



Office of
Mental Health

PSYCKES for Health Homes & Care Management Agencies

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Q&A via WebEx

- All phone lines are muted
- Access “Q&A” box in WebEx menu at the bottom right of your screen; click on the three horizontal dots and select Q&A option
- Type questions using the “Q&A” feature
 - Submit to “all panelists” (default)
 - Please do not use Chat function for Q&A
- Slides and recording link will be emailed to attendees after the webinar and posted to public website shortly

Agenda

- HH+ Tableau
 - Overview
 - Live Demo!
- PSYCKES
 - Overview
 - PSYCKES HH+ Eligibility Key Considerations
 - Population Health with Recipient Search
 - Access to Client-Level Data
 - Review Client-Level Details within the Clinical Summary
 - Quality Improvement with My QI Report
- Training & Technical Support

HH+ Tableau Overview

HH+ Tableau Overview

- Tableau is a data visualization software that allows users to interact with data
- The HH+ Tableau is located within the PSYCKES Dashboard module
- Data in the HH+ Tableau uses the same data that is available in PSYCKES
 - Tableau data is aggregated and there may be differences in timing of available data due to data processing time
 - Users can look up individual level data in PSYCKES
- The HH+ Tableau data is updated monthly with a 3-month lag to allow for complete data (next data update will be available later this week)

Live Demo!

PSYCKES Overview

What is PSYCKES?

- A secure web-based application that integrates multiple data sources to support population health, quality improvement, care coordination, clinical decision-making
- Data Sources: Integrates over 10 different health-related data sources including
 - Medicaid
 - EMR data from State Psychiatric Centers
 - NYC data: Rikers, Department of Homeless Services, DOHMH data, etc.
 - State OMH data: AOT (involuntary outpatient commitment), suicide incidents, CAIRS data on high intensity outpatient and residential mental health services, etc.
 - Provider and recipient entered: Advance Directives, Safety Plans, Rating scales (e.g. CSSRS, PHQ-9), etc.
- Over 12 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

PSYCKES HH+ Eligibility Key Considerations

Identifying HH+ Eligible Individuals in PSYCKES

- There are two ways to identify HH+ Eligibility in PSYCKES:
 - ‘Health Home Plus (HH+) – Eligible’
 - High Need Population filter in Recipient Search (*updated weekly*)
 - Notifications message in Clinical Summary (*updated monthly*)
 - Uses the PSYCKES algorithm alone to identify HH+ eligibility
 - HH+ Eligible Quality Flags
 - Available in Recipient Search, My QI Report, Statewide Reports, and the Clinical Summary
 - Uses PSYCKES algorithm **and** MAPP to identify HH+ eligibility
 - *Updated monthly*

PSYCKES Algorithm HH+ Eligibility Criteria

- AOT Active Court Order or Expired < 12 months
- ACT Discharged < 12 months
- 3+ Inpt MH < 13 months
- 4+ ER MH < 13 months
- 3+ Inpt Med & Schiz/Bipolar Dx < 13 months
- Ineffectively Engaged – No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
- State PC Inpatient Discharge < 12 months
- HH+ Eligible CNYPC Release < 12 months
- Homeless in past 6 months with DOH SMI in past year

PSYCKES HH+ Eligible Quality Flags	Numerator	Denominator
Eligible for Health Home Plus – Not Health Home Enrolled	Health Home Plus eligible adults that are not enrolled in a Health Home, according to DOH MAPP	Health Home Plus eligible adults (according to PSYCKES algorithm in the past 12 months or DOH MAPP in the past 3 months)
Eligible for Health Home Plus – No Health Home Plus Service Past 12 Months	Health Home Plus eligible adults that have not had a Health Home Plus service in the past 12 months according to either Medicaid billing or DOH MAPP	Health Home Plus eligible adults (according to PSYCKES algorithm in the past 12 months or DOH MAPP in the past 3 months)
Eligible for Health Home Plus – No Health Home Plus Service Past 3 Months	Health Home Plus eligible adults that have not received a Health Home Plus service in the past 3 months, according to either Medicaid billing or DOH MAPP	Health Home Plus eligible adults (according to PSYCKES algorithm in the past 12 months or DOH MAPP in the past 3 months)
HH Enrolled, Eligible for Health Home Plus – Not Entered as Eligible in DOH MAPP Past 3 Months	Health Home Plus eligible adults who are also enrolled in a Health Home, whose Health Home Plus eligibility status was not identified in MAPP in the past 3 months	Health Home Plus eligible adults (according to PSYCKES algorithm in the past 12 months or DOH MAPP in the past 3 months) who are also currently enrolled in a Health Home

Key Considerations

- Recipient Search's HH+ Eligibility filter identifies people who are eligible based on the PSYCKES algorithm alone, and is updated weekly
- HH+ eligible quality flags capture individuals using **both** the PSYCKES algorithm and members who are MAPP identified by the CMA, and is updated monthly
- The PSYCKES HH+ eligible population is sent to MAPP in a weekly data feed, however MAPP only updates their system on a monthly basis. This could potentially be a reason why users may see a discrepancy in the PSYCKES # of HH+ eligible individuals vs. the MAPP "OMH HH+ Eligible" flagged # of individuals.

PSYCKES HH+ Features vs. HH+ Tableau

PSYCKES HH+ Features	HH+ Tableau
<ul style="list-style-type: none">• PSYCKES HH+ Eligible High Need Population filter is updated weekly• HH+ eligible quality flags and Clinical Summary HH+ Eligible Notification message are updated monthly	Updated monthly with 3-month lag to allow for complete data
<ul style="list-style-type: none">• PSYCKES HH+ Eligible High Need Population filter and the Clinical Summary HH+ Eligible Notification message use the PSYCKES algorithm alone• HH+ eligible quality flags use the PSYCKES algorithm + DOH MAPP	Uses PSYCKES algorithm + DOH MAPP
<p>Ability to view aggregate data and drill down to recipient-level data</p> <p><i>*Due to the difference in timing of data refreshes, there may be discrepancies in the HH+ Eligible numbers between the HH+ Tableau and PSYCKES HH+ Eligible features</i></p>	Aggregate data only

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):
 - Health Home Plus (HH+) – Eligible
 - Complex Needs
 - Homelessness
 - Alerts (e.g., suicide attempt, ideations, etc.)
 - Quality Flags
 - Service Settings (e.g., HH or CMA enrolled/outreach, Health Home Plus)
- Enable access on the results page or export to Excel/PDF
- **Advanced Views:** Care Coordination, High Need/High Risk, Hospital Utilization, Outpatient Providers

Recipient Search

Limit results to

50

Search

Reset

Individual Search

Recipient Identifiers

Search in: Full Database MAIN STREET HEALTH HOME

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

MM/DD/YYYY

Characteristics as of 10/07/2025

Group Search

Age Range

To

Gender

Region

Race

County

Ethnicity

Special Populations

Social Determinants of Health (SDOH)

Past 1 Year

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial ci
- Problems related to medical facilities and
- Problems related to life management diff

Empty box for selected SDOH conditions.

Special Populations

Social De



High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

- 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
- 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
- 4+ ER MH < 13 months
- Transition Age Youth - Behavioral Health (TAY-BH)

Search with the 'Health Home Plus – Eligible' filter which uses the PSYCKES algorithm alone to determine HH+ eligibility and is updated weekly.

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Quality Flag as of 10/01/2025

HARP Enrolled - Not Health Home Enrolled

HARP-Enrolled - No Assessment for HCBS - (updated weekly)


Special Populations

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

Population

High Need Population

AOT Status

 Alerts

Homelessness Alerts

Complex Needs

- 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 - High Risk List - active at any agency
- Registry - COVID-19 - active at any agency
- OMH Unsuccessful Discharge
- home enrolled

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Quality Flag as of 10/01/2025

- HARP Enrolled - Not Health Home Enrolled
- HARP-Enrolled - No Assessment for HCB
- Eligible for Health Home Plus - Not Health Home Enrolled

Special Populations

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



Homelessness Alerts

Complex Needs

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Quality Flag as of 10/01/2025

HARP Enrolled - Not Health Home Enrolled
HARP-Enrolled - No Assessment for HCB
Eligible for Health Home Plus - Not Health Home Enrolled
Eligible for Health Home Plus - No Health Home Enrolled

Population

High Need Population

AOT Status

Alerts

Any past 1 year (DHS) or Outreach past 1 year (D...

Homelessness: All Sources

- Any (DHS/Medicaid)
- Any past 1 year (DHS/Medicaid)

Homelessness: NYC DHS

- Any (DHS)
- Any past 1 year (DHS)
- Shelter (DHS)
- Shelter past 1 year (DHS)
- Outreach (DHS)
- Outreach past 1 year (DHS)
- Behavioral Health Shelter past 1 year (DHS)
- Safe Haven or Stabilization Shelter past 1 year (DHS)

Homelessness: Medicaid

- Any (Medicaid)
- Any past 1 year (Medicaid)
- Unsheltered past 1 year (Medicaid)
- Sheltered past 1 year (Medicaid)



Complex Needs

Any Complex Need

Any Complex Need

Any Complex Need

General Eligibility Criteria (All Ages)

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

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

- Any Eligibility Criteria for Child & Adol (0-20)
- K3 Serious Emotional Disturbance in past year
- Psychiatric Inpatient in past year
- Residential Treatment Facility in past year
- Children's Community Residence in past year
- Residential SUD Treatment in past year
- Youth ACT in past year
- Day Treatment in past year
- Partial Hospitalization in past year
- Home Based Crisis Intervention in past year
- Mobile Integration Team (MIT) in past year
- 2+ crisis services in past year

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- related to upbringing
- related to social environment
- related to physical environment
- related to other psychosocial ci
- related to medical facilities and
- related to life management diffi

Empty box for SDOH Conditions: Selected

Search for individuals with ANY Complex Need criteria, or specific criteria (e.g., AOT active/expired past year, HH+ service past year w/ MH dx, etc.)

Select up to 4 criteria per search.

aid

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Quality Flag as of 10/01/2025

- HARP Enrolled - Not Health Home Enroll
- HARP-Enrolled - No Assessment for HCE
- Eligible for Health Home Plus - Not Health Home
- Eligible for Health Home Plus - No Health Home
- Eligible for Health Home Plus - No Health Home
- HH Enrolled, Eligible for Health Home Plus
- High Mental Health Need
- Mental Health Placement Consideration
- Antipsychotic Polypharmacy (2+ >90day)
- Antipsychotic Two Plus

Children's Waiver Status

HARP Status

HCBS Assessment Status

HCBS Assessment Results

Services: Specific Provider as of 10/01/2025

Provider MAIN STREET HEALTH HOME

Region

County

ent Access

Utilization

Number of Visits

g: Telehealth coded

Service Detail: Selected

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to life management difficulty
- Problems related to housing and economic circumstances
 - Financial insecurity
 - Unsheltered homelessness
 - Transportation insecurity
 - Sheltered homelessness

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

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to life management difficulty
- Problems related to housing and economic circumstances
 - Financial insecurity
 - Unsheltered homelessness
 - Transportation insecurity
 - Sheltered homelessness

- Problems related to housing and economic circumstances
 - Financial insecurity
 - Sheltered homelessness
- Problems related to education and literacy
 - Less than a high school diploma

Quality Flags

Quality Flag as of 10/01/2025

 [Definitions](#)

- HARP Enrolled - Not Health Home Enrolled - (updated weekly)
- HARP-Enrolled - No Assessment for HCBS - (updated weekly)
- Eligible for Health Home Plus - Not Health Home Enrolled
- 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
- HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months
- High Mental Health Need
- Mental Health Placement Consideration
- Antipsychotic Polypharmacy (2+ >90days) Children
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressant <12 weeks (MDE)
- Adherence - Mood Stabilizer (Bipolar)
- Adherence - Antipsychotic (Schiz)
- Treatment Engagement - Summary
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)

The HH+ Eligible Quality Flags use BOTH the PSYCKES algorithm and MAPP to identify HH+ individuals.

You can select up to 4 quality flags per search.

Provider

Region

County

Service Utilization

Number of Visits

Service Setting: Telehealth coded

Service Detail: Selected

Care Coordination

- ACT - Adult
- ACT - Adult/Youth
- ACT - Youth
- Care Coordination Organization (DD Basic Plan/HH opt out)
- Care Coordination Organization (DD Health Home)
- Care Management - Enrolled (Source: DOH MAPP)
- Care Management - Enrolled/Outreach (Source: DOH MAPP)
- Care Management - Outreach (Source: DOH MAPP)
- Health Home - Enrolled (Source: DOH MAPP)
- Health Home - Enrolled/Outreach (Source: DOH MAPP)
- Health Home - Outreach (Source: DOH MAPP)
- Health Home Plus
- Health Home Plus (Source: DOH MAPP)

In the "Services by Any Provider" section you can search for populations who received different types of services from other providers in NYS (e.g., HH, CM, HH+, etc.).

Provider

Region

County

Service Utilization

Number of Visits

Service Setting: Tele

- Care Coordination
- Crisis Service
- Foster Care
- Inpatient - ER
- Living Support/Resid
- Other
- Outpatient - DD
- Outpatient - MH
- Outpatient - Medical
- Outpatient - Medical
- Outpatient - SU
- Outpatient - Unspecified
- Practitioner - BH
- State Psych Center Services (Sour

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

Search for high utilizers by using the 'Service Utilization' and 'Number of Visits' dropdowns

[← Modify Search](#)

436 Recipients Found

View: Standard



High Need Population

Health Home Plus (HH+) - Eligible

AND [Provider Specific] Provider

MAIN STREET HEALTH HOME

Maximum Number of Rows Displayed: 500

Name	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access
QUFDSCm Qq7SSVNUTrBIRUe	WV6vODAv Nr2	NCyoOCynO TUn	TQ LQ NpM	White	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 HH Enrolled, High MH Need, MH Plcmt Consid		Health Home Consent
QUFSTqui SaFTTqu	WVetMpEtO Ue	MSynLpEvO DQ	TQ LQ NDA	Black	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No MAT Utilization - OUD (DOH), No Utilization of Pharmacotherapy (DOH), POP High User, Readmit 30d - Medical to Medical	Fidelis Care New York	PSYCKES Consent
QUJBREbBUom SVJJUm	WaisNTAsM qE	NoynMSynO T6q	R6 LQ NDA	Hispanic or Latinx	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid	Healthfirst PHSP, Inc.	No Access Enable Access
QUJSRVUi REzMTTrJFUm	WaYmM9Uo MrA	NCynNSynO TYn	R6 LQ N9M	Hispanic or Latinx	2+ ER-BH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Adher-MS (DOH), Cervical Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No MAT Utilization - OUD (DOH), No Utilization of Pharmacotherapy (DOH), POP High User, Readmit 30d - Medical to Medical	Molina Healthcare of New York	Health Home Consent

Drill into a Clinical Summary (with appropriate level of access), export to PDF or Excel, or change to an Advanced View!

436 Recipients Found

View: Standard

PDF Excel

Modify Search

High Need Population
AND [Provider Specific] Provider

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
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.
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, and CORE or Adult HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year.

Close

Name	Medicaid ID	Current PHI Access
QUFDSCm Qq7SSVNUTrBIRUe	WV6vODAV Nr2	Health Home Consent
QUFSTqui SaFTTqu	WVetMpEtC Ue	PSYCKES Consent
QUJBREbBUom SVJJUm	WaisNTAsM qE	No Access Enable Access
QUJSRVUj REzMTTrJFUm	WaYmM9Uo MrA	Health Home Consent

[← Modify Search](#)

436 Recipients Found

View: Care Coordination



High Need Population Health Home Plus (HH+) - Eligible
AND [Provider Specific] Provider MAIN STREET HEALTH HOME

Maximum Number of Rows Displayed: 500

Applicable data is displayed only for recipients with consent or ER access.

Name	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Managed Care Plan	MC Product Line	Current PHI Access
QJFDSCm Qq7SSVNUTrBIRUe	WV6vODAv Nr2	NCyoOCynO TUn	TQ LQ NpM	White			Health Home Consent
QJFSTqui SaFTTqu	WVetMpEtO Ue	MSynLpEvO DQ	TQ LQ NDA	Black	Fidelis Care New York	Health and Recovery Plan (HARP)	PSYCKES Consent
QUJBREbBUom SVJJUm	WaisNTAsM qE	NoynMSynO T6q	R6 LQ NDA	Hispanic or Latinx	Healthfirst PHSP, Inc.		No Access
QUJSRVUj REZMTTrJFUm	WaYmM9Uo MrA	NCynNSynO TYn	R6 LQ N9M	Hispanic or Latinx	Molina Healthcare of New York	Health and Recovery Plan (HARP)	Health Home Consent
QUNFVaVETom UrRFUE7BTabF TA	WVAvm9lp MEY	MTEIMT2IM TauNQ	R6 LQ Mp6	Hispanic or Latinx	Healthfirst PHSP, Inc.	Health and Recovery Plan (HARP)	Health Home Consent
QURBTUV0UazEUabHVU VOLA QqFTVFVMTm RA	WUUpNDan OUM	NoyoMSynO TUt	TQ LQ N92	Hispanic or Latinx	ElderServe Health, Inc dba RiverSpring Health Plans		No Access
QURBTVMi REFXT6	VU2vMpAs OfE	OSynMoynO T6u	R6 LQ MpY	Black	Healthfirst PHSP, Inc.	Mainstream	PSYCKES Consent
QURBTVMi SEFORUm RQ	UrQqN9Mr MrQ	NCynMSyn OTQt	R6 LQ Np2	Black	ElderPlan		No Access
QURBTVMi TUVMVabO	RUQtOTMq OFE	NSyoLpEvN pY	TQ LQ ND6	Black	Molina Healthcare of New York	Health and Recovery Plan (HARP)	PSYCKES Consent
QURBTVMi UazC RA		MTIIMpAIM TarN6	TQ LQ N92	Black	Healthfirst PHSP, Inc.	Health and Recovery Plan (HARP)	PSYCKES Consent
QURBTVMi UqFOREVSUm T		MSynNSyn OT2n	TQ LQ NTM	Black	Fidelis Care New York		No Access
QURBTVMi VEFSUab TO	UreqN9UuN hA	NSyoMCyn OTa	TQ LQ McE	Black	Healthfirst PHSP, Inc.		No Access

Click here to scroll...

< Modify Search

436 Recipients Found

View: Care Coordination



High Need Population Health Home Plus (HH+) - Eligible
AND [Provider Specific] Provider MAIN STREET HEALTH HOME

Maximum Number of Rows Displayed: 500

Applicable data is displayed only for recipients with consent or ER access.

Name	HARP Status (H Code)	CORE Eligible	HARP HCBS Assessment Date (most recent)	Children's Waiver Status (K Code)	Health Home
QUFDSCm Qq7SSVNUTrBIRUe	BH High-Risk/ HARP Eligible (H9)				COMMUNITY HL AI
QUFSTqui SaFTTqu	HARP Enrolled (H1)	Yes			COORDINATED I INC
QUJBREbBUom SVJJUm					
QUJSRVUi REZMTrJFUm	HARP Enrolled (H1)	Yes			
QUNFVaVETom UrRFUE7BTabF TA	HARP Enrolled (H1)	Yes			
QURBTUV0UazEUabHVU V0LA QqFTVFVMTm RA					
QURBTVMi REFXT6					COMMUNITY CA PARTNERS
QURBTVMi SEFORUm RQ					
QURBTVMi TUVMVabO	HARP Enrolled (H1)	Yes			SUN RIVER HEA
QURBTVMi UazCRVJU RA	HARP Enrolled (H1)	Yes			COMMUNITY CA PARTNERS
QURBTVMi UqFOREVSUm TA					
QURBTVMi VEFSUabl TO					

Click here to scroll...

[← Modify Search](#)

436 Recipients Found

View: Care Coordination



High Need Population Health Home Plus (HH+) - Eligible

AND [Provider Specific] Provider MAIN STREET HEALTH HOME

Maximum Number of Rows Displayed: 500

Applicable data is displayed only for recipients with consent or ER access.

Name	Health Home Name (Enrolled)	Care Management Name (Enrolled)	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)
QUFDSCm Qq7SSVNUTrBIRUe	COMMUNITY HLTHCARE NETWORK AI	THE BRIDGE, INC		
QUFSTqui SaFTTqu	COORDINATED BEHAVIORAL CARE INC	MANHATTAN PSYCHIATRIC CENTER		
QUJBREbBUom SVJJUm				
QUJSRVUi REzMTTrJFUm				
QUNFVaVETom UrRFUE7BTabF TA				
QURBTUV0UazEUabHVU V0LA QqFTVFVMTm RA				
QURBTVMi REFXT6	COMMUNITY CARE MANAGEMENT PARTNERS	AREBA CASRIEL INSTITUTE		
QURBTVMi SEFORUm RQ				
QURBTVMi TUVMVabO	SUN RIVER HEALTH INC	SAINT JOSEPHS HOSPITAL YONKERS		
QURBTVMi UazCRVJU RA	COMMUNITY CARE MANAGEMENT PARTNERS	JEMCARE LLC		
QURBTVMi UqFOREVSUm TA				
QURBTVMi VEFSUabl TO				

Click here to scroll...

< Modify Search

436 Recipients Found

View: Care Coordination



High Need Population	Health Home Plus (HH+) - Eligible
AND [Provider Specific] Provider	MAIN STREET HEALTH HOME

Maximum Number of Rows Displayed: 500

Applicable data is displayed only for recipients with consent or ER access.

Name	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)	AOT Status	AOT Provider (Active)
QUFDSCm Qq7SSVNUTrBIRUe				
QUFSTqui SaFTTqu			Active Court Order	BronxCare Health System
QUJBREbBUom SVJJUm				
QUJSRVUj REzMTrJFUm				
QUNFVaVETom UrRFUE7BTabF TA				
QURBTUV0UazEUabHVU VOLA QqFTVFVMTm RA				
QURBTVMi REFXT6			Active Court Order	Beth Israel Medical Center
QURBTVMi SEFORUm RQ				
QURBTVMi TUVMVabO			Active Court Order	BronxCare Health System
QURBTVMi UazCRVJU RA				
QURBTVMi UqFOREVSUm TA				
QURBTVMi VEFSUabL TO				

Access to Client-Level Data

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 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

DOH Health Home Consent Logic (5055/5021)

- Access to client-level data via a signed DOH Health Home (HH) consent form covers staff who:
 - Work for a Health Home or Care Management program, according to MAPP OR
 - Work for a Care Coordination Organization (CCO), providing Health Home Care Management within OPWDD, and have billed at least one CCO case management service in the past year
- In PSYCKES, the DOH consent check box option will only be enabled once users indicate in their User Role Profile that they work for either:
 - Health Home Administration/CCO, or
 - Care Management program
- Access will stay active as long as the client's HH/CM enrollment is verified in MAPP system (90-day grace period after entry in PSYCKES)

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 Dashboards ▾





Recipient Search Limit results to 50 ▾ Search Reset

Recipient Identifiers Search in: Full Database MAIN STREET HEALTH HOME

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 Dashboards ▾									
← Modify Search		1 Recipients Found					 PDF		 Excel
Medicaid ID		AB12345C							
Review recipients in results carefully before accessing Clinical Summary.									
Maximum Number of Rows Displayed: 50									
Name (Gender - Age)	Unique Identifiers	DOB	Race & Ethnicity	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access		
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER- MH, Adher-AP, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No ICM after MH ED, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult	Fidelis Care New York	No Access	 Enable Access 	

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

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

PDF Excel

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

Medicaid ID

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Unique Identifiers	Current PHI Access
DOE JANE F - 60	Medicaid ID: AB12	No Access Enable Access 🔒

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 Dashboards ▾

PHI Access for DOE, JANE (F - 60) ×

PDF Excel

Medicaid ID

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Unique Identifiers	Current PHI Access
DOE JANE F - 60	Medicaid ID: AB12345C	No Access Enable Access 🔒

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 12345

How do you know this is the correct person?

Provider attests to client identity

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

Identification 1




Identification 2

MAIN STREET HEALTH HOME Health Home and/or Care Management users will be given access to all available data while the client is enrolled in your Health Home program. Only staff who work for the Health Home and/or Care Management program should view the clinical summary with this access.

Previous [Cancel](#) [Enable](#) [Enable and View Clinical Summary](#)

Enable Access Module

- You'll now see the updated access level reflected in the "Current PHI Access" column!

My QI Report - Statewide Reports <u>Recipient Search</u> Provider Search Registrar - Usage - Utilization Reports Adult Home Dashboards -								
← Modify Search		1 Recipients Found					 	
Medicaid ID		AB12345C						
Review recipients in results carefully before accessing Clinical Summary.								
Maximum Number of Rows Displayed: 50								
Name (Gender - Age)	Unique Identifiers	DOB	Race & Ethnicity	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER- MH, Adher-AP, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No ICM after MH ED, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , No Utilization of Pharmacotherapy (DOH),	Fidelis Care New York	Health Home Consent	Update Access 

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

QUJEVVIjUaFITUFBT8m VUrBU6

As of 10/7/2025 Data sources



[← Recipient Search](#)

Brief Overview

Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)

Address: NDA n VUvJTqu UrRSRUVU, UqNIRUvEQrRBRFa, Tba, MTIpMDU

Medicaid ID: QbevNDQrNV2

Medicare: No

Managed Care Plan: Fidelis Care New York (HARP)

MC Plan Assigned PCP : N/A

HARP Status: BH High-Risk/ HARP Eligible (H9)

HARP HCBS Assessment Status: Never Assessed

Medicaid Eligibility Expires on: 04/30/2026

Current Care Coordination

NYC Dept of Homeless Services Shelter: BOWERY RESIDENTS COMMITTEE, INC. (Single Adult, Outreach) • MANHATTAN
Case Load Start Date: 06-SEP-25
Main Contact : Jose Del Toro Alonso: 9174120384, jtoro@brc.org

AOT MOHAWK OPPORTUNITIES, INC. (Enrolled Date: 29-JAN-25, Expiration Date: 29-JAN-26)
Main Contact : Vistoria Rodriguez: (518) 324 - 8424

Health Home (Enrolled) NORTH SHORE UNIVERSITY HOSPITAL (Begin Date: 01-APR-25) • Status : Active
Main Contact Referral : Lidia Jordan: 516-220-0298, ljordan1@northwell.edu
Member Referral Number: 888-680-6501; healthhomecommunication@northwell.edu
Care Management (Enrolled): NORTH SHORE UNIVERSITY HOSPITAL

Housing/Residential Program Supported Housing Community Services, Mohawk Opportunities SH/Schenectady Co. - Comm. Svcs. Mohawk Opportunities, Inc. (Admission Date: 23-APR-25, Discharge Date: 23-APR-25)
Program Contact Information : Chelsea Costanzo: (518)-836-3945

Notifications

Complex Needs due to 3+ Inpt MH < 13 months , 4+ ER MH < 13 months , AOT active or expired in past year , CNYPC Release < 12 past year with MH diagnosis , Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year

Prescription Prior Authorization This client has been taking a prescription medication in the past 3 months that may require NYRx prior au (Guanfacine Hcl Er), Lamotrigine, Metformin Hcl (Metformin Hcl Er (Osm)).
To obtain a prior authorization call (877) 309- 9493 or fax the appropriate Prior Authorization Form to (800) 200- 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

Health Home Plus Eligibility This client is eligible for Health Home Plus due to: 3+ Inpt MH < 13 months, 4+ ER MH < 13 months, AOT - Active Court Order, HH+ Eligible CNYPC Release < 12 months, Homeless in past 6 months with DOH SMI in past year

High Mental Health Need due to 3+ Inpt MH < 13 months ; 4+ ER MH < 13 months ; AOT active or expired in the past year ; CNYPC Release < 12 months ; HH+ Eligibility ; HH+ service in the past year with MH diagnosis

Medicaid Eligibility Alert This client uses the New York State of Health (NYSoh) enrollment system for Medicaid recertification • For more information contact NYSoH at 1-855-355-5777.

Based on PSYCKES algorithm, updated monthly

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As of 10/7/2025 [Data sources](#)

 PDF
  EXCEL
  CCD

[← Recipient Search](#)

Sections

[Brief Overview](#)
[Full Summary](#)

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

General

Name QUJEVViJuaFITUFBT8m VUrBU6	Medicaid ID QbevNDQrNV2	Medicare No	HARP Status BH High-Risk/ HARP Eligible (H9)
DOB XX/XX/XXXX (XX Yrs)	Medicaid Aid Category N/A	Managed Care Plan Fidelis Care New York (HARP)	HARP HCBS Assessment Status Never Assessed
Address NDAn VUvJTqu UrRSRUVU, UqNIRUvEQrRBRFa, Tba, MTIpMDU	Medicaid Eligibility Expires on 04/30/2026	MC Plan Assigned PCP N/A	

Current Care Coordination

NYC Dept of Homeless Services Shelter:	BOWERY RESIDENTS COMMITTEE, INC. (Single Adult, Outreach) · MANHATTAN Case Load Start Date: 06-SEP-25 Main Contact : Jose Del Toro Alonso: 9174120384, jtoro@brc.org
AOT	MOHAWK OPPORTUNITIES, INC. (Enrolled Date: 29-JAN-25, Expiration Date: 29-JAN-26) Main Contact : Vistoria Rodriguez: (518) 324 - 8424
Health Home (Enrolled)	NORTH SHORE UNIVERSITY HOSPITAL (Begin Date: 01-APR-25) · Status : Active Main Contact Referral : Lidia Jordan: 516-220-0298, ljordan1@northwell.edu Member Referral Number: 888-680-6501; healthhomecommunication@northwell.edu Care Management (Enrolled): NORTH SHORE UNIVERSITY HOSPITAL
Housing/Residential Program	Supported Housing Community Services, Mohawk Opportunities SH/Schenectady Co. - Comm. Svcs. Mohawk Opportunities, Inc. (Admission Date: 23-APR-25, Discharge Date: 23-APR-25) Program Contact Information : Chelsea Costanzo: (518)-836-3945

Notifications

Complex Needs due to	3+ Inpt MH < 13 months , 4+ ER MH < 13 months , AOT active or expired in past year , CNYPC Release < 12 months , HH+ Eligibility , HH+ service in the past year with MH diagnosis , Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
Prescription Prior Authorization	This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Aripiprazole, Guanfacine Hcl (Guanfacine Hcl Er), Lamotrigine, Metformin Hcl (Metformin Hcl Er (Osm)). 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

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	4	5/10/2024	9/6/2025	PALACE EMPLOYMENT SHELTER			
Treatment for Self inflicted Poisoning	3	6/10/2025	8/15/2025	ST BARNABAS HOSPITAL			
Treatment for Suicidal Ideation	2	4/18/2025	5/29/2025	ST BARNABAS HOSPITAL	Inpatient - MH	Suicidal Ideation	
Treatment for Self inflicted Harm/Injury	1	1/2/2025	1/2/2025	ST BARNABAS HOSPITAL	Inpatient - MH	Self inflicted Harm/Injury	
Homelessness - reported in billing	1	2/3/2022	2/3/2022	NYU LANGONE HOSPITALS	Clinic - Medical Specialty; Homelessness - Unspecified		

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

All Alerts for Homelessness - NYC DHS Shelter

PDF Excel

Previous **1** Next

Alert/Incident Type	Reporting/Billing Provider	Reporting/Billing Program	Date of Incident/Service	Medical Classification	Source
Homelessness - NYC DHS Shelter	PALACE EMPLOYMENT SHELTER	Single Adult, Employment	9/6/2025		NYC DHS
Homelessness - NYC DHS Shelter	PALACE EMPLOYMENT SHELTER	Single Adult, Employment	7/6/2025		NYC DHS

Social Determinants of Health (SDOH) reported in billing

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 neglect • Personal history of adult psychological abuse
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 related to social environment	Problems related to living alone • Other problems related to social environment

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

Services provided for the selected Social Determinants of Health:

Homelessness



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

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
9/2/2025	Inpatient-ER	ER - SU	BROOKDALE HOSPITAL MEDICAL CENTER	Alcohol abuse, uncomplicated, Cocaine abuse, uncomplicated, Homelessness, Other psychoactive substance abuse, uncomplicated, Patient's other noncompliance with medication regimen, Presence of alcohol in blood, level not specified, Schizophrenia, unspecified, Unemployment, unspecified

Quality Flags as of monthly QI report 10/1/2025 [Definitions](#) ←

Recent All (Graph) All (Table)

Indicator Set

BH QARR - Improvement Measure

No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz • No Metabolic Monitoring (LDL-C) on Antipsychotic

General Medical Health

No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)

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 • HARP Enrolled - Not Health Home Enrolled • HARP-Enrolled - No Assessment for HCBS

High Mental Health Need

3+ Inpt MH < 13 months • 4+ ER MH < 13 months • NOT active or expired in the past year • HH+ Eligibility • Intensive Mobile Treatment (IMT) in the past year with MH diagnosis

Based on PSYCKES algorithm and DOH MAPP, updated monthly

High Utilization - Inpt/ER

10+ ER - All Cause • 10+ ER - MH • 2+ ER • 2+ Inpatient - MH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH

MH Performance Tracking Measure (as of 12/01/2024)

No Engagement after MH Inpatient • No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 30 Days • No Follow Up after MH Inpatient - 7 Days • No Intensive Care Management after MH ED Visit • No Intensive Care Management after MH Inpatient

SUD Performance Tracking Measure (as of 12/01/2024)

No Continuity of Care after Rehab to Lower Level of Care • No Follow Up After High-Intensity Care for SUD (30 days) • No Follow Up After High-Intensity Care for SUD (7 days) • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence

Vital Signs Dashboard - Adult (as of 12/01/2024)

Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 30 Days • No Follow Up after MH Inpatient - 7 Days • Readmission (30d) from any Hosp: MH to MH

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

Schizoaffective Disorder • Tobacco related disorder • Schizophrenia • Borderline Personality Disorder • Unspecified/Other Bipolar • PTSD • Unspecified/Other Psychotic Disorders • Cannabis related disorders • Intellectual Disabilities • Unspecified/Other Depressive Disorder • Adjustment Disorder • Alcohol related disorders • Delusional Disorder • Cocaine related disorders • Substance-Induced Depressive Disorder • Substance-Induced Psychotic Disorder • Unspecified/Other Personality Disorder • Bipolar I • Paranoid Personality Disorder • Unspecified/Other Anxiety Disorder • Conduct Disorder • Hallucinogen related disorders • Major Depressive Disorder • Selective Mutism • Brief Psychotic Disorder (ICD10 Only) • Other Mental Disorders • Other psychoactive substance related disorders • Panic Disorder

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

Certain infectious and parasitic diseases	Viral infection of unspecified site
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	Other anemias • Other disorders of white blood cells

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 X

Previous 1 2 3 4 5 6 7 8 9 10 ... 62 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
9/7/2025	Inpatient-ER	ER - MH	METROPOLITAN HOSPITAL CENTER	Borderline personality disorder, Schizoaffective disorder, bipolar type

Care Coordination (Historical)

Care Coordination  Details



Table

Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of bills	
AOT (TACT Data)	BESTSELF BEHAVIORAL HEALTH, INC.	4/22/2024	10/8/2025	2	
Health Home - Enrolled (DOH MAPP)	COMMUNITY CARE MANAGEMENT PARTNERS (HH), HARLEM UNITED COM AIDS CTR AI (CM)	11/1/2022	2/28/2025	2	
Health Home Plus	SRH CHN LEAD 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		
Assertive Community Treatment (ACT)	INSTITUTE FOR COMMUNITY LIVING, INC.	5/12/2011	1/31/2022	1	
Intensive Mobile Treatment (IMT) (Source: DOHMH)	VISITING NURSE SERVICE OF NY (VNSNY) BROOKLYN IMT I	1/20/2022	1/20/2022	1	

Medication: Controlled Substance [Details](#)

Table Graph

Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up	
III	Opioid Partial Agonists	Buprenorphine Hcl- Naloxone Hcl (Buprenorphine Hcl-Naloxone Hcl)	2-0.5 MG	4 Month(s) 1 Week(s) 3 Day(s)	6/6/2025	9/16/2025	Details
	Opioid	Fentanyl Citrate, Injection	0.1 MG	1 Day(s)	8/23/2023	8/23/2023	Details
	Opioid	Methadone Maintenance	N/A	3 Month(s) 3 Week(s) 5 Day(s)		6/12/2023	Details

Toggle to 'Graph' view or click on 'See Details' icon to drill-in and see information on pickup dates, brand & generic name, drug class, strength, quantity dispensed, days supply, pharmacy, etc.

Medication: Behavioral Health [Details](#)

Table Graph

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up	
Mood Stabilizer	Lithium Carbonate	150 MG , 1/day	4 Week(s) 2 Day(s)	7/7/2025	7/7/2025	Details
Withdrawal Management	Nicotine Polacrilex	4 MG	1 Month(s)	6/25/2025	6/25/2025	Details
Antidepressant	Sertraline Hcl	25 MG , 1/day	2 Week(s)	1/22/2024	1/22/2024	Details
Opioid	Methadone Maintenance	N/A	3 Month(s) 3 Week(s) 5 Day(s)	2/18/2023	6/12/2023	Details

Medication: Medical [Details](#)

Table Graph









Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up	
Opioid Partial Agonists	Buprenorphine Hcl- Naloxone Hcl (Buprenorphine Hcl-Naloxone Hcl)	2-0.5 MG	4 Month(s) 1 Week(s) 3 Day(s)	6/6/2025	9/16/2025	Details
Oil Soluble Vitamins	Ergocalciferol (Vitamin D (Ergocalciferol))	1.25 MG (50000 UT)	2 Month(s) 3 Week(s) 1 Day(s)	7/7/2025	9/1/2025	Details

Behavioral Health 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)	
CCBHC	BESTSELF BEHAVIORAL HEALTH, INC	2/22/2025	9/26/2025	2	Major depressive disorder, recurrent, moderate	- Comm Bh Clinic Svc Per Diem	
PROS - MH Specialty (Telehealth)	LSCA GROUP INC BESTSELF BEHAVIORAL	9/30/2024	1/31/2025	5	Cannabis dependence, uncomplicated	- Clinic Service, Ther Behav Svc, Per 15 Min - Ther Behav Svc, Per 15 Min - Psysoc Rehab Svc, Per Diem, Ther Behav Svc, Per 15 Min	
CORE or HCBS Empowerment Services - Peer Support	NEW FRONTIERS IN TBI INC	12/5/2024	1/4/2025	3	Illness, unspecified		
CORE or HCBS Community Psychiatric Support and Treatment	NEW FRONTIERS IN TBI INC	12/1/2024	12/1/2024	1	Illness, unspecified	- Comm Psy Face-Face Per 15min	
CORE or HCBS Empowerment Services - Peer Support	AIDS SERVICE CENTER OF LOWER MANHAT	6/20/2024	6/20/2024	1	Unspecified disorder of adult personality and behavior	- Self-Help/Peer Svc Per 15min	
ACT - MH Specialty (Telehealth)	FEDERATION OF ORGANIZATIONS FOR THE	6/30/2023	10/31/2023	5	Schizophrenia, unspecified	- Assert Comm Tx Pgm Per Diem	
Outpatient - State Psych Center (Source: State PC)	CENTRAL NEW YORK PSYCHIATRIC CENTER	3/3/2022	3/3/2022	1	Cannabis dependence, uncomplicated	-	
Care Management - State Psych Center (Source: State PC)	SOUTH BEACH PSYCHIATRIC CENTER	4/25/2013	4/25/2013	1	Schizoaffective disorder, unspecified	-	





Drill into a specific service to view other diagnoses and practitioner data if applicable

Crisis Services

 Details

Table

Graph







Service Type	Provider	Admission/ First Billed	Discharge Date/ Last Date Billed	#Visits/ Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Crisis Stabilization Center - Intensive	NEIGHBORHOOD CENTER INC	9/30/2025	9/30/2025	1	Mental disorder, not otherwise specified	- Crisis Intervention Mental H	
Residential Crisis Support (age 21+)	ASSOC REHAB CM & HOUSING INC	5/26/2025	5/26/2025	1	Schizophrenia, unspecified	- Crisis Interven Waiver/Diem	
Mobile Crisis - Response	ST JOSEPHS HOSPITAL HEALTH CE	1/22/2025	1/22/2025	1	Alcohol dependence with intoxication, unspecified	- Crisis Interven Svc, 15 Min	
CSIDD - Crisis Service - DD	LIBERTY RESOURCES INC	4/14/2024	4/14/2024	1	Mild intellectual disabilities		

Hospital/ER Services

 Details

Table

Graph

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
ER - SU	MOUNT SINAI HOSPITAL	8/17/2025	8/17/2025	1	Alcohol abuse with intoxication, uncomplicated	- Emergency Dept Visit Sf Mdm	
Inpatient - SU - Detox	LONG ISLAND CENTER FOR RECOVERY INC	3/13/2025	3/16/2025	3	Sedative, hypnotic or anxiolytic dependence, uncomplicated	-	
ER - MH	NYU LANGONE HOSPITALS	3/11/2025	3/11/2025	1	Restlessness and agitation	- Emergency Dept Visit Sf Mdm	
ER - Medical	NYU LANGONE HOSPITALS	2/28/2025	2/28/2025	1	Acute tonsillitis, unspecified	- Emergency Dept Visit Sf Mdm	
ER - SU	METROPOLITAN HOSPITAL CENTER	2/27/2025	2/27/2025	1	Cannabis abuse with intoxication, unspecified	- Emergency Dept Visit Hi Mdm, Inj Midazolam Hydrochloride, Ther/Proph/Diag Inj Iv Push	
ER - Medical	NYU LANGONE HOSPITALS	2/24/2025	2/24/2025	1	Chest pain, unspecified	- Albuterol Non-Comp Unit, Assay Of Troponin Quant, Blood Gases Any Combination, Complete Cbc W/Auto Diff Wbc, Diphenhydramine Hcl Injectio, Drug Screen Quantalcohols, Drug Test Prsmv Chem Anlyzr, Hepatic Function Panel, Inj Magnesium Sulfate, Ipratropium Bromide Non-Comp, Metabolic Panel Total Ca, Nfct Ds Vir Resp Rna 4 Trgt, Ther/Proph/Diag Iv Inf Addon, Ther/Proph/Diag Iv Inf Init, Tx/Pro/Dx Inj New Drug Addon, X-Ray Exam Chest 1 View	

My QI Report

My QI Report

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

Understanding My QI Report

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

MAIN STREET HEALTH HOME ?

View: Standard



Quality Improvement As of 10/01/2025

Performance Tracking As of 12/01/2024

No filters selected

Filters

Reset

Indicator Set

Quality Improvement Indicators as of 10/01/2025 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	
BH QARR - Improvement Measure	All	2,761	1,079	39.1	38.9	36	
General Medical Health	All	16,641	4,159	25	16.1	12.4	
Health Home Care Management - Adult	Adult 18+	4,213	3,210	76.2	85.3	89.8	
High Utilization - Inpt/ER	All	16,621	4,493	27	26.9	20.1	
Polypharmacy	All	5,229	1,038	19.9	16.9	12.6	
Preventable Hospitalization	Adult	14,563	161	1.1	0.9	0.8	
Readmission Post-Discharge from any Hospital(Episode Based)	All	5,654	979	17.3	15.8	14.2	
Readmission Post-Discharge from this Hospital(Episode Based)	All	2	0	0	16.6	14.4	
Treatment Engagement	Adult 18-64	2,363	839	35.5	35	33.8	



MAIN STREET HEALTH HOME

View: Standard



Quality Improvement As of 10/01/2025

Performance Tracking As of 12/01/2024

No filters selected

Filters

Reset

Indicator Set

Quality Improvement Indicators as of 10/01/2025

Indicator Set

BH QARR - Improvement Measure

General Medical Health

Health Home Care Management - Adult

High Utilization - Inpt/ER

Polypharmacy

Preventable Hospitalization

Readmission Post-Discharge from any Hospital(Episode Based)

Readmission Post-Discharge from this Hospital(Episode Based)

Treatment Engagement

QI Filters

Site

ALL

Program Type

ALL

Managed Care

MC Product Line

Age Group

Population

Client Residence

Provider Location

ALL

ACT - Adult

ACT - Adult/Youth

CCBHC

CORE or HCBS All

CORE or HCBS Empowerment Services - Peer Support

CORE or HCBS Psychosocial Rehabilitation - Any

Care Management - Enrolled (Source: DOH MAPP)

Care Management - Enrolled/Outreach (Source: DOH MAPP)

Care Management - Outreach (Source: DOH MAPP)

Clinic - MH Specialty

Clinic - Medical Specialty

Clinic - SU - Opioid Treatment Program

Clinic - SU Specialty

Clinic - Unspecified Specialty

Clinic MH - ALL

Crisis Service - Any

ER - BH Dx/Svc/CPEP

ER - MH CPEP

ER - Medical Dx/Svc

MAIN STREET HEALTH HOME ⓘ

View: Standard ▼

Quality Improvement As of 10/01/2025

Performance Tracking As of 12/01/2024

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters

Reset

Indicator Set

Quality Improvement Indicators as of 10/01/2025 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	1,273	463	36.4	42.3	37.2	
General Medical Health	All	6,651	1,390	20.9	21	16.3	
Health Home Care Management - Adult	Adult 18+	2,315	1,323	57.1	60.7	60.5	
High Utilization - Inpt/ER	All	6,651	2,115	31.8	30.6	27.1	
Polypharmacy	All	2,404	539	22.4	25.3	21.4	
Preventable Hospitalization	Adult	6,577	94	1.4	1.6	1.7	
Readmission Post-Discharge from any Hospital(Episode Based)	All	2,632	435	16.5	18.4	20.7	
Readmission Post-Discharge from this Hospital(Episode Based)	All	0	0	0	19.9	21.9	
Treatment Engagement	Adult 18-64	1,175	395	33.6	33.3	32.5	

MAIN STREET HEALTH HOME View: Standard PDF Excel

Quality Improvement As of 10/01/2025

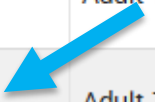
Performance Tracking As of 12/01/2024

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP) Filters Reset

Indicator Set: Health Home Care Management - Adult

Indicator Set	Indicator	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
	HARP Enrolled - Not Health Home Enro		5	31	1.7	1.5	1.1	1.70	1.50	1.10	
	HARP-Enrolled - No Assessment for HC		5	1,163	62	65.4	61	62.00	65.40	61.00	
	Eligible for Health Home Plus - Not Health Home Enrolled	Adult 18+	759	4	0.5	0.6	0.8	0.50	0.60	0.80	
	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months	Adult 18+	759	135	17.8	21.2	39.8	17.80	21.20	39.80	
	Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months	Adult 18+	759	227	29.9	34.2	49.8	29.90	34.20	49.80	
	HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months	Adult 18+	754	136	18	18.1	31.1	18.00	18.10	31.10	
	Health Home Care Management - Adult Summary	Adult 18+	2,315	1,323	57.1	60.7	60.5	57.10	60.70	60.50	

Based on PSYCKES algorithm and DOH MAPP, updated monthly



MAIN STREET HEALTH HOME View: Standard



Quality Improvement As of 10/01/2025

Performance Tracking As of 12/01/2024

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

[Filters](#) [Reset](#)

Indicator Set: Health Home Care Management - Adult **Indicator:** Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months

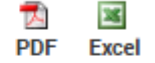
Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
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Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access
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RqVSQabOTm UaVORUU	QbQtNDIqNE2	MTIIM9AIMTatNQ	White	2AP, Cervical Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 3 mos, High MH Need, MH Plcmt Consid	Health Home Consent
QUnMRUu RqnFTau QQ	QqusMDAqMbM	MTIIMD2IMTavNA	Black	2+ ER-BH, 2+ ER-Medical, HARP No Assessment for HCBS, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, OUD MAT Not Sustained > 6 mos (DOH)	PSYCKES Consent
VqbMTEbBTVM SUBJ SqVOTaVUSA QQ	QVapM9QsNVU	MTIIMpEIMTarN6	White	2+ ER-BH, 2+ ER-Medical, 2+ Inpt-BH, HHPlus No HHPlus Service > 3 mos, High MH Need, MH Plcmt Consid, Readmit 30d - BH to All Cause, Readmit 30d - BH to BH	No Access Enable Access
				Adher-MS, HARP No Assessment for HCBS, HHPlus No HHPlus Service > 3 mos, High MH Need, MH Plcmt Consid, No DM Screen - AP	Enable

MAIN STREET HEALTH HOME i

View: Standard v



Quality Improvement As of 10/01/2025

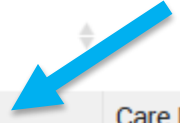
Performance Tracking As of 12/01/2024

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

[Filters](#) [Reset](#)

Indicator Set: Health Home Care Management - Adult **Indicator:** Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Site Name (Source:DOH)	Site Address	ProgramType (Enrollment Status)	Eligible Population	# with QI Flag	%			
ABC AGENCY	123 MAIN STREET	Care Management - Enrolled (Source: DOH MAPP)	69	24	34.8			
BUFFALO PSYCHIATRIC CENTER	44 HOLLAND AVE 1ST FL	Care Management - Enrolled (Source: DOH MAPP)	65	14	21.5			
MONROE PLAN FOR MEDICAL CARE INC	1120 PITTSFORD VICTOR RD	Care Management - Enrolled (Source: DOH MAPP)	33	12	36.4			
HORIZON HEALTH SERVICES INC	55 DODGE ROAD	Care Management - Enrolled (Source: DOH MAPP)	163	39	23.9			
SPECTRUM HUMAN SERVICES MH	227 THORN AVE	Care Management - Enrolled (Source: DOH MAPP)	72	17	23.6			
CATTARAUGUS REHAB CENTER MH	1439 BUFFALO ST	Care Management - Enrolled (Source: DOH MAPP)	2	1	50			
REFUGEE AND IMMIGRANT SELF EMPOWERM	302 BURT ST FL 1	Care Management - Enrolled (Source: DOH MAPP)	1	1	100			
PINNACLE COMMUNITY SERVICES INC	1522 MAIN ST	Care Management - Enrolled (Source: DOH MAPP)	24	5	20.8			
BESTSELF BEHAVIORAL HEALTH INC	899 MAIN ST	Care Management - Enrolled (Source: DOH MAPP)	89	35	39.3			



MAIN STREET HEALTH HOME View: Standard PDF Excel

Quality Improvement As of 10/01/2025

Performance Tracking As of 12/01/2024

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

[Filters](#) [Reset](#)

Indicator Set: Health Home Care Management - Adult **Indicator:** Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months

Indicator Set	Indicator	Site	HH/CM Site(s)	HH/CM's Recipient(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Recipient	Medicaid ID	DOB	Quality Flags	Attending	Site Address	Program Type			
QUnMRUu RqnFTau QQ	QqusMDAqMbm	MTIIMD2IMTavNA	2+ ER-BH, 2+ ER-Medical, HARP No Assessment for HCBS, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP	None Identified	123 MAIN STREET	Care Management - Enrolled (Source: DOH MAPP)			
QaVSuba SazTRVBI Um	SEQuNTaoNF6	MTAIMTUIMTavN6	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-MH, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, 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	JANE DOE	123 MAIN STREET	Care Management - Enrolled (Source: DOH MAPP)			
			10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+						

Training & Technical Support

Training & Technical Support

HH+ Tableau

- If you have any questions regarding the HH+ Tableau, please reach out to the Data OPHE helpdesk:
 - 9:00AM – 5:00PM, Monday – Friday
 - DataOPHE@omh.ny.gov

PSYCKES

- 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

Training & Technical Support

If you're having issues with your token or logging in, contact the ITS or OMH helpdesk:

- ITS (OMH/State PC Employee) Helpdesk:
 - Please contact the NYS Helpdesk at <https://chat.its.ny.gov> or call 844-891-1786
- OMH (Non-OMH/Non-State PC Employee) Helpdesk:
 - 518-474-5554, option 2; healthhelp@its.ny.gov

Q&A