



**Office of
Mental Health**

Using the PSYCKES Clinical Summary

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Agenda

- PSYCKES overview
- Access to client-level data
- Review client-level details within the Clinical Summary
- Non-Medicaid Clinical Summary
- Plans & documents
- Training & technical support

PSYCKES Overview



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What is PSYCKES?

- A secure, HIPAA-compliant online platform for sharing Medicaid billing data and other state administrative data
- Designed to support data-driven clinical decision-making, care coordination, and quality improvement
- Ongoing data updates:
 - Clinical Summary updated weekly
 - Quality Indicator reports updated monthly

Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (current or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
 - MAPP Health Home Enrolled: Clients linked to provider agency if enrolled with HH or CMA according to MAPP
- Behavioral Health Population (any history of):
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides data across the treatment spectrum (e.g., BH/medical services, living support/residential, dental/vision, etc.)

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:
 - Medications, medical and behavioral health outpatient and inpatient services, ER, crisis, care coordination, residential, lab, 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 (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 provider contact (OMH CAIRS)
 - Adult Housing/Residential program Information (OMH CAIRS)
 - Suicide attempt (OMH NIMRS)
 - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
 - IMT and AOT Referral Under Investigation (DOHMH)

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concerns in order to inform the treating provider or care coordinator, and to support clinical review and quality improvement.
- Examples of current quality flags include:
 - Health Home-Related, e.g., Eligible for Health Home Plus, No Health Home Plus Service Past 12 Months, Past 3 Months
 - Medication-Related, e.g., Polypharmacy, Medication Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - General Medical, e.g., No Diabetes Screening Schiz or Bipolar on Antipsychotic, No Outpatient Medical Visit Past Year
 - Performance Tracking, e.g. No Follow-Up After MH Inpatient - 7/30 Days, No Follow-Up After MH ED Visit - 7/30 Days

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
 - **Recipient Search:** run ad hoc reports to identify cohorts of interest, Advanced Views, enable access
 - **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 Client-Level Data



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Client Linkage to Agency

- **Automatically:**
 - Client had a billed service at the agency within the past 9 months, or
 - Currently enrolled in the Health Home or Care Management Agency according to 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

Levels of Access to Client Data

- **Signed Consent** (*PSYCKES, BHCC, DOH HH 5055/5021*)
 - 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

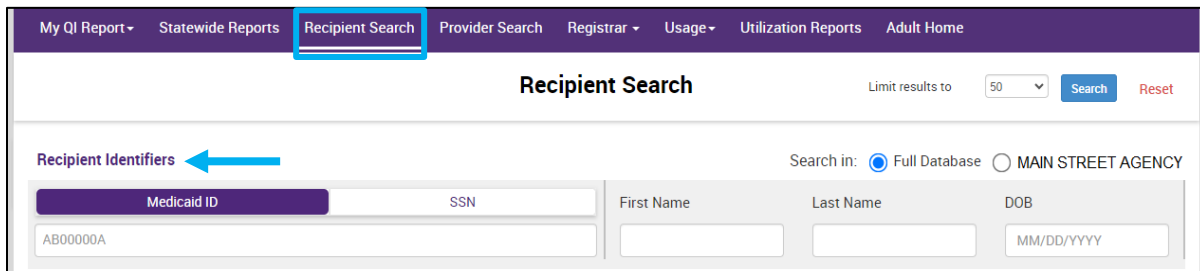
Access Level Comparison Chart

Client data- agency link Type	Client data access type	Any client data?	Data with special protection? (SUD, HIV, Family Planning, Genetic)	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	9 months after last service
	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	Active as long as client's Health Home enrollment is verified in MAPP system (90-day grace period)

How to Enable Access to Client Data

- Recipient Search


- Search for an individual client using Recipient Identifiers



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

Recipient Search

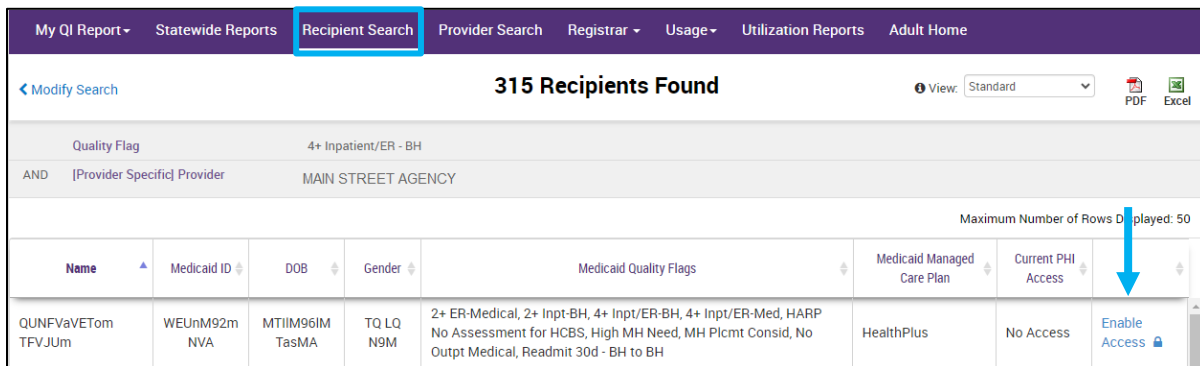
Limit results to 50 [Search](#) [Reset](#)

Recipient Identifiers 

Search in: ☒ Full Database ☐ MAIN STREET AGENCY

Medicaid ID	SSN	First Name	Last Name	DOB
AB00000A				MM/DD/YYYY

- Or perform a group cohort search and select “Enable Access” on the Recipient Search results page




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

[← Modify Search](#) **315 Recipients Found** View: Standard PDF Excel

Quality Flag 4+ Inpatient/ER - BH

AND [Provider Specific] Provider MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ◆	DOB ◆	Gender ◆	Medicaid Quality Flags ◆	Medicaid Managed Care Plan ◆	Current PHI Access ◆	
QUNFVaVETom TFVJUM	WEUnM92m NVA	MTIIM96IM TasMA	TQ LQ N9M	2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, HARP No Assessment for HCBS, High MH Need, MH Plcmt Consid, No Outpt Medical, Readmit 30d - BH to BH	HealthPlus	No Access	Enable Access 

How to Enable Access to Client Data (Cont'd)

- My QI Report
 - Drill into an indicator's "Recipients" tab

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

MAIN STREET AGENCY ⓘ

Quality Indicator Overview As Of 05/01/2024

View: Standard ▾PDFExcel

SITE: ALLPROGRAM TYPE: ALLAGE GROUP: ALLMC PRODUCT LINE: ALLCLIENT REGION: ALLCLIENT COUNTY: ALLPROVIDER REGION: ALLPROVIDER COUNTY: ALLMANAGED CARE: ALL

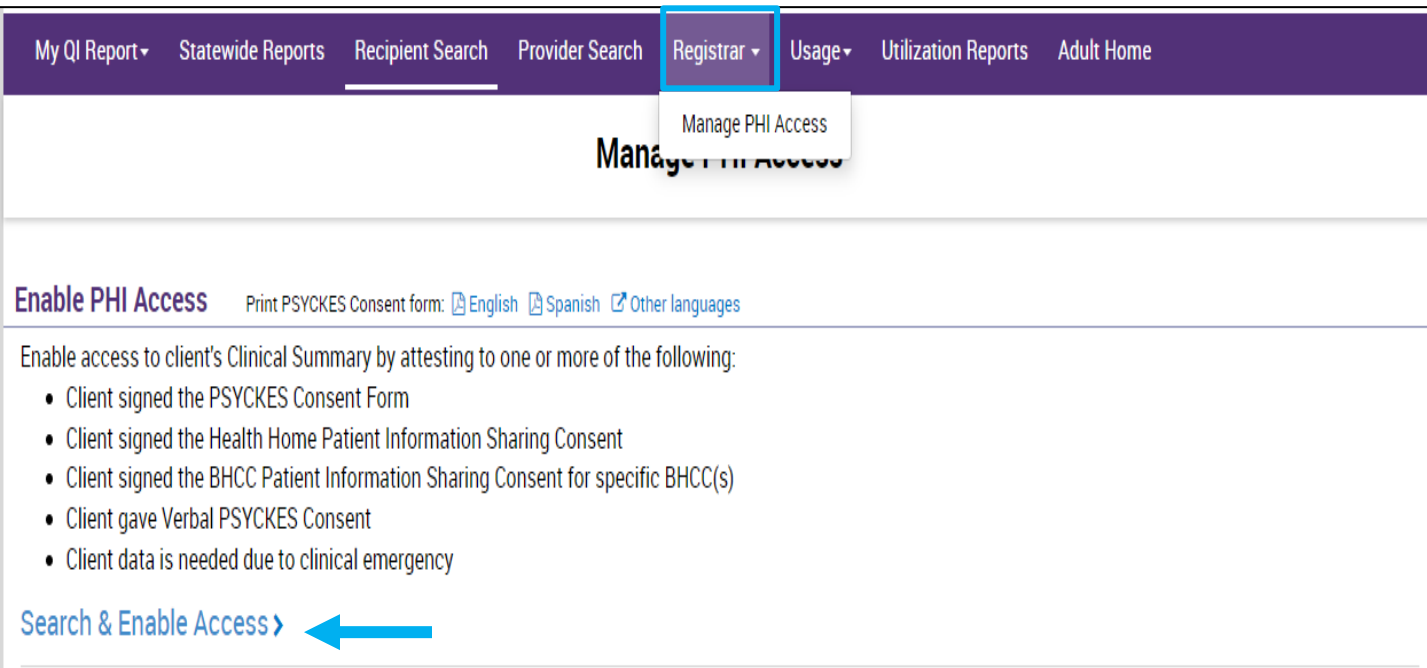
FiltersReset

Indicator Set: High Utilization - Inpt/ERIndicator: 4+ Inpatient/ER - MH

Indicator Set	Indicator	Site	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access		
RVNQVQJSQU3PWaE SEFOUqVM	VbepNDUtNbY	MDIIMD2IMTauNm	Hispanic or Latinx	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-MH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No Outpt Medical	No Access	Enable Access 🔒	
UaVZRVM QUvHSUU TQ	UqunM9asNre	MDYIMT2IMTavNm	Hispanic or Latinx	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-MH, Cervical Cancer Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No HbA1c-DM, No ICM after MH ED, No Outpt Medical, Readmit 30d - Medical to Medical	No Access	Enable Access 🔒	

How to Enable Access to Client Data (Cont'd)

- Registrar Menu
 - Select the “Manage PHI Access” submenu
 - Next, select “Search & Enable Access”



The screenshot shows a web application interface. At the top is a dark purple navigation bar with the following items: 'My QI Report', 'Statewide Reports', 'Recipient Search', 'Provider Search', 'Registrar', 'Usage', 'Utilization Reports', and 'Adult Home'. The 'Registrar' item is highlighted with a red box, and a dropdown menu is open showing 'Manage PHI Access'. Below the navigation bar, the page title 'Manage PHI Access' is visible. The main content area has a light blue header with the text 'Enable PHI Access' and a link to 'Print PSYCKES Consent form: English Spanish Other languages'. Below this, the text 'Enable access to client's Clinical Summary by attesting to one or more of the following:' is followed by a bulleted list of five conditions. At the bottom left, the text 'Search & Enable Access' is followed by a red arrow pointing to the right.

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

Manage PHI Access

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

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

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency

[Search & Enable Access](#) ➤

Enable Access Module

- Recipient Search
 - Step 1: Enter recipient identifier(s) and click “Search”
 - Medicaid ID
 - Social Security Number (SSN)
 - First Name (*at least first two characters required, if entered*)
 - Last Name (*full last name required, if entered*)
 - Date of Birth (DOB) (*enter to improve search results when searching with name*)

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage ▾

Utilization Reports

Adult Home

Recipient Search

Limit results to 50 ▾

Search

Reset

Recipient Identifiers

Search in: ☒ Full Database ☐ MAIN STREET AGENCY

Medicaid ID

SSN

First Name

Last Name

DOB

AB12345C

MM/DD/YYYY

Enable Access Module

- Step 2: Confirm client match and select “Enable Access”
 - If there’s no match, select “Modify Search”

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar

Usage

Utilization Reports

Adult Home

< Modify Search

1 Recipients Found

PDF

Excel

Medicaid ID

AB12345C

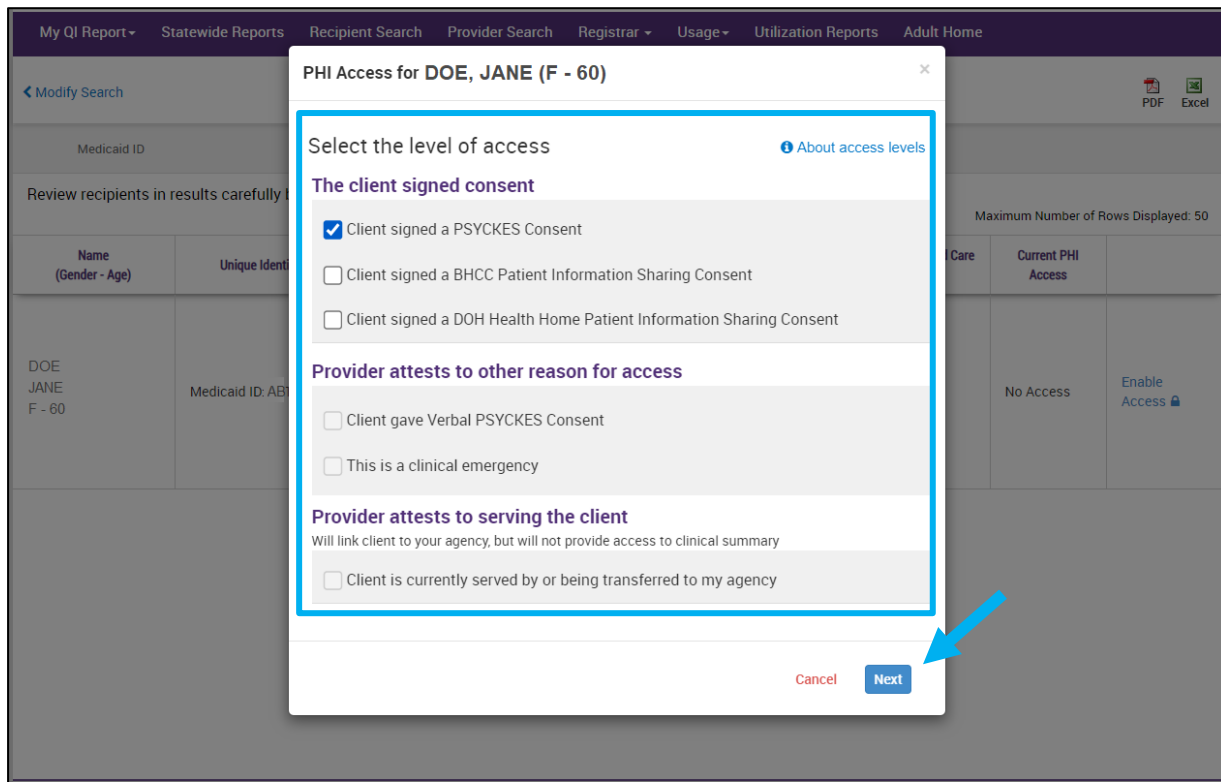
Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Unique Identifiers	DOB	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	123 MAIN STREET MAIN CITY, NY 11111	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid	Amida Care	No Access	<div><div></div><div>Enable Access</div></div>

Enable Access Module

- Step 3: Select the appropriate level of access and click “Next”
 - If you’d like to learn more about what each access level entails, click the “About Access Levels” link



PHI Access for DOE, JANE (F - 60)

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

Enable Access Module

- Step 4: Confirm client's identity
- Step 5: Select “Enable” or “Enable and View Clinical Summary”

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

PDF Excel

Maximum Number of Rows Displayed: 50

Care Current PHI Access

No Access Enable Access

PHI Access for DOE, JANE (F - 60)

Confirm this is the correct individual before enabling

Unique Identifiers: Medicaid ID: AB12345C
Date Of Birth: 01/01/1964
Address: 123 MAIN STREET, MAIN CITY, NY 11111

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).

Previous Cancel Enable Enable and View Clinical Summary

Clinical Summary



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Clinical Summary

- Summarizes up to 5 years' worth of treatment history
- Two viewing tab options (Brief Overview and Full Summary)
 - Brief Overview provides most critical information, easily identifiable
- Creates an integrated view from all databases available through PSYCKES
 - e.g., Health Home contact information and CMA name from DOH MAPP, AOT court orders from OMH TACT, hospitalizations from Medicaid billing, State PC residential services from State PC EMR, suicide risk from incident management (NIMRS), etc.
- Clinical Summary organized by sections (similar to an EMR)
- Episodes of care linked to detailed dates of service (including diagnoses and procedures)
- Export to Excel or PDF

Clinical Summary Sections

- General
- Current Care
- Coordination
- Notifications
- POP Intensive Care
- Transition Services
- Active Medicaid
- Restrictions
- Alerts
- Social Determinants of Health (SDOH)
- Quality Flags
- PSYCKES Registries
- Plans & Documents
- BH Diagnoses
- Medical Diagnoses
- Integrated View of Services (IVOS) Over Time
- 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

[Recipient Search](#)**SMITH, JOHN**As of 6/2/2024 [Data sources](#)[Brief Overview](#)[Full Summary](#)Data with Special Protection ☒ Show ☐ Hide
This report contains all available clinical data.

DOB: 01/01/1964 (60 Yrs)

Address: 123 MAIN STREET, MAIN CITY, NY 12345

Phone (Source: NYC DHS): (347) 491-1110

Medicaid ID: CD12345E

Medicare: No

Managed Care Plan: Healthfirst PHSP Inc. (HARP)

MC Plan Assigned PCP: N/A

HARP Status: HARP Enrolled (H1)

HARP HCBS Assessment Status: Tier 2 HCBS Eligibility (Reassess overdue)

Medicaid Eligibility Expires on: 11/30/2024

Current Care Coordination**Health Home (Outreach)**SRH CHN LEAD HEALTH HOME LLC (Begin Date: 01-MAR-24, End Date: 31-MAR-24) • Status : Closed
Member Referral Number: 1-888-980-8410; Skywardhealth@skywardhealth.org**Care Management (Outreach):**
CAMBA INC**Housing/Residential Program**Congregate Treatment Model, ICL Halsey House, Institute for Community Living, Inc. (Admission Date: 10-OCT-23)
Program Contact Information : Mary Hebert: (718)-386-9224 ext. 2308**NYC Dept of Homeless Services Shelter:**MIDWOOD SAFE HAVEN (Single Adult, Special Population) • BROOKLYN
Most Recent Placement Date: 02-JUN-24
Shelter Director Contact : Leah Miller : 3474911109, lmill@breakingground.org**Notifications****Prescription Prior Authorization**This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Fluticasone Propionate (Nasal) (Fluticasone Propionate), Quetiapine Fumarate, Quetiapine Fumarate (Quetiapine Fumarate Er), Risperidone.
To obtain a prior authorization call (877) 309-9493 or fax the appropriate Prior Authorization Form to (800) 268-2990.
Standard PA Form : https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf
Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp**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

POP Potential Clozapine Candidate

Evaluate for potential clozapine initiation/referral due to schizophrenia, high psychiatric inpatient/ER use, and no recent clozapine use. Identify a community-based clozapine prescriber and other supports for clozapine treatment by contacting the client's managed care plan : Healthfirst PHSP, Inc. • Behavioral Health Clinical Department (844) 892-6855

Health Home Plus EligibilityThis client is eligible for Health Home Plus due to:
4+ ER MH < 13 months**High Mental Health Need due to:**

3+ Inpt Med & Schiz/Bipolar Dx in past 13 months

Mental Health Placement Consideration due to:

1+ ER or inpatient visit in the past year with a suicide attempt/ suicide ideation/ self-harm code; 1+ PROS services in past 5 years; 1+ inpatient MH past 5 years; 4+ ER MH < 12 months; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years; OMH Housing history in past 5 years

CORE EligibilityThis client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: <https://omh.ny.gov/omhweb/bho/core>**Alerts • all available****Most Recent**

15	Homelessness - NYC DHS Shelter	Current	MIDWOOD SAFE HAVEN (Single Adult, Special Population)
5	Homelessness - NYC DHS Outreach	Current	BOWERY RESIDENTS COMMITTEE, INC. (Single Adult, Outreach)
7	Homelessness - reported in billing (5 Unspecified, 2 Sheltered)	4/6/2024	DOWNTOWN BRONX MEDICAL ASSOCIATES (ER - SU - Multi-Type Group; Homelessness - Unspecified)
3	PHQ-9 (depression screening and monitoring) (3 PHQ-9)	3/18/2024	COMMUNITY CARE MANAGEMENT PARTNERS
10	Treatment for Suicidal Ideation (2 Inpatient, 8 ER, 1 Other)	2/19/2024	LINCOLN MEDICAL/MENTAL HLTH (ER - SU)
2	C-SSRS (Suicide Screen) (2 C-SSRS)	3/22/2023	NYC-HHC Correctional Health Services

Social Determinants of Health (SDOH) Past Year - reported in billing**Problems related to employment and unemployment**

Unemployment, unspecified

Data Sources

PSYCKES Data Sources for Individuals with Medicaid Enrollment

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



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
- 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) order.

Weekly information from TACT (in the past 5 years)

- AOT provider name
- enrollment date
- expiration date
- main contact name and phone number
- rationale for non-renewal

CAIRS-Child and Adult Integrated Reporting System

For consumers with a history or currently part of an Assertive Community Treatment (ACT) team.

Weekly information from CAIRS (in the past 5 years)

- service type:ACT, housing/residential Program, non-Medicaid care coordination program
- provider name
- start date
- expiration date
- main contact name, phone number and email address
- reason for discharge

NIMRS- NYS Incident Management and Reporting System

For consumers who have had a suicide attempt incident documented by an OMH provider into the NIMRS system. Providers have 24 hours to enter an incident from the time they are aware of the incident

Weekly information from NIMRS(all historical data available)

- incident date
- name of the provider and program reporting the incident
- severity/harm resulting from the attempt, based on information from NIMRS

Maven - New York City

Department of Health and Mental Hygiene (DOHMH)

Database File

For consumers currently or previously enrolled in an Intensive Mobile Treatment (IMT) Program.

For individuals with an AOT order under investigation.

Weekly information from DOHMH data file (in the past 5 years)

for IMT services include:

- Enrollment Date
- Discharge Date
- Reason for Discharge
- Team name
- Contact information

Weekly information from DOHMH data file (current status)

for AOT orders under investigation include:

- Start Date of investigation when current
- AOT office reviewing referral
- AOT office contact information

Data Entered into the PSYCKES

application portfolio:

For consumers who have information that was entered into one of the following PSYCKES platforms

PSYCKES Platforms:

- PSYCKES web application - Clinical Summary
- PSYCKES iOS Mobile Application for iPhones and iPads
- MyCHOIS - My Collaborative Health Outcomes Information System

Information updated in real time from PSYCKES Platforms:

- PSYCKES Registry Status: COVID-19, High Risk List, Suicide Care Pathway - MyCHOIS only
- Screenings and Assessments (C-SSRS,PHQ-9) - MyCHOIS, iOS
- Plans and Documents (Safety Plans, Psychiatric Advance Directives, etc.)

New York City Department of Homeless Services (NYC-DHS)

Database File.

For consumers currently or previously receiving either shelter or outreach services from NYC Department of Homeless Services

Weekly information from NYC-DHS data file (in the past 5 years)

for shelter services include:

- Shelter Name
- Program Type
- Placement Date
- Exit Date
- Exit Reason
- Director Contact information

Weekly information from NYC-DHS data file (in the past 5 years)

for outreach services include:

- Outreach Team Name
- Program Type
- Case load start date
- Case load end date
- Team Contact information

Cerner (EMR) - NYS OMH Operated Psychiatric Center (PC) Laboratory Data

For consumers who have had laboratory tests collected at a OMH State-Operated Psychiatric Center. This information is updated Daily.

Daily information from Cerner file (in the past 5 years) include:

- Test Name
- Panel Name
- Date Collected
- # Tests

Active Quality Flags • as of monthly QI report 5/1/2024**General Medical Health**

No Outpatient Medical Visit > 1Yr

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 Mental Health Need

3+ Inpt Med & Schiz/Bipolar Dx in past 13 months

High Utilization - Inpt/ER

2+ ER - BH • 2+ ER - MH • 2+ Inpatient - BH • 2+ Inpatient - MH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH

Mental Health Placement Consideration

1+ ER or inpatient visit in the past year with a suicide attempt/ suicide ideation/ self-harm code • 1+ inpatient MH past 5 years • Any history of forensic psych inpatient setting or forensic status in any OMH inpatient setting • Any history of mental health diagnosis or treatment in jail • Any history of prison MH outpatient services • Ineffectively Engaged No Outpatient MH < 12 months • OMH Housing history in past 5 years

Vital Signs Dashboard - Adult (as of 11/01/2023)

Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months (adult)

Diagnoses Past Year**Behavioral Health (7)**5 Most Recent:Schizoaffective Disorder • Major Depressive Disorder • Alcohol related disorders • PTSD • Cocaine related disorders ...
5 Most Frequent (# of services):Schizoaffective Disorder(5) • Cannabis related disorders(3) • Hallucinogen related disorders(3) • Alcohol related disorders(2) • Major Depressive Disorder(1) ...**Medical (6)**5 Most Recent:Essential (primary) hypertension • Dermatophytosis • Chronic ischemic heart disease • Personal history of other diseases and conditions • Symptoms and signs involving emotional state ...
5 Most Frequent (# of services):Essential (primary) hypertension(10) • Dermatophytosis(1) • Chronic ischemic heart disease(1) • Personal history of other diseases and conditions(1) • Symptoms and signs involving emotional state(1) ...**Medications Past Year**

Last Pick Up

Atropine Sulfate (Atropine Sulfate) • Cycloplegic Mydriatics

3/28/2024 Dose: 1 %, 2/day • Quantity: 5

Clonazepam (Clonazepam) • Anxiolytic/Hypnotic

3/28/2024 Dose: 0.5 MG, 2/day • Quantity: 60

Outpatient Providers Past Year

Last Service Date & Type

BELLEVUE HOSPITAL CENTER	7/26/2023	Clinic - SU - Opioid Treatment Program
INSTITUTE FOR COMM LIVING	12/31/2023	ACT - MH Specialty
WOODHULL MED & MNTL HLTH CTR	11/21/2023	Clinic - Medical Specialty
HANDS ON HEALTH ASSOCIATES LLC	10/31/2023	Clinic - SU Specialty
SOUTHERN WESTCHESTER URGENT CARE PL	7/1/2023	Urgent Care - Medical Dx

All Hospital and Crisis Utilization • 5 Years

ER Visits		# Providers	Last ER Visit
27	Mental Health	10	2/12/2024 at NEW YORK PRESBYTERIAN HOSPITAL
32	Medical	9	11/4/2023 at WYCKOFF HEIGHTS MEDICAL CTR
Inpatient Admissions		# Providers	Last Inpatient Admission
18	Mental Health	5	3/29/2024 at NEW YORK PRESBYTERIAN HOSPITAL
1	Medical	1	4/14/2023 at BROOKDALE HSP MED CTR
Crisis Services		# Providers	Last Crisis Service
1	CPEP Mobile Crisis	1	6/21/2023 at BROOKDALE HSP MED CTR

Brief Overview as of 6/2/2024

[View Full Summary](#)[Export Overview](#)

General

- Name
- Date of Birth (DOB)
- Address
- Phone (Source: NYC DHS), if applicable
- Medicaid ID
- Medicaid Aid Category
- Medicaid Eligibility Expires on
- Medicare
- Managed Care Plan
- MC Plan Assigned PCP
- HARP Status
- HARP HCBS Assessment Status

General

< Recipient Search

SMITH, JOHN

As of 6/2/2024 ⓘ Data sources



PDF



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CCD

☰ Sections

Brief Overview

Full Summary

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

General

Name SMITH, JOHN	Medicaid ID CD12345E	Medicare No	HARP Status HARP Enrolled (H1)
DOB 01/01/1964 (60 Yrs)	Medicaid Aid Category SSI	Managed Care Plan Healthfirst PHSP, Inc. (HARP)	HARP HCBS Assessment Status Tier 2 HCBS Eligibility (Reassess overdue)
Address 123 MAIN STREET, MAIN CITY, NY 12345	Medicaid Eligibility Expires on 11/30/2024	MC Plan Assigned PCP N/A	
Phone (Source: NYC DHS) (347) 491-1109			

Current Care Coordination

“Who do you call?”

- NYC Jail Based Care
- NYC Dept of Homeless Services (current/outreach)
- Assisted Outpatient Treatment (AOT) enrollment
- Health Home enrollment/outreach
- Assertive Community Treatment (ACT) enrollment
- Health Home Non-Medicaid Care Management (HHNMCM)
- Non-Medicaid Care Coordination (NMCC)
- Intensive Mobile Treatment (IMT)
- Housing/Residential Program
- OMH Unsuccessful Discharge
- Re-Engagement Alert

Current Care Coordination

Current Care Coordination

NYC Jail Based Care	NYC CORRECTIONAL HEALTH SERVICES (Jail Admission Date: 01/07/2024, Jail Discharge Date: 01/24/2024, Released to: Community) Referral: Referral #1: VNS Health- Brooklyn IMT Team I
AOT	(Enrolled Date: 22-APR-24, Expiration Date: 22-APR-25) Main Contact : Reneicea Hughes: (646) 477 - 3258
Health Home (Enrolled)	SOUTHWEST BROOKLYN HEALTH HOME LLC (Begin Date: 01-NOV-22, End Date: 30-APR-24) • Status : Active Main Contact Referral : Matthew Caiazzo: 718-283-8073, mcaiazzo@maimonidesmed.org • 24 Hour Referral Line: 800-356-7480, healthhome@maimonidesmed.org Care Management (Enrolled): INSTITUTE FOR COMMUNITY LIVING
Intensive Mobile Treatment (IMT)	Visiting Nurse Service of NY (VNSNY) Brooklyn IMT I (Admission Date: 20-JAN-22) • Main Contact: Reneicea Hughes, (646) 477-3258, reneicea.hughes@vnshealth.org
NYC Dept of Homeless Services Shelter:	PAM'S PLACE (Single Adult, Mental Health) • QUEENS Most Recent Placement Date: 17-APR-24 Shelter Director Contact : (123) 456-7890
Housing/Residential Program	SRO Community Residence, Convent Avenue Residence. ACMH, Inc. (Admission Date: 23-AUG-23) Program Contact Information : Chekesha Brown: (646)-506-3100 ext. 154
OMH Unsuccessful Discharge	This individual is being sought by Rockland Psychiatric Center for re-engagement in outpatient services, please contact the Office of Mental Health Sustained Engagement Support Team at (844) 206 - 1796

Notifications

Service Eligibility

- Prescription Prior Authorization
- Health Home Plus (services received)
- OnTrackNY Early Psychosis Program (enrollment)
- Assisted Outpatient Treatment (AOT) Referral Under Investigation
- Mental Health Placement Consideration
- POP High User
- Pop Potential Clozapine Candidate
- Health Home Plus eligibility
- High Mental Health Need
- OPWDD NYSTART eligibility
- Active Registries
- CORE eligibility
- Medicaid Eligibility Alert

Notifications

Notifications

Prescription Prior Authorization	<p>This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Albuterol Sulfate (Albuterol Sulfate Hfa), Budesonide-Formoterol Fumarate (Symbicort), Olanzapine, Risperidone.</p> <p>To obtain a prior authorization call (877) 309- 9493 or fax the appropriate Prior Authorization Form to (800) 268-2990.</p> <p>Standard PA Form : https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf</p> <p>Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp</p>
POP High User	<p>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 : Molina Healthcare of New York • Vice President Healthcare Services 315-233-7109 jacqueline.jacobi@molinahealthcare.com</p>
POP Potential Clozapine Candidate	<p>Evaluate for potential clozapine initiation/referral due to schizophrenia, high psychiatric Inpatient/ER use, and no recent clozapine use. Identify a community-based clozapine prescriber and other supports for clozapine treatment by contacting the client's managed care plan : Molina Healthcare of New York • Vice President Healthcare Services 315-233-7109 jacqueline.jacobi@molinahealthcare.com</p>
Health Home Plus Eligibility	<p>This client is eligible for Health Home Plus due to:</p> <p>3+ Inpt MH < 13 months, AOT - Active Court Order</p>
High Mental Health Need due to:	<p>3+ Inpt MH < 13 months ; 4+ ER MH < 13 months ; Intensive Mobile Treatment (IMT) active or within past year</p>
Mental Health Placement Consideration due to:	<p>1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation/ self-harm code; 1 or more inpatient MH stays in past 5 years; ACT enrolled or discharged in the past 5 years; Any history of mental health diagnosis or treatment in jail; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years; Four or more emergency MH visits in past 13 months; Intensive Mobile Treatment (IMT) in past 5 years; OMH Housing history in past 5 years</p>
CORE Eligibility	<p>This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit:https://omh.ny.gov/omhweb/bho/core</p>
OPWDD NYSTART	<p>This client is potentially eligible for OPWDD NYSTART crisis services. Find a START team at:https://opwdd.ny.gov/crisis-services</p>

Active Medicaid Restrictions

Active Medicaid Restrictions This individual can only receive the Medicaid service(s) from provider(s) identified below	
Restrictions Type	Restrictions Provider
Clinic	(Begin Date: 29-SEP-23) : LONG ISLAND COMMUNITY HOSPITAL, 101 Hospital Rd, Patchogue, NY, Phone: (631) 687-4190
Inpatient	(Begin Date: 29-SEP-23) : ST CHARLES HOSPITAL CORP, Po Box 95000-6655, Philadelphia, PA, Phone: (516) 338-5300
Pharmacy	(Begin Date: 29-SEP-23) : CVS ALBANY LLC, 1 Cvs Dr, Woonsocket, RI, Phone: (401) 765-1500

Alerts

NIMRS & Medicaid data – All Available Data

- Homelessness (shelter, outreach, billing)
- Suicide Attempt
- Suicide Ideation
- Self-Inflicted Harm
- Self-Inflicted Poisoning
- Overdose Risk – Concurrent Opioid & Benzodiazepine
- Overdose – Opioid
- Positive Suicide Screening (C-SSRS)
- Positive Depression Screening (PHQ-9)

Alerts

Drill-in to view more information (e.g., reporting/billing program, source, etc.) about each alert type

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 Outreach	10	5/9/2020	5/27/2024	BOWERY RESIDENTS COMMITTEE, INC.	Outreach			
Homelessness - NYC DHS Shelter	13	11/30/2017	5/17/2024	ATLANTIC ASSESSMENT SHELTER	Single Adult, Assessment			
PHQ-9 (depression screening and monitoring)	1	8/21/2023	8/21/2023	ALBANY MEDICAL CENTER		Severe Depression (Score = 27 out of 27) - Thoughts of better off dead and/or hurting self		
Homelessness - reported in billing	2	12/9/2021	11/22/2022	MAHMOOD TARIQ	ER - MH - Physician - Psychiatry; Homelessness - Unspecified			
C-SSRS (Suicide Screen)	1	11/1/2022	11/1/2022	AIDS CENTER OF QUEENS COUNTY, INC.		2 Suicide Attempt(s); Last attempt Between 3-10 years Suicidal Behavior in Lifetime		
Treatment for Suicidal Ideation	1	6/18/2022	6/18/2022	LINCOLN MEDICAL/MENTAL HLTH	ER - MH - CPEP	Suicidal Ideation		
Overdose - Opioid	3	3/3/2022	5/20/2022	MANNING EMERGENCY MEDICAL	ER - SU - Physician Group	Overdose - Opioid		

All Alerts for Homelessness - NYC DHS Outreach

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Excel

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Next

Alert/Incident Type	Reporting/Billing Provider	Reporting/Billing Program	Date of Incident/Service	Medical Classification	Source
Homelessness - NYC DHS Outreach	BOWERY RESIDENTS COMMITTEE, INC.	Outreach	5/27/2024		NYC DHS
Homelessness - NYC DHS Outreach	BOWERY RESIDENTS COMMITTEE, INC.	Outreach	10/22/2023		NYC DHS

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 and sexual abuse
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 related to social environment	Other problems related to social environment
Problems related to upbringing	Personal history of physical and sexual abuse in childhood

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

Services provided for the selected Social Determinants of Health: Unemployment, unspecified

Previous 1 2 3 4 5 6 7 8 9 10 ... 21 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
4/19/2024	Inpatient-ER	ER - MH - CPEP	BELLEVUE HOSPITAL CENTER	Bipolar disorder, unspecified, Cocaine use, unspecified, uncomplicated, Nicotine dependence, cigarettes, uncomplicated, Unemployment, unspecified, Unspecified psychosis not due to a substance or known physiological condition

Quality Flags

Quality Flags as of monthly QI report 5/1/2024 [Definitions](#)

Recent

All (Graph)

All (Table)

Indicator Set

General Medical Health

No Outpatient Medical Visit > 1Yr

Health Home Care
Management - Adult

Eligible for Health Home Plus - No Health Home Enrolled
• Eligible for Health Home Plus - No Health Home Enrolled

Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months
• Health Home Enrolled • HARP-Enrolled - No Assessment for HCBS

High Mental Health Need

4+ ER MH < 13 months

High Utilization - Inpt/ER

10+ ER - All Cause • 10+ ER - MH • 2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH
• 4+ Inpatient/ER - Med • POP : High User

MH Performance Tracking
Measure (as of 11/01/2023)

Antidepressant Medication Discontinued - Acute Phase • Antidepressant Medication Discontinued - Recovery Phase • No Intensive Care Management after MH ED Visit

Mental Health Placement
Consideration

1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation/ self-harm code • 1 or more HCBS/CORE services in past 5 years • Four or more emergency MH visits in past 13 months

SUD Performance Tracking
Measure (as of 11/01/2023)

Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) Not Sustained 6 Months • No Follow Up after SUD ER Visit (30 days) • No Follow Up after SUD ER Visit (7 days) • No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence

Vital Signs Dashboard - Adult
(as of 11/01/2023)

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

Click on the
“Definitions” link or
a specific quality flag
to view the indicator
description

PSYCKES Registries

PSYCKES Registries [About PSYCKES Registries](#)



Registry	Provider Name(s)	Added On	Removed On	Designations
Suicide Care Pathway	BUFFALO PSYCHIATRIC CENTER	6/24/2024	Active	Suicide Attempt; Suicide Intent
High Risk List	BUFFALO PSYCHIATRIC CENTER	6/24/2024	Active	Antipsychotic Non-Adherence , AOT Court Order, High Hospital/ER Utilization, Opioid Overdose Past Yr, Suicide Attempt/Intent

About PSYCKES Registries

PSYCKES Registries allow a program to identify and track individuals under their care who are at risk and have clinical concern. For example, the Suicide Care Pathway, High Risk List, and COVID - 19 Registry.

For more information and how to use PSYCKES Registries, please contact PSYCKES-Help@omh.ny.gov

Close

Plans & Documents/Screenings & Assessments

Click on “Upload” to upload safety plans, Psychiatric Advanced Directives (PADs), care plans, discharge plans, etc.

Click on “Create New” to fill out a safety plan or Psychiatric Advanced Directive (PAD) template

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

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
2/26/2024	Safety Plan	AIDS CENTER OF QUEENS COUNTY, INC.	Smith, John	Therapist	
3/24/2023	Safety Plan	NYC-HHC Correctional Health Services	Smith, John	Therapist	

Screenings & Assessments [Definitions](#)

[Table](#) [Graph](#)

Assessment Name	Number of Assessments Entered	Last Assessment Date	Last Assessment Provider	Last Assessment Rated By(Role)	Last Assessment Results	
C-SSRS	2	3/22/2023	Client Entered	Administered in PSYCKES mobile app	High Risk: Suicide Intent with Specific Plan Past Month	
PHQ-9	2	3/22/2023	NYC-HHC Correctional Health Services	Administered in PSYCKES mobile app	Mild Depression (Score = 5 out of 27) - Thoughts of better off dead and/or hurting self	

Diagnoses

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

Opioid related disorders • Other psychoactive substance related disorders • Cocaine related disorders • Tobacco related disorder • Alcohol related disorders • Cannabis related disorders • Sedative, hypnotic, or anxiolytic related disorders • Unspecified/Other Anxiety Disorder • Unspecified/Other Psychotic Disorders • Conduct Disorder • Hallucinogen related disorders • Unspecified/Other Depressive Disorder • Major Depressive Disorder • Other Mental Disorders • Other stimulant related disorders • Unspecified/Other Bipolar Disorder • Substance-Induced Psychotic Disorder

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

Certain infectious and parasitic diseases	Unspecified viral hepatitis • Chronic viral hepatitis • Dermatophytosis • Herpesvirus
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	Other anemias • Other disorders of white blood cells
Diseases of the circulatory system	Other cardiac arrhythmias • Acute myocardial infarction • Complications and ill-defined descriptions of heart disease

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

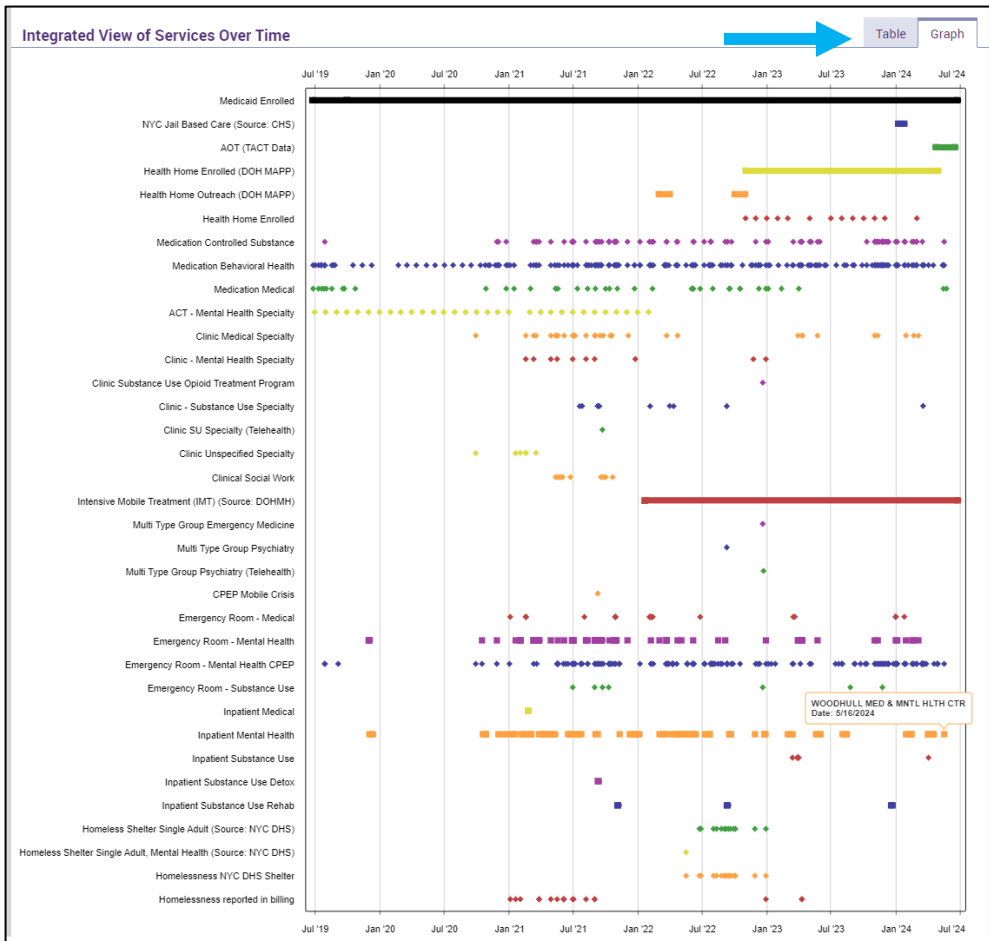
Services provided for the selected Diagnosis: Opioid related disorders

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Previous 1 2 3 4 5 6 7 8 9 10 ... 19 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
3/26/2024	Inpatient-ER	Inpatient - Medical - Group - Physician - Internal Medicine	MAIMONIDES PRIMARY CARE FPP	Cellulitis of left upper limb, Cellulitis of right upper limb, Opioid abuse, uncomplicated, Other disorders of electrolyte and fluid balance, not elsewhere classified, Surgical operation and other surgical procedures as the cause of abnormal reaction of patient, or of later complication, without mention of misadventure at the time of operation, Unspecified viral hepatitis C without hepatic coma

Integrated View of Services Over Time (IVOS)



Care Coordination (Current & Historical)

Care Coordination  Details



Table

Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of bills	
Intensive Mobile Treatment (IMT) (Source: DOHMH)	VISITING NURSE SERVICE OF NY (VNSNY) BROOKLYN IMT I	1/20/2022	Current	1	
AOT (TACT Data)	FEDERATION OF ORG. F/T NYS MENT.DISABLED, INC	4/22/2024	6/2/2024	1	
Health Home - Enrolled (DOH MAPP)	SOUTHWEST BROOKLYN HEALTH HOME LLC (HH), INSTITUTE FOR COMMUNITY LIVING (CM)	11/1/2022	4/30/2024	1	
Health Home Plus	COORDINATED BEHAVIORAL CARE INC	12/1/2022	4/1/2024	17	
Health Home - Enrolled	SOUTHWEST BROOKLYN HEALTH HOME LLC	11/1/2022	3/1/2024	13	
NYC Jail Based Care (Source: CHS)	NYC Correctional Health Services	1/7/2024	1/24/2024		
Health Home - Outreach (DOH MAPP)	NEW YORK CITY HLTH & HOSP CORP (HH), NATIONAL ASSOCIATION ON DRUG ABUSE (CM)	3/1/2022	10/31/2022	2	
ACT - MH Specialty	INSTITUTE FOR COMM LIVING	6/30/2019	1/31/2022	31	
Assertive Community Treatment (ACT)	INSTITUTE FOR COMMUNITY LIVING, INC.	5/12/2011	1/31/2022	1	

Medications (Controlled Substance, BH, Medical)

Medication: Controlled Substance

[Details](#)[Table](#)[Graph](#)

Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up
	Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	2 Year(s) 4 Week(s)		
	Anxiolytic/Hypnotic	Lorazepam, Injection	2 MG	1 Year(s) 2 Week(s)		
	Opiate Antagonists	Naltrexone, Injection	1 MG	1 Month(s) 1 Day(s)		
III	Opioid Partial Agonists	Buprenorphine Hcl-Naloxone Hcl (Suboxone)	12-3 MG	2 Month(s)		

Click on a medication to drill-in and view more details or select “Details” next to the medication category to view a chronological list of medications within that section

Medication: Behavioral Health

[Details](#)[Table](#)[Graph](#)

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up
Antipsychotic	Haloperidol, Injection	UP TO 5 MG	2 Year(s) 4 Month(s) 4 Week(s) 2 Day(s)	11/25/2021	4/23/2024
Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	2 Year(s) 4 Month(s) 4 Week(s) 2 Day(s)	11/25/2021	4/23/2024
Antipsychotic	Droperidol, Injection	UP TO 5 MG	1 Year(s) 9 Month(s) 4 Day(s)	5/13/2022	2/16/2024



Medication: Medical

[Details](#)[Table](#)[Graph](#)

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up
Penicillin Combinations	Amoxicillin- Pot Clavulanate (Amoxicillin-Pot Clavulanate)	875-125 MG	2 Week(s)	5/8/2024	5/8/2024
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	Ibuprofen	800 MG , 3/day	4 Month(s) 2 Week(s) 6 Day(s)	1/5/2024	4/25/2024

Medications Orders/Trials

Rx detail for Haloperidol, Injection



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Orders Trials

Previous 1 2 3 4 5 6 Next

Pick Up Date	Brand Name	Generic Name	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabs Per Day*	Total Daily Dose*	Route	Prescriber	Pharmacy
4/23/2024	Haloperidol, Injection	Haloperidol, Injection	Antipsychotic	UP TO 5 MG		1		UP TO 5 MG	Injection		
2/8/2024	Haloperidol, Injection	Haloperidol, Injection	Antipsychotic	UP TO 5 MG		1					
1/20/2024	Haloperidol, Injection	Haloperidol, Injection	Antipsychotic	UP TO 5 MG		1					
1/18/2024	Haloperidol, Injection	Haloperidol, Injection	Antipsychotic	UP TO 5 MG		1					

The “Orders” tab will display each individual pickup. The “Trials” tab will display medications that have been continuously picked up within a short period of time (35-45 days).

Rx detail for Haloperidol, Injection

PDFExcel

Orders Trials

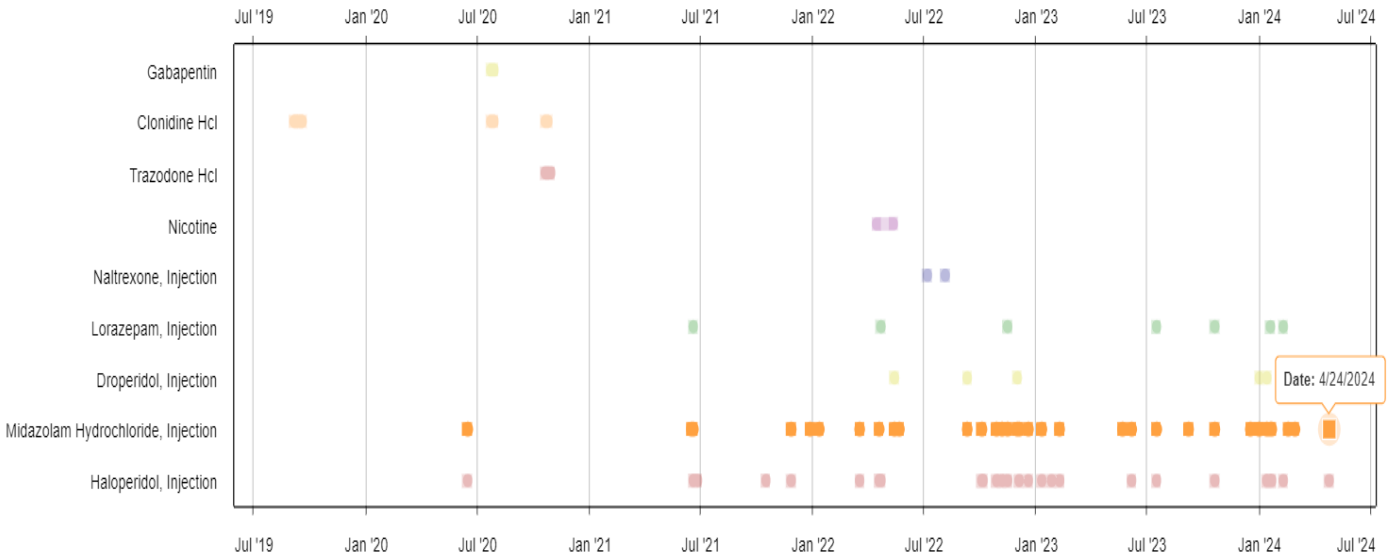
Previous 1 Next

Brand Name	Generic Name	Drug Class	First Day Picked Up	Estimated End of Trial	Estimated Duration
Haloperidol, Injection	Haloperidol, Injection	Antipsychotic	11/25/2021	4/24/2024	2 Yr(s) 4 Month(s) 4 Week(s) 2 Day(s)

Medication (Graph View)

Medication: Behavioral Health [Details](#)

[Table](#) [Graph](#)



Medication Information

Medication: Behavioral Health Details						Table Graph	
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up		
Antipsychotic	Haloperidol, Injection		2 Year(s) 4 Month(s) 4 Week(s)				
Anxiolytic/Hypnotic	Midazolam Hydrochloride						
Antipsychotic	Droperidol, Injection						
Anxiolytic/Hypnotic	Lorazepam, Injection						
Opiate Antagonists	Naltrexone, Injection						
Withdrawal Management	Nicotine						
Antidepressant	Trazodone Hcl						
ADHD Med	Clonidine Hcl						
Mood Stabilizer	Gabapentin						
Medication: Medical Details							
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up		
Penicillin Combinations	Amoxicillin- Pot Clavulanate (Amoxicillin-Pot Clavulanate)	875-125 MG	2 Week(s)	5/8/2024	5/8/2024		

InfoButton Access: Search Results - Google Chrome

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Clinical Information - Drugs

Haloperidol

Haloperidol Decanoate

Haloperidol Lactate

Lactated Ringers Injection

Patient Education











Antibacterial (On the skin) English

Antibacterial Cleanser (On the skin) English

Betamethasone Sodium Phosphate/Betamethasone Acetate (By injection) English

Haloperidol (By mouth) English

Outpatient Services (BH & Medical)

Behavioral Health 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	ST MARYS HEALTHCARE	1/4/2024	5/2/2024	5	Alcohol dependence, uncomplicated	- Naltrexone, Depot Form, Ther/Proph/Diag Inj Sc/Im		
Clinic - MH Specialty	ST MARYS HEALTHCARE	12/22/2023	4/30/2024	68	Post-traumatic stress disorder, unspecified	- Group Psychotherapy - Group Psychotherapy, Self-Help/Peer Svc Per 15min - Self-Help/Peer Svc Per 15min - Group Psychotherapy, Office O/P Est Low 20 Min - Group Psychotherapy, Psyt W Pt 30 Minutes, Self-Help/Peer Svc Per 15min ~ ...		
Clinic - SU Specialty	ST MARYS HEALTHCARE	2/16/2021	4/30/2024	169	Alcohol dependence, uncomplicated	- Alcohol And/Or Drug Services - Self-Help/Peer Svc Per 15min - Alcohol And/Or Drug Services, Alcohol/Subs Interv 15-30mn, Self-Help/Peer Svc Per 15min - Alcohol And/Or Drug Services, Self-Help/Peer Svc Per 15min - Alcohol And/Or Drug Services, Alcohol/Subs Interv 15-30mn ~ ...		
Clinic - Medical Specialty	MARY IMOGENE BASSETT HOSPITAL	7/14/2023	7/25/2023	3	Alcohol dependence with alcohol-induced anxiety disorder	- Assay Thyroid Stim Hormone, Lipid Panel, Office O/P Est Mod 30 Min - Office O/P Est Low 20 Min - Office O/P Est Mod 30 Min		
Multi-Type Group	MARY IMOGENE BASSETT HOSPITAL	7/14/2023	7/25/2023	3	Alcohol dependence with alcohol-induced anxiety disorder	- Office O/P Est Mod 30 Min - Office O/P Est Low 20 Min		
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)		
Urgent Care - Medical Dx	ST MARYS HEALTHCARE	11/15/2023	3/28/2024	2	Pain in right shoulder	- Office O/P Est Low 20 Min, X-Ray Exam Of Shoulder		
Clinic - Medical Specialty	MARY IMOGENE BASSETT HOSPITAL	3/19/2021	2/28/2024	16	Occlusion and stenosis of bilateral carotid arteries	- Office O/P Est Hi 40 Min - Office O/P Est Low 20 Min - Office O/P Est Mod 30 Min - Nrv Cndj Tst 5-6 Studies		
Multi-Type Group	MARY IMOGENE BASSETT HOSPITAL	10/25/2023	2/28/2024	9	Occlusion and stenosis of bilateral carotid arteries	- Office O/P New Mod 45 Min - Office O/P Est Low 20 Min - Office O/P Est Mod 30 Min - Nrv Cndj Tst 5-6 Studies - Office O/P New Low 30 Min ~ ...		

Outpatient Services (See Details – Specific Service)

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)
Urgent Care - Medical Dx	ST MARYS HEALTHCARE	11/15/2023	3/28/2024	2	Pain in right shoulder	- Office O/P Est Low 20 Min, X-Ray Exam Of Shoulder
Clinic - Medical Specialty	MARY IMOGENE BASSETT HOSPITAL	3/19/2021	2/28/2024	16	Occlusion and stenosis of bilateral carotid arteries	- Office O/P Est Hi 40 Min - Office O/P Est Low 20 Min - Office O/P Est Mod 30 Min

All Medical Outpatient Services for ST MARYS HEALTHCARE Provider

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Date of Service	Service Type	Provider	Primary, secondary, and quality flag-related diagnoses			Procedure
3/28/2024	Urgent Care - Medical Dx	ST MARYS HEALTHCARE	Nicotine dependence, cigarettes, uncomplicated, Pain in right shoulder			Office O/P Est Low 20 Min, X-Ray Exam Of Shoulder
11/15/2023	Urgent Care - Medical Dx	ST MARYS HEALTHCARE	Nicotine dependence, cigarettes, uncomplicated, Unspecified blepharitis left upper eyelid, Unspecified blepharitis right upper eyelid			Office O/P Est Low 20 Min
Urgent Care - Medical Dx	MEDS OOS CLINIC	11/15/2023	11/15/2023	1	Unspecified blepharitis left upper eyelid	- Office O/P Est Low 20 Min
Physicians Group - Internal Medicine	ST PETERS HEALTH PARTNERS MEDICAL	7/12/2022	7/12/2022	1	Chest pain, unspecified	- Electrocardiogram Complete, Office O/P New Mod 45 Min
Multi-Type Group - Family Practice	MARY IMOGENE BASSETT HOSPITAL	3/19/2021	7/8/2022	7	Essential (primary) hypertension	- Office O/P Est Mod 30 Min
Multi-Type Group - Internal Medicine	MARY IMOGENE BASSETT HOSPITAL	3/19/2021	7/1/2022	2	Supraventricular tachycardia	- Electrocardiogram Report

Crisis Services

Medical Outpatient Services Details							Table	Graph
Service Type	Provider	First Date Billed	Last Date Billed	# Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 months)		
Physician Group	PHYSICIAN CARE PC	8/3/2022	2/26/2024	5	Type 2 diabetes mellitus without complications	- Hemoglobin Glycosylated Alc, Office O/P Est Low 20 Min - Office O/P New Mod 45 Min - Behavior Counsel Obesity 15m, Prev Visit Est Age 40-64		Copy
Clinic - Medical Specialty	OSWEGO HOSPITAL	7/10/2022	10/5/2023	8	Encounter for screening, unspecified	- Off/Op Cnsiti New/Est Low 30 - Office O/P Est Sf 10 Min		Copy
Crisis Services Details							Table	Graph
Service Type	Provider	Admission / First Billed	Discharge / Last Billed	# Visits / Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 months)		
CPEP Mobile Crisis	ST JOSEPHS HOSPITAL HEALTH CE	3/4/2024	3/4/2024	1	Encounter for other general examination	- Crisis Intervn Svc, 15 Min		Copy
Mobile Crisis Response	LIBERTY RESOURCES INC	9/28/2023	12/22/2023	23	Illness, unspecified	- Crisis Intervn Svc, 15 Min - Crisis Intervention Mental H		Copy
Telephonic Follow-up	LIBERTY RESOURCES INC	12/1/2023	12/19/2023	3	Illness, unspecified	- Crisis Intervn Svc, 15 Min		Copy
Residential Crisis Support	LIBERTY RESOURCES INC	5/4/2023	5/23/2023	20	Schizophrenia, unspecified	- Crisis Intervn Waiver/Diem		Copy
Residential Crisis Support	LIBERTY RESOURCES INC	4/1/2023	4/24/2023	23	Schizophrenia, unspecified	- Crisis Intervn Waiver/Diem		Copy
Hospital/ER Services Details							Table	Graph
Service Type	Provider	Admission	Discharge / Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedures (Per Visit)		
Inpatient - MH	OSWEGO HOSPITAL	2/6/2024	2/9/2024	3	Major depressive disorder, recurrent, severe with psychotic symptoms	- 1st Hosp Ip/Obs Sf/Low 40		Copy

Hospital/ER: Integrated Behavioral/Medical

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)		
Inpatient - SU - Detox	BROOKHAVEN MEMORIAL HOSPITAL	5/7/2024	5/13/2024	6	Traumatic subdural hemorrhage without loss of consciousness, initial encounter	- Detoxification Services For Substance Ab		
Inpatient - MH	NEW YORK PRESBYTERIAN HOSPITAL	3/29/2024	5/1/2024	33	Schizoaffective disorder, bipolar type	- Group Psychotherapy		
Inpatient - SU - Detox	SOUTH SHORE UNIVERSITY HOSPITAL	3/29/2024	5/1/2024	33	Displaced fracture of medial condyle of left femur, initial encounter for open fracture type I or II	- Detoxification Services For Substance Ab		
ER - SU	BROOKHAVEN MEMORIAL HOSPITAL	3/27/2024	3/27/2024	1	Alcohol abuse with intoxication, uncomplicated	- Assay Of Lipase, Assay Of Magnesium, Blood Typing Serologic Abo, Blood Typing Serologic Rh(D), Complete Cbc W/Auto Diff Wbc, Ct Abd & Pelvis W/O Contrast, Ct Head/Brain W/O Dye, Ct Neck Spine W/O Dye, Ct Thorax Dx C-, Drug Test Def 1-7 Classes, Emergency Dept Visit Hi Mdm, Hepatic Function Panel, Inj Magnesium Sulfate, Insulin Injection, Ketorolac Tromethamine Inj, Metabolic Panel Total Ca, Nfct Ds Vir Resp Rna 4 Trgt, Normal Saline Solution Infus, Prothrombin Time, Rbc Antibody Screen, Reagent Strip/Blood Glucose, Ther/Proph/Diag Inj Sc/Im, Ther/Proph/Diag Iv Inf Init, Thromboplastin Time Partial, Tx/Pro/Dx Inj New Drug Addon		
ER - SU	NYU LANGONE HOSPITALS	3/26/2024	3/26/2024	1	Opioid dependence with withdrawal	- Drug Test Prsmv Chem Anlyzr, Urinalysis Auto W/Scope		
ER - MH	BRONXCARE HOSPITAL CENTER	3/25/2024	3/26/2024	1	Suicidal ideations	- Complete Cbc W/Auto Diff Wbc, Compreh Metabolic Panel, Drug Screen Quantalcohol, Drug Test Prsmv Chem Anlyzr, Emergency Dept Visit Hi Mdm, Haloperidol Injection, Lorazepam Injection, Measure Blood Oxygen Level, Ther/Proph/Diag Inj Sc/Im		
Inpatient - SU - Detox	BROOKHAVEN MEMORIAL HOSPITAL	3/17/2024	3/22/2024	5	Alcohol dependence with withdrawal, unspecified	- Detoxification Services For Substance Ab		
ER - SU	BROOKHAVEN MEMORIAL HOSPITAL	3/16/2024	3/16/2024	1	Alcohol abuse, uncomplicated	- Airway Inhalation Treatment, Albuterol Non-Comp Unit, Assay Of Lipase, Assay Thyroid Stim Hormone, Complete Cbc W/Auto Diff Wbc, Ct Abd & Pelvis W/O Contrast, Ct Head/Brain W/O Dye, Drug Test Def 1-7 Classes, Drug Test Prsmv Dir Opt Obs, Electrocardiogram Tracing, Emergency Dept Visit Hi Mdm, Emergency Dept Visit Low Mdm, Hepatic Function Panel, Hydration Iv Infusion Init, Insulin Injection, Metabolic Panel Total Ca, Normal Saline Solution Infus, Reagent Strip/Blood Glucose, Ther/Proph/Diag Inj Sc/Im, X-Ray		

Dental, Vision, Living Support/Residential Treatment

DentalDetails

TableGraph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Procedures (Last 3 Months)	
Office/Outpatient	NAWLO FARAGE M DDS	6/28/2023	6/28/2023	1	- Bitewings Four Images, Dental Prophylaxis Adult, Intraoral Periapical First, Periodic Oral Evaluation	
Unspecified Setting	NAWLO FARAGE M DDS	9/16/2020	2/7/2022	3	- Bitewings Four Images, Dental Prophylaxis Adult, Intraoral Periapical First, Periodic Oral Evaluation, Post 1 Srfc Resinbased Cmpst, Resin One Surface-Anterior, Resin Two Surfaces-Anterior	

VisionDetails

TableGraph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Procedures (Last 3 Months)	
Eye Care Services - Office/Outpatient	LONG ISLAND OPTOMETRY CARE	5/20/2024	5/20/2024	1	- Compre Oph Exam New Pt 1>, Dilat Rta Xm Evc Rtnophy, Fundus Photography W/I&R	
Eye Appliances - Office/Outpatient	EMPIRE VISION CENTER INC	8/14/2023	4/23/2024	2	- Lens Polycarb Or Equal, Lens Spher Bifoc Plano 4.00d, Vision Svcs Frames Purchases	
Eye Care Services - Office/Outpatient	STONY BROOK OPHTHALMOLOGY, UNIVERSI	2/14/2022	8/25/2023	4	- Cmpttr Ophth Img Optic Nerve, Extended Visual Field Xm, Intrm Oph Exam Est Patient - Intrm Oph Exam Est Patient	
Eye Appliances - Unspecified Setting	EMPIRE VISION CENTER INC	7/22/2022	7/22/2022	1	- Lens Spher Bifoc Plano 4.00d, Vision Svcs Frames Purchases	

Living Support/Residential TreatmentDetails



TableGraph

Community Residence - MH Specialty	JEWISH BOARD OF FMLY&CHILD SV	1/1/2021	4/30/2024	37	
Homeless Shelter - Single Adult, Mental Health (Source: NYC DHS)	TILLARY WOMEN'S SHELTER	12/26/2023	4/28/2024	8	
Homeless Shelter - Single Adult, General (Source: NYC DHS)	MAGNOLIA HOUSE	9/18/2023	9/18/2023	1	
Homeless Shelter - Single Adult, Assessment (Source: NYC DHS)	FRANKLIN WOMEN'S SHELTER	12/9/2019	10/5/2022	4	
ICF/IDD - Other	BRONXCARE DR M L K JR HEALTH CTR	12/27/2021	1/24/2022	2	
Apartment Treatment Model (Source: OMH CAIRS)	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	10/28/2020	10/28/2020	1	
SRO Community Residence (Source: OMH CAIRS)	JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES	5/3/2016	5/3/2016	1	

Lab & Pathology, Lab Results (EMR), Radiology









Laboratory & Pathology

[Table](#)[Graph](#)

Test/Panel Name	First Billed	Last Billed	# Tests	Most Recent Lab/Pathology Provider	
Electrocardiogram Report	3/4/2023	3/4/2023	1	MONTEFIORE MEDICAL CENTER	
Chlmyd Trach Dna Amp Probe, Hiv-1 Ag W/Hiv-1&-2 Ab Ag Ia, N. Gonorrhoeae Dna Amp Prob, Syphilis Test Non-Trep Qual	5/21/2021	5/21/2021	1	QUEST DIAGNOSTICS INC	





Laboratory Results (State PC)

[Table](#)[Graph](#)

Test Name	Most Recent Test Panel	# Tests	First Collected	Most Recent	Most Recent Results	L or H	# Abnormal Tests	Last Abnormal	Last Abnormal Results	Normal Range	
Triglyceride	Chem 1 Panel	3	12/18/2019	3/12/2024	43 mg/dL		0			<=149	
Globulin	Chem 1 Panel	3	12/18/2019	3/12/2024	3.0 g/dL		0			1.4 - 4.8	
Sodium	Chem 1 Panel	3	12/18/2019	3/12/2024	144 mEq/L		0			133 - 145	
Neut%	Complete Blood Count	3	12/18/2019	3/12/2024	47.0 %		0			40.0 - 74.0	
Uric Acid	Chem 1 Panel	3	12/18/2019	3/12/2024	3.4 mg/dL		0			3.4 - 7.0	
Mono%	Complete Blood Count	3	12/18/2019	3/12/2024	11.7 %		0			3.4 - 12.0	
Glucose	Chem 1 Panel	3	12/18/2019	3/12/2024	81 mg/dL		0			70 - 99	
Hemoglobin	Complete Blood Count	3	12/18/2019	3/12/2024	11.9 g/dL	L	3	3/12/2024	11.9 g/dL	14.0 - 18.0	

Radiology

[Table](#)[Graph](#)








Test Name	First Billed	Last Billed	# Tests	Most Recent Radiology Provider	
Ct Head/Brain W/O Dye, Ct Maxillofacial W/O Dye, Ct Neck Spine W/O Dye	2/10/2024	2/10/2024	1	EMPIRE STATE RADIOLOGY P C	
X-Ray Exam Chest 1 View	11/23/2021	11/23/2021	1	MONTEFIORE MEDICAL CENTER	
X-Ray Exam Of Hand	7/23/2021	7/23/2021	1	NORTH BRONX MEDICAL PRACTICE	
Us Exam Abdo Back Wall Comp	3/13/2021	3/13/2021	1	MONTEFIORE MEDICAL CENTER	

Medical Equipment, Transportation

Medical Equipment [Details](#)

Table






Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Procedure(s)(Per Visit)	
DME - Home Care	GARDEN CT SURG& HSP SUP CORP	2/7/2024	2/7/2024	1		General Use W/C Cushion <22 In	
DME - Home Care	MEDS OOS PHARMACY & DME	7/3/2019	1/24/2024	8		Emer Rspns Sys Serv Permonth	
DME - Office/Outpatient	NORTH POINT MEDICAL ASSOCIATES	1/3/2024	1/9/2024	2		Office O/P Est Low 20 Min	
DME - Home Care	BEST HOME CARE MED/SURG SUPPLY INC	12/22/2023	12/22/2023	1		Bathtub Wall Rail Each	
DME - Office/Outpatient (Telehealth)	TELADOC PHYSICIANS PC	12/5/2023	12/5/2023	1		Phone E/M Phys/Qhp 5-10 Min	
DME - Unspecified Setting (Telehealth)	TELADOC PHYSICIANS PC	8/20/2022	8/20/2022	1		Phone E/M Phys/Qhp 5-10 Min	
Ear/Foot/Other Appliances - Unspecified Setting	FUTURE SURGICAL SUPPLIES INC	12/16/2020	8/27/2021	2		Repair/Svc Dme Non-Oxygen Eq	

Transportation [Details](#)

Table

Graph

Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits	Most Recent Procedures	
Ambulance	CITYWIDE MOBILE RESPONSE CORP	4/3/2024	4/3/2024	1	Basic Life Support Nonemergency, Ground Mileage	
Ambulance	RAPID EMS LLC	12/8/2023	2/22/2024	2	Basic Life Support Emergency, Ground Mileage	
Non-Emergency Transport	METRO LUXURY INC	2/22/2024	2/22/2024	1	Nonemergency Transport Taxi	
Non-Emergency Transport	AMBULNZ NY LLC	1/21/2024	1/21/2024	1	Basic Life Support Nonemergency	
Ambulance	NEW YORK CITY HEALTH AND HOSPITALS	6/22/2019	1/20/2024	19	Basic Life Support Emergency, Ground Mileage	

Export to PDF or Excel

< Recipient Search

SMITH, JOHN

As of 6/2/2024 ⓘ Data sources



PDF



EXCEL



CCD

≡ Sections

Brief Overview

Full Summary

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

- Add Brief Overview to export as “cover page”
- “All Available Data” will export the entirety of each section (i.e., each script or visit will be listed as a separate row)
- To select multiple sections, hit “Shift” or “Ctrl” + click
- **PHI: Save to secure server!**

Export

☒ Include Brief Overview as "cover page"

Export Options

- ☐ All sections - Summary data
- ☐ Selected section(s) - Summary data
- ☒ Selected section(s) - All available data

Page Orientation

☒ Portrait ☐ Landscape

Sections

Current Care Coordination
Notifications
POP Intensive Care Transition Services
Active Medicaid Restrictions

Export

Cancel

Non-Medicaid Clinical Summary



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Mental Health

Non-Medicaid Clinical Summary

- A non-Medicaid Clinical Summary was added for clients who are not in the Medicaid population and have either been served by a state-operated Psychiatric Center (PC) or have been served by a provider agency utilizing the PSYCKES MyCHOIS application.
- A verbal or signed PSYCKES Consent form is required to access a Clinical Summary for a Non-Medicaid client.
- To look-up a Clinical Summary for a non-Medicaid client, enter an individual identifier in Recipient Search, such as Name and Date of Birth or Social Security Number
- Users from State PCs can search using an OMH State ID or OMH Facility Case Number. If the client has a Clinical Summary available in PSYCKES, one or more potential matches will appear in the results page.

Non-Medicaid CS: Data Sources

- Depending on the information available for a specific client, the following sections may be included:
 - General Demographic Information
 - Current Care Coordination (Sources: NYC Correctional Health Services (CHS) data; NYC DHS homelessness data; OMH State PC data; OMH CAIRS; OMH TACT)
 - Alerts and Incidents (Sources: OMH NIMRS Suicide Attempt data; PSYCKES MyCHOIS)
 - PSYCKES Registries (Source: PSYCKES MyCHOIS)
 - Plans and Documents (Sources: Documents created or uploaded in PSYCKES, MyCHOIS, Clinical Summary, or PSYCKES iOS)
 - Screenings and Assessments (Sources: Screenings and assessments entered through PSYCKES MyCHOIS or PSYCKES iOS)
 - Diagnoses, Behavioral Health and Medical (Source: OMH State PC data)
 - Medications, Behavioral Health and Medical (Source: OMH State PC data)
 - Behavioral Health Services (Source: OMH State PC data, DOHMH IMT services)
 - Hospital/ER Services (Source: OMH State PC data)
 - Living Support/Residential Treatment (Sources: OMH State PC data; OMH CAIRS)

Non-Medicaid Clinical Summary

My QI ReportStatewide ReportsRecipient SearchProvider SearchRegistrarUsageUtilization ReportsMyCHOIS

Recipient Search

RabOSom SqFSRUu

As of 6/17/2024Data Sources

PDF

There is no record of Medicaid enrollmentNon-Medicaid SummaryData with Special Protection Show Hide
This report contains all available clinical data.

General

NameRabOSom SqFSRUu

DOBXX/XX/XXXX (XX Yrs)

AddressNDEn Ssbo0tB73HJfySi UtQk
QXBqL6 IpE,
UtboYWNr2sU, 1da, MTMoMD6

State PC Assigned Physician

Unique Identifiers
OMH State ID:XXXXXXX Facility
Case #:XXXXXXX MyCHOIS ID :
XXXXXXX

Alerts Incidents from NIMRS, Service Invoices from MedicaidDetails

TableGraph

Alert/Incident Type	# Events/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Results
PHQ-9 (depression screening and monitoring)	5	10/1/2016	9/26/2023	ALBANY MEDICAL CENTER		Severe Depression (Score = 26 out of 27) Thoughts of better off dead and/or hurting self
C-SSRS (Suicide Screen)	2	1/9/2021	1/26/2021	ADIRONDACK HEALTH INSTITUTE		High Risk: 2 Suicide Attempt(s). Last attempt Past 3 months

PSYCKES Registries About PSYCKES Registries

Registry	Provider Name(s)	Added On	Removed On	Designations
Suicide Care Pathway	ADIRONDACK HEALTH INSTITUTE	1/26/2021	4/26/2021	+C-SSRS
Suicide Care Pathway	BUFFALO PSYCHIATRIC CENTER	1/9/2021	4/9/2021	+C-SSRS

Plans & Documents

Created	Document Type	Provider	Created By	Role	Delete Document
2/17/2023	PSYCKES Consent Form (e-sign)	ALBANY MEDICAL CENTER	Administered in iOS	N/A	
1/24/2021	Safety Plan	ROCKLAND PSYCHIATRIC CENTER	Smith, John	N/A	
1/7/2021	Safety Plan	BUFFALO PSYCHIATRIC CENTER	Doe, Jane	N/A	

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

Schizophrenia

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

Diseases of the circulatory system	Essential (primary) hypertension
Endocrine, nutritional and metabolic diseases	Disorders of lipoprotein metabolism and other lipidemias • Other hypothyroidism • Overweight and obesity

Plans & Documents



**Office of
Mental Health**

Upload or Create Plans & Documents

- Users can upload the following documentation in the Plans & Documents section of a client's Clinical Summary:
 - Safety Plan
 - Relapse Prevention Plan
 - Psychiatric Advance Directive
 - Care Plans
 - Discharge Plans
 - Other
- Users can also select the “Create New” button to fill out an existing Safety Plan (Stanley Brown) or Psychiatric Advance Directive template and save it to the client's Clinical Summary
- The uploaded or newly created document will be accessible to users at the agency responsible for uploading/creating it. Other agencies may view the document only with signed consent or in a clinical emergency.

Upload Existing Plans & Documents

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

There are no Plans or Documents

Click "Upload"

Upload an Existing Plan or Health Document

Type of Document

Psychiatric Adva
Safety Plan
Relapse Prevention Plan
Psychiatric Advance Directive
Care Plans
Discharge Plan
Other

Date Document Created

Document Created By

Document Source

File Size: 10 mb

File Types: pdf, doc, jpg, gif

Choose File

Select which type of document you are uploading

Cancel Upload

Upload an Existing Plan or Health Document

Type of Document

Psychiatric Adva

Date Document Created

06/15/2024

Document Created By

John Smith

 Role

Therapist

Document Source

PAD.docx

 Choose File

Fill out the remaining details, click "Upload"

Cancel Upload

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

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
6/15/2024	Psychiatric Advance Directive	SRH CHN LEAD HEALTH HOME	JOHN SMITH	Therapist	

Create New Plans & Documents

Plans & Documents  Upload  Create New

There are no Plans or Documents

Create New Plans & Documents

Safety Plan

Psychiatric Advance Directive

Close

Select which type of document template you will be filling out

+ Create a new Safety Plan Click the clear button to clear all fields of this form

Clear

Safety Plan - DOE, JANE

Date Document Created: 06/20/2024

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

2. Name

3. Place

4. Place

Step 4: People I can ask for help with the crisis:

1. Name

2. Name

3. Name

Complete at least the required fields, click "Submit"

Plans & Documents  Upload  Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
6/15/2024	Safety Plan	SRH CHN LEAD HEALTH HOME	JOHN SMITH	Therapist	

Training & Technical Support



**Office of
Mental Health**

Technical Support

- 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 ITS or OMH helpdesk:
 - ITS (OMH/State PC Employee) Helpdesk:
 - 1-844-891-1786; fixit@its.ny.gov
 - OMH (Non-OMH/Non-State PC Employee) Helpdesk:
 - 518-474-5554, opt 2; healthhelp@its.ny.gov