



Go to Recipient Search

## Recipient Search

Limit results to

### Recipient Identifiers

Search in:  Full Database  MAIN STREET MENTAL HEALTH CENTER

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

000-00-0000

MM/DD/YYYY

### Characteristics as of 10/30/2019

### Quality Flag as of 07/01/2019

### Services: Specific Provider as of 07/01/2019

Past 1 Year ▾

Age Range  To

Gender  ▾

Children's Waiver Status  ▾

HARP Status  ▾

AOT Status  ▾

High Need Population  ▾

Population  ▾

Managed Care  ▾

- HARP Enrolled - Not Health Hor
- HARP-Enrolled - No Assesmer
- Antipsychotic Polypharmacy (2
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressa
- Adherence - Mood Stabilizer (B
- Adherence - Antipsychotic (Sch
- Treatment Engagement - Sumn
- No Metabolic Monitoring (Gluc,
- No Metabolic Monitoring (Gluc,
- No Diabetes Monitoring (HbA1c

Provider

Region  ▾ County  ▾

Current Access  ▾

Service Utilization  ▾ Number of Visits  ▾

Service Setting:

- +-Care Coordination
- +-Foster Care
- +-Living Support/Residential
- +-Other

Service Detail: Selected

## Recipient Search

Limit results to

Search

Reset

### Recipient Identifiers

Search in:  Full Database  MAIN STREET MENTAL HEALTH CENTER

Medicaid ID

SSN

First Name

Last Name

DOB

Characteristics as of 07/01/2019

Services: Specific Provider as of 07/01/2019

Enter any Recipient Identifiers such as Medicaid ID, SSN or Name & DOB

Controlled - Not Health Hor

Controlled - No Assesmer

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Click "Search"

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Past 1 Year ▾

Provider

Region  County

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## 1 Recipients Found



Medicaid ID AB12345C

Review recipients in results carefully before accessing Clinical Summary.

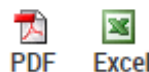
Maximum Number of Rows Displayed: 50

Name (Gender - Age) Medicaid ID	DOB	Address	Quality Flags	Managed Care Plan	Current PHI Access	
DOE JANE F - 50 AB12345C	8/16/1968	123 MAIN ST #5 BROOKLYN, NY 12345	3PP(Y)	HIP (EmblemHealth)	Quality Flag	<a href="#">Update Access</a>

Confirm you found the correct client



### 1 Recipients Found



[← Modify Search](#)

Medicaid ID AB12345C

Review Current PHI Access and select “Enable Access” or “Update Access” if necessary

Review recipients in results carefully before accessing Clinical Summary.

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Select client's name to review their Clinical Summary



My QI Report

Statewide Reports

Recipient Search

Provider Search

Reports

MyCHOIS

Select "1 Year Summary" and scroll down to the "Plans and Documents" section

Recipient Search

JANE D

Clinical Summary as of 12/19/2020



Sections

Brief Overview

1 Year Summary

5 Year Summary

This report does not contain clinical data with special section - consent required.



General

<b>Name</b> JANE DOE	<b>Medicaid ID</b> XXXXXXX	<b>Medicare</b> No	<b>Children's Waiver Status</b> N/A
<b>DOB</b> 12/19/2001 (18 YRS)	<b>Medicaid Aid Category</b> Not Currently Active	<b>Managed Care Plan</b> No Managed Care(FFS Only)	<b>HARP HCBS Assessment Status</b> N/A
<b>Address</b> 100 BROADWAY AVENUE, NEW YORK, NEW YORK 11205	<b>Medicaid Eligibility Expires on</b> 07/31/2019	<b>MC Plan Assigned PCP</b> N/A	<b>DSRIP PPS</b> N/A

Current Care Coordination

Care Coordination Alert - This client is eligible for Health Home Plus due to: State PC Inpatient Discharge < 12 months

POP Intensive Care Transition Services



# Quality Flags

as of monthly QI report 7/1/2020 [Definitions](#)

- Recent
- All (Graph)
- All (Table)

Indicator Set

BH QARR - Improvement Measure

[Readmission \(30d\) from any Hosp: MH to MH](#)

Health and Recovery Plan (HARP)

[HARP-Enrolled - No Assessment for HCBS](#)

High Utilization - Inpt/

[Inpatient - BH](#) • [2+ Inpatient - MH](#)

Preventable Hospitali

Readmission Post-Disc  
any Hospital

[BH to BH](#) • [MH to MH](#) • [Medical to All Cause](#)

Select "Upload" from  
"Plans & Documents"  
Section

## Plans & Documents

- [Upload](#)
- [Create New](#)

There are no Plans or Documents

## Behavioral Health Diagnoses

Primary and Secondary Dx (most frequent first)

- [Major Depressive Disorder](#)
- [Unspecified/Other Depressive Disorder](#)
- [Unspecified/Other Bipolar](#)
- [Bipolar I](#)
- [Unspecified/Other Personality Disorder](#)
- [Unspecified/Other Anxiety Disorder](#)
- [Other Mental Disorders](#)
- [Unspecified/Other Psychotic Disorders](#)

## Medical Diagnoses

Primary and Secondary Dx (most frequent first)

Certain Infectious And Parasitic Diseases

[Other bacterial agents as the cause of diseases classified elsewhere](#)

## Quality Flags

as of monthly QI report 7/1/2020

Indicator Set	
BH QARR - Improvement Measure	Readmis
Health and Recovery Plan (HARP)	HARP-E
High Utilization - Inpt/ER	2+ ER - M
Preventable Hospitalization	Prevent
Readmission Post-Discharge from any Hospital	BH to BH

Recent All (Graph) All (Table)

### Upload an Existing Plan or Health Document

**Type of Document** \*

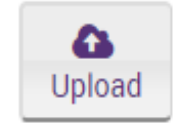
**Date Document Created** \*

**Document Created By** \*

**Document Source** \*

Select "Psychiatric Advance Directive" from "Type of Document" drop-down

- Psychiatric Adv:
- Safety Plan
- Relapse Prevention Plan
- Psychiatric Advance Directive
- Care Plans
- Discharge Plan
- Other



Maximum File Size: 10 mb  
Supported File Types: pdf, doc, jpg, gif

## Plans & Documents

There are no Plans or Documents

## Behavioral Health Diagnoses

Primary and Secondary Dx (most frequent first)

Major Depressive Disorder • Unspecified/Other Depressive Disorder • Unspecified/Other Bipolar • Bipolar I • Unspecified/Other Personality Disorder • Unspecified/Other Anxiety Disorder • Other Mental Disorders • Unspecified/Other Psychotic Disorders

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Readmission Post-Discharge from any Hospital

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Document Created By \*

Document Source \*

Select the date the PAD was created from "Date Document Created" calendar

August 2020

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

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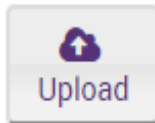
**Type of Document** \*

**Date Document Created** \*

**Document Created By** \*  **Role** \*

**Document Source** \*

Enter name and role of staff member who helped client create their PAD



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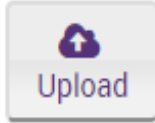
**Type of Document** \*

**Date Document Created** \*

**Document Created By** \*  **Role** \*

**Document Source** \*

Select "Choose File" to locate the document from your computer



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Certain Infectious And Parasitic Diseases

## Upload an Existing Plan or Health Document

Open

Search Results in Downloads

Search: jane doe

Organize

★ Favorites

- Downloads
- Recent Places
- OneDrive
- Desktop

Libraries

- Documents
- Music
- Pictures
- Videos

Computer

- Windows (C:)

File name: Jane Doe PAD.docx

All Files

Open Cancel

Select the PAD document file from your computer for this client and click "Open"

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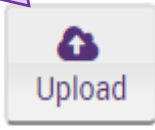
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# Psychiatric Advance Directive (PAD) in PSYCKES Facts:

1. Uploaded PADs in PSYCKES appear in the “Plans and Documents” section of the client’s Clinical Summary.
2. When a PAD is uploaded by your agency, other PSYCKES users at your agency will be able to view this document.
3. PSYCKES users at any other agencies will only be able to view the PAD you uploaded if they have client consent or in a clinical emergency.

**Thank you!**