



**Office of
Mental Health**

Using PSYCKES for Federally Qualified Health Centers

PSYCKES Training Webinar

SEPTEMBER 15, 2026

Q&A via Webex

- All phone lines are muted
- Access the “Q&A” option in Webex by selecting the three dots (...) on the bottom righthand corner of your screen
- Select Slido (polling and Q&A)
- Type your question and click the send message icon
- Slides and recording link will be emailed to attendees after the webinar and posted to public website shortly

Agenda

- PSYCKES Overview
- Access to PSYCKES
- Levels of Access to Client Data
- How to Enable Access to Client-Level Data
- Population Health with Recipient Search
- Review Client-Level Details within the Clinical Summary
- My QI Reports: Quality Improvement Measures
- We want your feedback!
- Training and Technical Assistance / Q&A

PSYCKES Overview

What is PSYCKES?

Psychiatric Clinical Knowledge Enhancement System (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
- Ongoing data updates
 - Quality Indicator reports (updated monthly)
 - Clinical Summary (updated weekly)

Who is Viewable in PSYCKES?

- Over 13 million individuals viewable in PSYCKES - individuals with any history of:
 - Medicaid funded behavioral health diagnosis or treatment, or
 - State Psychiatric Center inpatient or outpatient services, or
 - Health Home outreach or enrollment
- Provides data across the treatment spectrum, including general medical, behavioral health, crisis services, residential, lab & pathology, and more!
- Non-Medicaid Clinical Summary available for clients served by a State Psychiatric Center (PC) or by a provider agency using MyCHOIS

What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- All Medicaid FFS claims and Managed Care encounter data, across treatment settings
 - Medications, medical & behavioral health outpatient & inpatient services, ER, crisis, care coordination, and more!
- Multiple other state administrative databases (0–7-day lag):
 - New York City Correctional Health Services (CHS)
 - New York City Department of Homeless Services (NYC DHS)
 - Health Home enrollment & CMA provider (DOH MAPP)
 - Managed Care Plan & HARP status (MC Enrollment Table)
 - MC Plan assigned Primary Care Physician (Quarterly, DOH)
 - State Psychiatric Center EMR
 - Assisted Outpatient Treatment provider contact (OMH TACT)
 - Assertive Community Treatment (ACT), Adult Housing/Residential, and Home Based Crisis Intervention (HBCI) program information (OMH CAIRS)
 - Suicide attempt (OMH NIMRS)
 - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
 - IMT, AOT Referral Under Investigation, and MCT (DOHMH)

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider and to support clinical review and quality improvement.
- Statewide Reports and My QI Reports, **updated monthly**, display quality indicator prevalence rates at the statewide, region, county, network, provider, program, and managed care plan levels.
- Some examples of our quality indicators include:
 - No diabetes monitoring for individuals with diabetes and schizophrenia
 - Low medication adherence for individuals with schizophrenia
 - High utilization of inpatient or emergency room services
 - Eligible for Health Home Plus-No Health Home Plus Service in the past 3 months or 12 months
- The Performance Tracking Indicators are unique indicator sets in PSYCKES because the Department of Health (DOH) calculates them on “mature” Medicaid data. DOH calculates the indicator sets after a 6+ month billing data maturation period to allow for service invoicing. The ‘as of’ date for these measures in the application reflects the most recent performance tracking data run by DOH. These measures are based on a 12-month period of services.

What Types of Reports are Available?

- Individual Client Level Reports
 - Clinical Summary: Medicaid and state database treatment history, up to 5 years' worth of data
- Provider Level Reports
 - My QI Report: Displays current performance on all quality indicators, review the names of clients who are flagged, *enable access (provider users)*
 - Recipient Search: run ad hoc reports to identify cohorts of interest, Advanced Views, *enable access (provider users)*
 - Usage Reports: monitor PHI access by staff
 - Utilization Reports: support provider VBP data needs
- Statewide Reports
 - Can select a quality indicator and review statewide proportions by provider location region/county, client residence region/county, plan, network, provider, etc.

Access to PSYCKES

How to Get Access to PSYCKES – Agency Does Not Have Access

When Your Agency **Does Not** Have Access

- Complete and return documentation to PSYCKES Helpdesk to obtain agency access to PSYCKES
 - PSYCKES Access Online Contact Form (Survey Monkey)
 - CEO/ED signs PSYCKES Confidentiality Agreement (PDF)
 - Resources for access available on the [About PSYCKES](#) webpage
- CEO/ED signs electronic CNDA for access to [Authorization Management System \(AMS\)](#)
- Designate Security Manager(s)
- Security Manager enrolls PSYCKES users
- Security Manager revokes PSYCKES access when staff no longer requires access

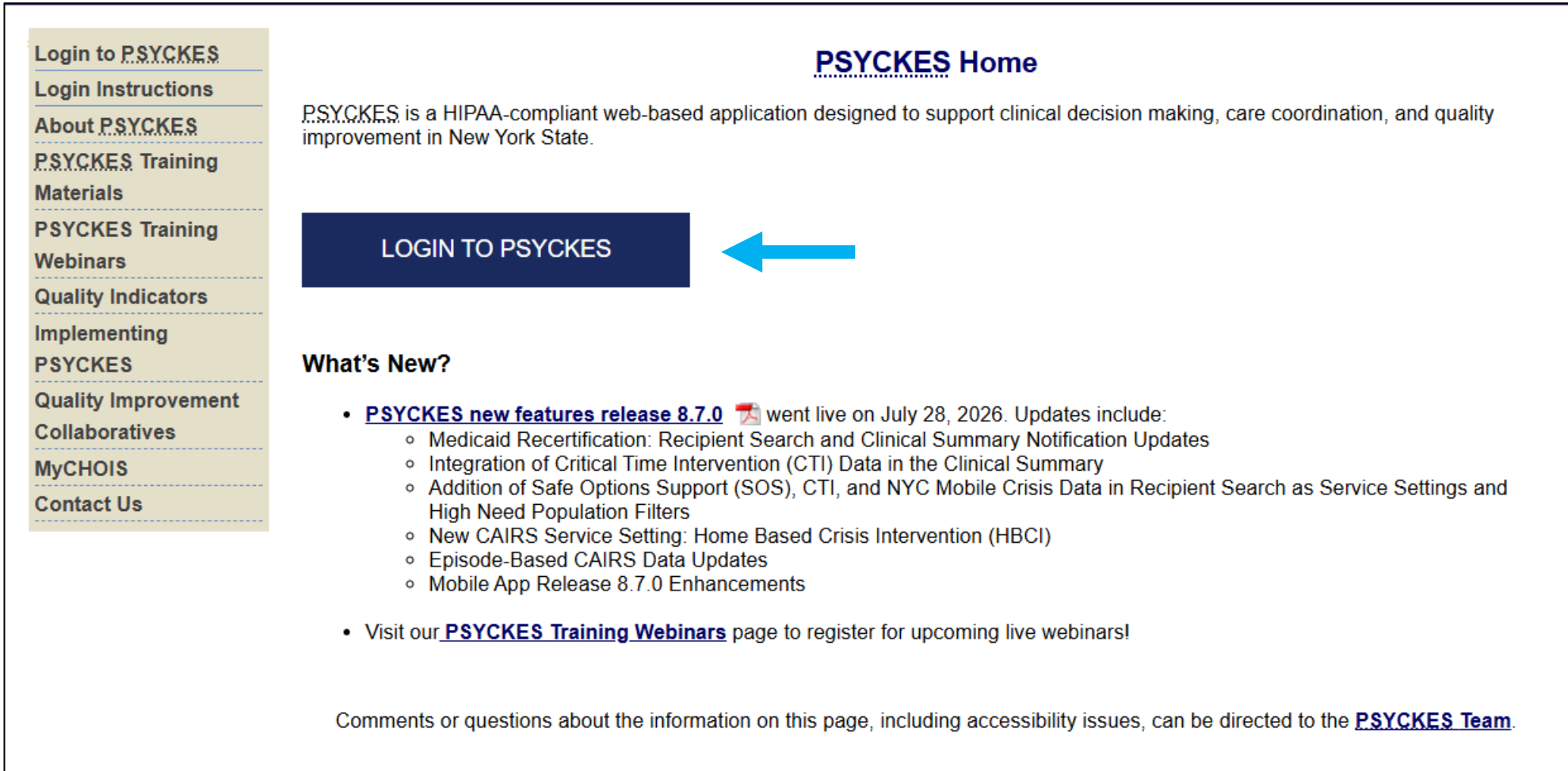
How to Get Access to PSYCKES – Agency has Access

When Your Agency **Does** Have Access

- PSYCKES access for individual staff is managed by your agency's Security Manager(s)
 - Security Manager is appointed by your CEO/ED
 - Agency can have multiple Security Managers
 - Contact PSYCKES-Help to find out your agency's Security Manager
 - Security Manager uses Authorization Management System (AMS) to create user accounts and grant PSYCKES
- Self-Service Console instructional email will be sent to new users and will contain a User ID to login to the Console to request/activate token

How to Log In to PSYCKES

- Go to PSYCKES homepage: www.psyckes.org
- Click “Login to PSYCKES”



The screenshot shows the PSYCKES Home page. On the left is a vertical navigation menu with links: Login to PSYCKES, Login Instructions, About PSYCKES, PSYCKES Training Materials, PSYCKES Training Webinars, Quality Indicators, Implementing PSYCKES, Quality Improvement Collaboratives, MyCHOIS, and Contact Us. The main content area has the heading 'PSYCKES Home' and a paragraph stating it is a HIPAA-compliant web-based application. Below this is a large dark blue button labeled 'LOGIN TO PSYCKES', which is highlighted by a blue arrow. Further down is a 'What's New?' section with two bullet points: one about the 'PSYCKES new features release 8.7.0' and another about 'PSYCKES Training Webinars'. At the bottom, a footer line states that comments or questions can be directed to the 'PSYCKES Team'.

Login to PSYCKES

PSYCKES Home

PSYCKES 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 8.7.0** 📅 went live on July 28, 2026. Updates include:
 - Medicaid Recertification: Recipient Search and Clinical Summary Notification Updates
 - Integration of Critical Time Intervention (CTI) Data in the Clinical Summary
 - Addition of Safe Options Support (SOS), CTI, and NYC Mobile Crisis Data in Recipient Search as Service Settings and High Need Population Filters
 - New CAIRS Service Setting: Home Based Crisis Intervention (HBCI)
 - Episode-Based CAIRS Data Updates
 - Mobile App Release 8.7.0 Enhancements
- Visit our **PSYCKES Training Webinars** page to register for upcoming live webinars!

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

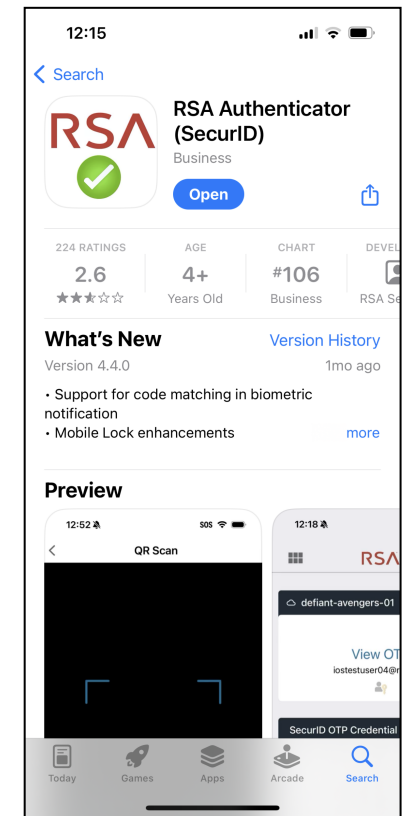
Logging in to PSYCKES: Sign-in Selection

Sign-in Selection

The resource you are accessing requires you to authenticate. Please select how you would like to authenticate.

OMH Providers (State Employees) Sign-in with OMH account	External/Local Provider (Non-State Employees) Sign-in with NY.gov account
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How to Log In to PSYCKES: User ID and Passcode



How to Log In to PSYCKES: User ID and Passcode

RSA SecurID

The resource you are accessing requires you to authenticate using your RSA SecurID token.

Enter your username and token passcode.

Username

L0000MHH

Passcode

.....

Sign In

Enter your assigned PSYCKES user ID

Type in your passcode (generated from your RSA token & PIN) into the "Passcode" box.

Then click "Sign In".

Levels of Access to Client Data

Client Linkage to Agency

- **Automatically:**

- Client had a billed service at the agency within the past 9 months OR
- Client is enrolled in agency's HH/CM program according to DOH MAPP

- **Manually:**

- Provider attests to one of the following:
 - Client signed PSYCKES consent, DOH Health Home Patient Information Sharing consent, BHCC consent
 - Verbal consent
 - Clinical emergency
 - Client is currently being served by/transferred to your agency

About 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

Criteria and Protocols for Clinical Emergencies

- If a client refuses or is unable to consent and is having a clinical emergency, the provider is permitted to obtain a PSYCKES clinical summary without consent (i.e., "breaking the glass")
- A clinical emergency is defined as a medical or behavioral condition for which there is an immediate need for treatments, and symptoms are of sufficient severity that the absence of immediate treatment would likely result in serious harm to self or others (New York State Public Health Law Section 4900.3)
- Criteria for "breaking the glass" may include (but not limited to):
 - Threats of or attempts at suicide or serious bodily harm or other conduct demonstrating danger to themselves
 - Homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm
 - Inability or refusal, due to mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter
 - Overdose, sedation, altered mental status, catatonia, or otherwise non-responsive
- 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

Access Level 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	N/A	12 months after attestation was enabled
	Clinical emergency	Yes	Yes, all data	72 hours
	Verbal PSYCKES consent	Yes	No, limited release	9 months
	PSYCKES consent BHCC consent	Yes	Yes, all data	3 years after last service
	DOH Health Home consent	Yes	Yes, all data	As long as client's Health Home enrollment is verified in MAPP (90-day grace period)



ABC AGENCY

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 do not 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.

PSYCKES Consent

PAGE 1:

- The top half of the PSYCKES Consent form details what PSYCKES is, the data included, and the options that the client/guardian has to give/deny consent
- Available in 10+ languages on the [PSYCKES website](http://www.psyckes.org)

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 I may be able to see it when state and federal laws and regulations allow it.

Jane Doe

Print Name of Patient

AB12345C

Patient's Medicaid ID Number

John Doe

Signature of Patient or Patient's Legal Representative

John Doe

Print Name of Legal Representative (if applicable)

1/1/2019

Patient's Date of Birth

8/1/2026

Date

Father

Relationship of Legal Representative to Patient (if applicable)

PAGE 1 (continued):

- The bottom half of page 1 includes the checkboxes to give/deny consent, an area to fill in name/DOB of client, Medicaid ID (if applicable), and the signature depending on who is signing the form (client vs. legal guardian)

¹ Laws and regulations include NY Mental Hygiene Law Section 33.13, NY Public Health Law Article 27-F, and federal confidentiality rules, including 42 CFR Part 2 and 45 CFR Parts 160 and 164 (also referred to as "HIPAA").



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, ABC 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 (Xrays, blood tests, or screenings), assessment results, and medications. It may include care plans, safety plans, and psychiatric advance 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.** ABC AGENCY's doctors and other staff involved in your care, as well as health care providers who are covering or on call for ABC AGENCY. Staff members who perform the duties listed in #1 above also can access your information.

PAGE 2:

- The top half of page 2 includes how providers can use the client's information, what information they can access with consent, where the data comes from, and who can access the client's data with their consent.

- 5 **Improper access or use of your information.** There are penalties for improper access 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 1112223333, ext. 123 or
- the NYS Office of Mental Health Customer Relations at 800-597-8481.

- 6 **Sharing of your information.** ABC AGENCY may share your health information with others only when state or federal law and regulations allow it. This is your health information in electronic or paper form. Some state and federal laws also provide 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 ABC 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. You also can change your 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 4445556666 ext.456. note, providers who get your health information through ABC 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.

¹ Laws and regulations include NY Mental Hygiene Law Section 33.13, NY Public Health Law Article 27- F, and federal confidentiality regulations including 42 CFR Part 2 and 45 CFR Parts 160 and 164 (also referred to as "HIPAA").

PAGE 2 (continued):

The bottom half of page 2 includes:

- Who the client/guardian can contact if they suspect someone has improperly accessed/used the client's data
- Details on when the provider may share the client's data
- The effective period of consent
- Where the client/guardian can obtain and submit a withdrawal of consent form
- The ability for the client to receive a copy of the signed consent

Required Procedures for Obtaining & Documenting Consent

1. Confirm the client's identity (provider attestation, or client can provide 1 form of photo ID or 2 forms of non-photo ID)
 - Confirm legal guardian/representatives' status, if needed
2. Review the consent form in its entirety with the client/representative (consent must be informed)
3. Client/representative will then give or deny consent
4. Copy of signed consent form provided to client/representative and saved in appropriate location within agency records (e.g., client's chart, EMR)
 - **NOTE:** [ADA guidelines](#) must be followed for certain disabilities (e.g., if someone has visual impairments, consent form must be read aloud to client or screen reader must be available)

How to Enable Access to Client-Level Data

Enable Access Module

- **Recipient Search – Individual Search**
 - Step 1: Enter recipient identifier(s) and click “Search”
 - Unique recipient identifiers:
 - Medicaid ID
 - Social Security Number (SSN)
 - Additional recipient identifiers:
 - Full last name and either date of birth (DOB) or first name
 - Characteristics:
 - Age
 - Gender
 - Race
 - Ethnicity
 - Client region
 - Client county

Search for Client in Individual Search

My QI Report ▾Statewide ReportsRecipient SearchProvider SearchRegistrar ▾Usage ▾Utilization ReportsDashboards ▾

Recipient Search

Individual Search

Cohort Search

Search in: ☒ Full Database ☐ MAIN STREET AGENCY

ResetIndividual Search

Recipient Identifier

Medicaid ID

SSN

AB00000A

If you don't have a recipient identifier, enter what you have available

- For best results enter a combination of full Last Name and either DOB or First Name.
- Optional: add 1 or more known client characteristics to narrow results.

Name and DOB

First Name

Last Name

Date of Birth

MM/DD/YYYY

Characteristics as of 09/01/2026

Age Range

To

Gender

Client Region

Race

Client County

Ethnicity

— Recipient related data is refreshed weekly

Enter recipient identifier(s) and select “Individual Search”

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Confirm Client Match and Enable Access

My QI Report ▾Statewide ReportsRecipient SearchProvider SearchRegistrar ▾Usage ▾Utilization ReportsMyCHOISAdult HomeDashboards ▾

[← Modify Search](#)

1 Recipients Found



PDFExcel

Medicaid IDAB12345C

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age), DOB	Unique Identifiers	Race & Ethnicity	Address	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
DOE JOHN (M - 30), 5/1/1996	Medicaid ID: AB12345C	Black	123 MAIN ST, MAIN CITY, NY 12345	MetroPlus Health Plan	2+ Inpt-BH, 2+ Inpt-MH, Adher-AP, HARP No Assessment for HCBS, HARP No Health Home	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid Documents: Safety Plan (11/22/2024)	No Access Enable Access 

Step 2: Confirm client match and select “Enable Access”

Note: If there’s no match, select “Modify Search”

OFFICE OF MENTAL HEALTH 29

Select Level of Access

PHI Access for DOE, JOHN (M - 30)

Select the level of access

[About access levels](#)

The client signed consent

☒ Client signed a PSYCKES Consent

☐ Client signed a BHCC Patient Information Sharing Consent

☐ Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

☐ Client gave Verbal PSYCKES Consent

☐ This is a clinical emergency

Provider attests to serving the client

Will link client to your agency, but will not provide access to clinical summary

☐ Client is currently served by or being transferred to my agency

Cancel

Next

Step 3: Select the appropriate level of access and select "Next."

Confirm Client Identity

PHI Access for **DOE, JOHN (M - 30)**



Confirm this is the correct individual before enabling

Unique Identifiers: Medicaid ID: AB12345C
Date Of Birth: 05/01/1996
Address: 123 MAIN ST, MAIN CITY, NY 12345

How do you know this is the correct person?

☒ Provider attests to client identity

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

Identification 1

Identification 2

MAIN STREET AGENCY will be given access to all available data for 3 years (renews automatically with billed service).

Step 4: Confirm client's identity

Step 5: Select "Enable" or "Enable and View Clinical Summary"

[Previous](#)

[Cancel](#)

[Enable](#)

[Enable and View Clinical Summary](#)

Update PHI Access Level

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar

Usage

Utilization Reports

Adult Home

Dashboards

Modify Search

1 Recipients Found

PDF

Excel

Medicaid ID

AB12345C

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

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Population Health with Recipient Search

Recipient Search

- Clients linked to a provider agency if billed for in the past year or currently linked through MAPP
- Use Recipient Search to search for an individual client or generate list of clients meeting specified criteria (examples below):
 - High Need Population (e.g., AOT- Active Court Order, High Medicaid Inpatient/ER Cost (Non-Duals) – Top 1%, etc.)
 - Alerts (e.g., suicide attempt, ideations, self-inflicted harm/injury, etc.)
 - Complex Needs (select *any* Complex Needs or specific Complex Needs criteria)
 - Social Determinants of Health (SDOH) (e.g., runaway, social exclusion or rejection, etc.)
 - Medicaid Recertification
 - Diagnoses (Behavioral Health, Medical)
 - Services received from your agency or other agencies in NYS (e.g., Care Coordination, Crisis Services, Outpatient Services, etc.)
- Enable access on the results page or export to Excel/PDF
- **Advanced Views:** Care Coordination, Complex Needs/HH+/HFW, High Need/High Risk, Hospital Utilization, Outpatient Providers

Recipient Search

Individual Search

Cohort Search

Limit Number of Results

50 ▾

Reset

Cohort Search

Characteristics as of 09/01/2026

Age Range

To

Gender

Race

Ethnicity

Client Region

Client County

Populations & Planning Considerations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

Plans & Documents

Social Determinants of Health (SDOH)

Past 1 Year ▾

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial circu
- Problems related to medical facilities and oth
- Problems related to life management difficult
- Problems related to housing and economic c
- Problems related to employment and unempl

SDOH Conditions: Selected

Populations & Planning Considerations

Social Determinants

Search for clients who are likely eligible for HFW services, received SOS or CTI services, high Medicaid Inpatient/ER Cost, etc.

Managed Care Plan & Medicaid

Managed Care	☐	OnTrackNY Early Psychosis Program : Enrolled
MC Product Line	☐	OnTrackNY Early Psychosis Program : Discharged < 3 years
Medicaid Enrollment Status	☐	OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years
Medicaid Restrictions	☐	OPWDD NYSTART - Eligible
		Intensive Mobile Treatment (IMT) Past Year
		Safe Options Support (SOS) Enrolled or Discharged in Past Year
		Critical Time Intervention (CTI) Enrolled or Discharged in Past Year
		High Fidelity Wraparound (HFW) - Likely Eligible
		Health Home Plus (HH+) - Eligible

Quality Flag as of 08/01/2026

HARP Enrolled - Not Health Home Enrolled	HH+ Service - Received at least once in past 3 mo. (Source: DOH MAPP)
HARP-Enrolled - No Assessment for Health Home	AOT - Active Court Order
Eligible for Health Home Plus - Not Health Home Enrolled	AOT - Expired < 6 months
Eligible for Health Home Plus - No Health Home Enrolled	AOT - Expired < 12 months
HH Enrolled, Eligible for Health Home Plus	ACT - Enrolled
Antipsychotic Polypharmacy (2+ >90c)	ACT - Discharged < 12 months
Antipsychotic Two Plus	
Antipsychotic Three Plus	

Populations & Planning Considerations

Search for clients with a history of suicide attempts, ideations, or opioid overdose by using the “Alerts” filter

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

Plans & Documents

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Quality Flag as of 08/01/2026

HARP Enrolled - Not Health Home Enrolled

HARP-Enrolled - No Assessment for Health Home

Eligible for Health Home Plus - Not Health Home Enrolled

Eligible for Health Home Plus - No Health Home Enrolled

Eligible for Health Home Plus - No Health Home Enrolled

HH Enrolled, Eligible for Health Home Plus

Antipsychotic Polypharmacy (2+ >900mg)

Alerts - Any below

Suicide Attempt (Medicaid/NIMRS) past 1 year

Suicide Attempt (Medicaid/ NIMRS)

Suicidal Ideations (Medicaid)

Self-Inflicted Harm/ Injury (Medicaid)

Self-Inflicted Poisoning (Medicaid)

Overdose - Opioid past 1 year

Overdose - Opioid (Intentional) past 1 year

Overdose - Opioid (Unintentional) past 1 year

Overdose - Opioid past 3 years

Overdose - Opioid (Intentional) past 3 years

Overdose - Opioid (Unintentional) past 3 years

Overdose Risk - Concurrent Opioid & Benzodiazepine

Registry - Suicide Care Pathway - active at any agency

Registry - COVID-19 - active at any agency

OMH Unsuccessful Discharge

Search for individuals with
ANY Complex Need
criteria, or specific criteria

Populations & Planning Considerations

Population	
High Need Population	
AOT Status	
Alerts	
Homelessness Alerts	
Complex Needs	
Plans & Documents	

Managed Care Plan & Medicaid

Managed Care	
MC Product Line	
Medicaid Enrollment Status	
Medicaid Restrictions	

Quality Flag as of 08/01/2026

HARP Enrolled - Not Health Home Enrolled
HARP-Enrolled - No Assessment for Health Home
Eligible for Health Home Plus - Not Health Home Enrolled
Eligible for Health Home Plus - No Health Home Assessment
HH Enrolled, Eligible for Health Home Plus
Antipsychotic Polypharmacy (2+ >90 days)
Antipsychotic Two Plus
Antipsychotic Three Plus
Antidepressant Two Plus - SC
Antidepressant Three Plus
Psychotropics Three Plus
Psychotropics Four Plus
Polypharmacy Summary

Social Determinants of Health

SDOH Conditions	
Problems related to housing	
Problems related to food	
Problems related to transportation	
Problems related to social support	
Problems related to employment	
Problems related to education	
Problems related to health care	

Any Complex Need

☐ Any Complex Need

General Eligibility Criteria (All Ages)

- ☐ Any General Eligibility Criteria
- ☐ AOT active or expired in past year
- ☐ ACT enrolled or discharged in past year
- ☐ Intensive Mobile Treatment (IMT) in past year with MH diagnosis
- ☐ HH+ service in the past year with MH diagnosis
- ☐ 3+ Inpt MH < 13 months
- ☐ 4+ ER MH < 13 months
- ☐ 3+ inpatient medical visits in past 13 months and have schizophrenia or bipolar
- ☐ Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
- ☐ State PC Inpatient Discharge < 12 months
- ☐ CNYPC Release < 12 months
- ☐ Homeless in past 6 months + SMI
- ☐ Suicide attempt: Any history
- ☐ Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
- ☐ Opioid overdose in past year

Additional Eligibility Criteria for Children & Adolescents (0-20 years)

- ☐ Any Eligibility Criteria for Child & Adol (0-20)
- ☐ K3 Serious Emotional Disturbance in past year
- ☐ Psychiatric Inpatient in past year

Complex Needs Criteria

General Criteria (All Ages)

- ☐ AOT active or expired in the past year
- ☐ ACT enrolled or discharged in the past year
- ☐ Intensive Mobile Treatment in the past year (if MH diag)
- ☐ HH+ service in the past year (if MH diagnosis)
- ☐ 3+ MH Inpatient visits in past year
- ☐ 4+ MH ER/CPEP visits in past year
- ☐ 3+ Medical Inpatient in past yr (if schizophrenia /bipolar)
- ☐ 2+ MH Inpatient or 3+ MH ER with No Outpatient
- ☐ State PC Inpatient Discharge past year
- ☐ Forensic MH Inpatient Release past year
- ☐ Homeless in past 6 months + SMI
- ☐ Suicide attempt (any history) + MH Inpatient/ER past yr
- ☐ Homicidal ideation + MH Inpatient/ER in past year
- ☐ Opioid overdose in the past year

Additional Criteria C&A (0-20 Years)

- Currently or in the past year received one or more of these services
 - ☐ Psychiatric Inpatient
 - ☐ Residential Treatment Facility
 - ☐ Children's Community Residence
 - ☐ Residential SUD Treatment
 - ☐ Youth ACT
 - ☐ Day Treatment
 - ☐ Partial Hospitalization
 - ☐ Home Based Crisis Intervention
 - ☐ Mobile Integration Team (MIT)
- Currently or past year presents to ER for behavioral health concerns and has been in Foster Care, or eligible for K3 Serious Emotional Disturbance
- Currently or in the past year received two or more crisis services

Populations & Planning Considerations

Search for individuals who have had any plan or document, or a specific plan or document added to their Clinical Summary.

Note: Consent/ER access required to view specific plan and document details within the Clinical Summary.



Population



High Need Population



AOT Status



Alerts



Homelessness Alerts



Complex Needs



Plans & Documents



Care Plan & Medicaid

Managed Care



MC Product Line



Medicaid Enrollment Status



Medicaid Restrictions



Any Plan or Document

Safety Plan

Relapse Prevention Plan

Psychiatric Advance Directive (PAD)

Care Plan

Discharge Plan

Other

Social Determinants of Health (SDOH)

Past 1 Year ▾

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to upbringing
 - Inappropriate (excessive) parental pressure
 - Sibling rivalry
 - Runaway [from current living environment]
 - Problems related to upbringing
 - Problem related to upbringing, unspecified
 - Personal history of unspecified abuse in childhood
 - Personal history of psychological abuse in childhood
 - Personal history of physical and sexual abuse in childhood

Select a domain category or expand the domain category to select a specific SDOH condition within that domain (up to 4 different SDOH filters can be selected at one time)

Social Determinants of Health (SDOH)

Past 1 Year ▾

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to upbringing
 - Inappropriate (excessive) parental pressure
 - Sibling rivalry
 - Runaway [from current living environment]
 - Problems related to upbringing
 - Problem related to upbringing, unspecified
 - Personal history of unspecified abuse in childhood
 - Personal history of psychological abuse in childhood
 - Personal history of physical and sexual abuse in childhood

- Problems related to upbringing
 - Runaway [from current living environment]
 - Personal history of physical and sexual abuse in childhood
- Problems related to social environment
 - Social exclusion and rejection

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Search for individuals whose Medicaid has already expired with the 'Inactive Medicaid' filters, or lookup individuals who need to recertify their Medicaid coverage within the next 1 or 3 months.

Medicaid Status

- Active Medicaid
- Inactive Medicaid
- Inactive Medicaid - Expired past year
- Inactive Medicaid - Expired past 3 months

Medicaid Type

- Medicaid Managed Care - Any
- Medicaid Managed Care + SSI
- Medicaid No Managed Care (FFS Only)
- Dual Eligible (Medicaid + Medicare)
- Medicaid (No Medicare)

Medicaid Recertification

- Medicaid Recertification Due < 3 mo.
- Medicaid Recertification Due < 3 mo. (renew via NYSoH)
- Medicaid Recertification Due < 3 mo. (renew via LDSS)
- Medicaid Recertification Due < 1 mo.
- Medicaid Recertification Due < 1 mo. (renew via NYSoH)
- Medicaid Recertification Due < 1 mo. (renew via LDSS)



No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (Child)
No Metabolic Monitoring (Gluc/HbA1c) on Antipsychotic
No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz
No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic
Diabetes Monitoring-No HbA1c >1 Yr

BH QARR - 2020 Quality Incentive Subset Summary

BH QARR - 2020 Total Indicator Summary

No Metabolic Monitoring (LDL-C) on Antipsychotic

No Outpatient Medical Visit > 1Yr

General Medical Health Summary

Preventable Hosp Asthma

Preventable Hosp Dehydration

Preventable Hosp Diabetes

Preventable Hospitalization Summary

10+ ER - All Cause

10+ ER - MH

2+ ER - BH

Select up to 4 quality
flags per search

Prescriber Last Name

Drug Name

☐

Active Drug

☐

Active medication (past 3 months) requiring Prior Authorization

Psychotropic Drug Class

ADHD Med
Antidepressant
Antipsychotic
Antipsychotic - Long Acting Injectable (L

Non-Psychotropic Drug Class

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

BH Diagnoses

Bipolar and Related Disorders
-- Depressive Disorders (1 Dx select)
 -- Major Depressive Disorder
 -- Substance-Induced Depressiv
 -- Unspecified/Other Depressive

Medical Diagnoses

-- Certain conditions originating in the perin
-- Certain infectious and parasitic diseases
-- Codes for special purposes
-- Congenital malformations, deformations,

Search for a medication or diagnostic category, or type in an individual diagnosis or ICD-10 code

Individual Diagnosis

Given

1+


☐

Primary Only

Services: Specific Provider as of 08/01/2026

Past 1 Year ▼

Provider MAIN STREET AGENCY

Region ▼

County ▼

Current Access ▼

Service Utilization ▼

Number of Visits ▼

Service Setting: ☐ Telehealth Coded

Service Detail: Selected

- Care Coordination
 - Care Management - Enrolled (Source
 - Care Management - Enrolled/Outreach
 - Health Home and/or Care Management
 - Health Home and/or Care Management
- Inpatient - ER
- Other
- Outpatient - ED

- Care Coordination
 - Care Management - Enrolled (Source
 - Care Management - Enrolled
 - Health Home and/or C
 - Health Home and/or C

In the “Services: Specific Provider” section you can search for individuals receiving specific service types (e.g., Care Management, etc.) from your agency

Services by Any Provider as of 08/01/2026

Past 1 Year ▾

Provider

Region

 ▾

County

 ▾

Current Access

 ▾

Service Utilization

 ▾

Number of Visits

 ▾

Service Setting: ☐ Telehealth Coded

Service Detail: Selected

— Care Coordination

— ACT - Adult

— ACT - Adult/Youth

— ACT - Youth

— Care Coordination Organization (DD I

— Care Coordination Organization (DD I

— Care Management - Enrolled (Source

— Care Management - Enrolled/Outreac

— Care Management - Outreach (Sourc

— Case Management - ALL

— Case Management - DD

— Case Management - DOH

In the 'Services by Any Provider' section, you can search for individuals you've served, who have received different types of services (e.g., Care Management, etc.) from other providers in NYS.

Provider

Region

County

Current Access

Service Utilization

ER - ALL

Number of Visits

10+

Service Setting: ☐ Tel

Detail: Selected

- + Care Coordination
- + Crisis Service
- + Foster Care
- + Inpatient - ER
- + Living Support/Resi
- + Other
- + Outpatient - DD
- + Outpatient - MH
- + Outpatient - Medical
- + Outpatient - Medical
- + Outpatient - SU
- + Outpatient - Unspecified

- Clinic MH - ALL
- ER - ALL
- ER - BH Dx/Svc/CPEP
- ER - MH Dx/Svc/CPEP
- ER - Medical Dx/Svc
- ER - SU Dx/Svc
- Inpatient - ALL
- Inpatient - BH
- Inpatient - MH
- Inpatient - Medical
- Inpatient - SU

- 1+
- 2+
- 3+
- 5+
- 10+
- 20+

You can also search for high utilizers by using the 'Service Utilization' and 'Number of Visits' dropdowns.

[← Modify Search](#)

271 Recipients Found

View: Standard

PDF
 Excel

[Provider Specific] Provider	MAIN STREET AGENCY
AND [Provider Specific] Service Setting:	Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

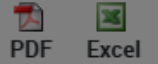
1							
Name (Gender - Age) ▲	Medicaid ID ◆	Date of Birth ◆	Race & Ethnicity ◆	Medicaid Managed Care Plan ◆	Medicaid Quality Flags ◆	Planning Considerations ◆	Current PHI Access ◆
QUJEVUnMQU6i SEFNWaFI KEq LQ M9Uf	RVQtOT6nM F6	MD2IMDYI M9AmMQ	White	Fidelis Care New York	2+ Inpt-BH, 2+ Inpt-MH, HARP No Assessment for HCBS, HARP No Health Home, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No ICM after MH Inpt, No LDL-C - AP, Readmit 30d - BH to All Cause, Readmit 30d - BH to BH, Readmit 30d - MH to All Cause, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	Notifications: Complex Needs, High MH Need, MH Plcmt Consid, Medicaid Recertification Alert Documents: Safety Plan (09/22/2025)	No Access Enable Access 🔒
QURBTVMi SazTSFVB RA KEq LQ MpQf	Qr6pN9Ym NEI	MD6IM92IM TavMQ	White		2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Readmit 30d - BH to All Cause, Readmit 30d - BH to BH, Readmit 30d - MH to All Cause, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	Notifications: Complex Needs, High MH Need, MH Plcmt Consid, Medicaid Recertification Alert Documents: Safety Plan (10/03/2019)	PSYCKES Consent
QUncQSm VE7PTUFT KEq LQ N9Yf	RVarNTapN a6	MTIIM9EIM TarOQ	Hispanic or Latinx			Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, MH Plcmt Consid, Medicaid Recertification Alert Documents: Safety Plan (08/10/2023)	No Access Enable Access 🔒

[Provider Specific] Provider	MAIN STREET AGENCY
AND [Provider Specific] Service Setting:	Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

1							
Name (Gender - Age) ▴	Medicaid ID ▴	Date of Birth ▴	Race & Ethnicity ▴	Medicaid Managed Care Plan ▴	Medicaid Quality Flags ▴	Planning Considerations ▴	Current PHI Access ▴
QUbLRUvTLA TEFZTEE TQ KEY LQ MTIf	RbAsODIpO FE	MDEIM9AI M9AnNA	Unknown	Fidelis Care New York	2+ ER-BH, 2+ ER-MH, 3PP(Y), No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c & LDL-C - AP (DOH), No LDL-C - AP, No LDL-C - AP (DOH), No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Child & Adol	Notifications: Complex Needs, High MH Need, MH Plcmt Consid, Medicaid Recertification Alert, OPWDD Services Eligible (RE95)	No Access Enable Access 🔒
QanBSqVXSEbUTUzSRS m REFWSUQ KEq LQ MTYf	RVAoNTao Mal	MDUIMTUI M9AnMA	On the results page, you can drill into a client's Clinical Summary (with consent/ER access), export the results to PDF or Excel, or change to one of our Advanced Views!		HbA1c & LDL-C - c & LDL-C - AP bA1c - AP (DOH), LDL-C - AP (DOH)	Notifications: Complex Needs, High MH Need, Inactive Medicaid Alert (expired: 07/31/2026), MH Plcmt Consid	No Access Enable Access 🔒
QqFSTFNPT8m RqFCUabFTA S6 KEq LQ MTEf	RbAsMpEo MUU	MD2IM9aIM 9AnNQ			LDL-C - AP, No No LDL-C - AP, No	Notifications: Complex Needs, High MH Need, Medicaid Recertification Alert (expires: 11/30/2026)	No Access Enable Access 🔒

◀ Modify Search



About Search Results Views

All views display: Name, Medicaid ID, Date of Birth, Gender, Race & Ethnicity, Managed Care Plan, Current PHI Access

Results View	Columns Displayed
Standard	Quality Flags, Planning Considerations
Care Coordination	HARP Status (H Code), HARP HCBS Assessment Date (most recent), Children's Waiver Status (k Code), Health Home Name (Enrolled), Care Management Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, AOT Provider (Active), MC Product Line, CORE Eligible.
Complex Needs/HH+/HFW	Complex Needs (All ages), Health Home Plus Eligibility (Age 18+), High Fidelity Wraparound-Likely Eligible (Ages 6-20), Risk, High ER/Inpatient Utilization or Youth with Residential Treatment, Intensive Outpatient, Crisis Services among Youth
High Need/High Risk	OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH) OPWDD NYSTART-Eligible, High Fidelity Wraparound (Likely Eligible), Health Home Plus-Eligible, Homelessness, AOT Status, AOT Expiration Date, Suicide Risk, Overdose Risk and PSYCKES Registries
Hospital Utilization	Number of hospitalizations in past year broken out by ER and Inpatient and Behavioral Health and Medical
Outpatient Providers	Primary Care Physician Assignment (Assigned by MC Plan), Mental Health Outpatient Provider, Medical Outpatient Provider, Substance Use Outpatient Provider, and CORE or Adult HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year.

Close

Name ▲	Medicaid ID ◆	Date of Birth ◆	Gender - Age ◆	Race & Ethnicity ◆	Medicaid Managed Care Plan ◆	Current PHI Access ◆	Primary Care Physician Assignment(Assigned by MC Plan)		
							Name ◆	Most Recent Service Past 1 yr ◆	# Visits with Assigned PCP past 1 yr ◆
QUNPUrRB QrJvW8m TUFSQqzT SQ	UUutNTErM UQ	MD2IM9MI MTatOQ	TQ LQ ND2	Hispanic or Latinx	Fidelis Care New York	PSYCKES Consent			
Qq7LSUZBVEai SaFDSm	UrMnMDEn OFY	MDYIMDYI MTavNQ	TQ LQ MpE	Native American	HealthPlus	PSYCKES Consent	DOE, JOHN		
UE7JTEnJUFMi SqVWSUu	UrlvNDIsMr 6	MDIIMTIIMT atMA	TQ LQ NTY	White	Amida Care	PSYCKES Consent			
QUJBRCm QUnJRaY TQ	VEioOT2vN be	MDYIMTEIM TavMm	R6 LQ MpM	Hispanic or Latinx	Healthfirst PHSP, Inc.	PSYCKES Consent			
QUnFWEFOREVSLA Sa7BT6	VEipN9YuN Ee	MDaIMTaIM TauMA	TQ LQ NDU	Black	MetroPlus Health Plan	PSYCKES Consent			
TUFUVE7FVrNKU8m	VF2pM9Mq	MDIIMT6IM	TQ LQ	Black	Village Senior Services	PSYCKES			

Scroll

Name ▲	Mental Health Outpatient Provider			Medical Outpatient Provider			Substance Use Outpatient Provider		
	Most Recent Provider Facility Name	Most Recent Service Past 1 yr	# Services this Provider Past 1 yr	Most Recent Provider Facility Name	Most Recent Service Past 1 yr	# Services this Provider Past 1 yr	Most Recent Provider Facility Name	Most Recent Service	# Services this Provider Past 1 yr
QUNPUrRB QrJVW8m TUFSSQqzT SQ	LA CASA DE SALUD INC	12/26/2025	1	MONTEFIORE MEDICAL CENTER	05/18/2026	2	NYC-HHC QUEENS HOSPITAL CENTER	06/17/2026	1
Qq7LSUZBVEai SaFDSm	NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH	11/24/2025	1	NEW YORK CITY HEALTH AND HOSPITALS	12/24/2025	2			
UE7JTEnJUFMi SqVWSUu	HOUSING WORKS HEALTH SERVICES III, INC. D/B/A	11/03/2025	3	HOUSING WORKS SERVICES II INC	06/09/2026	5			
QUJBRCm QUnJRaY TQ				LENOX HILL HOSPITAL	03/06/2026	2			
QUnFWEFORVSLA Sa7BT6	CENTER FOR ALTERNATIVE SENTENCING & EMPLOYMENT	09/30/2025	1	BELLEVUE HOSPITAL CENTER	03/29/2026	1	NYC-HHC BELLEVUE HOSPITAL CENTER	10/23/2025	1
TUFUVE7FVrNKU8m	NYC-HHC METROPOLITAN HOSPITAL	12/05/2025	6	METROPOLITAN HOSPITAL	05/01/2026	14			

Scroll

Name	Patient Provider		Substance Use Outpatient Provider			CORE or Adult HCBS Service Provider			
	Most Recent Service Past 1 yr	# Services this Provider Past 1 yr	Most Recent Provider Facility Name	Most Recent Service	# Services this Provider	Most Recent Provider Facility Name	Most Recent Service Type Past 1 yr	Most Recent Service Past 1 yr	# Services this Provider Past 1 yr
QUNPUrRB QrJvW8m TUFsQqzT SQ	026	2	NYC-HHC QUEENS HOSPITAL CENTER	06/17/2026	1				
Qq7LSUZBVEai SaFDsm	025	2							
UE7JTEnJUFMi SqVWSUu	026	5							
QUJBRCm QUnJRaY TQ	026	2							
QUnFWEFOREVSLA Sa7BT6	026	1	NYC-HHC BELLEVUE HOSPITAL CENTER	10/23/2025	1				
TUFUVE7FVrNKU8m	026	14							

Clinical Summary

What is a PSYCKES Clinical Summary?

- Summarizes up to 5 years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
 - E.g., Hospitalizations from Medicaid billing, State PC residential services from State PC EMR, health home information from MAPP, suicide risk from incident management, AOT court orders from TACT, homelessness information from DHS and Medicaid
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnosis and procedures)
- Clinical Summary organized by sections like an EMR

Clinical Summary Sections

- General
- Current Care Coordination
- Notifications
- Active Medicaid Restrictions
- Alerts
- Social Determinants of Health (SDOH)
- Quality Flags
- Plans & Documents
- BH/Medical Diagnoses
- IVOS
- Care Coordination (historical)
- Medications (Controlled, BH, Medical)
- Outpatient Services (BH, Medical)
- Crisis Services
- Hospital/ER
- Dental/Vision
- Living Support/Residential Treatment
- Laboratory & Pathology
- Radiology
- Medical Equipment
- Transportation

My QI Report ▾Statewide ReportsRecipient SearchProvider SearchRegistrar ▾Usage ▾Utilization ReportsDashboards ▾

← Recipient Search

TaVZRVli QUnMSVJB U6

As of 9/1/2026 ⓘ Data sources

PDF

Brief OverviewFull Summary

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

DOB: XX/XX/XXXX (XX Yrs)

Medicaid ID: SEMoN9AvNUQ

Medicare: No

Children's Waiver Status: N/A

Address: NDQ TabHSFRFTa3BTEU RFJJVaU,
UEnBVFRTQbVSRq6, Tba, MTivMDE

Managed Care Plan: Fidelis Care New York (Mainstream)

HARP HCBS Assessment Status: N/A

MC Plan Assigned PCP : N/A

Medicaid Eligibility Expires on: 09/30/2026

Current Care Coordination

Health Home (Enrolled)

ADIRONDACK HEALTH INSTITUTE INC (Begin Date: 01-OCT-25) • Status : Active
Member Referral Number: 1-866-708-2912; healthhome@ahihealth.org

Care Management (Enrolled): HUDSON HEADWATERS HEALTH NETWORK

Notifications

Medicaid Eligibility Alert

This client must re-certify their Medicaid enrollment through their County Local Department of Social Services (LDSS) (Expiration: 09/30/2026)
For more information visit [How to Renew Your Health Insurance | County LDSS](#)
Or contact the client's county LDSS [New York State Local Departments of Social Services \(LDSS\)](#)
If the client needs help with this process, please contact a [Facilitated Enroller](#).

Active Quality Flags • as of monthly QI report 8/1/2026

High Utilization - Inpt/ER

10+ ER - All Cause • 2+ ER - Medical • 4+ Inpatient/ER - Med

Diagnoses Past Year

Behavioral Health (3)

Most Recent:

Specific Learning Disorder • Communication Disorders • Tobacco related disorder

Most Frequent (# of services):

Communication Disorders(36) • Specific Learning Disorder(33) • Tobacco related disorder(1)

Medical (64)

5 Most Recent:

Persons encountering health services in other circumstances • Congenital malformations of cardiac septa • Lack of expected normal physiological development in childhood and adults • Encounter for general examination without complaint, suspected or reported diagnosis • Other congenital malformations of spinal cord ...

5 Most Frequent (# of services):

Other congenital malformations of heart(21) • Cough(11) • Lack of expected normal physiological development in childhood and adults(10) • Other specified congenital malformation syndromes affecting multiple systems(9) • Abnormalities of breathing(9) ...

Scroll
down

HEALTH 57

Medications Past Year			Last Pick Up		
Ofloxacin (Ofloxacin) • Otic Anti-infectives			5/20/2026	Dose: 0.3 %, 1.43/day • Quantity: 10	
Ipratropium Bromide Hfa (Atrovent Hfa) • Bronchodilators - Anticholinergics			4/23/2026	Dose: 17 MCG/ACT, .52/day • Quantity: 12	
Dexamethasone Sodium Phosphate (Dexamethasone Sodium Phosphate) • Glucocorticosteroids			4/23/2026	Dose: 4 MG/ML, 2/day • Quantity: 2	
Ipratropium Bromide (Ipratropium Bromide) • Bronchodilators - Anticholinergics			4/23/2026	Dose: 0.02 %, 10.71/day • Quantity: 75	
Mometasone Furoate (Asmanex Hfa) • Steroid Inhalants			4/4/2026	Dose: 50 MCG/ACT, .22/day • Quantity: 13	
Cefdinir (Cefdinir) • Cephalosporins - 3rd Generation			4/4/2026	Dose: 250 MG/5ML, 7.5/day • Quantity: 60	
Prednisolone Sodium Phosphate (Prednisolone Sodium Phosphate) • Glucocorticosteroids			4/4/2026	Dose: 15 MG/5ML, 6/day • Quantity: 30	
Lorazepam, Injection (Lorazepam, Injection) • Anxiolytic/Hypnotic			4/3/2026	Dose: 2 MG • Quantity: null	
Amoxicillin- Pot Clavulanate (Amoxicillin-Pot Clavulanate) • Penicillin Combinations			3/30/2026	Dose: 400-57 MG/5ML/day • Quantity: 100	
Fluticasone Propionate Hfa (Fluticasone Propionate Hfa) • Steroid Inhalants			2/28/2026	Dose: 44 MCG/ACT, .11/day • Quantity: 10	
Albuterol Sulfate (Albuterol Sulfate Hfa) • Sympathomimetics			2/26/2026	Dose: 108 (90 Base) MCG/ACT/day • Quantity: 17	
Albuterol Sulfate (Albuterol Sulfate) • Sympathomimetics			2/24/2026	Dose: 1.25 MG/3ML, 17.5/day • Quantity: 525	
Budesonide (Budesonide) • Steroid Inhalants			2/24/2026	Dose: 0.5 MG/2ML, 4/day • Quantity: 60	
Prednisone (Prednisone) • Glucocorticosteroids			2/24/2026	Dose: 20 MG, 1/day • Quantity: 5	
Acetaminophen (Feverall Childrens) • Analgesics Other			2/23/2026	Dose: 120 MG, 3/day • Quantity: 6	
Acetaminophen (M-Pap) • Analgesics Other			2/23/2026	Dose: 160 MG/5ML, 20/day • Quantity: 120	
Amoxicillin (Amoxicillin) • Aminopenicillins			12/26/2025	Dose: 400 MG/5ML, 15/day • Quantity: 150	
Polyethylene Glycol 3350 (Clearlax) • Laxatives - Miscellaneous			12/10/2025	Dose: 17 GM/SCOOP, 8.5/day • Quantity: 238	
Acetaminophen (Acetaminophen Childrens) • Analgesics Other			10/14/2025	Dose: 160 MG/5ML, 20/day • Quantity: 100	
Ibuprofen (Ibuprofen) • Nonsteroidal Anti-inflammatory Agents (NSAIDs)			10/14/2025	Dose: 100 MG/5ML, 20/day • Quantity: 100	
Outpatient Providers Past Year		Last Service Date & Type		All Hospital and Crisis Utilization • 5 Years	
NORTH COUNTRY KIDS INC		6/22/2026	Clinic - DD - Supportive Health Services	ER Visits # Providers Last ER Visit	
UNIVERSITY OF VERMONT MEDICAL CTR		6/12/2026	Physicians Group - Pediatrics	25 Medical 2 4/24/2026 at UNIVERSITY OF VERMONT MEDICAL CTR	
HUDSON HEADWATERS HEALTH NETWORK		6/5/2026	Clinic - Medical Specialty	Inpatient Admissions # Providers Last Inpatient Admission	
WARRENSBURG HEALTH CENTER		6/5/2026	Clinic - Medical Specialty	2 Medical 2 5/25/2024 at UNIVERSITY OF VERMONT MEDICAL CTR	
CHAMPLAIN VALLEY PHYSICIANS HOSPITA		4/22/2026	Clinic - Medical Specialty	Crisis Services # Providers Last Crisis Service	
			No Medicaid claims for this data type in the past 5 years		
Brief Overview as of 9/1/2026					
View Full Summary  Export Overview					

[← Recipient Search](#)

TaVZRVli QUnMSVJB U6

As of 9/1/2026 [Data sources](#)

PDF



EXCEL

Sections

Brief Overview

Full Summary

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

General

Name

TaVZRVli QUnMSVJB U6

Medicaid ID

SEMoN9AvNUQ

Medicare

No

Children's Waiver Status

N/A

DOB

XX/XX/XXXX (XX Yrs)

Medicaid Aid Category

MA-SSI

Managed Care Plan

Fidelis Care New York (Mainstream)

HARP HCBS Assessment Status

N/A

Address

NDQ TabHSFRFTa3BTEU RFJJVaU,
UEnBVFRTQbVSRq6, Tba, MTivMDE

Medicaid Eligibility Expires on

09/30/2026

MC Plan Assigned PCP

N/A

Current Care Coordination

Health Home (Enrolled)

ADIRONDACK HEALTH INSTITUTE INC (Begin Date: 01-OCT-25) • Status : Active
Member Referral Number: 1-866-708-2912; healthhome@ahihealth.org

Care Management (Enrolled): HUDSON HEADWATERS HEALTH NETWORK

Notifications

Medicaid Eligibility Alert

This client must re-certify their Medicaid enrollment through their County Local Department of Social Services (LDSS) (Expiration: 09/30/2026)
For more information visit [How to Renew Your Health Insurance | County LDSS](#)
Or contact the client's county LDSS [New York State Local Departments of Social Services \(LDSS\)](#)
If the client needs help with this process, please contact a [Facilitated Enroller](#).

Clinical Summaries display information from multiple sources and are updated weekly.

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NYS Medicaid billing database For consumers who have received behavioral health diagnosis, service, or psychotropic medication paid for by Medicaid.	Weekly information on Medicaid Fee for Service claims or Managed Care encounter data, includes: • Care Coordination information • Diagnoses • Medications • Quality Flags • Outpatient Medical or Behavioral Health Services • Hospital/ER services • Crisis services • Living Support/Residential • Laboratory & Pathology • Radiology • Dental • Vision • Medical Equipment • Transportation
MAPP - Health Home and Care Management Database from DOH For consumers in outreach or enrolled in Health Homes and Care Management programs	Weekly information from DOH Health Home file: • Outreach or enrollment status • Health Home and Care Management provider names • Start and End Dates • Health Home/Care Management Agency • information from DOH website: ◦ main contact name/phone number ◦ referral contact name and phone number
Managed Care Enrollment Table For consumers enrolled in a Managed Care Plan/Product Line	Weekly information from MC Enrollment Table • Name of Managed Care Plan • HARP Status • Managed Care Assigned Primary Care Physician (updated quarterly)
Uniform Assessment System New York (UAS-NY) assessment platform For consumers with a Health and Recovery Plan (HARP) Home and Community Services (HCBS) Assessment Status/Results	Weekly information from UAS-NY: • HARP HCBS Assessment Status
TACT - Tracking for AOT Cases and Treatment For consumers on an Assisted Outpatient Treatment (AOT)	Weekly information from TACT (in the past 5 years) • AOT provider name • enrollment date

Alerts

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	5/4/2022	01/13/2026	SUSAN'S PLACE	Single Adult, Mental Health		
C-SSRS (Suicide Screen)	2	5/9/2019	11/18/2025	AIDS CENTER OF QUEENS COUNTY, INC.	Jamaica Avenue Clinic	High Risk: Suicide Attempt(s); Last attempt Past Week	
PHQ-9 (depression screening and monitoring)	5	10/1/2018	11/18/2025	AIDS CENTER OF QUEENS COUNTY, INC.		Moderate Depression (Score = 12 out of 27) - Thoughts of better off dead and/or hurting self	
Treatment for Suicide Attempt	7	2/19/2017	11/16/2025	NEW YORK CITY HEALTH AND HOSPITALS	Inpatient - MH	Suicide Attempt	
Treatment for Suicidal Ideation	41	4/24/2009	11/8/2025	SBH PHYSICIANS PC	ER - Medical - Group - Physician - Emergency Medicine	Suicidal Ideation	
Intentional Overdose - Opioid	4	11/26/2022	11/29/2022	LINCOLN MEDICAL/MENTAL HLTH	ER - SU	Intentional Overdose - Opioid	
Treatment for Self inflicted Poisoning	2	4/27/2014	8/3/2018	FPA HOSPITAL BASED	ER - Medical - Group - Physician - Emergency Medicine	Self inflicted Poisoning	
Overdose - Opioid	2	8/19/2016	6/12/2017	ELMHURST HOSPITAL CENTER	Inpatient - SU	Overdose - Opioid	

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) reported in billing	
Adult and child abuse, neglect and other maltreatment, confirmed	Adult sexual abuse, confirmed, initial encounter
Other problems related to primary support group, including family circumstances	Disappearance and death of family member • Disruption of family by separation and divorce
Personal risk factors, not elsewhere classified	Personal history of adult physical an
Problems related to education and literacy	Less than a high school diploma
Problems related to employment and unemployment	Unemployment, unspecified
Problems related to housing and economic circumstances	Sheltered homelessness • Homelessness • Homelessness unspecified • Food insecurity • Other problems related to housing and economic circumstances • Transportation insecurity • Low income • Problem related to housing and economic circumstances, unspecified
Problems related to other psychosocial circumstances	Problems related to other legal circumstances
Problems relat	
Problems relat	

Click on a SDOH condition to drill in and view more details

Services provided for the selected Social Determinants of Health: Sheltered homelessness					PDF	Excel	✕
					Previous 1 Next		
Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses			
5/2/2026	Inpatient-ER	ER - MH	NEW YORK PRESBYTERIAN HOSPITAL	Sheltered homelessness, Unspecified mood [affective] disorder			

Quality Flags

Quality Flags as of monthly QI report 8/1/2026 [Definitions](#)



Recent

All (Graph)

All (Table)

Indicator Set

BH QARR - Improvement Measure

[Discontinuation - Antidepressant <12 weeks \(MDE\)](#)

Health Home Care Management - Adult

[Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months](#) • [Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months](#) • [Eligible for Health Home Plus - Not Health Home Enrolled](#)

High Utilization - Inpt/ER

[2+ ER - BH](#) • [2+ ER - MH](#) • [2+ ER - Medical](#) • [4+ Inpatient/ER - BH](#) • [4+ Inpatient/ER - MH](#)

MH Performance Tracking Measure (as of 12/01/2025)

[Antidepressant Medication Discontinued - Acute Phase](#) • [Antidepressant Medication Discontinued - Recovery Phase](#) • [Low Mood Stabilizer Medication Adherence - Bipolar](#) • [No Engagement after MH Inpatient](#) • [No Intensive Care Management after MH ED Visit](#) • [No Intensive Care Management after MH Inpatient](#)

SUD Performance Tracking Measure (as of 12/01/2025)

[No Engagement in SUD Treatment](#) • [No Initiation of SUD Treatment](#)

Treatment Engagement

[Adherence - Mood Stabilizer \(Bipolar\)](#) • [Discontinuation - Antidepressant <12 weeks \(MDE\)](#)

Vital Signs Dashboard - Adult (as of 12/01/2025)

[Antidepressant Medication Discontinued - Acute Phase](#) • [Antidepressant Medication Discontinued - Recovery Phase](#) • [Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months](#)

Plans & Documents, Screenings & Assessments

Plans & Documents Upload Create New					
Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
2/16/2026	PSYCKES Consent Form (e-sign)	STEFFIORE MEDICAL CENTER	Smith, John	Clinician	
12/9/2025	Safety Plan			Client	
11/18/2025	Psychiatric Advance Dire			Clinician	
10/1/2024	Care Plans			Therapist	
8/26/2024	Relapse Prevention Plan	AIDS CENTER OF QUEENS COUNTY, INC.	Smith, John	Therapist	
6/18/2024	Discharge Plan	AIDS CENTER OF QUEENS COUNTY, INC.	Smith, John	Therapist	
Screenings & Assessments Definitions					
Assessment Name	Number of Assessments Entered	Last Assessment Date	Last Assessment Provider	Last Assessment Rated By(Role)	Last Assessment Results
PHQ-9	3	8/3/2026	COMMUNITY CARE MANAGEMENT PARTNERS	Administered in PSYCKES mobile app	Moderately Severe Depression (Score = 18 out of 27) - Thoughts of better off dead and/or hurting self
C-SSRS	2	7/29/2026	Client Entered	Administered in PSYCKES mobile app	High Risk: Suicide Intent with Specific Plan Past Month

Create a Safety Plan or PAD, or upload other documentation (e.g., Care Plans, Discharge Plans, etc.)

Upload or Create Plans & Documents

 **Upload an Existing Plan or Health Document** ✕

Type of Document *

Safety Plan ▼

Date Document Created *

08/18/2026

Document Created By *

JANE

Role *

Client

Document Source *

Choose File

Maximum File Size:10 mb

Supported File Types:pdf, doc, jpg, gif

This document will be accessible for the individual client and/or provider agency involved in uploading it. Other provider agencies may view only with client consent or in a clinical emergency.

-

Cancel

Upload

Create New Plans & Documents

Safety Plan

Psychiatric Advance Directive

Close

+ Create a new Safety Plan Click the clear button to clear all fields of this form Clear			
Safety Plan - DOE, JANE		* Date Document Created:	08/18/2026
Step 1: Warning signs (thoughts, images, feelings, behaviors) that a crisis may be developing:			
1.	*		
2.	*		
3.			
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (distracting and calming activities):			
1.	*		
2.	*		
3.			
Step 3: People and social settings that provide distraction:			
1. Name	*		Phone
2. Name			Phone
3. Place	*		4. Place
Step 4: People I can ask for help with the crisis:			
1. Name	*		Phone
2. Name	*		Phone
3. Name			Phone
Step 5: Professionals or agencies I can contact during a crisis:			
1. Clinician Name	*		Phone *
Clinician Emergency Contact #	*		

Diagnoses (Behavioral Health, Medical)

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

Schizoaffective Disorder • Other psychoactive substance related disorders • Schizophrenia • Cannabis related disorders • Cocaine related disorders • Substance-Induced Psychotic Disorder • Tobacco related disorder • Antisocial Personality Disorder • Hallucinogen related disorders • Alcohol related disorders • Major Depressive Disorder • Unspecified/Other Psychotic Disorders • Substance-Induced Depressive Disorder • Adjustment Disorder • Unspecified/Other Anxiety Disorder • Unspecified/Other Depressive Disorder • Other stimulant related disorders • Unspecified/Other Personality Disorder • Conduct Disorder

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

Certain infectious and parasitic diseases	Other sepsis • Pediculosis and phthiriasis
Codes for special purposes	COVID-19
Diseases of the circulatory system	Essential (primary) hypertension • Heart failure • Hypertensive chronic kidney disease • Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction • Other peripheral vascular diseases
Diseases of the eye and adnexa	Glaucoma • Other disorders of conjunctiva • Other cataract

Click on a diagnosis to drill-in and view more details such as date of service, service type & subtype, provider, and other diagnoses

Services provided for the selected Diagnosis: Schizoaffective Disorder				
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Previous12345678910...17Next				
Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
4/12/2026	Inpatient-ER	ER - MH - CPEP	ST LUKES ROOSEVELT HSP CTR	Schizoaffective disorder, unspecified
12/19/2025	Inpatient-ER	ER - MH - Group - Physician - Emergency Medicine	ICAHN SCHOOL OF MEDICINE AT MOUNT S	Schizoaffective disorder, unspecified

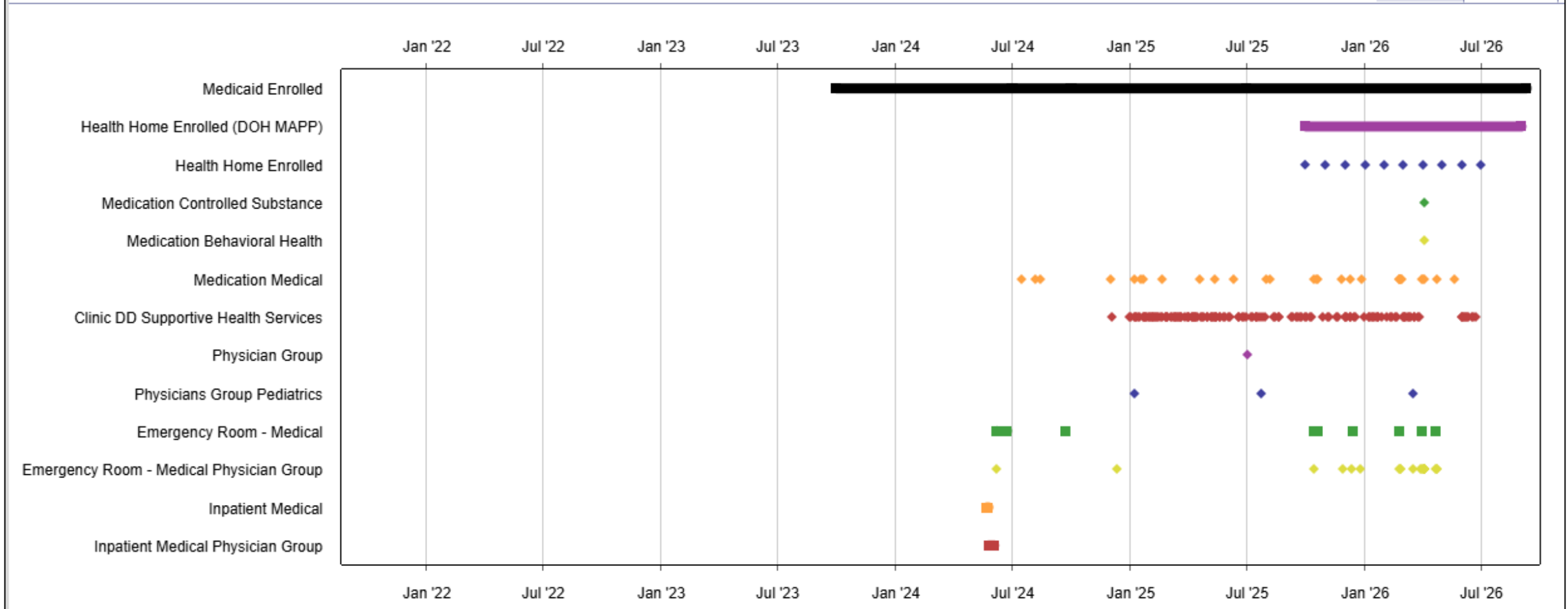
Integrated View of Services Over Time

Integrated View of Services Over Time



Table

Graph



Care Coordination (Historical)

Care Coordination  Details						Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	# Bills	Procedure (Most Recent Visit)		
Health Home - Enrolled (DOH MAPP)	ADIRONDACK HEALTH INSTITUTE INC (HH), HUDSON HEADWATERS HEALTH NETWORK (CM)	10/1/2025	9/1/2026	1	Mccd, Risk Adj, Maintenance		
Health Home - Enrolled	ADIRONDACK HEALTH INSTITUTE INC	10/1/2025	7/1/2026	10	Case Management, Per Month		
Case Management - Early Intervention - DOH	CLINTON CO HLTH DEPT - EIP CM	11/14/2024	2/12/2026	5	Targeted Case Management		

Medications: Behavioral Health, Controlled Substance, Medical

Medication: Behavioral Health Details							Table	Graph
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up			
Antipsychotic	Paliperidone Palmitate (Invega Sustenna)	234 MG/1.5ML	1 Year(s) 2 Month(s) 3 Week(s)	6/12/2025	8/3/2026	Details		
Mood Stabilizer	Divalproex Sodium	500 MG , 2/day	1 Month(s)	6/10/2025	6/10/2025	Details		
Antipsychotic	Haloperidol Decanoate	100 MG/ML	7 Month(s) 1 Week(s) 1 Day(s)	11/8/2024	5/19/2025	Details		
Medication: Controlled Substance Details							Table	Graph
Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up		
II	Opioid Agonists	Oxycodone (Xtampza Er)	9 MG , 2/day	7 Month(s) 1 Week(s) 6 Day(s)	1/6/2026	7/20/2026	Details	
II	Opioid Combinations	Oxycodone- Acetaminophen (Oxycodone-Acetaminophen)	10-325 MG	7 Month(s) 1 Week(s) 6 Day(s)	1/6/2026	7/20/2026	Details	
V	Anticonvulsants - Misc.	Pregabalin	150 MG , 2/day	7 Month(s) 1 Week(s) 6 Day(s)	1/6/2026	7/20/2026	Details	
Medication: Medical Details							Table	Graph
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up			
Iron	Ferrous Sulfate	325 (65 Fe) MG	3 Month(s) 4 Week(s)	4/23/2026	7/21/2026	Details		
Oil Soluble Vitamins	Ergocalciferol (Vitamin D (Ergocalciferol))	1.25 MG (50000 UT)	4 Month(s) 3 Week(s) 6 Day(s)	4/23/2026	7/21/2026	Details		
Anticonvulsants - Misc.	Pregabalin	150 MG , 2/day	7 Month(s) 1 Week(s) 6 Day(s)	1/6/2026	7/20/2026	Details		
Central Muscle Relaxants	Cyclobenzaprine Hcl	5 MG , 1/day	3 Month(s) 5 Day(s)	5/14/2026	7/20/2026	Details		
Proton Pump Inhibitors	Omeprazole	40 MG , 1/day	8 Month(s) 1 Week(s) 5 Day(s)	1/29/2026	7/13/2026	Details		

Medications Drill-In

Rx detail for Paliperidone Palmitate (Invega Sustenna)											
PDF Excel ×											
Orders Trials First Previous 1 2 Next Last											
Pick Up Date	Brand Name	Generic Name	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabs Per Day*	Total Daily Dose*	Route	Prescriber	Pharmacy
7/16/2026	Invega Sustenna	Paliperidone Palmitate	Antipsychotic	234 MG/1.5ML	1	28		234 MG/1.5ML, .05/day	Intramuscular		GHC PHARMACY INC
6/22/2026	Invega Sustenna	Paliperidone Palmitate	Antipsychotic	234 MG/1.5ML	1	28		234 MG/1.5ML, .05/day	Intramuscular		GHC PHARMACY INC
5/27/2026	Invega Sustenna	Paliperidone Palmitate	Antipsychotic	234 MG/1.5ML	1	28		234 MG/1.5ML, .05/day	Intramuscular		GHC PHARMACY INC
4/30/2026	Invega Sustenna	Paliperidone Palmitate	Antipsychotic	234 MG/1.5ML	1	28		234 MG/1.5ML, .05/day	Intramuscular		GHC PHARMACY INC
3/9/2026	Invega Sustenna	Paliperidone Palmitate	Antipsychotic	234 MG/1.5ML	1	30		234 MG/1.5ML, .05/day	Intramuscular		GHC PHARMACY INC

Outpatient Behavioral Health

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)		
Clinic - Medical Specialty	HUDSON HEADWATERS HEALTH NETWORK	2/28/2022	7/13/2026	11	Bipolar disorder, unspecified	- Office O/P Est Mod 30 Min		
Clinic - Medical Specialty	WARRENSBURG HEALTH CENTER	4/8/2022	7/13/2026	10	Bipolar disorder, unspecified	- Office O/P Est Mod 30 Min		
Clinic - MH Specialty	ESSEX CNTY COMM SVC BOARD	4/15/2026	4/15/2026	1	Post-traumatic stress disorder, unspecified	- Crisis Interven Svc, 15 Min		
Clinic - MH Specialty (Telehealth)	BEHAVIORAL HLTH SVCS NORTH IN	2/7/2023	12/22/2025	12	Anxiety disorder, unspecified	- Psytch W Pt 45 Minutes		
Mobile Integration Team (MIT) - State Psych Center (Source: State PC)	ST. LAWRENCE PSYCHIATRIC CENTER	1/14/2025	1/14/2025	1	Bipolar disorder, current episode depressed, moderate	-		
Urgent Care - MH Dx	WARRENSBURG HEALTH CENTER	10/6/2023	12/21/2023	2	Depression, unspecified	- Office O/P Est Low 20 Min - Office O/P Est Mod 30 Min		
Clinic - MH Specialty	BEHAVIORAL HLTH SVCS NORTH IN	1/17/2023	2/3/2023	2		- Psych Diag Eval W/Med Srvcs - Psych Diagnostic Evaluation		
Clinic - MH Specialty (Telehealth)	HUDSON HEADWATERS HEALTH NETWORK	3/7/2022	3/11/2022	2		- Psytch W Pt 30 Minutes - Psych Diagnostic Evaluation		



Outpatient Behavioral Health Drill-In

All Behavioral Health Services for HUDSON HEADWATERS HEALTH NETWORK Provider					
PDF Excel ×					
First Previous 1 2 3 Next Last					
Date of Service/First Visit	Service Type	Provider	Primary, secondary, and quality flag-related diagnoses	Procedures	Practitioner
7/13/2026	Clinic - Medical Specialty	HUDSON HEADWATERS HEALTH NETWORK	Bipolar disorder, unspecified	Office O/P Est Mod 30 Min	
6/9/2026	Clinic - Medical Specialty	HUDSON HEADWATERS HEALTH NETWORK	Bipolar disorder, unspecified, Disorder of the skin and subcutaneous tissue, unspecified	Office O/P Est Mod 30 Min	
12/3/2025	Clinic - Medical Specialty	HUDSON HEADWATERS HEALTH NETWORK	Bipolar disorder, unspecified	Office O/P Est Low 20 Min	
8/14/2025	Clinic - Medical Specialty	HUDSON HEADWATERS HEALTH NETWORK	Drug induced akathisia, Panic disorder [episodic paroxysmal anxiety]	Office O/P Est Mod 30 Min	
7/23/2025	Clinic - Medical Specialty	HUDSON HEADWATERS HEALTH NETWORK	Other specified anxiety disorders, Panic disorder [episodic paroxysmal anxiety], Schizoaffective disorder, bipolar type	Office O/P Est Mod 30 Min	

Outpatient Medical Services

Medical Outpatient Services 							Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)		
Clinic - Medical Specialty	LINCOLN MEDICAL/MENTAL HLTH	4/15/2022	5/22/2026	11	Person consulting for explanation of examination or test findings	- Body Mass Index Docd, Bp Scrn Perf Rec Interval, Calc Bmi Abv Up Param F/U, Exercise Class, Heart Failure Composite, Office O/P Est Low 20 Min, Weight Mgmt Class		
Clinic - Medical Specialty	CONEY ISLAND MEDICAL PRACTICE PLAN	7/10/2024	7/10/2024	1	Other chronic pain	- Office O/P New Low 30 Min		
Nurse Practitioner	PAUKMAN LEV JOSEF	4/5/2023	4/5/2023	1	Encounter for general adult medical examination without abnormal findings	- Behavior Counsel Obesity 15m, Body Mass Index Docd, Depression Screen Annual, Exercise Class, Heart Failure Composite, High Inten Beh Couns Std 30m, Med List Docd In Rcd, Prev Visit Est Age 18-39, Pure Tone Hearing Test Air, Visual Acuity Screen, Weight Mgmt Class		
Urgent Care - Medical Dx	TBHC MEDICAL SERVICES PC	11/21/2022	11/21/2022	1		- Office O/P New Mod 45 Min		
Physician - Unspecified	JAL 28 LLC	9/21/2022	9/21/2022	1		- Off/Op Est May X Req Phy/Qhp, Sars-Cov-2 Covid19 W/Optic		

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)	
Mobile Crisis - DOHMH	King County CPEP Crisis Outreach Team	4/16/2026	4/16/2026	1	Other Psychotic Disorder	- Face-to-face contact; Transported: No	
Mobile Crisis - Follow-up	KINGS COUNTY HOSPITAL CENTER	4/16/2026	4/16/2026	1	Depression, unspecified	- Crisis Interven Svc, 15 Min	
Mobile Crisis - DOHMH	King County CPEP Crisis Outreach Team	4/14/2026	4/14/2026	1	Other Psychotic Disorder	- Face-to-face contact; Transported: No	
Mobile Crisis - Response							

All Crisis Services for King County CPEP Crisis Outreach Team Provider

PDF

Excel

Previous

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Next

Date of Service/First Visit	Service Type	Provider	Primary, secondary, and quality flag-related diagnoses	Admission/Date of Service	Discharge/Date of Service	Procedure
4/16/2026	Mobile Crisis - DOHMH	King County CPEP Crisis Outreach Team	Other Psychotic Disorder	4/16/2026	4/16/2026	Face-to-face contact; Transported: No
4/14/2026	Mobile Crisis - DOHMH	King County CPEP Crisis Outreach Team	Other Psychotic Disorder	4/14/2026	4/14/2026	Face-to-face contact; Transported: No

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 - MH - CPEP	ST LUKES ROOSEVELT HSP CTR	3/17/2026	3/17/2026	1	Adjustment disorder with disturbance of conduct	- Psych Diagnostic Evaluation		
ER - SU	NEW YORK PRESBYTERIAN HOSPITAL	3/13/2026	3/13/2026	1	Alcohol abuse with intoxication, unspecified	- Hematocrit		
ER - SU	QUEENS HOSPITAL	3/9/2026	3/9/2026	1	Alcohol use, unspecified with intoxication, unspecified	- Emergency Dept Visit Mod Mdm		
ER - SU	NEW YORK PRESBYTERIAN HOSPITAL INC	3/8/2026	3/8/2026	1	Alcohol use, unspecified with intoxication, unspecified	- Glucose Blood Test		
ER - MH	QUEENS HOSPITAL	2/27/2026	2/27/2026	1	Schizophrenia, unspecified	- Basic Metabolic Pnl Total Ca		
ER - MH	QUEENS HOSPITAL	2/26/2026	2/26/2026	1	Schizophrenia, unspecified	-		
ER - Medical	NYU LANGONE HOSPITALS	2/3/2026	2/3/2026	1	Other symptoms and signs concerning food and fluid intake	- Emergency Dept Visit Sf Mdm		
ER - Medical	BROOKDALE HOSPITAL MEDICAL CENTER	1/28/2026	1/28/2026	1	Abrasion, right foot, initial encounter	- X-Ray Exam Of Foot		
ER - SU	QUEENS HOSPITAL	1/5/2026	1/5/2026	1	Alcohol abuse with intoxication, unspecified	- Emergency Dept Visit Mod Mdm		
ER - SU	ST BARNABAS HOSPITAL	1/2/2026	1/2/2026	1	Alcohol abuse, uncomplicated	- Ther/Proph/Diag Inj Iv Push		
ER - Medical	LENOX HILL HOSPITAL	12/31/2025	12/31/2025	1	Encounter for other specified special examinations	- Emergency Dept Visit Low Mdm		

My QI Report

About My QI Report

- Tool for managing quality improvement efforts
- Updated monthly
- Eligible Population (denominator): clients or events/episodes plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients or events/episodes that meet criteria
- Compare prevalence rates for provider agency, region, state
- Filter report by Complex Needs population, program type (e.g., CCBHC, ACT, etc.), client residence or provider location region/county
- Drill down into list of recipients who meet criteria for flag
- Reports can be exported to Excel and PDF

Understanding My QI Report

- Attributing clients to agency QI reports:
 - Billing: Clients linked to provider agency if billed by agency in the past 9 months
 - This rule is used to automatically link clients to providers so that current clients are included in the report each month
- Period of observation for the quality indicator:
 - Assessed by a measure, varies for each measure
 - For example, the period of observation for the High Utilization quality indicator is 13 months

MAIN STREET AGENCY ⓘ

View: Standard ▾



Quality Improvement As of 08/01/2026

Performance Tracking As of 12/01/2025

No filters selected

Filters

Reset

Indicator Set

Quality Improvement Indicators as of 08/01/2026 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	
BH QARR - Improvement Measure	All	1,446	461	31.9	35.3	35.1	
General Medical Health	All	19,218	2,608	13.6	11.3	12.5	
Health Home Care Management - Adult	Adult 18+	2,123	2,002	94.3	86.7	89.9	
High Utilization - Inpt/ER	All	19,221	8,539	44.4	28.1	19.3	
Polypharmacy	All	2,323	224	9.6	13.8	11.6	
Preventable Hospitalization	Adult	17,971	317	1.8	1.4	0.9	
Readmission Post-Discharge from any Hospital(Episode Based)	All	15,984	5,594	35	25.7	16.3	
Readmission Post-Discharge from this Hospital(Episode Based)	All	5,160	835	16.2	25.1	16.7	
Treatment Engagement	Adult 18-64	805	365	45.3	38	34.4	

MAIN STREET AGENCY ⓘ

View: Standard ▾



PDF



Excel

Quality Improvement As of 08/01/2026

Performance Tracking As of 12/01/2025

No filters selected

Filters

Reset

Indicator Set

Performance Tracking Indicators as of 12/01/2025 Run with an intentional lag of 6+months to allow for complete data.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	
General Medical Performance Tracking Measure	All	5,455	2,051	37.6	37	39	
Hospital Outcome Measure Set	All	73	33	45.2	54	58.9	
MH Performance Tracking Measure	All	1,594	1,126	70.6	59.2	56.8	
SUD Performance Tracking Measure	Adol & Adult (13+)	2,426	2,176	89.7	83.3	79.5	
Vital Signs Dashboard - Adult	Adult	5,425	2,840	52.4	50.7	47.6	
Vital Signs Dashboard - Child	Child & Adol	1,382	427	30.9	24.5	27.7	

Quality Improvement As of 08/01/2026

Performance Tracking As of 12/01/2025

No filters selected

Filters

Reset

Indicator Set: Hospital Outcome Measure Set

Indicator Set

Indicator

The percentage of Mental Health ED discharges among individuals ages 6 years and older at this facility that are not followed up a Mental Health Outpatient visit within 7 days after the discharge.

No Follow Up After MH ED discharge from this Hospital - 7 Days

No Follow Up after MH Inpatient discharge from this Hospital - 30 Days

No Follow Up After MH ED discharge from this Hospital - 30 Days

No Engagement after MH Inpatient discharge from this Hospital

No Intensive Care Management after MH ED discharge from this Hospital

No Intensive Care Management after MH Inpatient discharge from this Hospital

Hospital Outcome Measure Set Summary

Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
6+	24	16	66.7	49.4	46.9	66.70 49.40 46.90
6+	18	10	55.6	50.5	47.8	55.60 50.50 47.80
6+	24	14	58.3	32.5	29.9	58.30 32.50 29.90
6+	18	6	33.3	30.4	29.5	33.30 30.40 29.50
6-64	33	11	33.3	45.7	50.6	33.30 45.70 50.60
Adult (21-64)	42	2	4.8	14.9	16.3	4.80 14.90 16.30
Adult (21-64)	24	6	25	23.6	24.9	25.00 23.60 24.90
All	73	33	45.2	54	58.9	45.20 54.00 58.90

Quality Improvement As of 08/01/2026

Performance Tracking As of 12/01/2025

No filters selected

Filters

Reset

Indicator Set: Hospital Outcome Measure Set **Indicator:** No Follow Up After MH ED discharge from this Hospital - 7 Days

Indicator Set	Indicator	Site	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Recipient	Medicaid ID	Date of Birth	Race & Ethnicity	Quality Flags	Current PHI Access		
QrVSUaFO UrRFUE7BTabF Qm	UUesNploNaY	12/31/9999	White	10+ ER, 2+ ER-Medical, Adher-AD - Acute (DOH), Adher-AD - Recovery (DOH), Adher-Statin Therapy - CV (DOH), Breast Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), MH Plcmt Consid, No MH ED F/U 30d (DOH), No MH ED F/U 30d (DOH) - Adult, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult	No Access	Enable Access	
VqbMTEbBTVM Uq7BTabDRQ	VVYqODEpMrM	12/31/9999	Black	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No MH ED F/U 30d (DOH), No MH ED F/U 30d (DOH) - Adult, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult	No Access	Enable Access	
UazTQVM QUvHRUm	Uq2sNTMvOE6	12/31/9999	Hispanic or Latinx	2+ ER-BH, 2+ ER-Medical, 2+ Inpt-Medical, Adher-MS, HARP No Assessment for HCBs, HARP No Health Home, MH Plcmt Consid, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , PQI 92 (DOH)	No Access	Enable Access	
				10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus			

We want your feedback!

User Feedback

- We'll be asking a short series of polling questions to gather your feedback!
- **To participate in the poll, please select the “Slido” app on the bottom righthand corner of your WebEx screen**



- Once a question is launched, you'll see the question appear in the Slido app with an option to type in your answer. Please feel free to submit more than one suggestion!

Question #1: Would you like to see any enhancements added to Recipient Search?

- For example, new filters (e.g., population filters, new demographic or social needs options)? New service settings (e.g., Enhanced Step Down, school-based)?

Question #2: Are there any additional data sources you'd like to see added to PSYCKES?

- For example, cost-related data, OTDA, school/employment-related data, etc.?

Question #3: Would you like to see functionality updates within the application?

- For example, multi-select capabilities within more filters, create additional lookback periods, new Advanced View, etc.?

User Feedback – Specific Requests

- If you're interested in adding specific features to PSYCKES, here's how you can make a request:
 - Email PSYCKES-Help@omh.ny.gov and include the following information:
 - Description of the feature you'd like to be added (please be as detailed as possible)
 - Purpose the new feature would serve
 - How this new feature could help a larger group of users

Training & Technical Support

Training & Technical Support Resources

- For more PSYCKES resources, please go to our website at: www.psyckes.org
- 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 OMH Helpdesk:
 - OMH (Non-OMH/Non-State PC Employee) Helpdesk:
 - 518-474-5554, option 2; healthhelp@its.ny.gov

Questions?