NEW YORK STATE | Office of Mental Health

Using PSYCKES for ACT Teams

PSYCKES Training Webinar

AUGUST 26, 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
- PSYCKES Mobile Application
- MyCHOIS
- 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

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

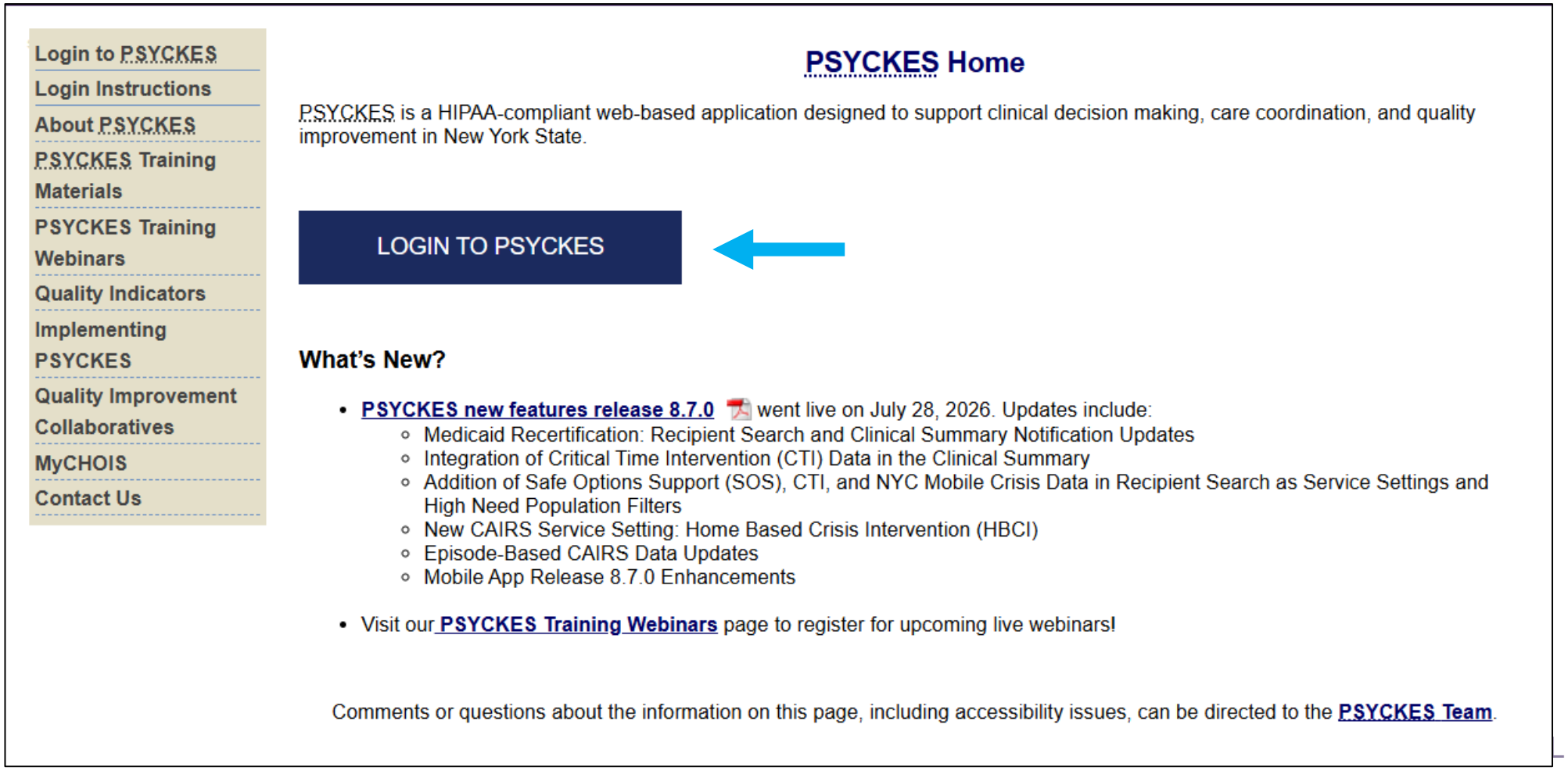
How to Get Access to PSYCKES – Agency Has Access

When Your Agency Does Have Access

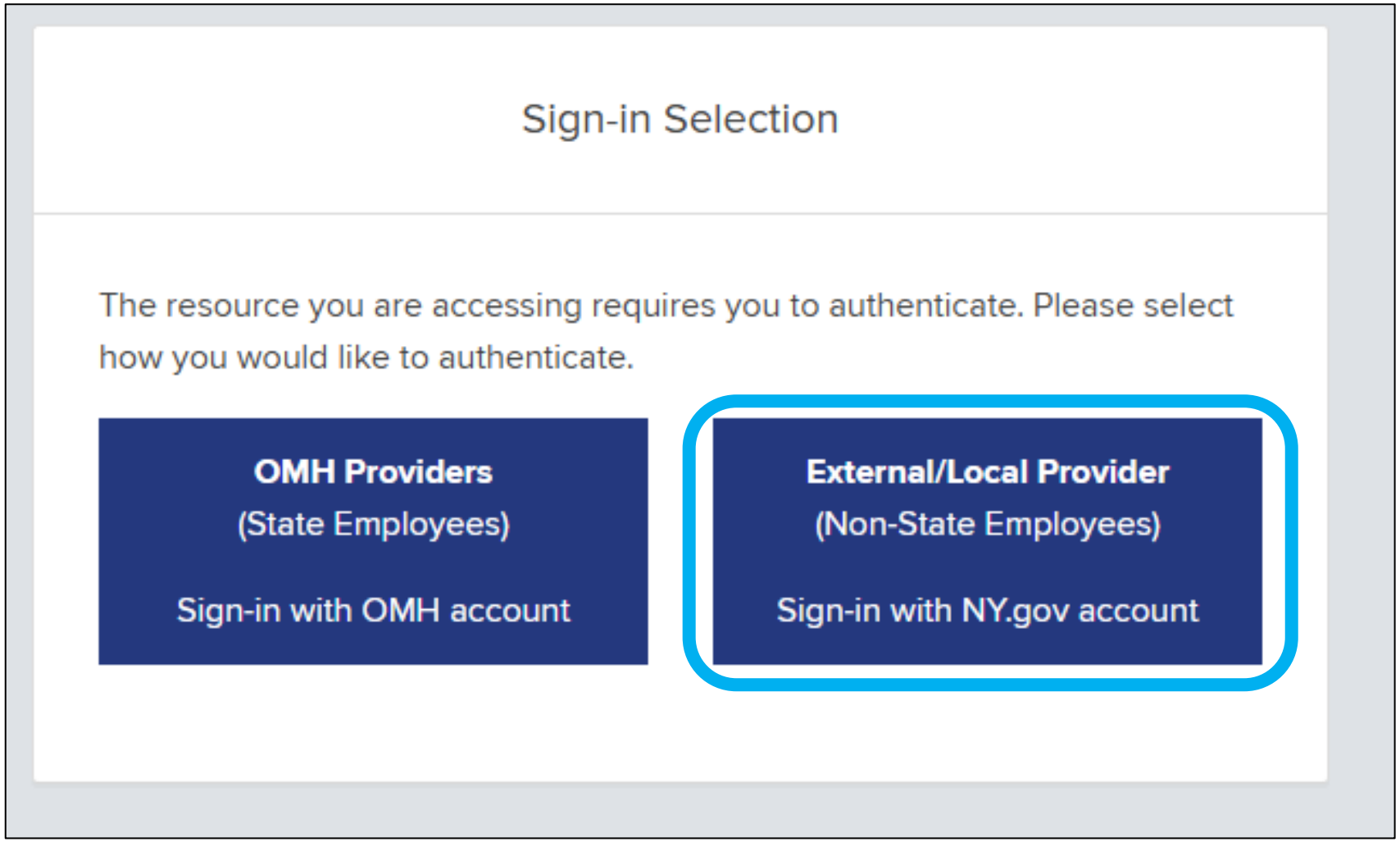
- PSYCKES access for individual staff is managed by your agency's Security Manager(s)
  - Security Manager is appointed by your CEO/ED
  - Agency can have multiple Security Managers
  - Contact PSYCKES-Help to find out your agency's Security Manager
    - Access table will also be provided after the webinar
  - 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 Login to PSYCKES

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



Logging in to PSYCKES: Sign-in Selection



Logging 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

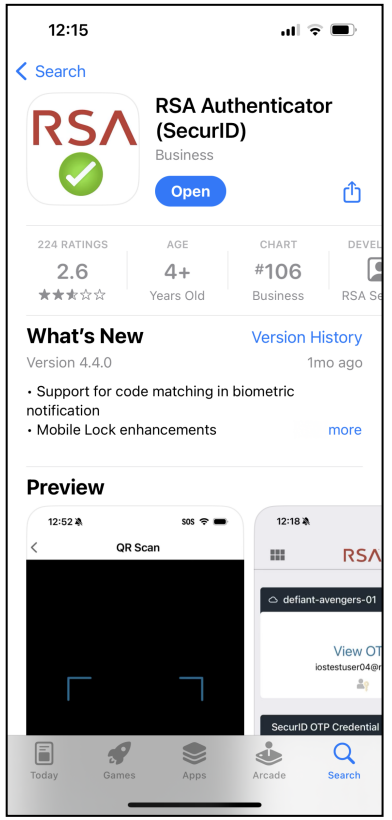
••••••••

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 Client Data Access Levels

- **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

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

NEW YORK STATE | Office of Mental Health | PSYCKES

Consent Form

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 othe
need permission to see it. Complete this fo
now or at any time if you want to give or d
your providers access to your records. Wh
choose will not affect your right to medical
or health insurance coverage.

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

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

If you don't give consent, there are some t
when this provider may be able to see you
health information in PSYCKES – or get it
another provider – when state and federal
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**

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

Jane Doe	1/1/2019
Print Name of Patient	Patient's Date of Birth
AB12345C	
Patient's Medicaid ID Number	
John Doe	8/1/2026
Signature of Patient or Patient's Legal Representative	Date
John Doe	Father
Print Name of Legal Representative (if applicable)	Relationship of Legal Repre Patient (if applicable)

[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").

Page 1/2

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)

NEW YORK STATE | Office of Mental Health | PSYCKES

Information and Consent

1. **How providers can use your health information.** They can use it only to:

   - Provide medical treatment, care coordination, and related services.
   - Evaluate and improve the quality of medical care.
   - Notify your treatment providers in an emergency (e.g., you go to an emergency room)

2. **What information they can access** If you give consent, 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 inc care plans, safety plans, and psychiatric advance directives you and your treatment provid develop. This information also may relate to sensitive health conditions, including but not li 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 acces
use of your PSYCKES health information. If you ever suspect that someone has seen
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 h
information with others only when state or federal law and regulations allow it. This is
health information in electronic or paper form. Some state and federal laws also provi
protections and additional requirements for disclosing sensitive health information, su
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 rec
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 a
submitting a Withdrawal of Consent Form to Jane Doe. You also can change your co
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 med
records. If you withdraw your consent, they don't have to return the information or rem
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
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

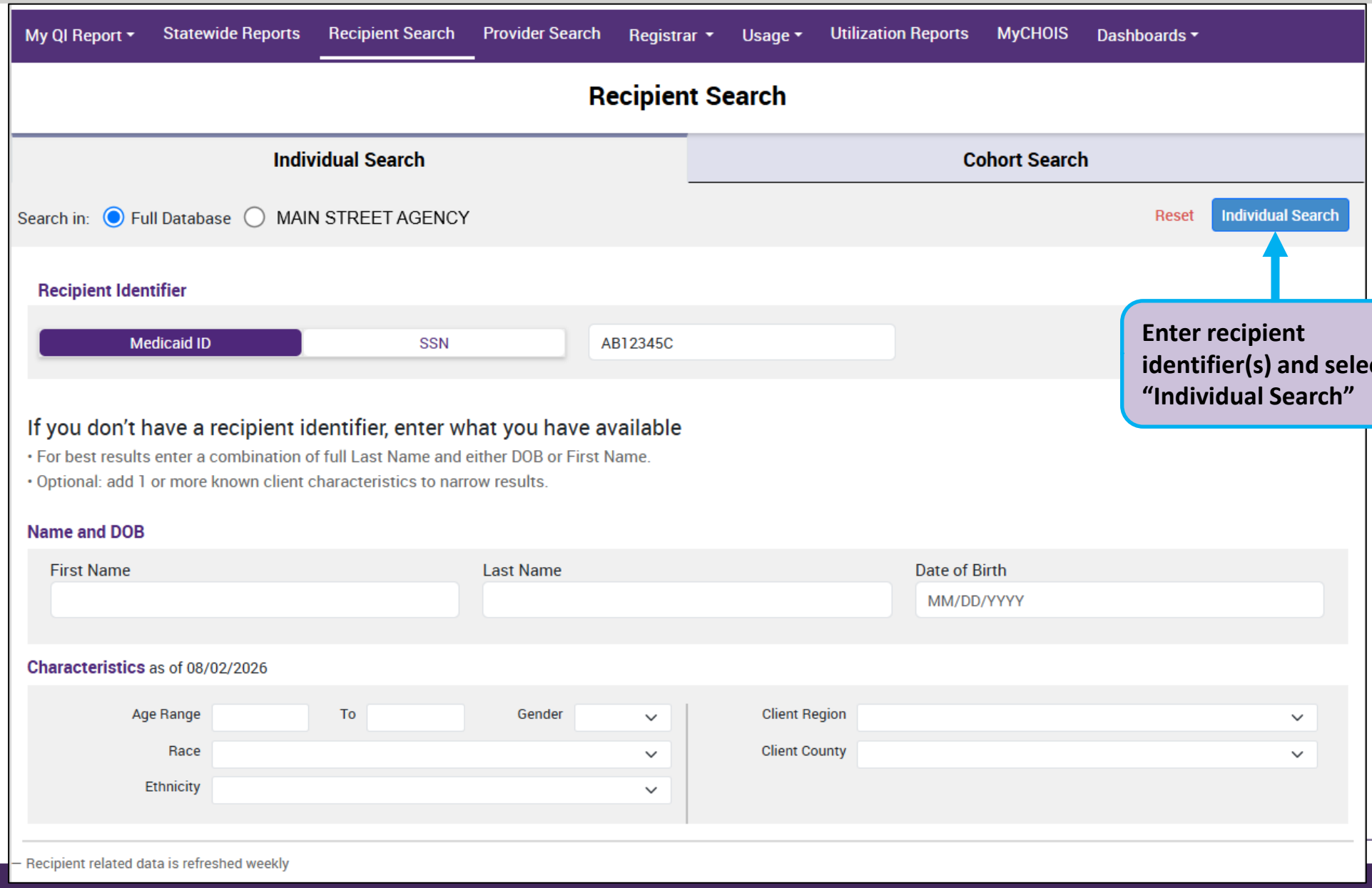
1. Confirm the client's identity (provider attestation, or client can provide 1 form of photo ID or 2 forms of non-photo ID)
    - Confirm legal guardian/representatives' status, if needed
2. Review the consent form in its entirety with the client/representative (consent must be informed)
3. Client/representative 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

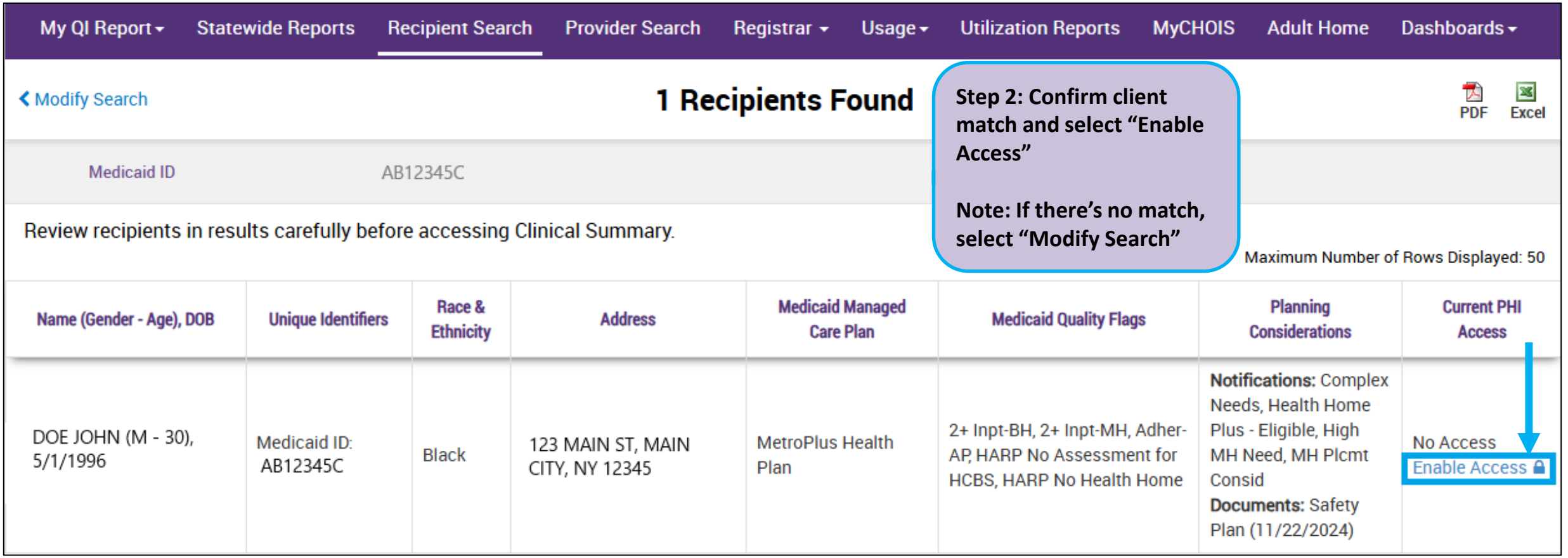
Enable Access Module

- **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



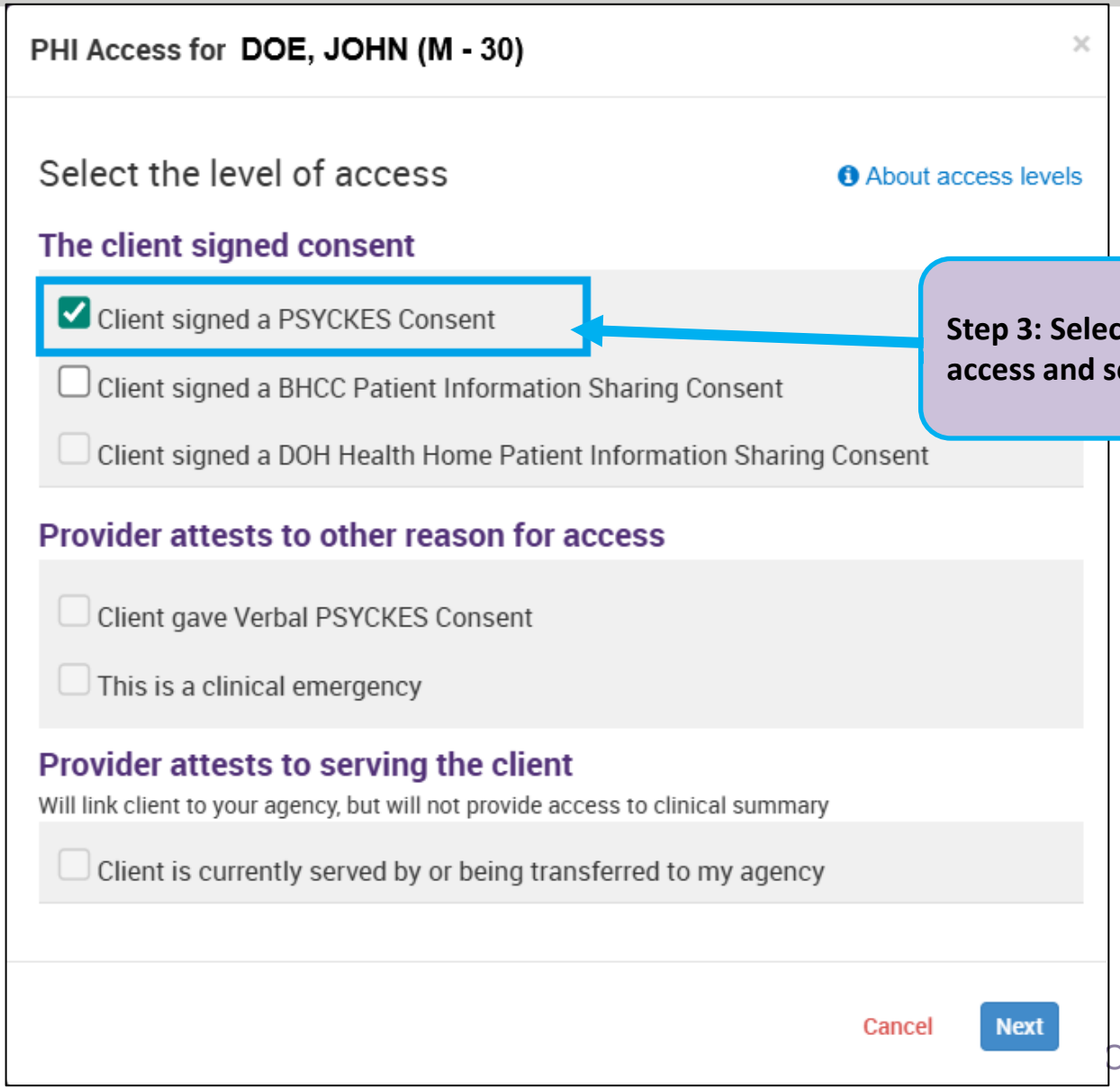
Confirm Client Match and Enable Access



Step 2: Confirm client match and select "Enable Access"

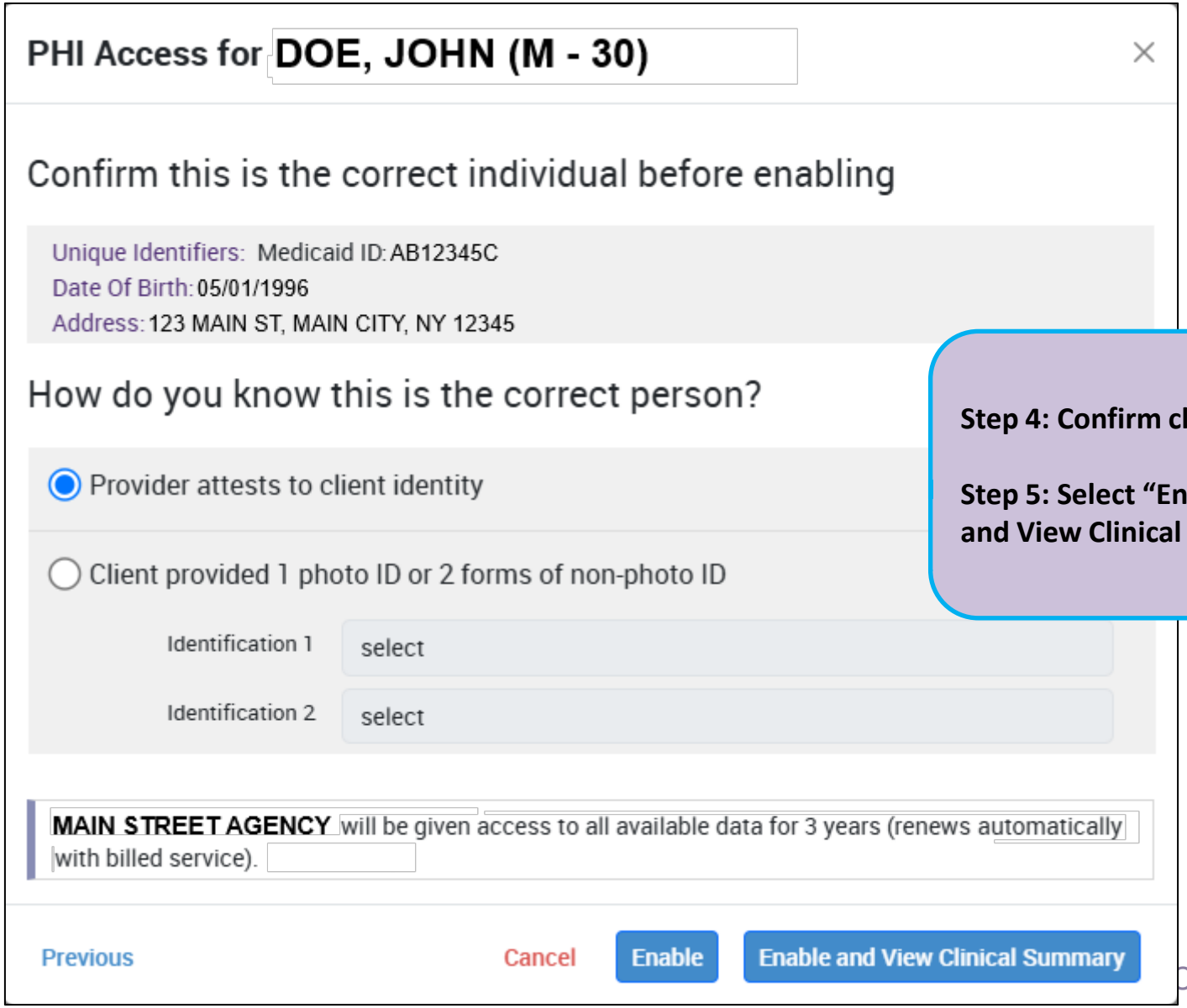
Note: If there's no match, select "Modify Search"

Select Level of Access



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

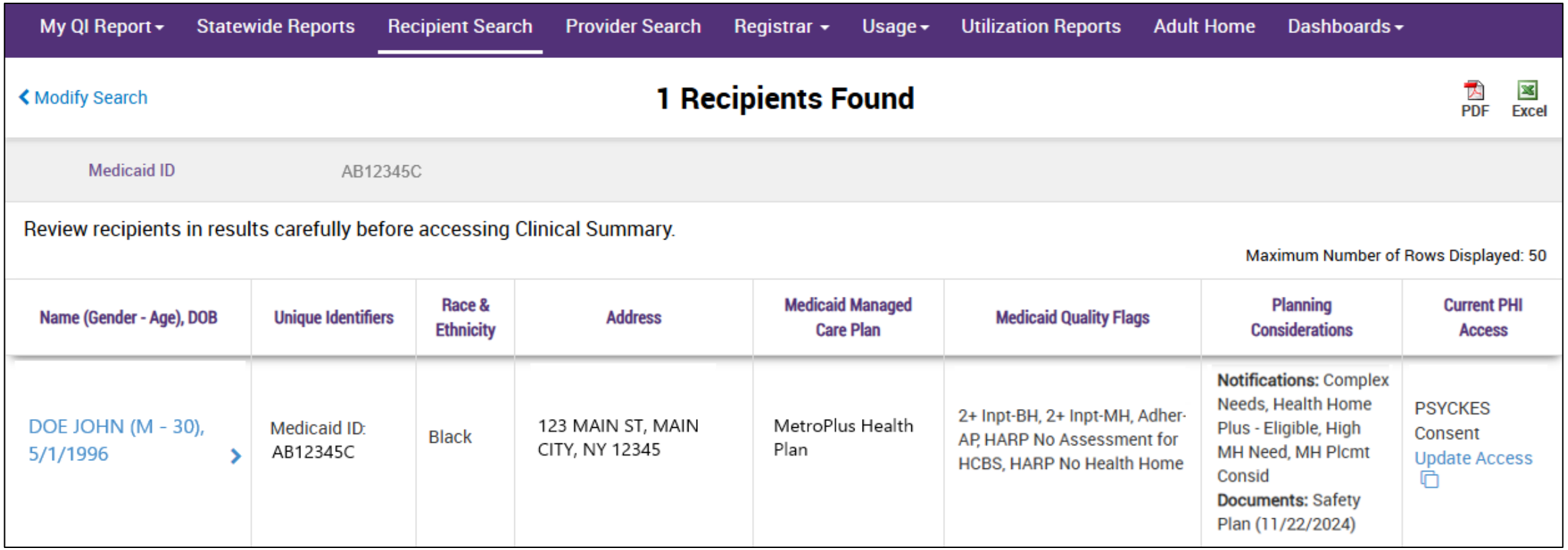
Confirm Client Identity



Step 4: Confirm client's identity

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

Update PHI Access Level



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):
  - ACT – Enrolled or Discharged in Past 12 Months
  - 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., ACT Adult/Youth, CFTSS, Mobile Crisis (DOHMH), HBCI, 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 08/02/2026

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

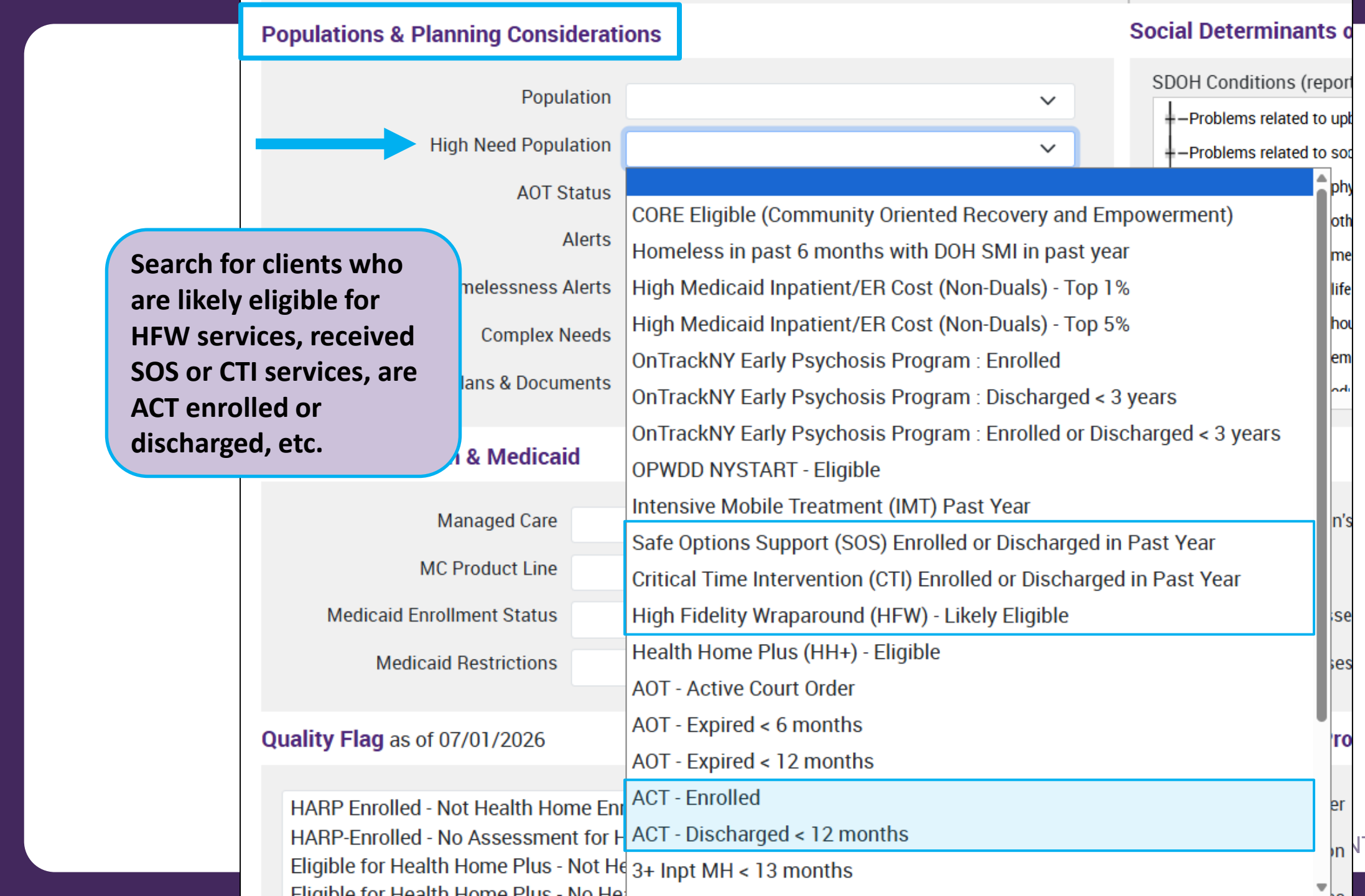
Social Determinants of Health (SDOH)

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 circum
- Problems related to medical facilities and othe
- Problems related to life management difficulty
- Problems related to housing and economic circ
- Problems related to employment and unemplo

SDOH Conditions: Selected


Populations & Planning Considerations
Social Determinants o
SDOH Conditions (repor
Problems related to upb
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Population
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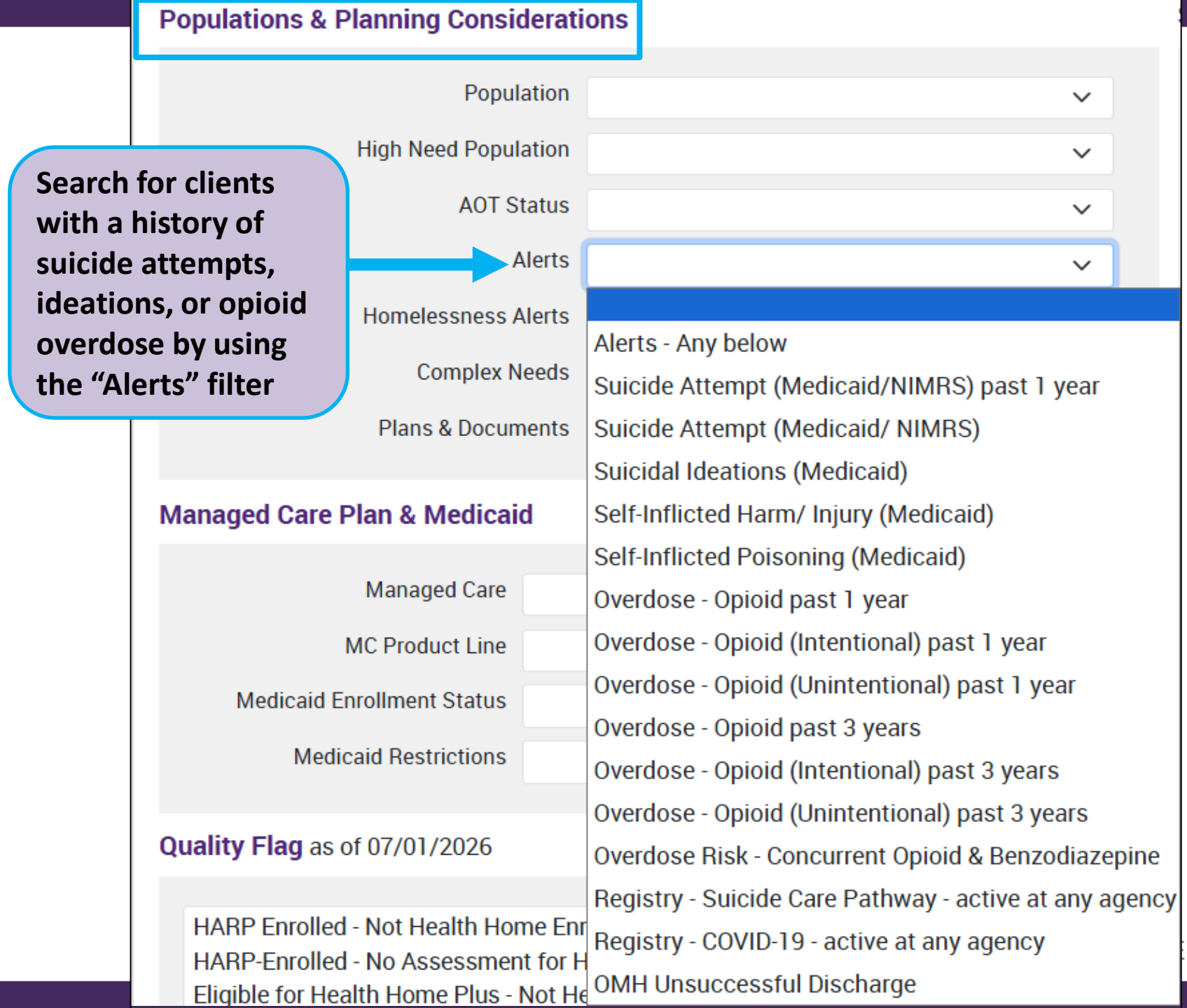
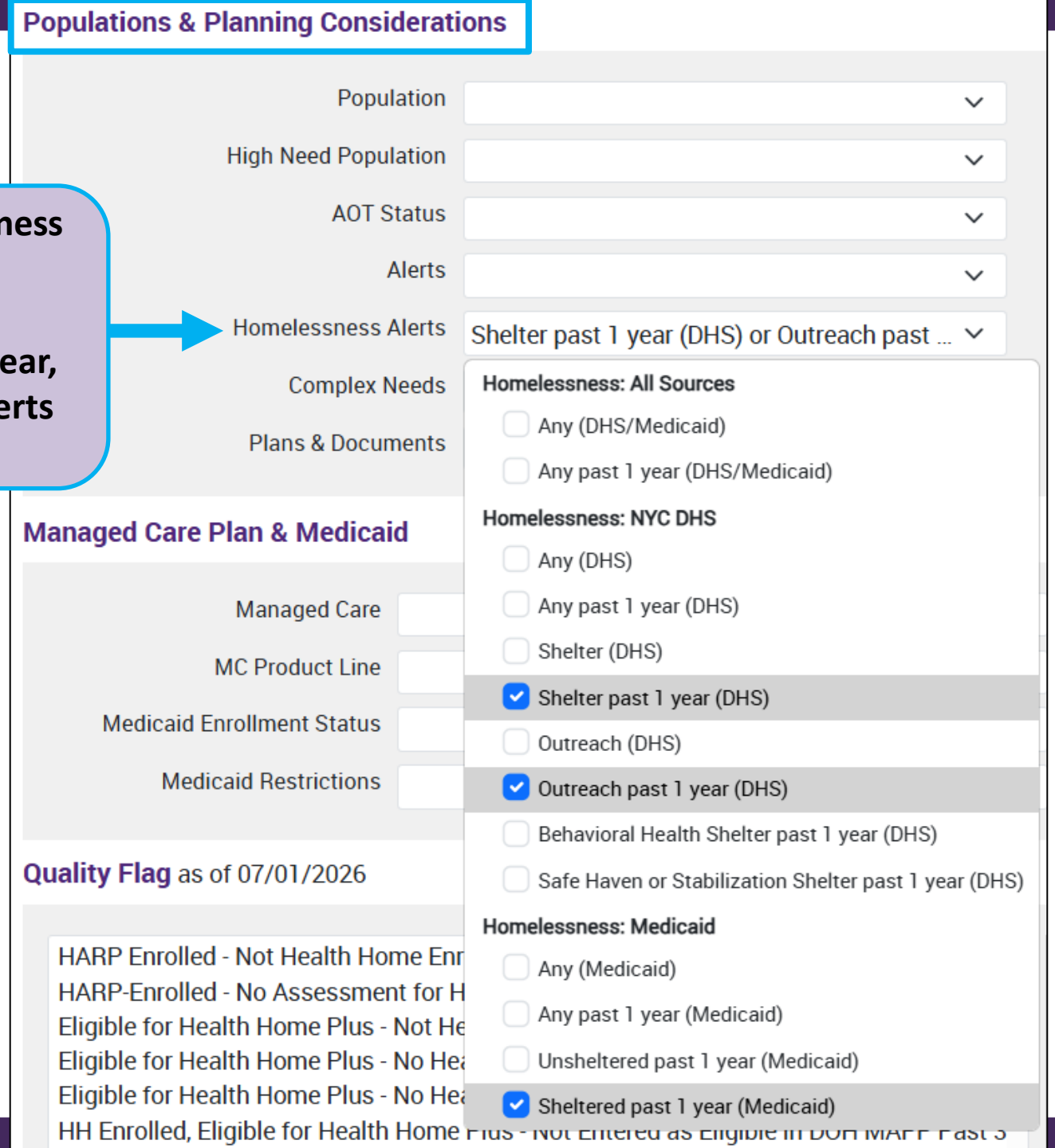
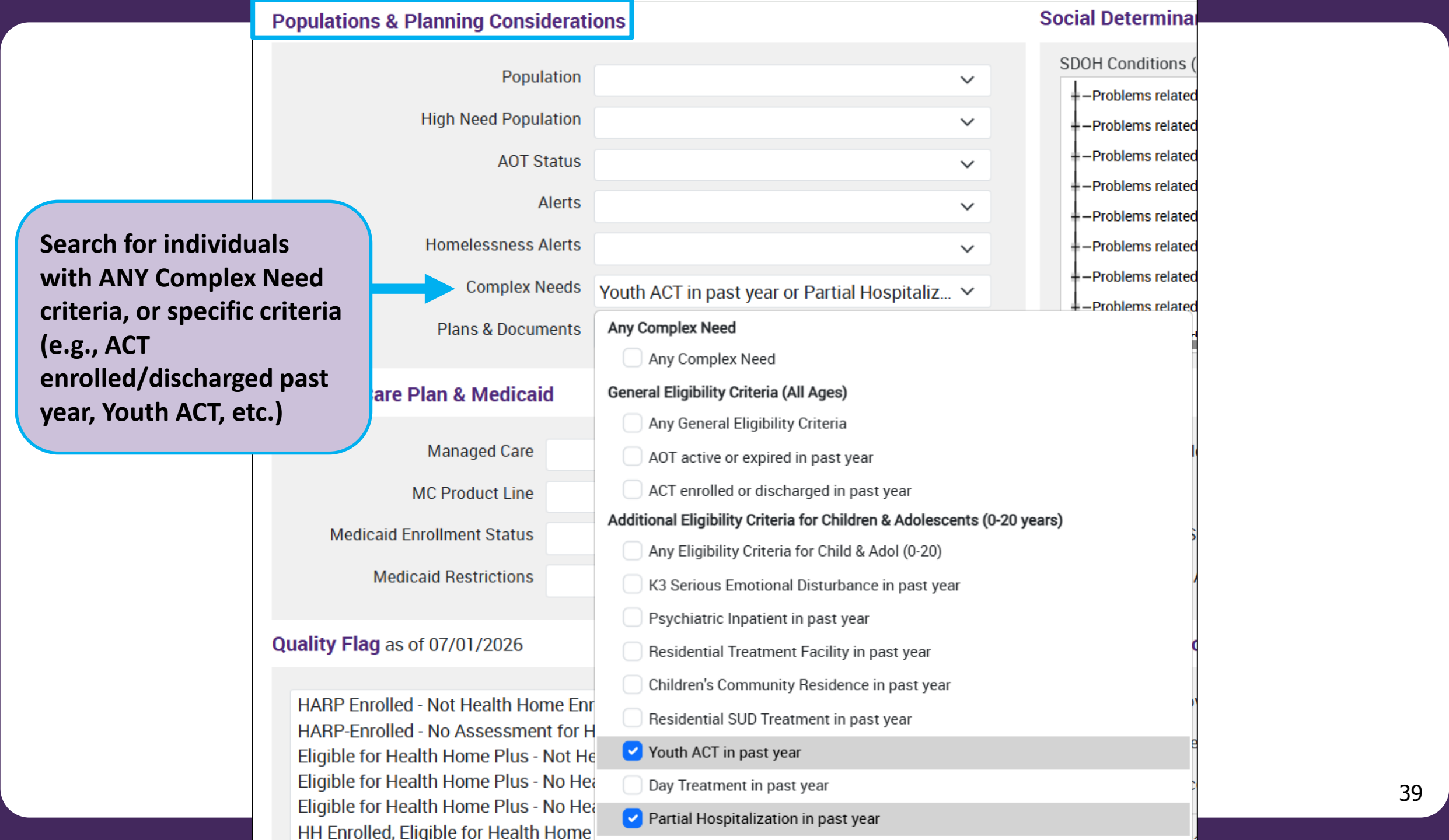
Alerts
melessness Alerts
Complex Needs
lans & Documents
& Medicaid
Managed Care
MC Product Line
Medicaid Enrollment Status
Medicaid Restrictions
Quality Flag as of 07/01/2026
HARP Enrolled - Not Health Home Enr
HARP-Enrolled - No Assessment for H
Eligible for Health Home Plus - Not He
CORE Eligible (Community Oriented Recovery and Empowerment)
Homeless in past 6 months with DOH SMI in past year
High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%
High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%
OnTrackNY Early Psychosis Program : Enrolled
OnTrackNY Early Psychosis Program : Discharged < 3 years
OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years
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
AOT - Active Court Order
AOT - Expired < 6 months
AOT - Expired < 12 months
ACT - Enrolled
ACT - Discharged < 12 months
3+ Inpt MH < 13 months
Search for clients who are likely eligible for HFW services, received SOS or CTI services, are ACT enrolled or discharged, etc.


Populations & Planning Considerations
Population
High Need Population
AOT Status
Alerts
Homelessness Alerts
Complex Needs
Plans & Documents
Search for clients with a history of suicide attempts, ideations, or opioid overdose by using the "Alerts" filter
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
Managed Care Plan & Medicaid
Managed Care
MC Product Line
Medicaid Enrollment Status
Medicaid Restrictions
Quality Flag as of 07/01/2026
HARP Enrolled - Not Health Home Enr
HARP-Enrolled - No Assessment for H
Eligible for Health Home Plus - Not He

Search for homelessness alerts such as: Any, Shelter, Outreach, Unsheltered past 1 year, etc. Select up to 4 alerts per search.





Search for individuals with ANY Complex Need criteria, or specific criteria (e.g., ACT enrolled/discharged past year, Youth ACT, etc.)

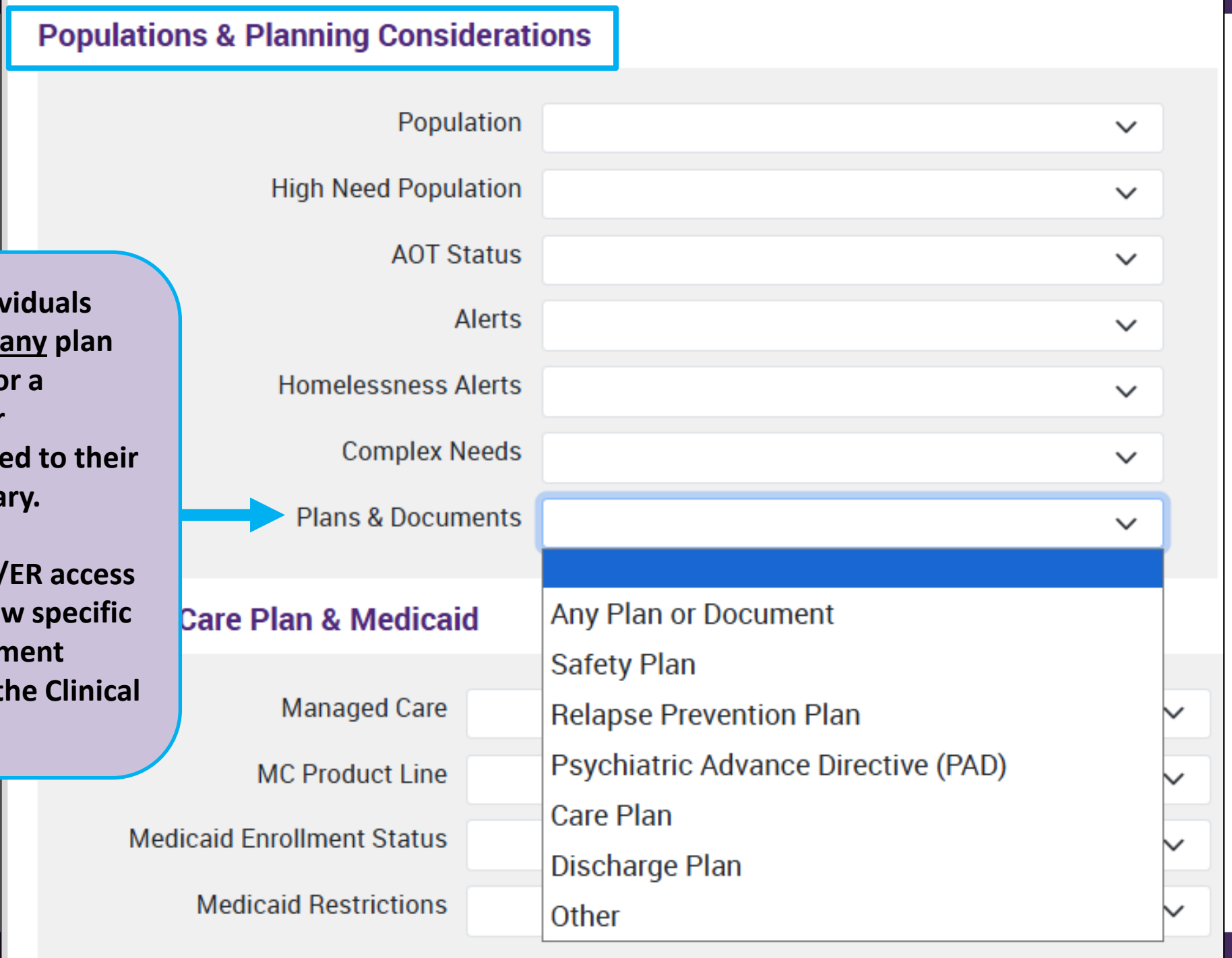
Complex Needs Criteria

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

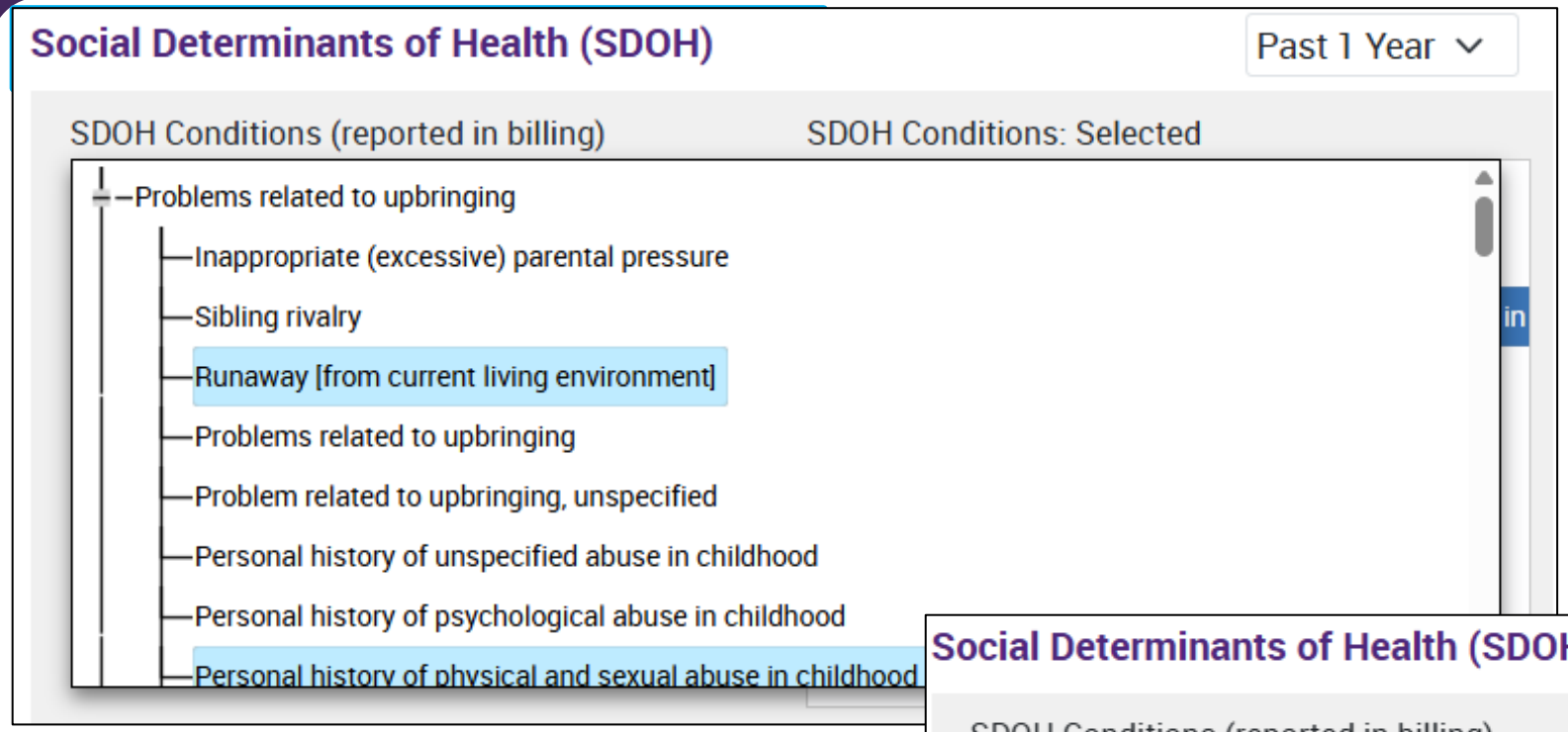
Additional Criteria C&A (0-20 Years)

- 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

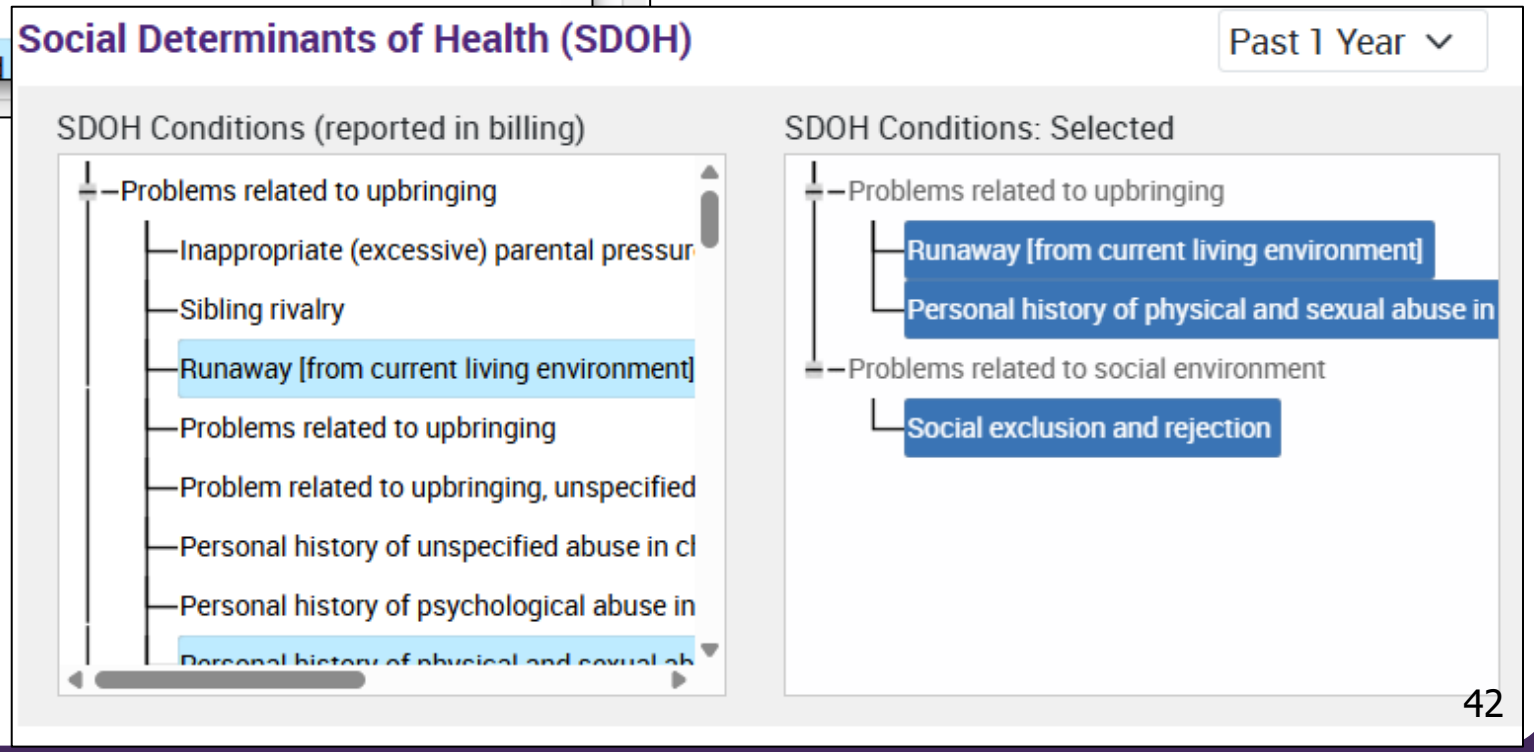


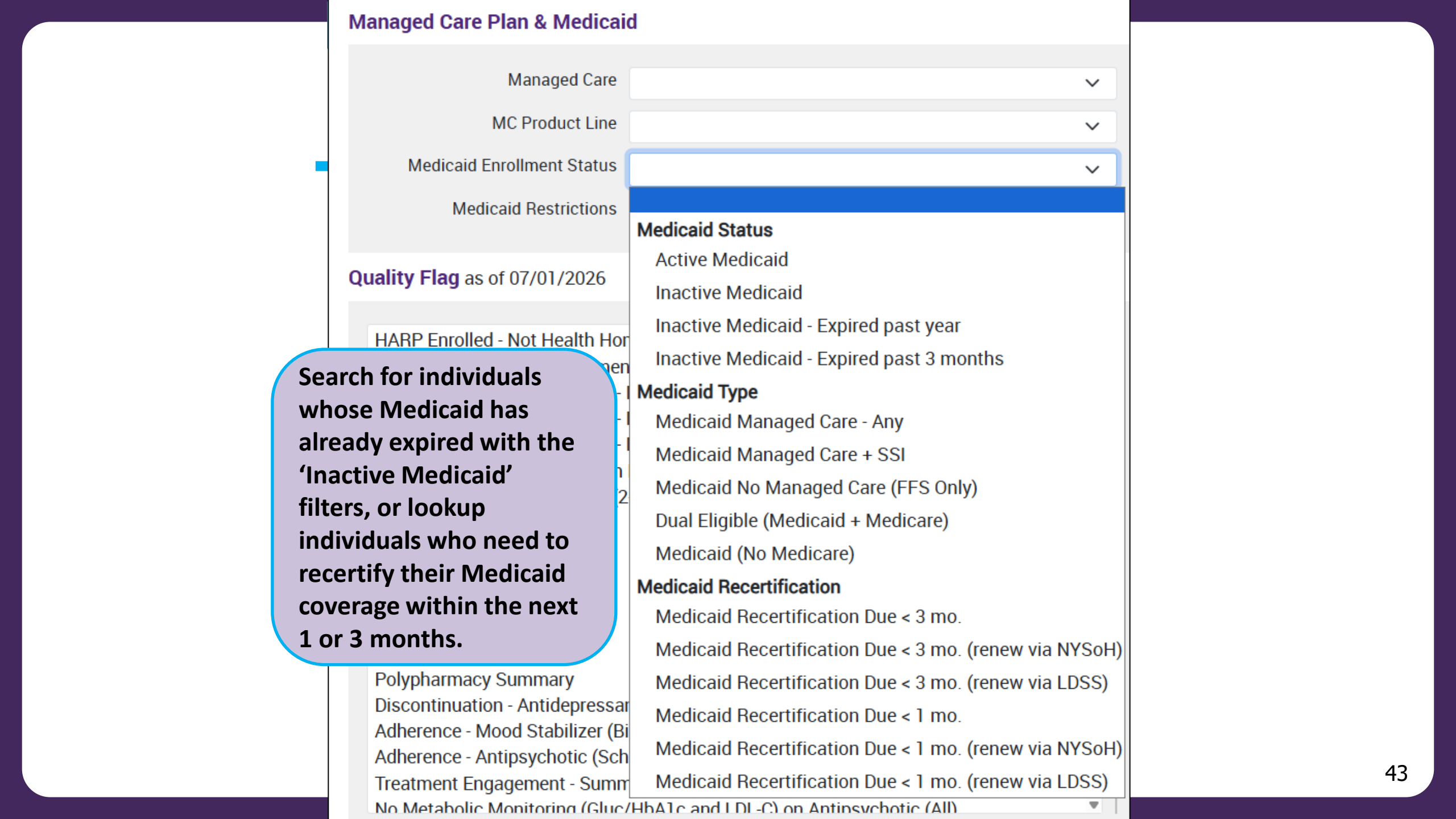
Search for individuals who have had <u>any</u> plan or document, or a <u>specific</u> plan or document added to their Clinical Summary.

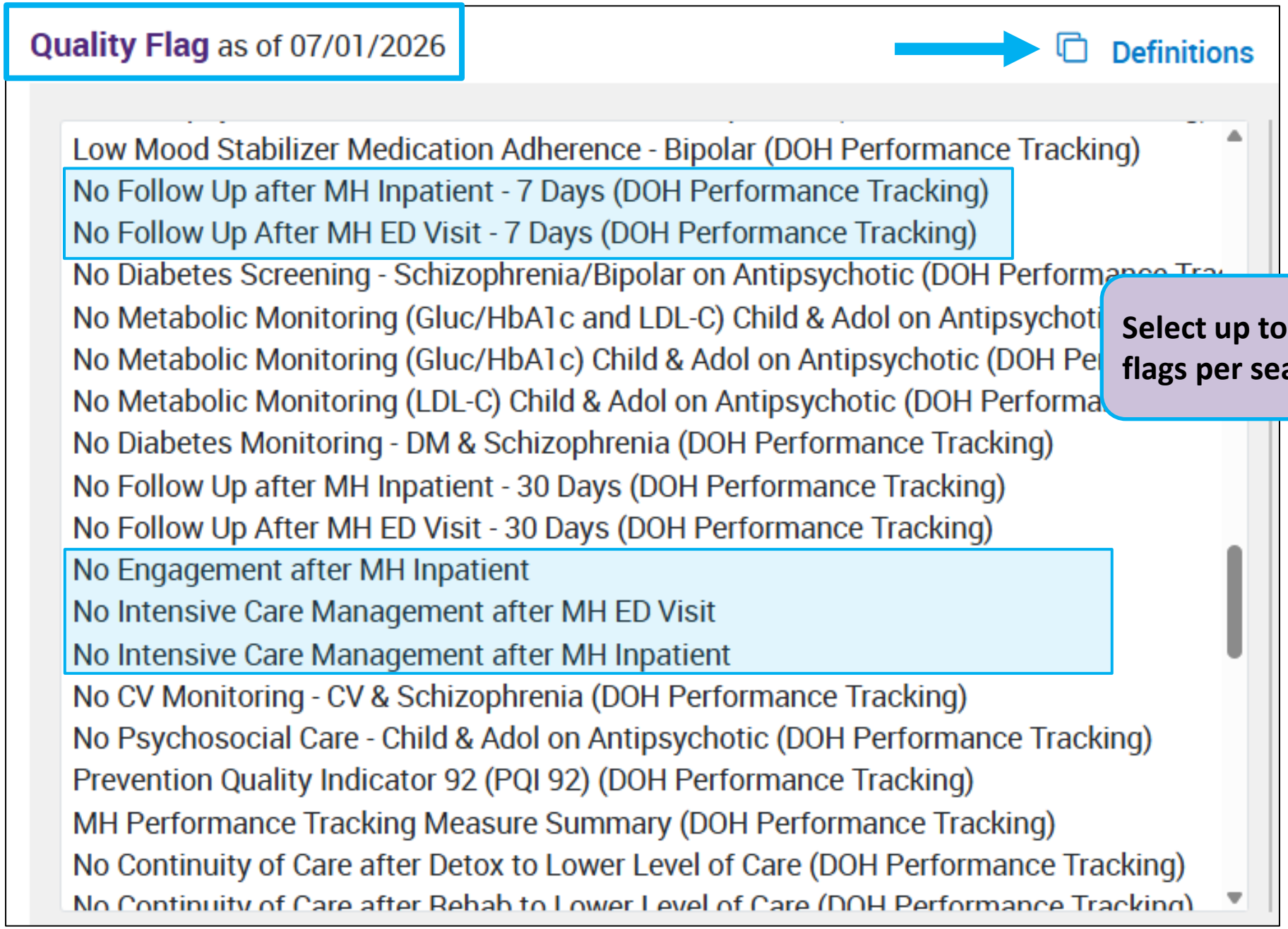
Note: Consent/ER access required to view specific plan and document details within the Clinical Summary.

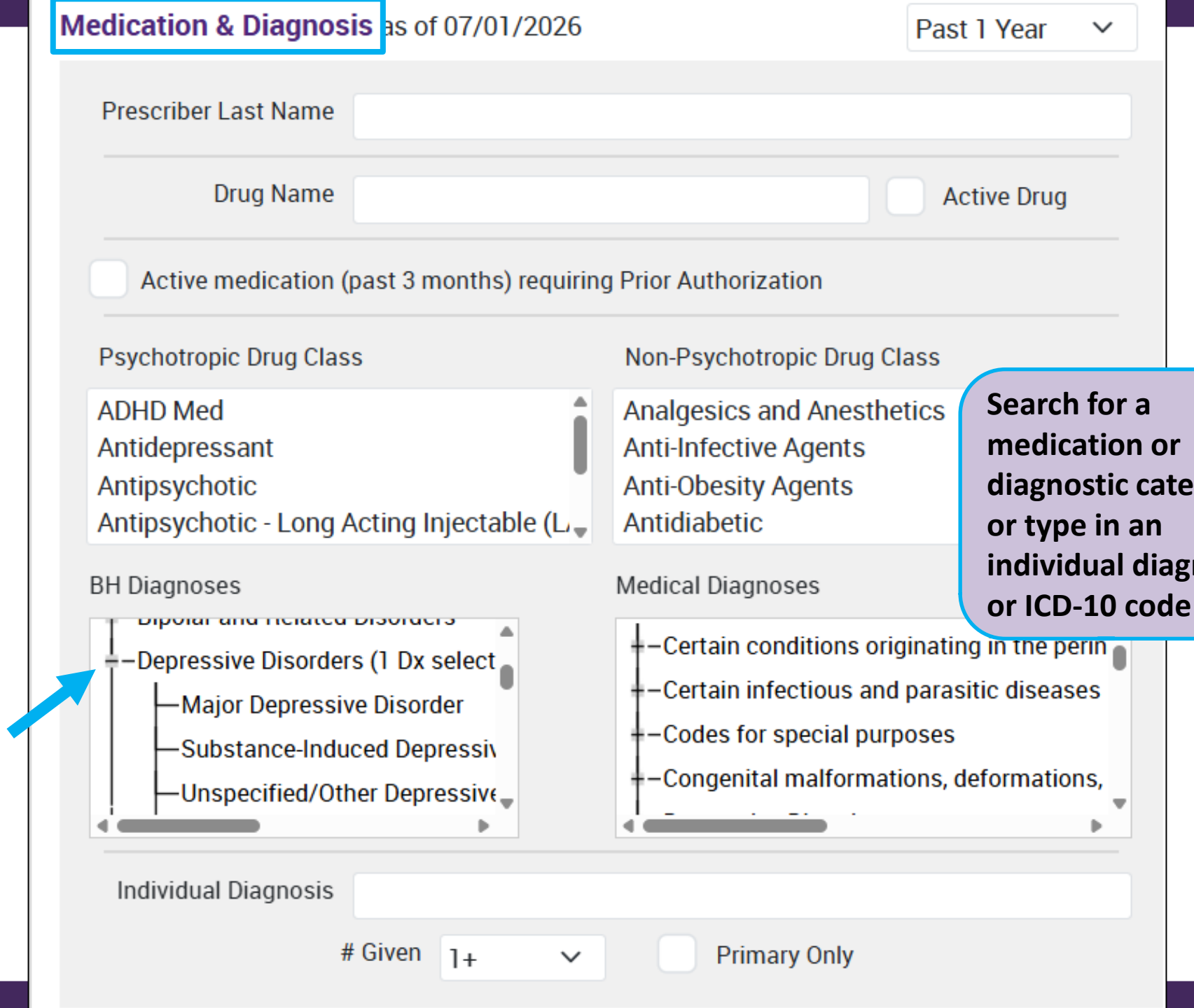


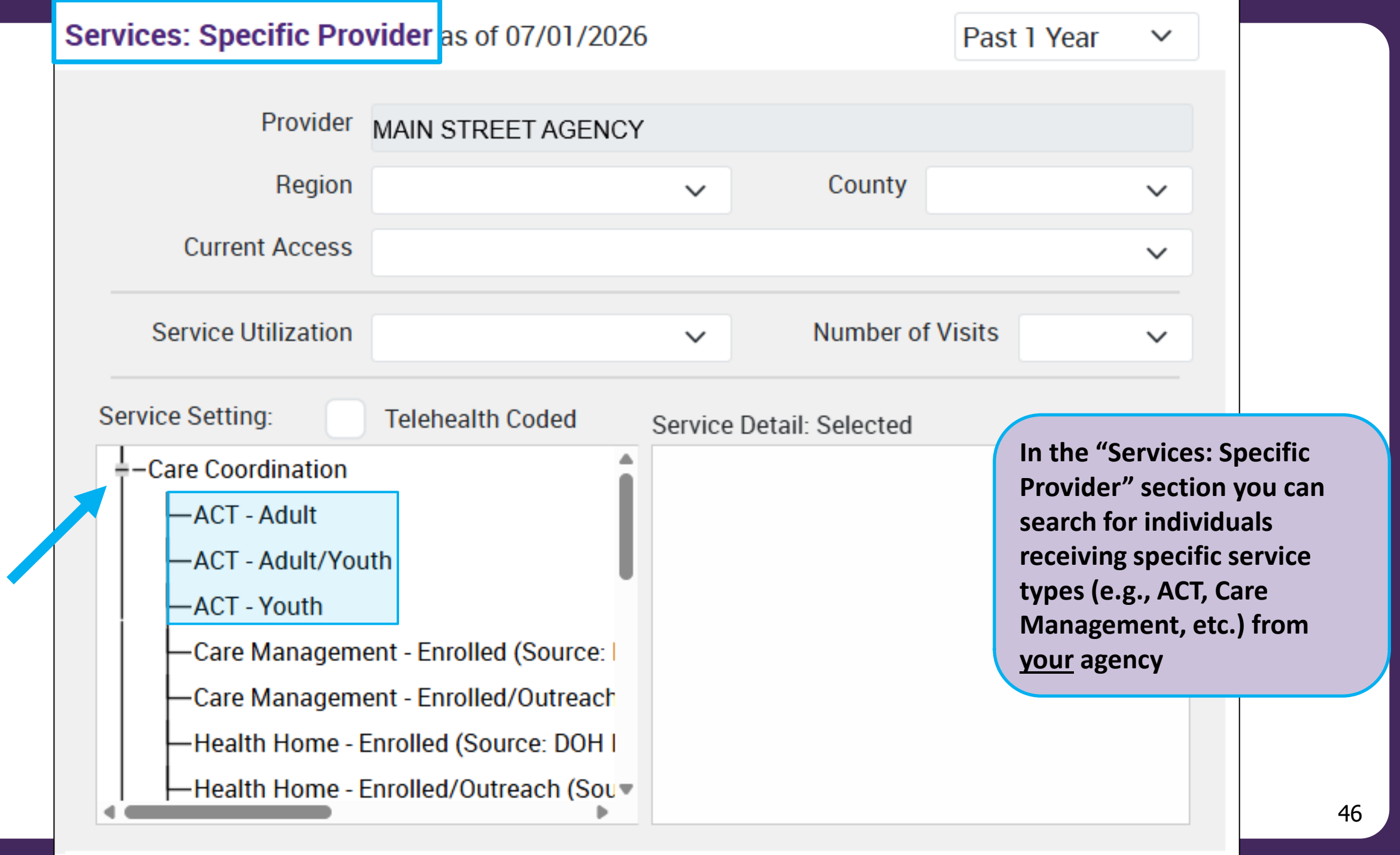
Select a domain category or expand the domain category to select a specific SDOH condition within that domain (up to 4 different SDOH filters can be selected at one time)

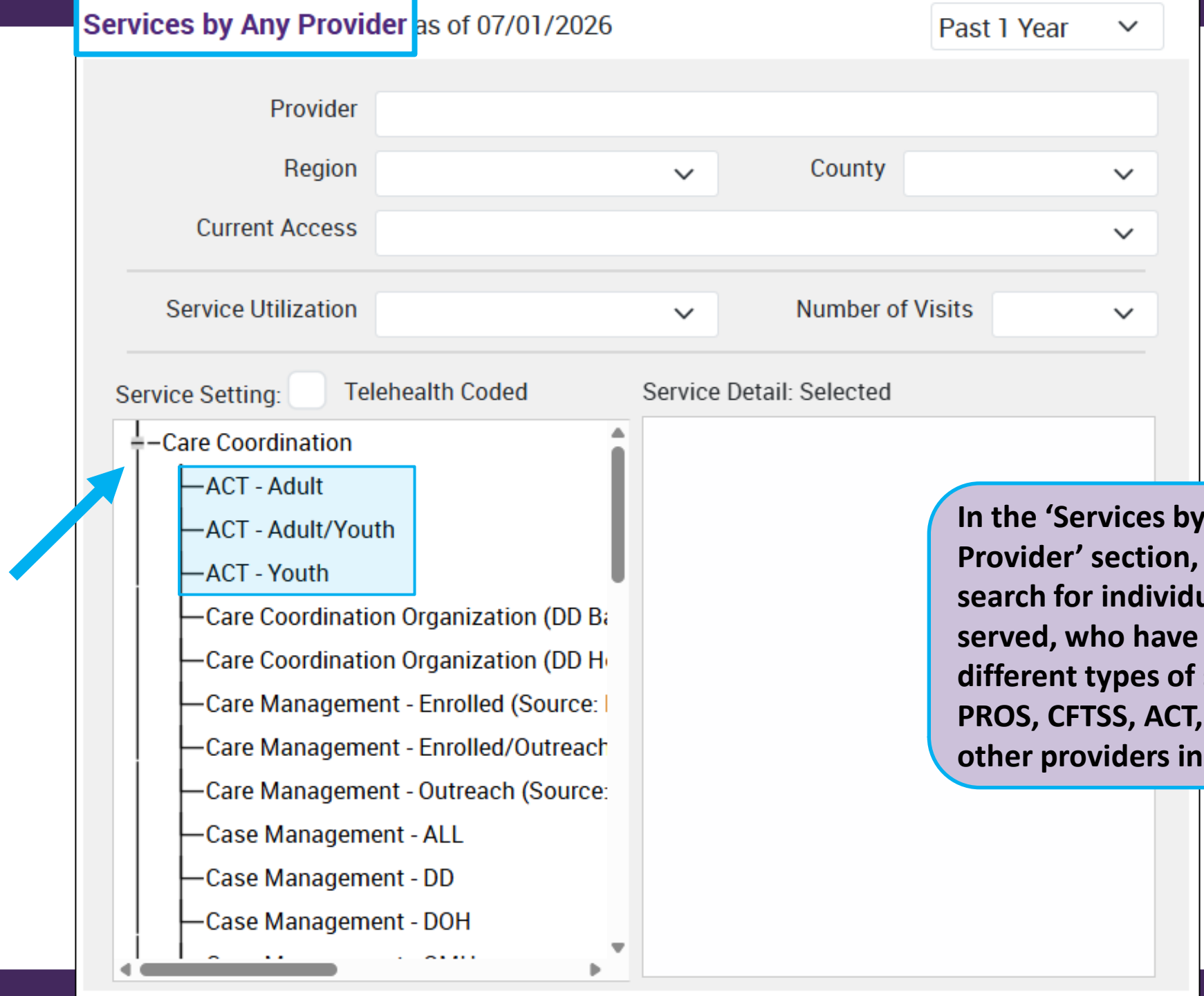



Managed Care Plan & Medicaid
Managed Care
MC Product Line
Medicaid Enrollment Status
Medicaid Restrictions
Medicaid Status
Active Medicaid
Inactive Medicaid
Inactive Medicaid - Expired past year
Inactive Medicaid - Expired past 3 months
Medicaid Type
Medicaid Managed Care - Any
Medicaid Managed Care + 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)
Quality Flag as of 07/01/2026
Polypharmacy Summary
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.

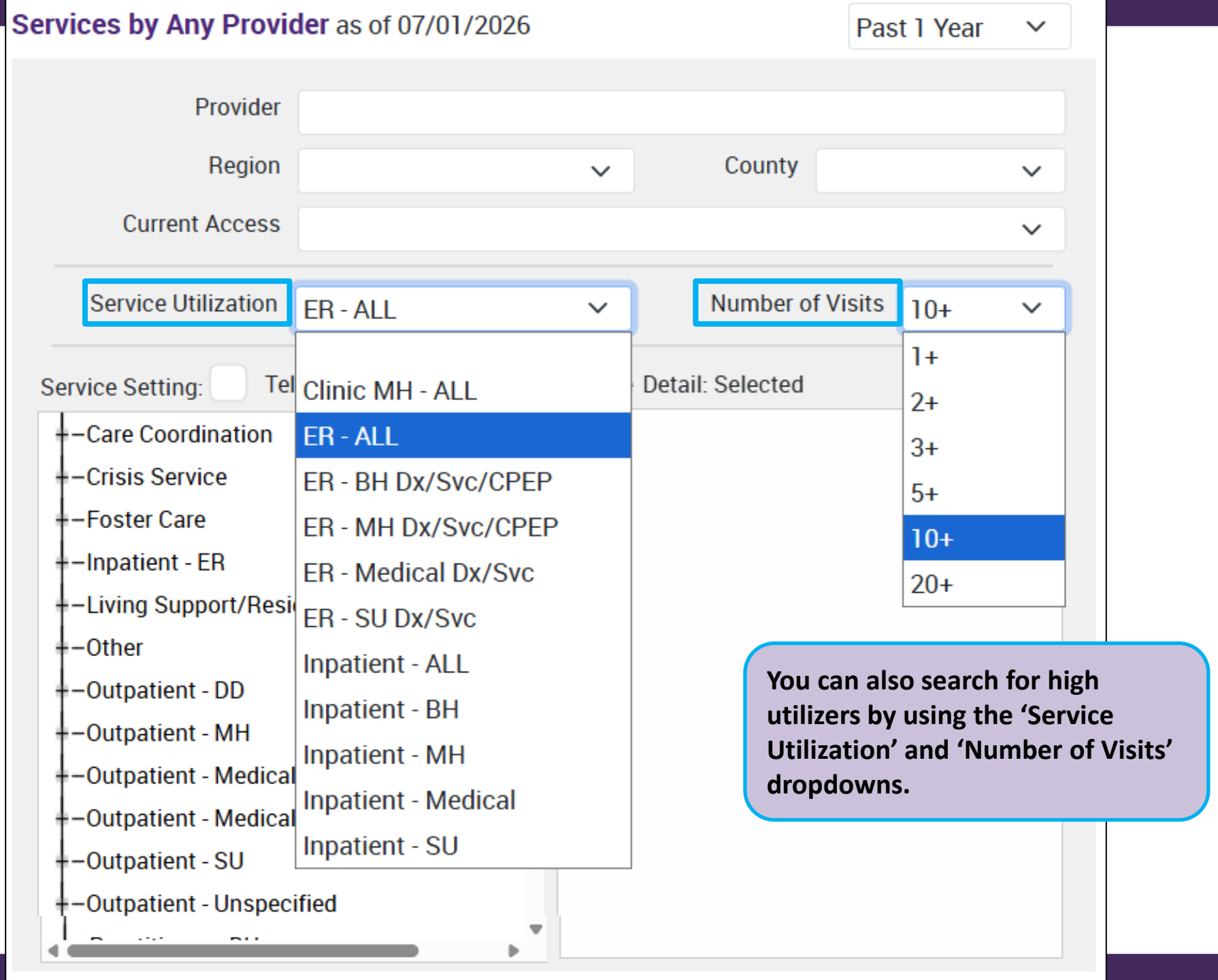

Quality Flag as of 07/01/2026
Definitions
Low Mood Stabilizer Medication Adherence - Bipolar (DOH Performance Tracking)
No Follow Up after MH Inpatient - 7 Days (DOH Performance Tracking)
No Follow Up After MH ED Visit - 7 Days (DOH Performance Tracking)
No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic (DOH Performance Tra
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) Child & Adol on Antipsychoti
No Metabolic Monitoring (Gluc/HbA1c) Child & Adol on Antipsychotic (DOH Pe
No Metabolic Monitoring (LDL-C) Child & Adol on Antipsychotic (DOH Performa
No Diabetes Monitoring - DM & Schizophrenia (DOH Performance Tracking)
No Follow Up after MH Inpatient - 30 Days (DOH Performance Tracking)
No Follow Up After MH ED Visit - 30 Days (DOH Performance Tracking)
No Engagement after MH Inpatient
No Intensive Care Management after MH ED Visit
No Intensive Care Management after MH Inpatient
No CV Monitoring - CV & Schizophrenia (DOH Performance Tracking)
No Psychosocial Care - Child & Adol on Antipsychotic (DOH Performance Tracking)
Prevention Quality Indicator 92 (PQI 92) (DOH Performance Tracking)
MH Performance Tracking Measure Summary (DOH Performance Tracking)
No Continuity of Care after Detox to Lower Level of Care (DOH Performance Tracking)
No Continuity of Care after Rehab to Lower Level of Care (DOH Performance Tracking)
Select up to 4 quality flags per search


Medication & Diagnosis
as of 07/01/2026
Past 1 Year
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
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,
Individual Diagnosis
Given
1+
Primary Only
Search for a medication or diagnostic category, or type in an individual diagnosis or ICD-10 code


Services: Specific Provider
as of 07/01/2026
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
ACT - Adult
ACT - Adult/Youth
ACT - Youth
Care Management - Enrolled (Source:
Care Management - Enrolled/Outreach
Health Home - Enrolled (Source: DOH
Health Home - Enrolled/Outreach (Sou
In the "Services: Specific Provider" section you can search for individuals receiving specific service types (e.g., ACT, Care Management, etc.) from your agency



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


Services by Any Provider as of 07/01/2026
Past 1 Year
Provider
Region
County
Current Access
Service Utilization
ER - ALL
Number of Visits
10+
Service Setting:
Tel
Detail: Selected
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+
Care Coordination
Crisis Service
Foster Care
Inpatient - ER
Living Support/Resi
Other
Outpatient - DD
Outpatient - MH
Outpatient - Medical
Outpatient - Medical
Outpatient - SU
Outpatient - Unspecified
You can also search for high utilizers by using the 'Service Utilization' and 'Number of Visits' dropdowns.

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

Modify Search

271 Recipients Found

View: Standard

PDF Excel

	[Provider Specific] Provider	MAIN STREET AGENCY
AND	[Provider Specific] Service Setting:	ACT - Adult

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	RVQtOT6nMF6	MD2lMDYlM9AmMQ	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	Qr6pN9YmNEl	MD6lM92lMTavMQ	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	RVarNTapNa6	MTIlM9ElMTarOQ	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

Modify Search

11 Recipients Found

View: Standard

PDF Excel

	[Provider Specific] Provider	MAIN STREET AGENCY
AND	[Provider Specific] Service Setting:	ACT - Youth

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 MaI	MDUIMTUI M9AnMA			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

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!

Modify Search

PDF Excel

[Provider Specific] Provider

AND [Provider Specific] Service S

um Number of Rows Displayed: 50

1

Name (Gender - Age) | Medi | Current PHI Access

QUbLRUvTLA TEFZTEE TQ KEY LQ MTIf | RbAs | s, High rt, 95) | No Access Enable Access

QanBSqVXSEbUTUzSRS m REFWSUQ KEq LQ MTYf | RVA | s, High Alert lcmt | No Access Enable Access

QqFSTFNPT8m RqFCUabFTA S6 KEq LQ MTEf | RbAs | s, High cation | No Access Enable Access

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

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 OMH database, 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

Recipient Search

VE7PTVBTTqui QqFSTFbMRQ

As of 8/17/2026 Data sources

PDF

Brief Overview | Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)
Address: M9ImMQ SEVNUFNURUFE VFVSTbBJSqU, RUFTVA TUVBREzX, Tba, MTErNTQ

Medicaid ID: QrEqOTYnOUq Medicare: No
Managed Care Plan: No Managed Care(FFS Only)
MC Plan Assigned PCP : N/A

HARP Status: Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)
HARP HCBS Assessment Status: N/A
Medicaid Eligibility Expires on: 08/31/2026

Current Care Coordination

ACT	CREEDMOOR PSYCHIATRIC CENTER (Admission Date: 08-MAY-25) Main Contact : Stuart Knibb
Housing/Residential Program	Congregate Treatment Model, Polaris House TPP, Creedmoor Psychiatric Center (Admission Date: 13-JAN-26) Program Contact Information : Kirat Bal, (718)-264-3618

Notifications

Complex Needs due to	ACT enrolled or discharged in past year , Homeless in past 6 months + SMI , State PC Inpatient Discharge < 12 months
High Mental Health Need due to	ACT enrolled or discharged in past year ; State PC Inpatient Discharge < 12 months
Mobile Crisis (DOHMH)	Elmhurst CPEP Crisis Outreach Team Referral date:08/25/2025 • Source: Internal Referral; Outpatient Department (OPD) Presenting problem(s): Anxiety, Bipolar, Substance Use (Other than or in addition to Alcohol or Opioids) Provisional diagnosis: Bipolar Disorder Case opened: Yes • Status: Closed; Successful Linkage(s)
Medicaid Eligibility Alert	This client must re-certify their Medicaid enrollment through their County Local Department of Social Services (LDSS) (Expiration: 08/31/2026) 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.

Alerts • all available		Most Recent	
2	**Treatment for Suicidal Ideation** (2 ER)	8/6/2026	SOUTH NASSAU COMMUNITIES HSP (ER - Medical)
2	**C-SSRS (Suicide Screen)** (2 C-SSRS)	7/12/2026	CREEDMOOR PSYCHIATRIC CENTER

Social Determinants of Health (SDOH) Past Year - reported in billing

Problems related to employment and unemployment
Unemployment, unspecified

Problems related to housing and economic circumstances
Homelessness unspecified • Problem related to housing and economic circumstances, unspecified

Problems related to other psychosocial circumstances
Problems related to other legal circumstances

Scroll down

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

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 Utilization - Inpt/ER
10+ ER - All Cause • 2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient - MH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH • 4+ Inpatient/ER - Med

Readmission Post-Discharge from any Hospital
All Cause to All Cause • BH to BH • MH to MH

Readmission Post-Discharge from this Hospital(Episode Based)
Readmission (30d) from this Hosp: BH to All Cause • Readmission (30d) from this Hosp: BH to BH • Readmission (30d) from this Hosp: MH to All Cause • Readmission (30d) from this Hosp: MH to MH

Vital Signs Dashboard - Adult (as of 12/01/2025)
Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Readmission (30d) from any Hosp: MH to MH

Diagnoses Past Year

Behavioral Health (4)	**Most Recent**:Alcohol related disorders • Schizoaffective Disorder • Tobacco related disorder • Cannabis related disorders **Most Frequent (# of services)**:Alcohol related disorders(4) • Schizoaffective Disorder(4) • Tobacco related disorder(4) • Cannabis related disorders(4)
Medical (4)	**Most Recent**:Other functional intestinal disorders • Type 2 diabetes mellitus • Disorders of refraction and accommodation • Disorders of lipoprotein metabolism and other lipidemias **Most Frequent (# of services)**:Other functional intestinal disorders(4) • Type 2 diabetes mellitus(4) • Disorders of refraction and accommodation(4) • Disorders of lipoprotein metabolism and other lipidemias(4)

Medications Past Year

	Last Pick Up	
Clozapine (Clozapine) • Antipsychotic	6/2/2026	Dose: 200 MG, 1/day • Quantity: 7
Nebivolol Hcl (Nebivolol Hcl) • Beta Blockers Cardio-Selective	6/2/2026	Dose: 2.5 MG, 1/day • Quantity: 30
Dapagliflozin (Dapagliflozin) • Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	6/1/2026	Dose: 5 MG, 1/day • Quantity: 30
Insulin Glargine (Lantus Solostar) • Insulin	6/1/2026	Dose: 100 UNIT/ML, .2/day • Quantity: 9
Lithium Carbonate (Lithium Carbonate) • Mood Stabilizer	6/1/2026	Dose: 300 MG, 3/day • Quantity: 90
Metformin Hcl (Metformin Hcl) • Biguanides	6/1/2026	Dose: 1000 MG, 2/day • Quantity: 60

Outpatient Providers Past Year

	Last Service Date & Type	
CHIKVASHVILI DANIEL ILYCH	6/5/2026	Physician - Internal Medicine
CREEDMOOR PC ACT	3/31/2026	ACT - Adult
SMITH RICHARD PATRICK	3/5/2026	Physician - Psychiatry (Telehealth)

All Hospital and Crisis Utilization • 5 Years

ER Visits	# Providers	Last ER Visit
9 Medical	2	4/9/2026 at SOUTH NASSAU COMMUNITIES HSP
2 Mental Health	1	3/20/2026 at NASSAU UNIVERSITY MEDICAL CENTER

Inpatient Admissions	# Providers	Last Inpatient Admission
6 Mental Health	5	4/16/2026 at NASSAU UNIVERSITY MEDICAL CTR PSYCH

Crisis Services	# Providers	Last Crisis Service
2 Mobile Crisis - DOHMH	1	8/26/2025 at Elmhurst CPEP Crisis Outreach Team
2 Mobile Crisis - Response	1	8/26/2025 at ELMHURST HOSPITAL CENTER

Safety Plans

	Most Recent	
1 Safety Plan	10/15/2024	CREEDMOOR PSYCHIATRIC CENTER

Brief Overview as of 8/17/2026

Recipient Search

VE7PTVBTTqui QqFSTFbMRQ

As of 8/17/2026 Data sources

PDF EXCEL

Sections

Brief Overview | Full Summary

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

General

Name
VE7PTVBTTqui QqFSTFbMRQ

DOB
XX/XX/XXXX (XX Yrs)

Address
M9ImMQ SEVNUFNURUFE
VFVSTbBJSqU,
RUFTVA TUVBREzX, Tba, MTErNTQ

Medicaid ID
QrEqOTYnOUq

Medicaid Aid Category
MA-SAFETY NET

Medicaid Eligibility Expires on
08/31/2026

Medicare
No

Managed Care Plan
No Managed Care(FFS Only)

MC Plan Assigned PCP
N/A

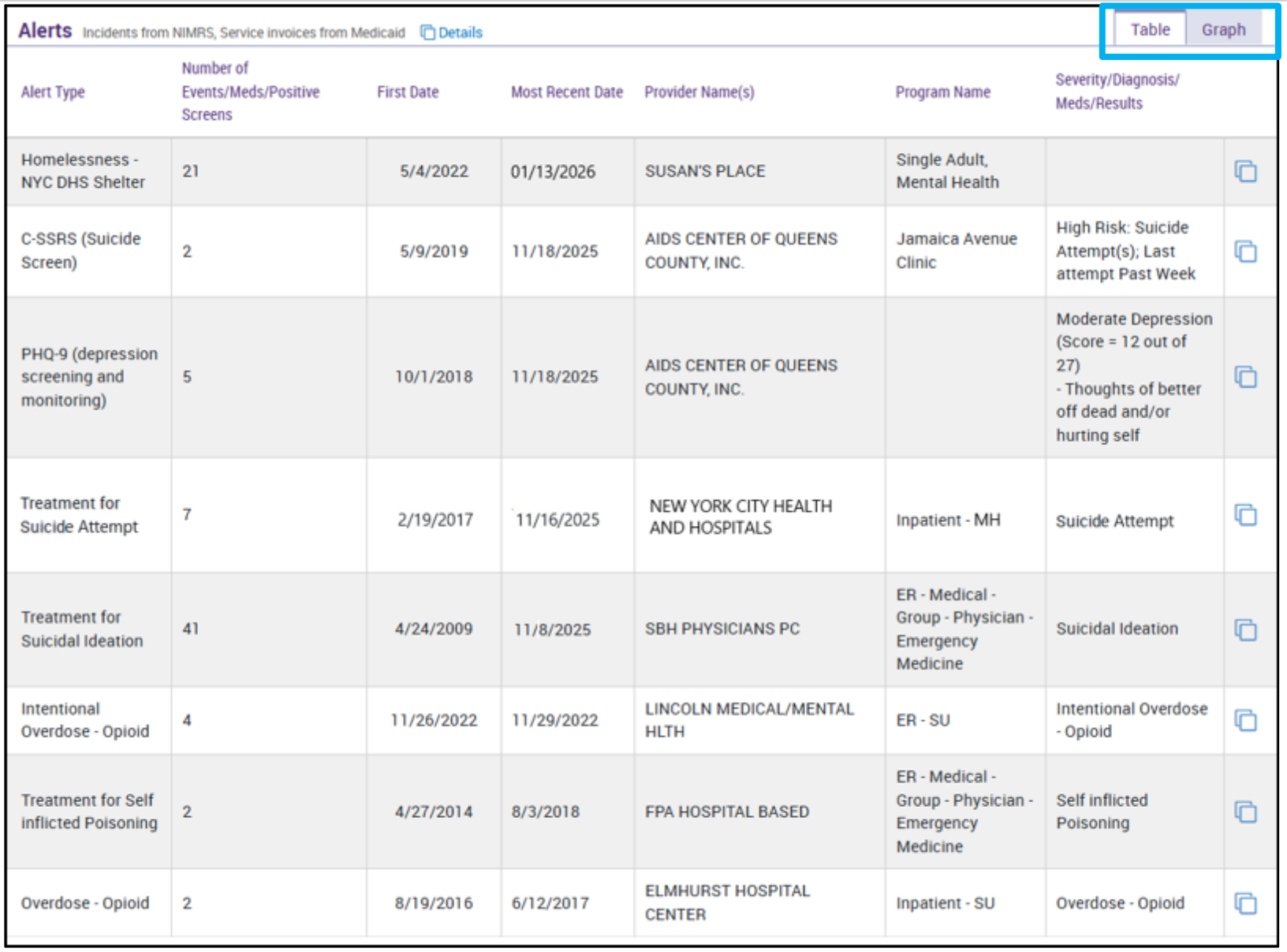
HARP Status
Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

HARP HCBS Assessment Status
N/A

Current Care Coordination

ACT	CREEDMOOR PSYCHIATRIC CENTER (Admission Date: 08-MAY-25) Main Contact : Stuart Knibb
Housing/Residential Program	Congregate Treatment Model, Polaris House TPP: Creedmoor Psychiatric Center (Admission Date: 13-JAN-26) Program Contact Information : Kirat Bal, (718)-264-3618

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

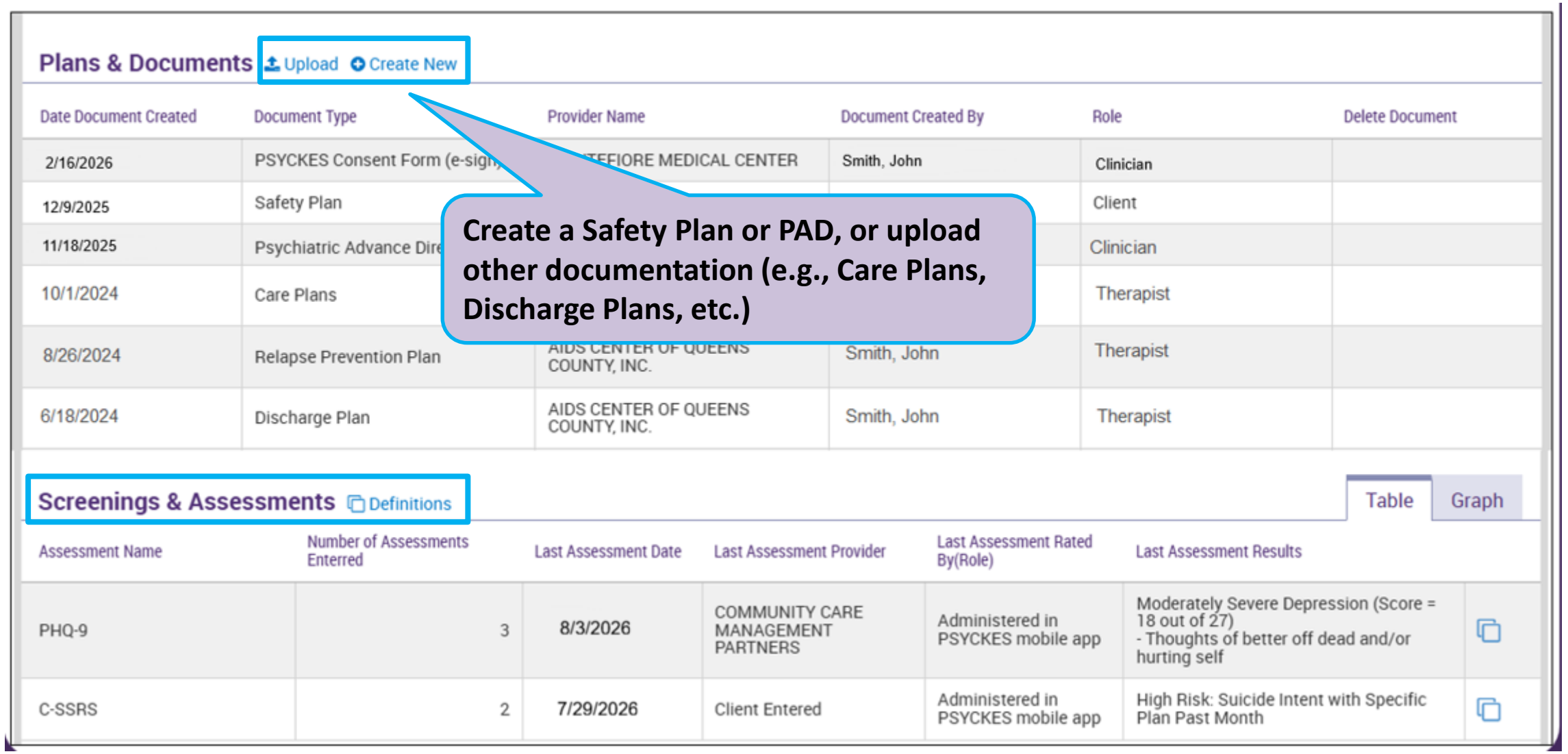
Quality Flags

Quality Flags as of monthly QI report 7/1/2026 Definitions

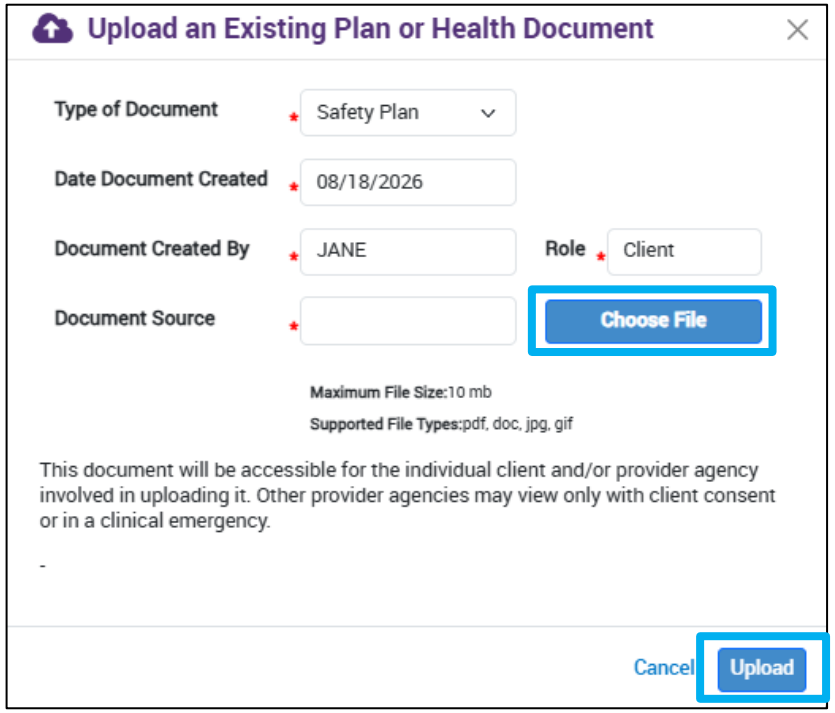
Recent | All (Graph) | All (Table)

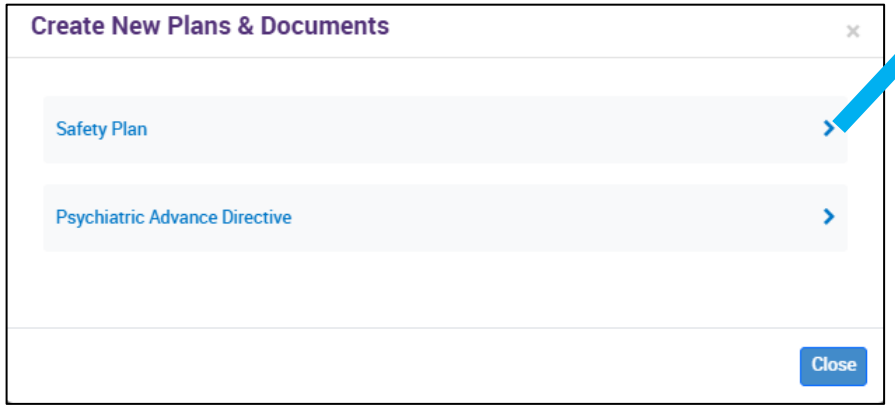
Indicator Set	
BH QARR - Improvement Measure	Discontinuation - Antidepressant <12 weeks (MDE)
Health Home Care Management - Adult	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months • Eligible for Health 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

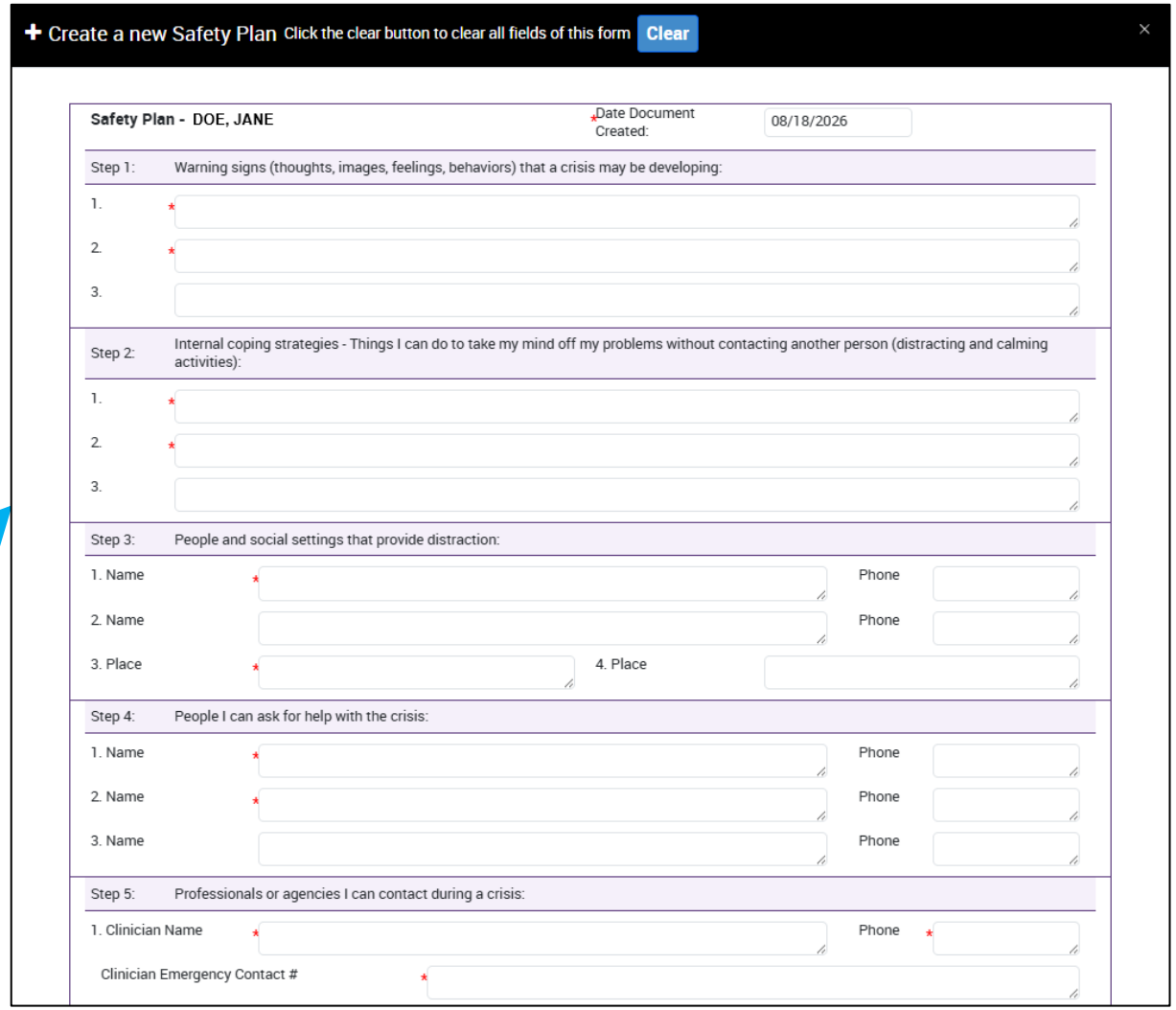
Plans & Documents, Screenings & Assessments



Upload or Create Plans & Documents







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 • Tob… 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 • Uns…cified/Other Personality Disorder • Conduct Disorder

Medical Diagnoses

Primary, secondary, and quality flag-related diagnoses (most frequ…

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

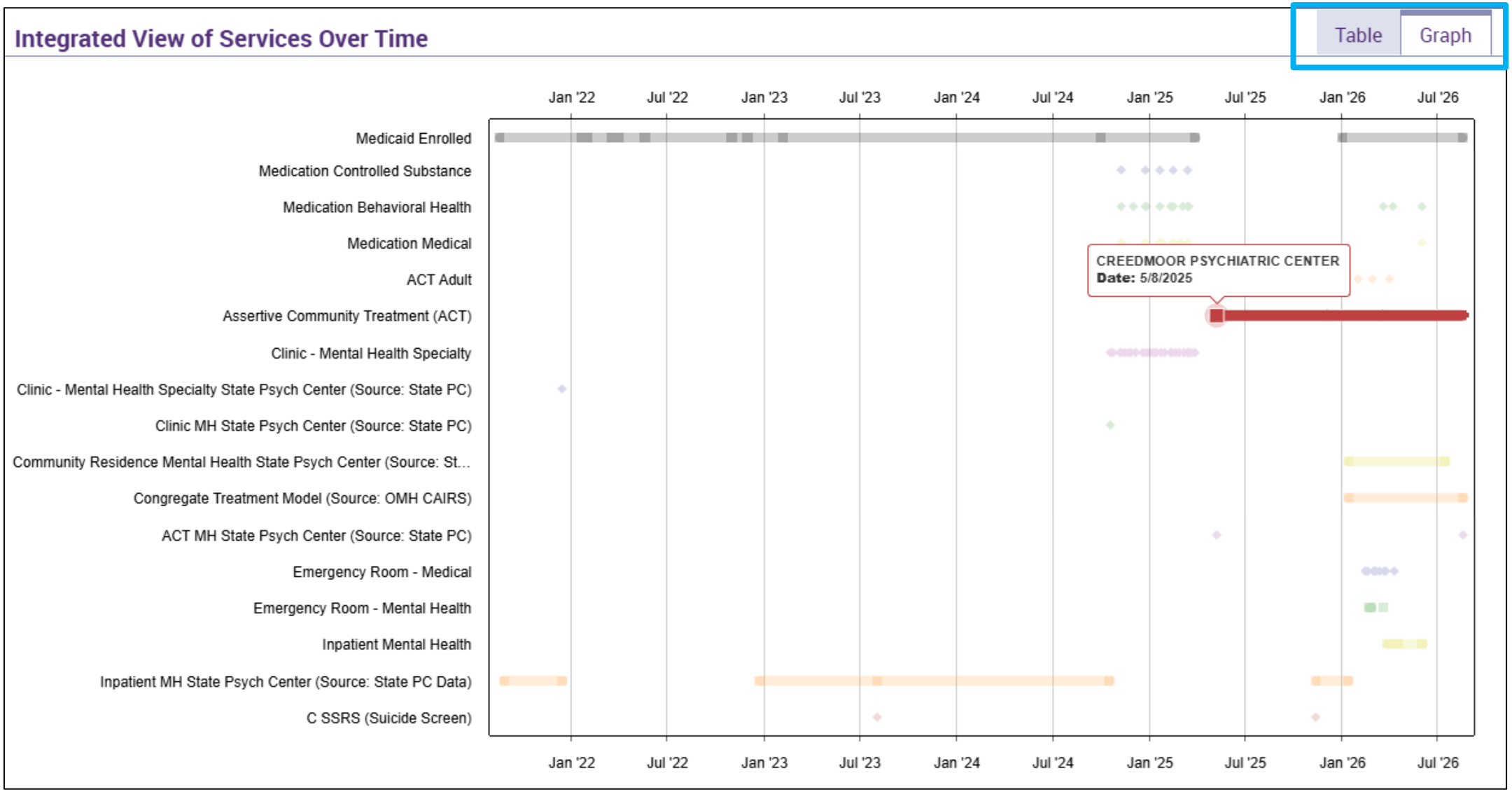
Services provided for the selected Diagnosis:
Schizoaffective Disorder

PDF Excel

Previous 1 2 3 4 5 6 7 8 9 10 … 17 Next

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



Care Coordination (Historical)

Care Coordination

Details

Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	# Bills	Procedure (Most Recent Visit)
Assertive Community Treatment (ACT)	CREEDMOOR PSYCHIATRIC CENTER	7/30/2026	Current	1	
Critical Time Intervention (CTI)	NYC H AND H CTI TEAM 5	6/1/2024	5/12/2025	17	Successful contact: Care Coordination; Family or friend; Phone; Client's place of residence; < 15 Minutes
NYC Jail Based Care (Source: CHS)	NYC Correctional Health Services	10/11/2022	4/10/2024		
Mobile Integration Team (MIT) - State Psych Center (Source: State PC)	CREEDMOOR PC	5/30/2019	3/1/2020	1	
Care Management - State Psych Center (Source: State PC)	CREEDMOOR PC	8/27/2018	4/19/2019	1	

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
Mood Stabilizer	Divalproex Sodium	500 MG , 2/day	1 Month(s)	6/10/2025	6/10/2025
Antipsychotic	Haloperidol Decanoate	100 MG/ML	7 Month(s) 1 Week(s) 1 Day(s)	11/8/2024	5/19/2025

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
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
V	Anticonvulsants - Misc.	Pregabalin	150 MG , 2/day	7 Month(s) 1 Week(s) 6 Day(s)	1/6/2026	7/20/2026

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
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
Anticonvulsants - Misc.	Pregabalin	150 MG , 2/day	7 Month(s) 1 Week(s) 6 Day(s)	1/6/2026	7/20/2026
Central Muscle Relaxants	Cyclobenzaprine Hcl	5 MG , 1/day	3 Month(s) 5 Day(s)	5/14/2026	7/20/2026
Proton Pump Inhibitors	Omeprazole	40 MG , 1/day	8 Month(s) 1 Week(s) 5 Day(s)	1/29/2026	7/13/2026

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)
ACT - Adult	CREEDMOOR PC ACT	4/30/2025	5/31/2026	14		- Assert Comm Tx Pgm Per Diem
Clinic - MH Specialty	CREEDMOOR PSYCHIATRIC CENTER	1/14/2026	4/13/2026	4		- Inj, Invega Sustenna, 1 Mgj
Multi-Type Group - Psychiatry	NORTH SHORE-LIJ MEDICAL PC	7/22/2023	7/22/2023			
Clinic - MH Specialty	TRANSITIONAL SERVICES FOR NY	3/15/2023	3/15/2023			
Clinic - SU - Opioid Treatment Program	ELMHURST HOSPITAL CENTER	7/27/2022	7/27/2022			

All Behavioral Health Services for CREEDMOOR PC ACT Provider

PDF | Excel

First | Previous | 1 | 2 | 3 | 4 | Next | Last

Date of Service/First Visit	Service Type	Provider	Primary, secondary, and quality flag-related diagnoses	Procedures	Practitioner
4/30/2026	ACT - Adult	CREEDMOOR PC ACT		Assert Comm Tx Pgm Per Diem	Jane Smith
3/31/2026	ACT - Adult	CREEDMOOR PC ACT		Assert Comm Tx Pgm Per Diem	Jane Smith
2/28/2026	ACT - Adult	CREEDMOOR PC ACT		Assert Comm Tx Pgm Per Diem	Jane Smith
1/5/2026	ACT - Adult	CREEDMOOR PC ACT		Assert Comm Tx Pgm Per Diem	Jane Smith
12/31/2025	ACT - Adult	CREEDMOOR PC ACT		Assert Comm Tx Pgm Per Diem	Jane Smith

Outpatient Medical Services

Medical Outpatient Services

Details | Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)
Clinic - Medical Specialty	BRONXCARE HOSPITAL CENTER	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	E&A MEDICAL SOLUTIONS LLC	7/10/2024	7/10/2024	1	Other chronic pain	- Office O/P New Low 30 Min
Nurse Practitioner	POLIMENI PAT EMILIE MERECIDO	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 Rcrd, Prev Visit Est Age 18-39, Pure Tone Hearing Test Air, Visual Acuity Screen, Weight Mgmt Class
Urgent Care - Medical Dx	MODERN PHYSICIAN SERVICES PC	11/21/2022	11/21/2022	1		- Office O/P New Mod 45 Min
Physician - Unspecified	ZHANG XIAO	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

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Previous 1 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

When would it be most useful in your workflow to review the Clinical Summary?

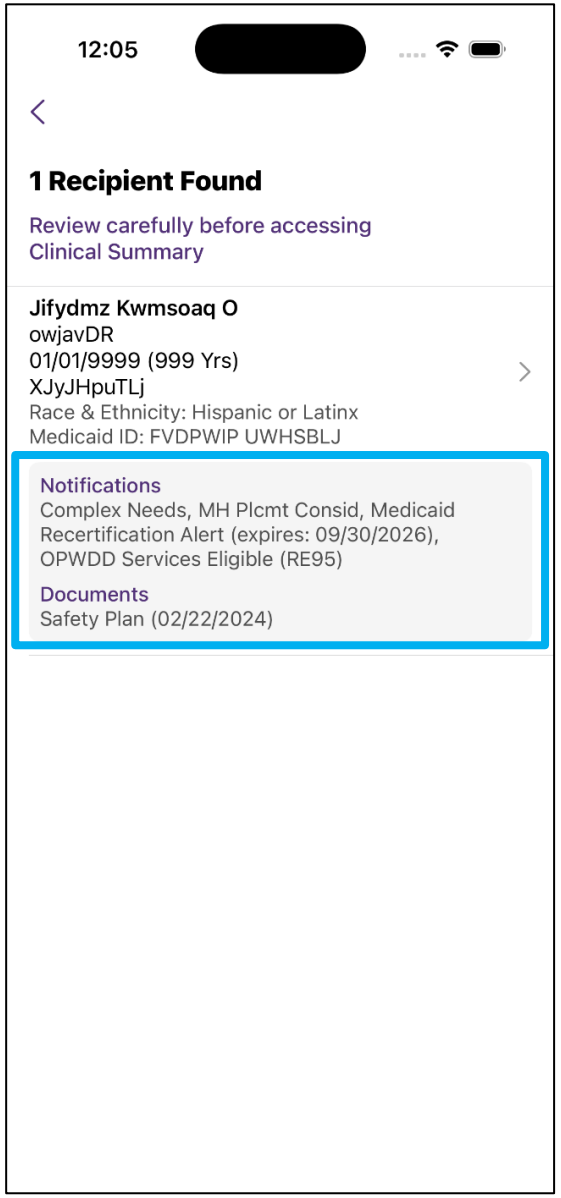
PSYCKES Mobile Application

PSYCKES Mobile App

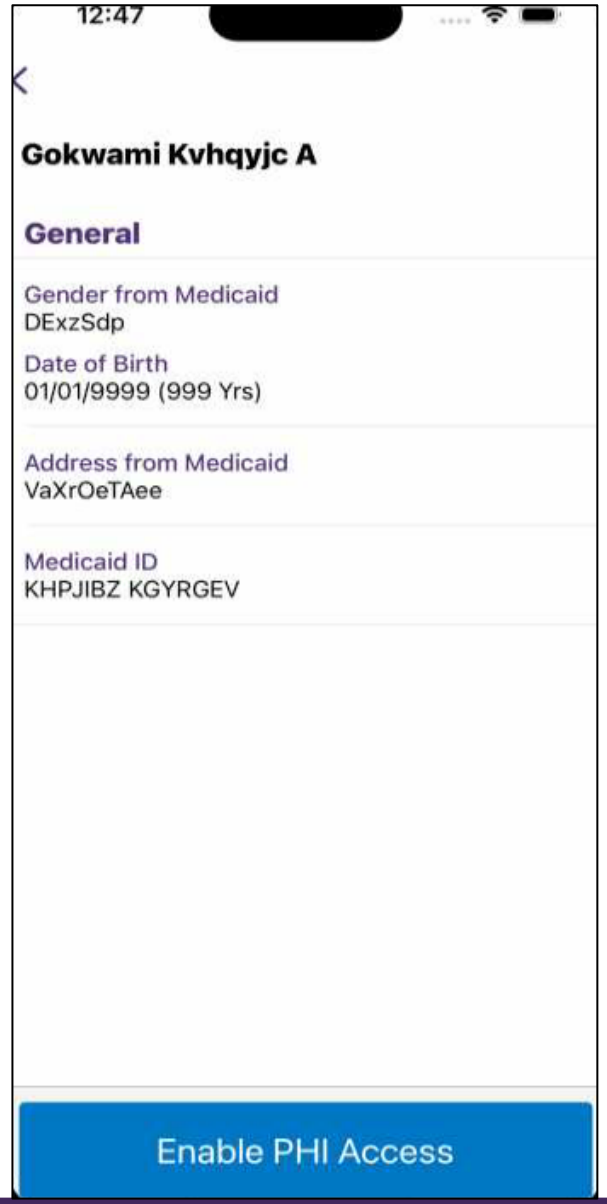
- The PSYCKES mobile application is designed for mobile workers to rapidly pull up treatment histories to help individuals in crisis or those receiving community-based care

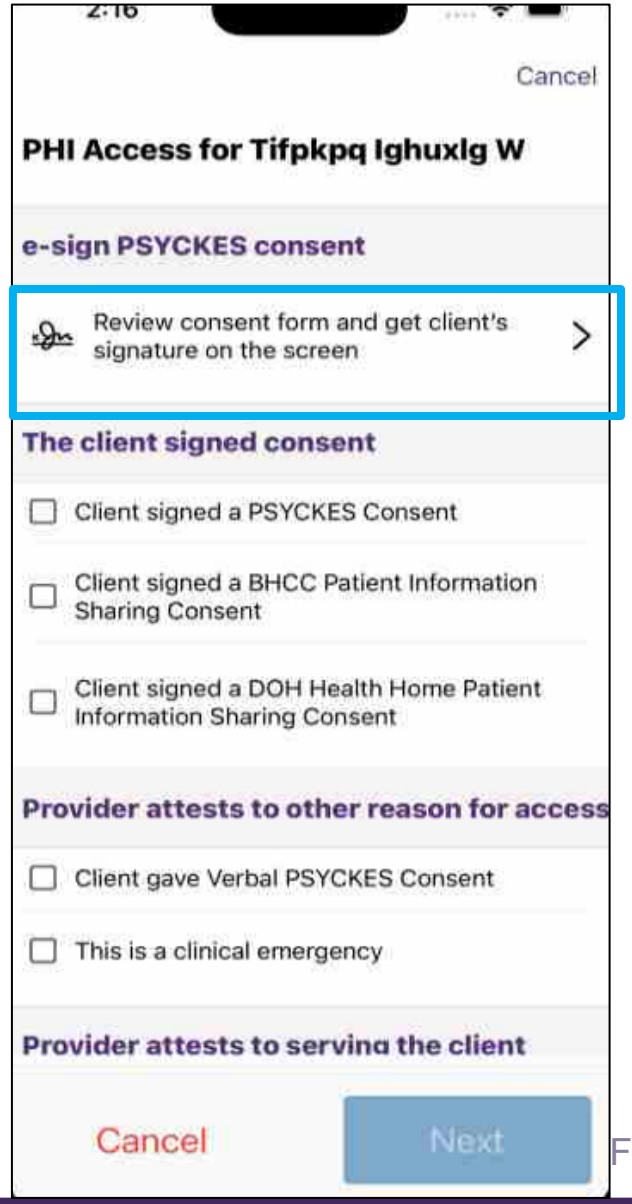
- The app allows users to search for clients while out in the field and view care coordination contact information, outpatient and inpatient services utilization, medication information, and more
- Enable consent (including e-signed consent!) or emergency access as needed
- Access recently viewed clients easily without having to re-enter search criteria
- Complete Safety Plans or C-SSRS/PHQ-9 from field
- Free in the iOS App Store and Android Google Play Store

Planning Considerations

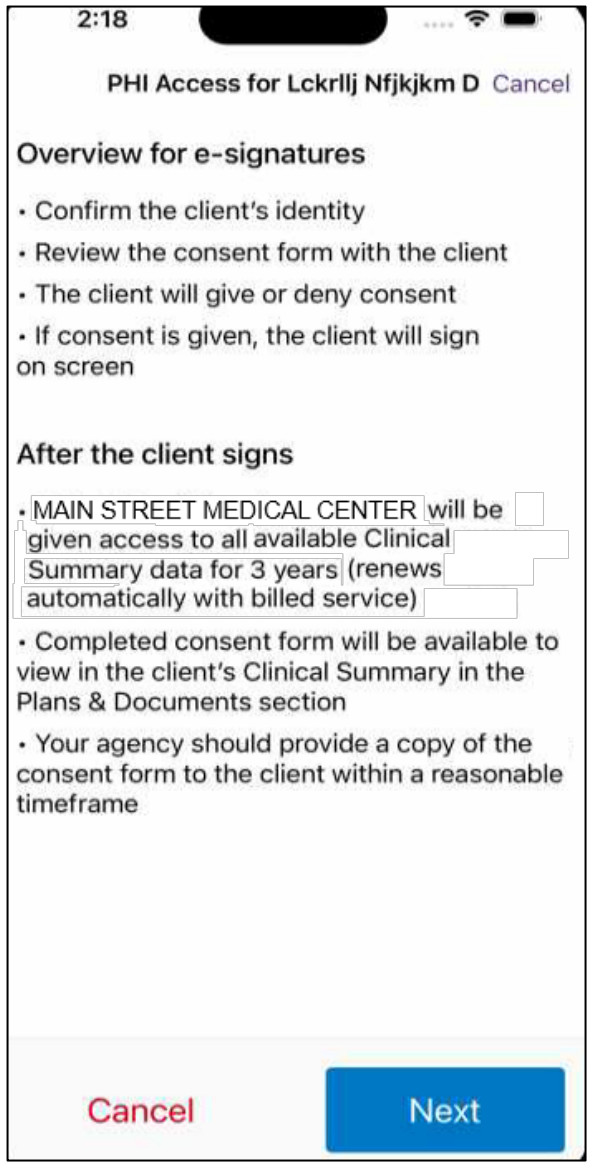


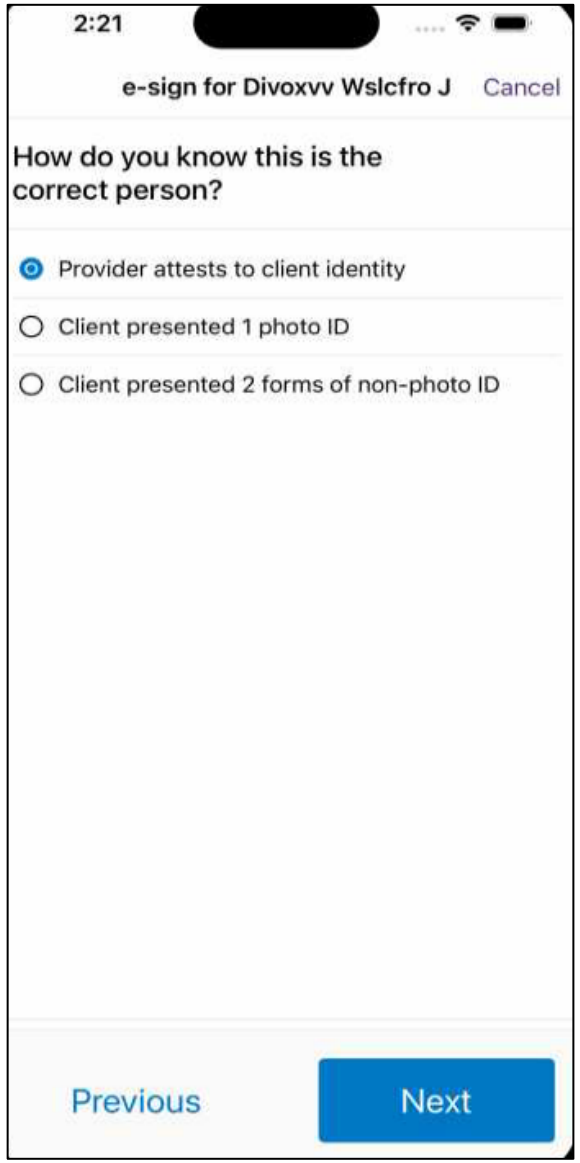
E-Sign PSYCKES Consent (1 of 4)

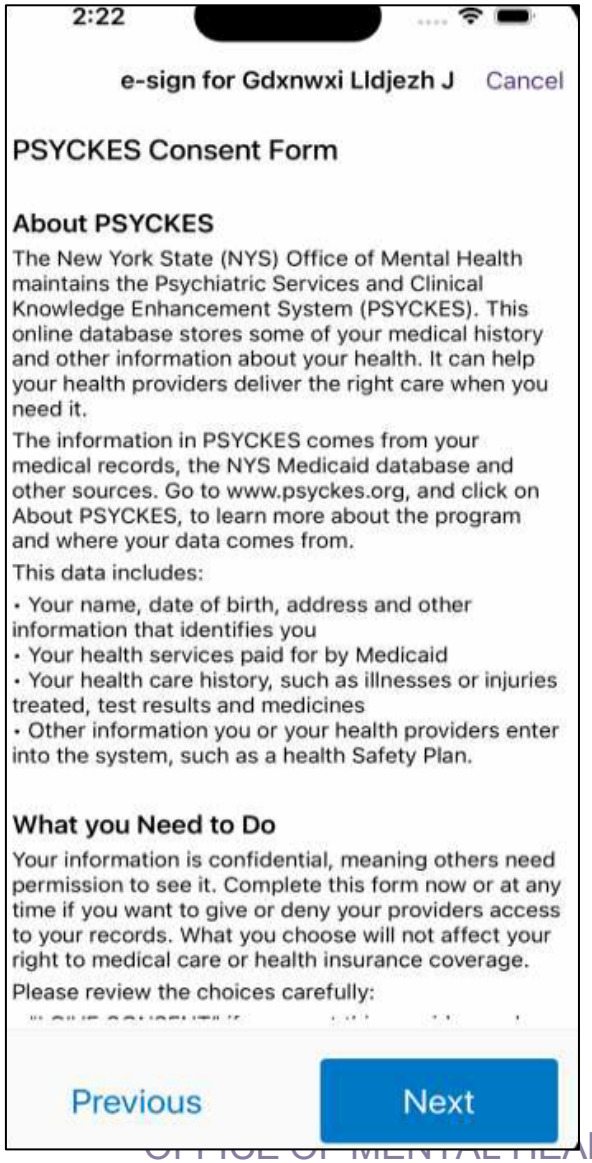




E-Sign PSYCKES Consent (2 of 4)







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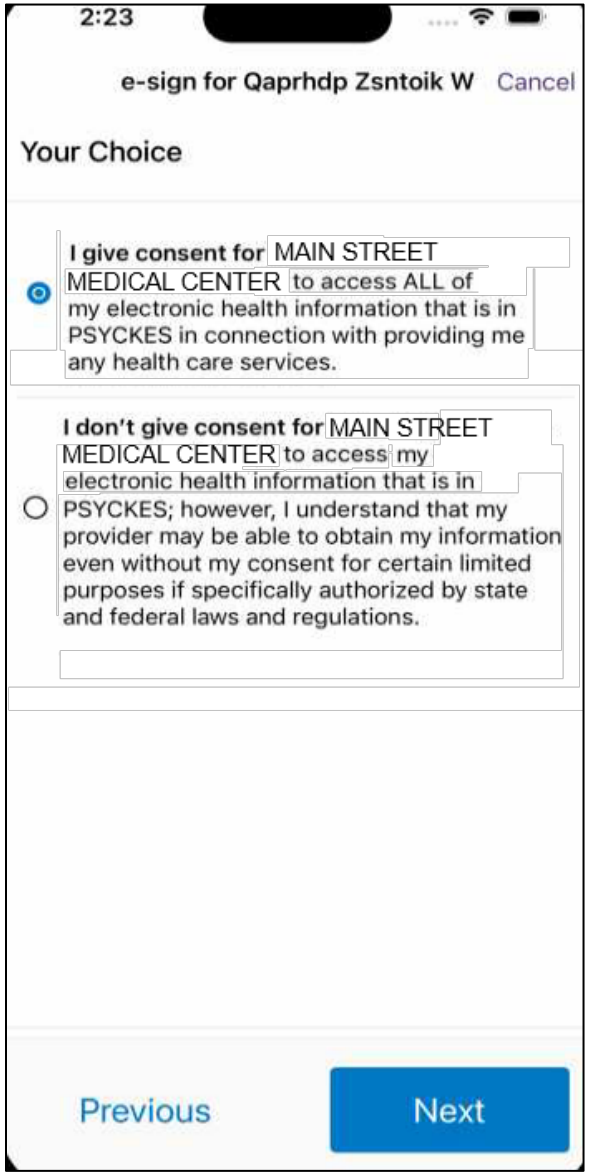

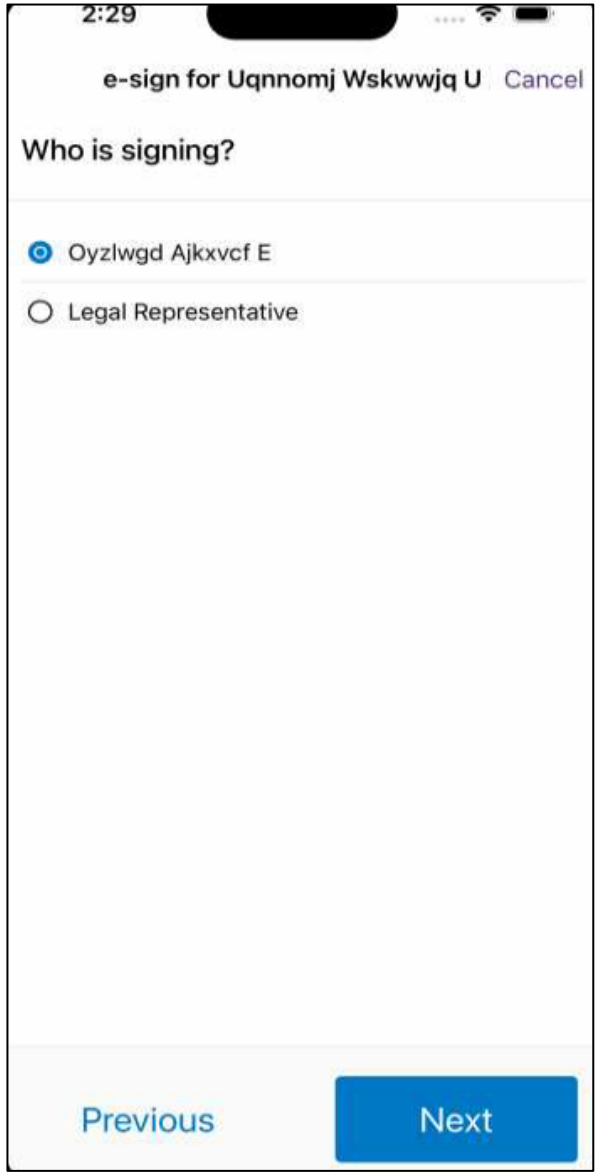

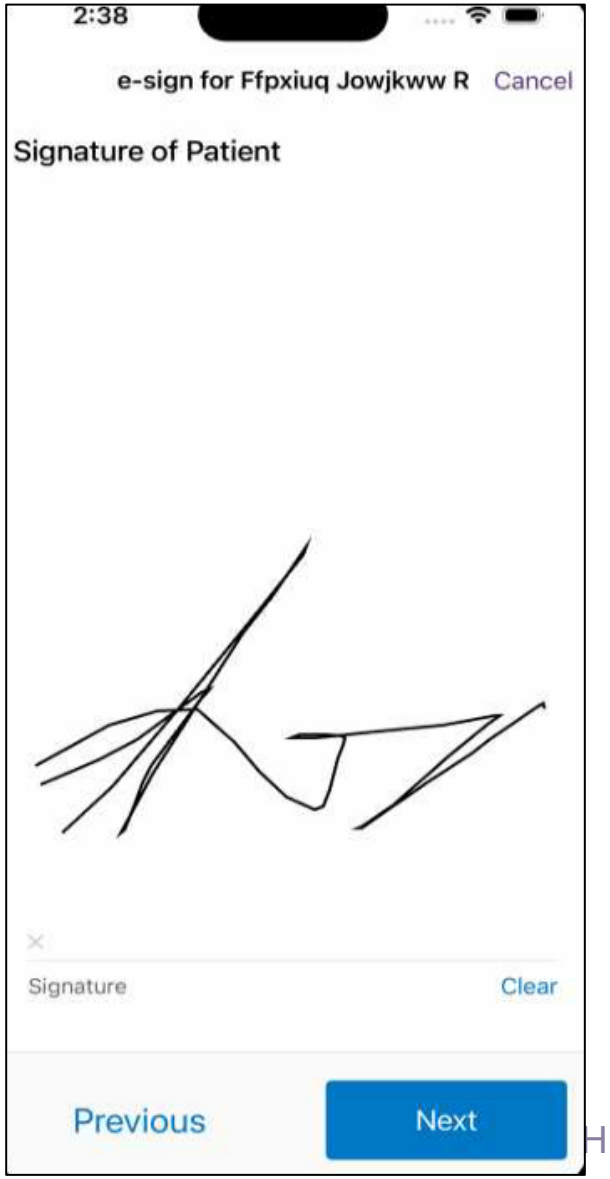

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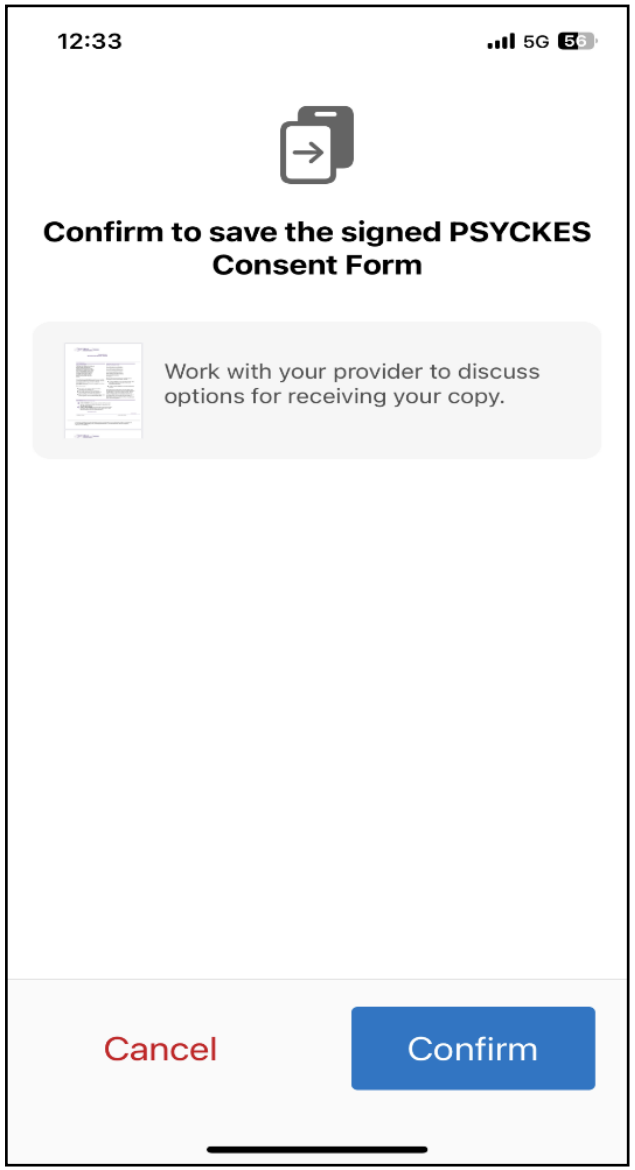
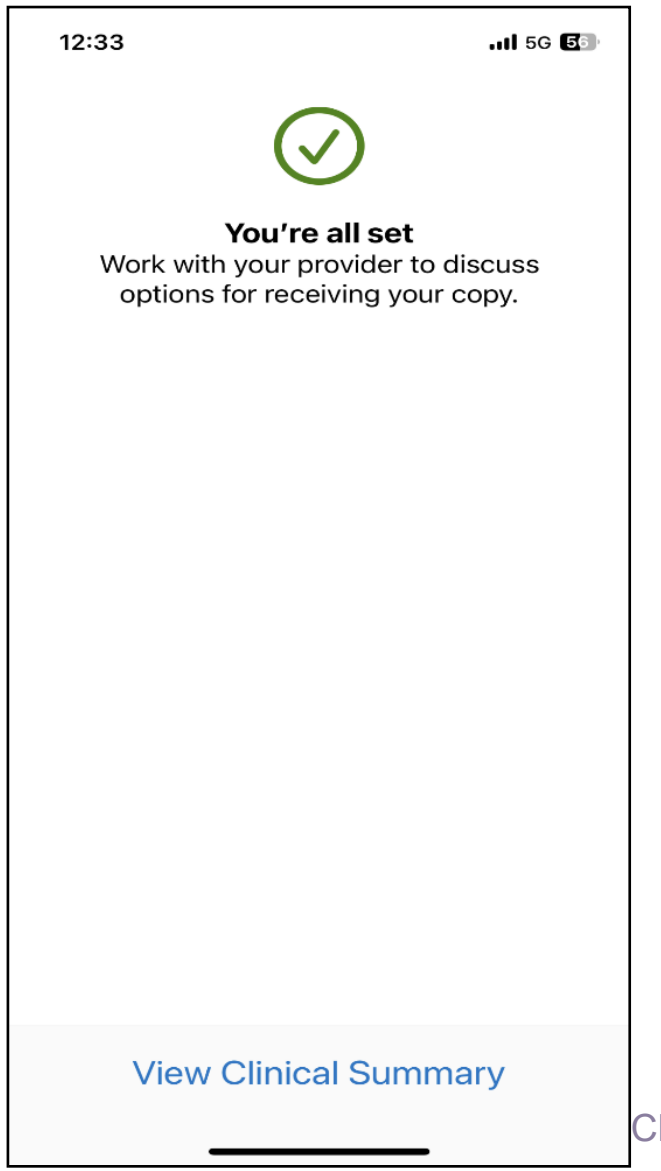
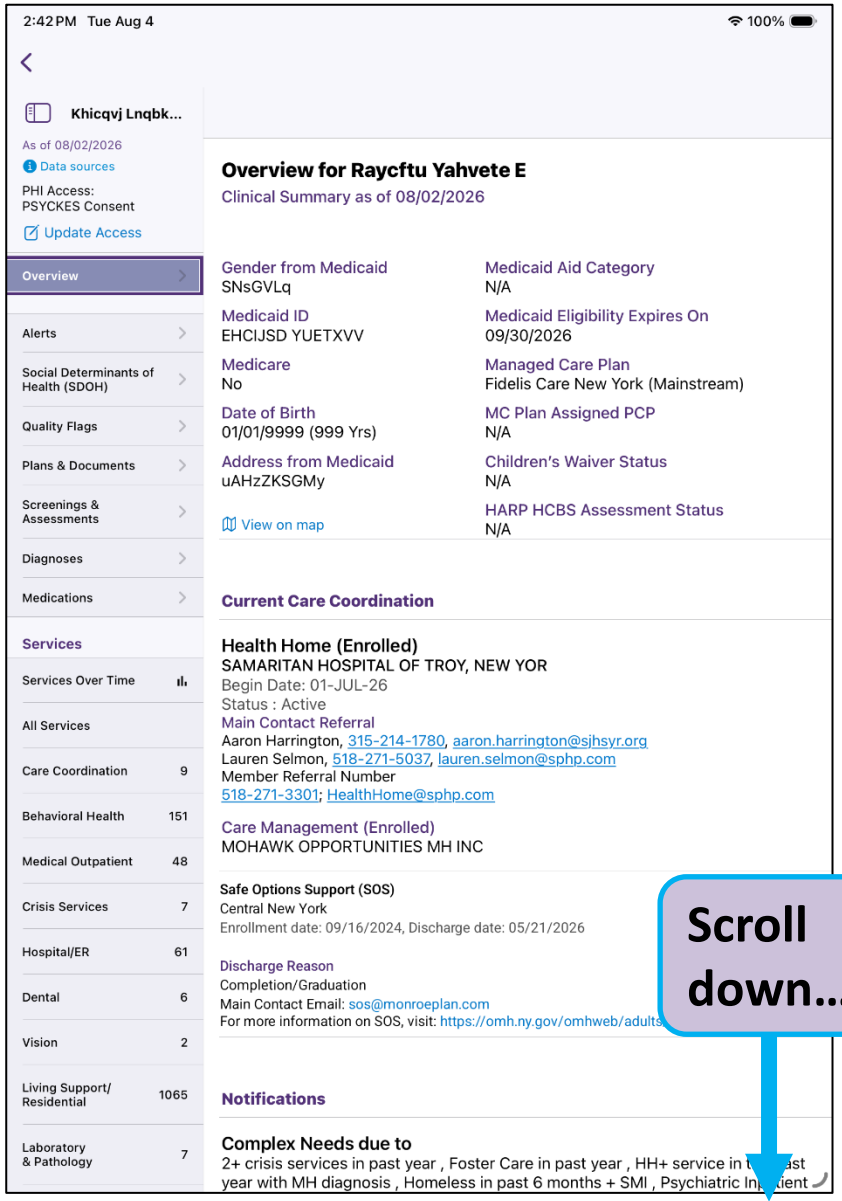
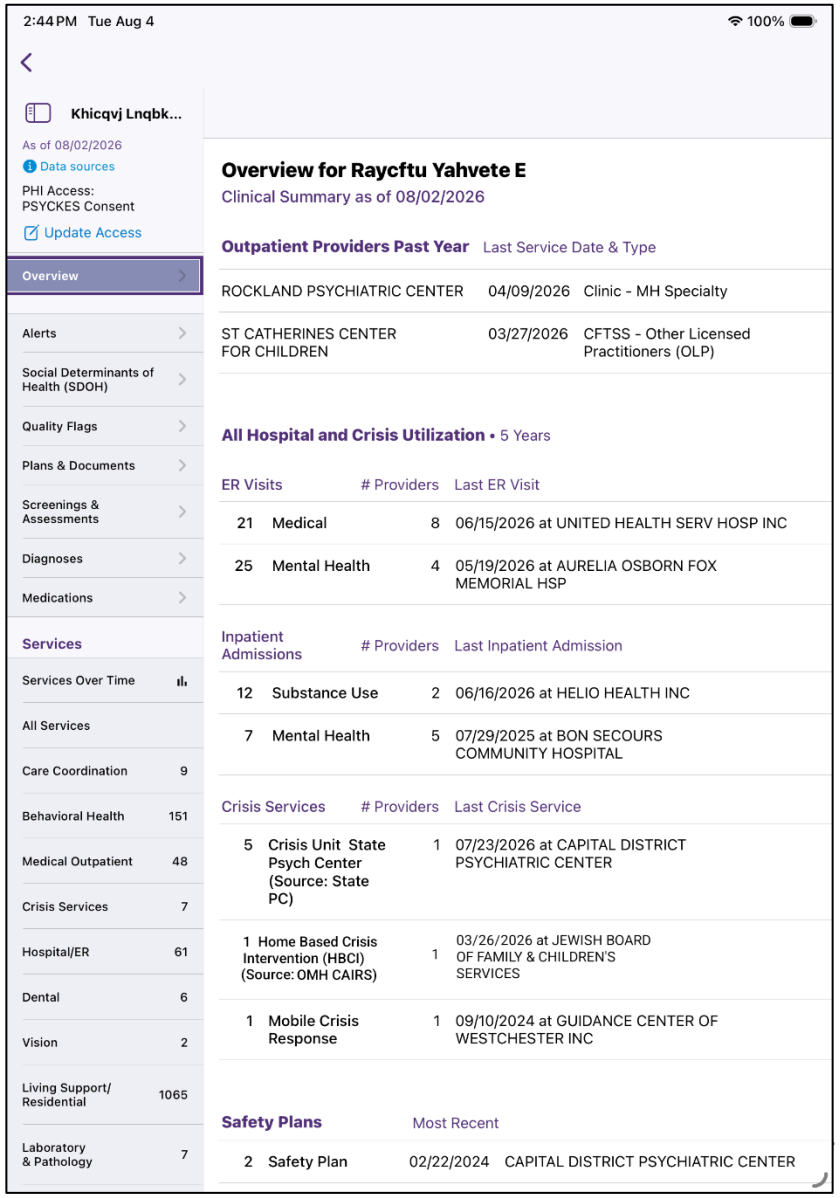


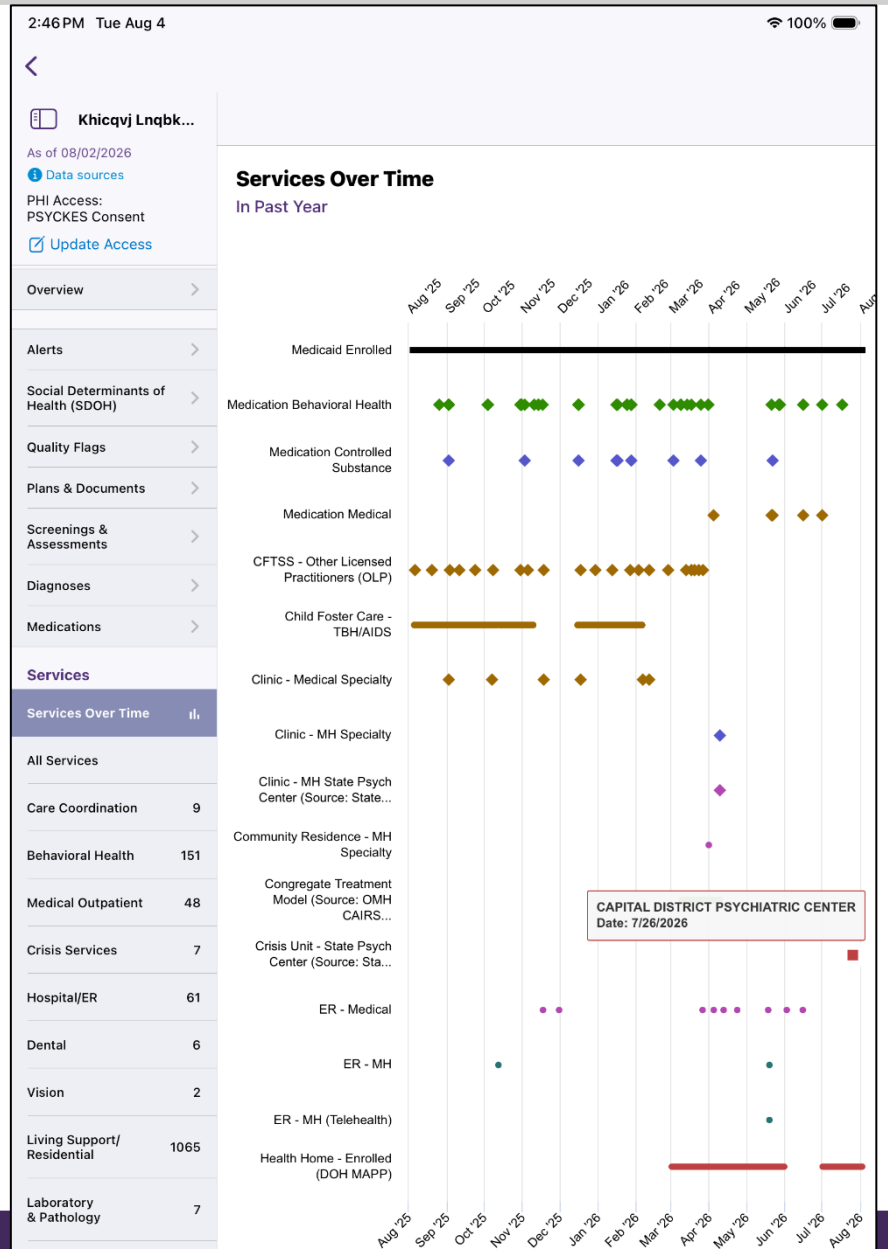


iPad/Tablet Brief Overview

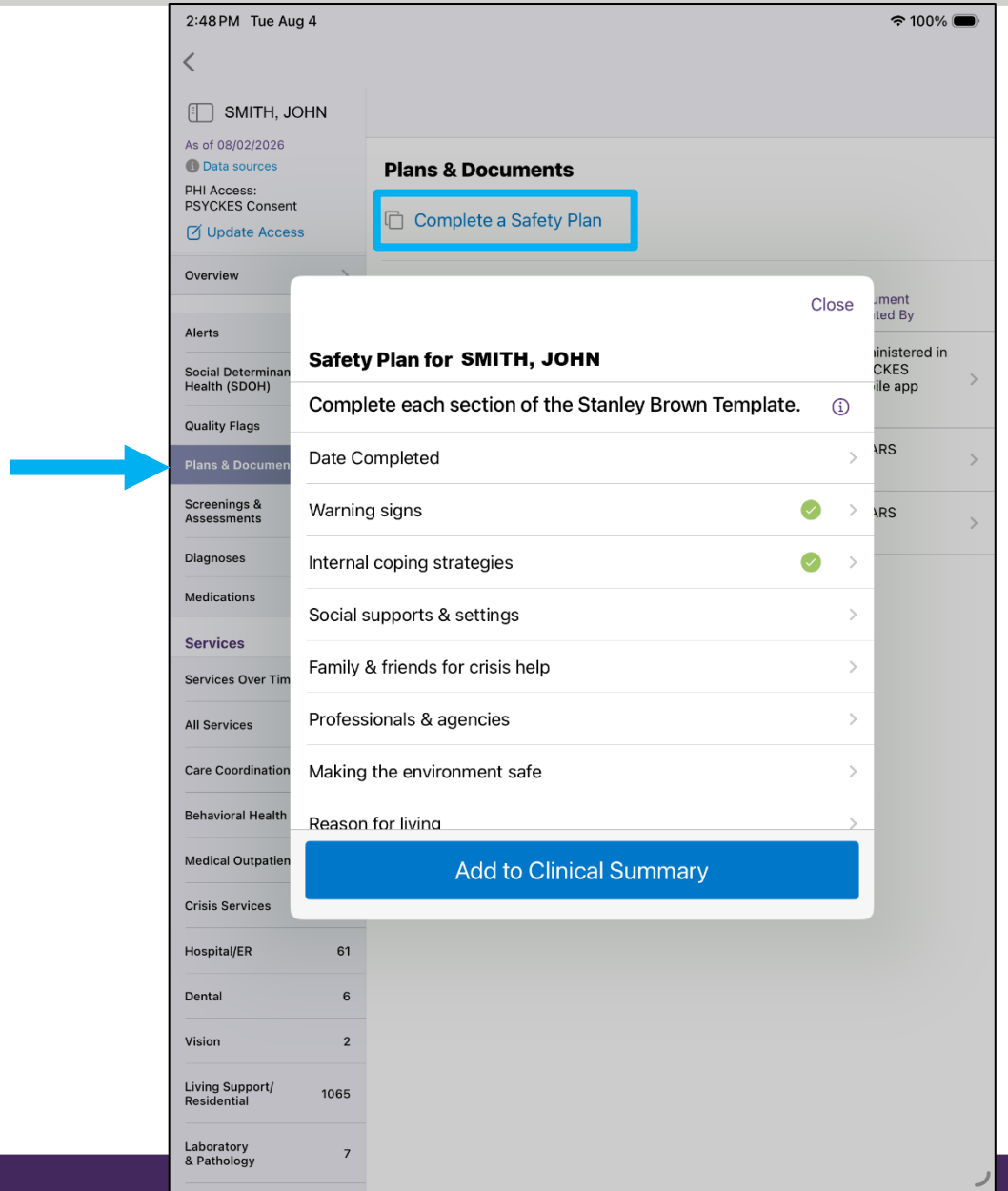




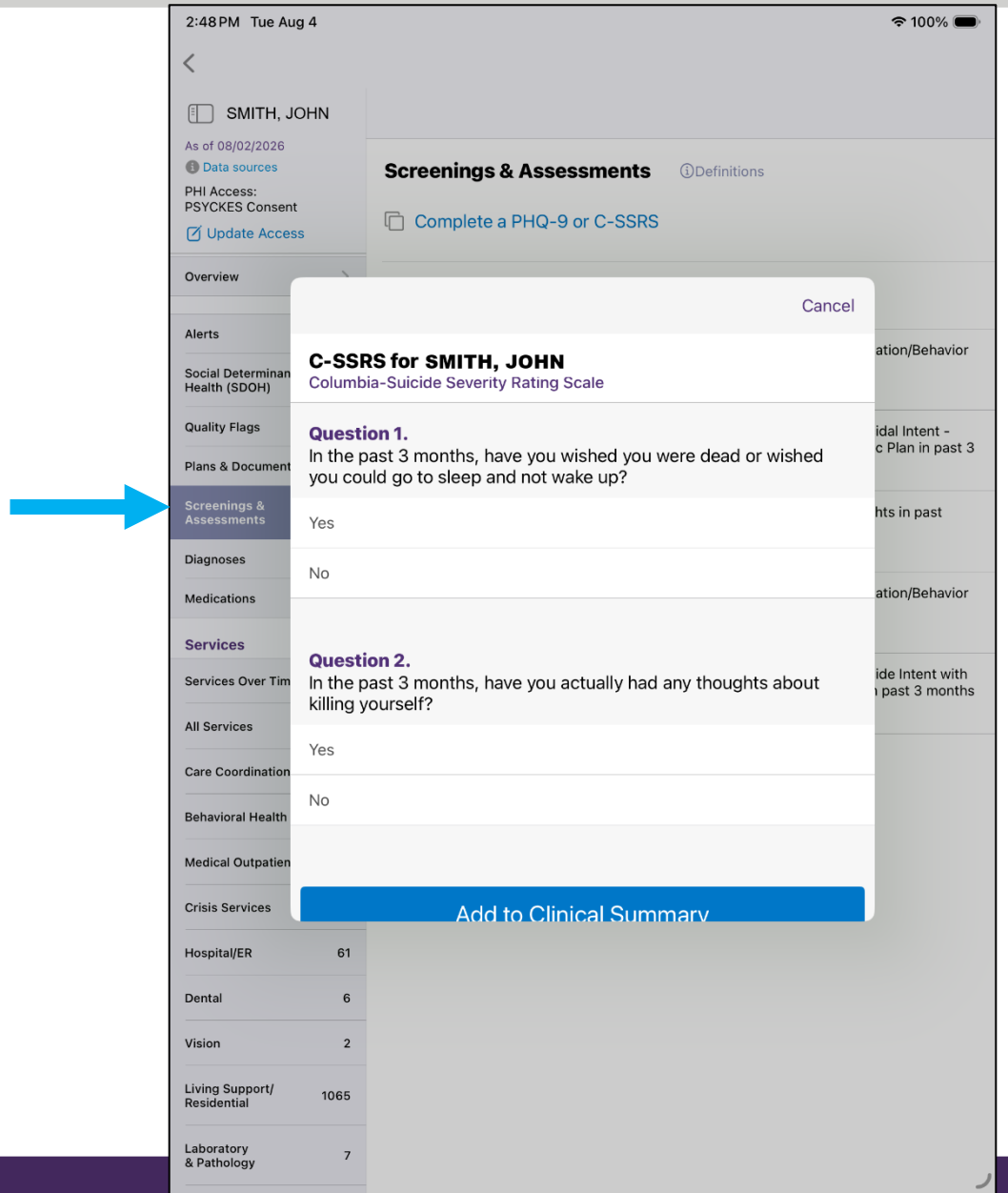
iPad/Tablet Services Over Time Graph



Mobile App – Safety Plan



Mobile App – Screenings & Assessments



MyCHOIS

What is MyCHOIS?

- My Collaborative Health Outcomes Information System (MyCHOIS)
- MyCHOIS is an application within the PSYCKES database that can be used for both Medicaid and Non-Medicaid recipients. It's a tool that recipients can use to help track their health information and view other crisis and recovery resources, including:
  - My Treatment Data (e.g., services, medications, diagnoses)
  - My Plans & Documents (e.g., create a safety plan or PAD)
  - Pat Deegan's Recovery Library, CommonGround survey
  - Crisis hotlines and resources
- Available as both a web and mobile application (iOS & Android)

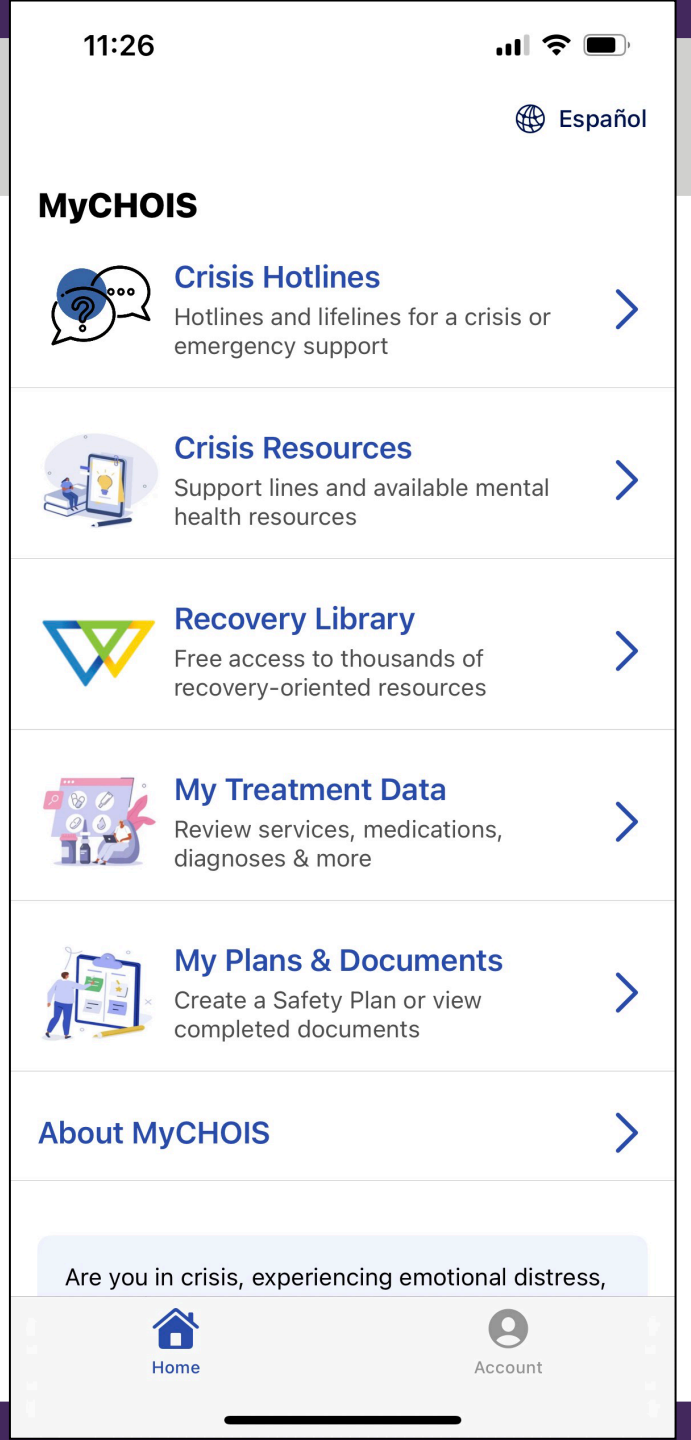
How do clients get access to MyCHOIS?

- Client needs to create or locate their NY.gov ID account credentials
- Provider will then need to log in to PSYCKES and navigate to MyCHOIS (clinician-facing view)
- Locate or add client to All Clients tab to create their MyCHOIS account
- Link client's NY.gov ID username to their MyCHOIS account
- Client can then log in to MyCHOIS using their NY.gov ID account credentials

MyCHOIS Mobile App

- On the MyCHOIS mobile application, recipients can:
  - View crisis hotlines, crisis resources, and information about MyCHOIS
  - View My Treatment Data*
  - View completed Plans & Documents*
  - Complete a safety plan*
  - Access Pat Deegan's Recovery Library (worksheets, personal medicine cards, recovery videos, and more)*
  - Translate to Spanish

Account required to view these sections



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!

User Feedback – Question 1

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)?

User Feedback – Question 2

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.?

User Feedback – Question 3

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

- For example, multi-select capabilities within more filters, create additional lookback periods, 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?