Candidate with 4+ Inpatient/ER - MH	All	360	340	94.44	89.98	92.48			94,44 89,98 92/48
POP : High User	18+	83,601	721	0.86	0.98	0.55	0.86 0.98 0.55		

# Export list of clients for clinical review or click client name to view Clinical Summary

My QI Report - Statewide	e Reports Recipient Se	arch Provider Search	Registrar - Us	sage <del>-</del> Utilizati	on Reports Ad	ult Home		
		MAIN STREET M Quality Indica	IENTAL HEAI		0		DF	M Excel
REGION: ALL COUNTY: ALL SITE	E ALL PROGRAM TYPE: ALL	AGE: ALL MC PRODUCT LIN	E: ALL MANAGED CA	ARE: ALL			Filters	Reset
Indicator Set: High Utilization	n - Inpt/ER Indicator: 2-	FER - MH						
Indicator Set Indicator	Site HH/CM Site(s	s) MCO Attending	Recipients	New QI Flag	Dropped QI Fla	g		
Recipient	♦ Medicaid ID ♦	DOB \$	Quality Flags	Medications (E enhance	· · · · · · · · · · · · · · · · · · ·	Nost Recent BH Outpatient Attending	Clinical Summary Last Viewed	t¢
RaVSTaFOREV0 WUFO TQ	TbAoNDAvOUM	MD6IMDQIM9AmNA	2+ ER-BH, 2+ ER-MH			IAS RAFAEL BRIEL	No	-
UqrJVE6 SaFERUu	RairOTItMFI	MTIIM9EIM9AmOQ	2+ ER-BH, 2+ ER-MH, No Gluc/HbA1c & LDL-C - AP (DOH), No Gluc/HbA1c - AP (DOH), No LDL-C - AP (DOH)	CLONIDINE H METHYLPHEI HCL	-	IDERLAND LISA JOY	No	
RaVSRrVTTqu SaFNRVM	WV2uNDAnNEq	MTEIM9QIMTatNQ	2+ ER-BH, 2+ ER-MH, 2+ ER- Medical		No	ne Identified	No	
			2+ ER-BH, 2+					•
					Einet Dee	1 2 2	A Mout	Loot

# Resources



# Short How-to Videos, User's Guides & Release Notes

### Login to PSYCKES

#### Login Instructions

### About PSYCKES

- **PSYCKES** Training
- Materials
- **PSYCKES** Training
- Webinars
- **Quality Indicators**
- Implementing
- PSYCKES
- Quality Improvement
- Collaboratives
- **MyCHOIS**
- Contact Us

### **PSYCKES Training Materials**

### Short How-to Videos

- Login to PSYCKES & Troubleshoot Any Authentication Errors
- <u>Create a PIN and Login to PSYCKES with a Soft Token</u>
- Lookup a client and enter consent

### User Guides

- Login Instructions for PSYCKES-Medicaid
- <u>PSYCKES iOS Mobile Application User's Guide</u>
- Enabling Access to Client-Level Data User's Guide T
- <u>Recipient Search User's Guide</u>
- <u>Clinical Summary User's Guide</u> T
- Upload a Psychiatric Advance Directive in the Clinical Summary User's Guide T
- My QI Report Quality Indicator Overview User's Guide T
- <u>Statewide Report User's Guide</u>
- Provider Search User's Guide 15
- Brief Instructions for Using PSYCKES in Clinical Settings
- <u>PSYCKES-Medicaid: How to Use NYSoH Features</u> T
- <u>Utilization Reports User's Guide</u> T

### New Features Release Notes

- <u>Release 7.2.2 August 2021</u> T
- <u>Release 7.1.0 February 2021</u>
- <u>Release 7.0.0 September 2020</u>
- <u>Release 6.9.0 June 2020</u> 7
- <u>Release 6.8.0 February 2020</u> 1
- <u>Release 6.7.1 November 2019</u> 1

# **Quality Indicators/Flags**

### Login to PSYCKES

Login Instructions

About PSYCKES

**PSYCKES** Training

Materials

**PSYCKES** Training

Webinars

### Quality Indicators

Implementing

### PSYCKES

Quality Improvement

### Collaboratives

MyCHOIS

### Contact Us

### Quality Indicators

### What is a Quality Indicator/flag?

- PSYCKES identifies clients flagged for guality concern in order to inform the treating provider, network, or care manager and to support clinical review, care coordination, and guality improvement
- User-friendly Statewide Reports and My QI Reports, updated monthly, display quality indicator prevalence rates at the statewide. region, county, network, provider, program, managed care plan, and PPS level
- Over 80 guality indicators, such as:
  - · No diabetes monitoring for individuals with diabetes and schizophrenia
  - Low medication adherence for individuals with schizophrenia
  - Antidepressant trial of < 12 weeks for individuals with depression</li>
  - High Utilization of Inpatient/Emergency Room, Hospital Readmission, Preventable Hospitalization
  - HARP Enrolled-Not Health Home Enrolled, HARP Enrolled-Not Assessed for HCBS
- The BH QARR DOH Performance Tracking Measures Indicator Set is a unique indicator set in PSYCKES because it is calculated by the NYS Department of Health (DOH) on "mature" Medicaid data and sent to OMH to display in the PSYCKES application. DOH calculates the QARR Performance Tracking Measures set after a 6-month billing data maturation period to allow for services to be invoiced. The measures are based on a 12-month period of services.

### **Technical Specifications Documents**

- Health Home Care Management Adult 75
- Quality Assurance Reporting Requirements (QARR) Improvement Measure T
- Hospital Readmission 📆
- <u>High Utilization</u> T
- Preventable Hospitalization 📆
- General Medical Health T
- Treatment Engagement 1
- Polypharmacy, 75

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

# **PSYCKES Training Webinars**

	Login to PSYCKES	PSYCKES Training Webinars				
	Login Instructions About PSYCKES	Title	Description	Register for Live Webinar	View Recorded Version	View Slides
	PSYCKES Training Materials	Introduction to the Token Self Service Console	As of April 2022, OMH Security has been directing new users to the Self-Service Console in order to get their RSA tokens. This webinar provides an in- depth review of the Self-Service Console, including: activating your token, setting your PIN and security questions, troubleshooting token issues, resetting your own PIN and requesting replacement tokens.	2022 10:00AM -	Will be made available shortly	Will be made available shortly
	PSYCKES Training Webinars					
	Quality Indicators					
	PSYCKES Quality Improvement Collaboratives MyCHOIS Contact Us	Introduction to PSYCKES	Overview of what the PSYCKES application is, what clients are accessible in PSYCKES, what data is available, and what quality measures are incorporated. Includes a demonstration of each of the areas of the PSYCKES application: My QI Report, QI Trends Past Year, Recipient Search, the Clinical Summary, and Utilization Reports.	<u>Tuesday, July 12,</u> <u>2022 11:00AM –</u> <u>12:00PM</u>	<u>Recording</u>	<u>Slides</u> 🐔
		Where to Start: Getting Access to PSYCKES	Overview on how an organization can request access to PSYCKES, how to manage staff-level access at the organization, how to implement the use of PSYCKES, and how to login. Includes a demonstration of the Security Management System (SMS), a web-based system used by Security Managers to grant staff at an organization access to PSYCKES.	<u>Wednesday, August 3,</u> 2022 1:00PM – 2:00PM	<u>Recording</u>	<u>Slides</u> 📩
		Using PSYCKES from Home	This webinar will review information on using PSYCKES from home, such as token setup at home and login instructions, where to get the PSYCKES consent form, obtaining verbal consent for PSYCKES during the state emergency, how to lookup a client in PSYCKES and enter consent, COVID-19 related functions in PSYCKES, and	Not available live this quarter; Use recording and slides to view webinar	<u>Recording</u>	<u>Slides</u>

how to access technical support.

### Have you heard about the Self-Service Console?

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

# **Helpdesk Support**

- PSYCKES Help (PSYCKES support)
  - 9:00AM 5:00PM EST, Monday Friday
  - PSYCKES-help@omh.ny.gov
- ITS Help Desk (Login, Token & SMS support)
  - OMH Employee ITS Helpdesk:
    - 1-844-891-1786; fixit@its.ny.gov
  - Provider Partner OMH Helpdesk:
    - 518-474-5554 opt 2; <u>healthhelp@its.ny.gov</u>

