

**PSYCKES Learning Collaborative for OASAS-Certified Treatment Providers
Kick-Off Meeting**

Kick-off Meeting Registration Link:

<https://meetny.webex.com/meetny/onstage/g.php?t=a&d=644139312>

AGENDA

1. Welcome: The PSYCKES Learning Collaborative for OASAS-Certified Treatment Providers
2. Using PSYCKES in OASAS Programs
3. The PSYCKES Implementation Process
4. Learning Collaborative Activities and Resources
 - Timeline
 - Project Expectations
 - Development of an implementation plan
 - Participation in monthly calls
 - Monthly reporting on project milestones
 - Resources
 - Webinar Trainings
 - Technical Assistance & PSYCKES-Help
5. Brainstorming exercise
 - Identify short term challenges
 - Identify strategies
6. Next Steps/Q&A

PSYCKES TRAINING & LEARNING COLLABORATIVE SCHEDULE

All trainings and Learning Collaborative Calls will be conducted using Webex. Please register using the links below.

PSYCKES Access and Implementation

This Webex training is designed for staff who will be responsible for managing implementation of PSYCKES in OASAS-certified treatment provider settings. It will review:

- steps required for institutions to obtain authorization for access to PSYCKES
- procedures for granting staff access to PSYCKES using the OMH on-line Security Management system
- best practices for implementing PSYCKES
- procedures required to document authorization to view client-level data.

Schedule:

Wednesday, January 29, 2014 9:30 am

To attend this training please register here: <https://meetny.webex.com/meetny/onstage/g.php?d=645931718&t=a>

Event number: 645 931 718

Event password: psyckes

Tuesday, February 4, 2014 11:30 am

To attend this training please register here: <https://meetny.webex.com/meetny/onstage/g.php?d=643823203&t=a>

Event number: 643 823 203

Event password: psyckes

Using PSYCKES to Support Clinical Review and Care Coordination

This Webex training is designed for staff who will be using PSYCKES for clinical decision-making, care coordination, and quality management, including physicians, nurse practitioners, care managers, social workers, and quality assurance staff. The training will:

- provide an overview of reports and functions available in PSYCKES
- demonstrate how individual clinical summaries can support treatment planning, case review, care coordination, and discharge planning
- review quality indicator reports that identify clients at risk of poor outcomes, including high utilization of emergency room and inpatient services, psychiatric re-admissions, and engagement in outpatient care
- review options for obtaining access to client-level data, and procedures required to document authorization to view client level data using the Consent Module in PSYCKES.

Schedule:

Wednesday, February 12, 2014 11:30 am

To attend this training please register here: <https://meetny.webex.com/meetny/onstage/g.php?d=644940810&t=a>

Event number: 644 940 810

Event password: psyckes

Tuesday, March 4, 2014 3:30 pm

To attend this training please register here: <https://meetny.webex.com/meetny/onstage/g.php?d=640008947&t=a>

Event number: 640 008 947

Event password: psyckes

Please contact PSYCKES-Help@omh.ny.gov with any questions or concerns.

PSYCKES Learning Collaborative Calls

The Learning Collaborative meetings are designed to bring together programs on a monthly basis to:

- Support PSYCKES implementation at your site
- Draw from the groups' experiences to address challenges and share strategies
- Offer feedback on PSYCKES integration in OASAS settings

Schedule

The Learning Collaborative calls will occur monthly for six months on the **third Wednesday of every month.**

Wednesday, February 19, 2014 11:00 am

Wednesday, March 19, 2014 11:00 am

Wednesday, April 16, 2014 11:00 am

Wednesday, May 21, 2014 11:00 am

Wednesday, June 18, 2014 11:00 am

Wednesday, July 16, 2014 11:00 am

Password for each Event: psyckes

To register for the OASAS Learning Collaborative calls, please click on the link below and check the box next to each date.

<https://meetny.webex.com/meetny/onstage/g.php?p=iilk37YQ5YYfj8aishleDsyIN6iiAM8sW8HVxsWZR59F79FpfAr&t=m>

Please contact PSYCKES-Help@omh.ny.gov with any questions or concerns.

SAMPLE SURVEY CONTENT
To be reported monthly using online survey

Thank you for participating in the PSYCKES Learning Collaborative for OASAS Programs. Please report on your implementation progress by completing the survey below. If you are reporting for more than one program at your agency, please complete one survey for each program. If you have any questions, please email PSYCKES-Help@omh.ny.gov

Person completing the survey

Name: _____

Email: _____

Program Name: _____

For each milestone, please identify your progress as of the last day of the reporting month.

	Not Yet Started	In Progress	Complete
1) The implementation team is assembled.			
2) The team has created an implementation plan, using the "Milestones" document			
3) PSYCKES policies and workflows have been developed and approved.			
4a) The agency has completed the steps required for PSYCKES access and has assigned a security manager.			
4b) All designated PSYCKES users at the program have been granted PSYCKES access.			
4c) All PSYCKES users have logged on at least once.			
5) Computers have been prepared for PSYCKES use (internet, shortcut, browser).			
6) All relevant staff have been trained in the use of PSYCKES and in PSYCKES related workflows and policies.			
7) PSYCKES has "gone live" in the program and is being used regularly.			

What was your program's census on the last day of the reporting month?	
During the reporting month, how many consents were entered into the Consent Module?	
During the reporting month, how many staff members accessed PSYCKES at least once?	
During the reporting month, how many individual clients' Clinical Summaries were accessed through PSYCKES?	

Thank you for completing the monthly survey. If you have any questions or comments, please contact PSYCKES-Help@omh.ny.gov

Please review your responses and click "done" to submit.

Milestones: PSYCKES Implementation in OASAS Programs

Program Name: _____

Implementation Kick-Off Date: _____

Plan	Task #	Milestone 1: Program Has Committed to Participation in the Initiative, and Implementation Team is Assembled	Person Responsible	Beginning Date	Target Date	Completion Date	Notes
	1	Demonstration of PSYCKES and Consent Module for key stakeholders					
	2	Designate PSYCKES implementation team leadership					
	3	Designate members of PSYCKES implementation team					
	4	Engage leadership and liaisons from other departments that will be involved in PSYCKES workflow (e.g. agency Security Manger, IT Staff)					
		Milestone 2: Implementation Team Has Created Implementation Plan	Person Responsible	Beginning Date	Target Date	Completion Date	Notes
	5	Establish internal project management/communication process (e.g. weekly meetings, add to standing agenda for regular meeting, etc.)					
6	Finalize implementation timeline and task assignments (milestone document)						
Prepare		Milestone 3: PSYCKES Policies and Procedures Have Been Developed and Have Received Necessary Approvals	Person Responsible	Beginning Date	Target Date	Completion Date	Notes
	7	Program Policies/Procedures are reviewed for compatibility with PSYCKES procedures					
	8	PSYCKES-specific policies and procedures are developed and documented					
	9	Proposed PSYCKES workflow for the program has been documented, including processes for identifying Medicaid enrollees, obtaining consent, documenting consent/emergency access, obtaining PSYCKES data, reviewing PSYCKES reports, and incorporating PSYCKES data into client records					
	10	Policies and procedures for PSYCKES have necessary administrative approvals					
	11	Any interdepartmental/interdisciplinary work flows have been communicated to and endorsed by other relevant departments (as appropriate)					
	12	Any desired changes to EMR and/or revisions to paper forms have been requested					
	13	Forms are approved for inclusion in client records (including PSYCKES Consent and Clinical Summary)					
		Milestone 4a: PSYCKES Access Has Been Granted to the Agency	Person Responsible	Beginning Date	Target Date	Completion Date	Notes
	14	CEO/ED signs 2 copies of PSYCKES Confidentiality Agreement					
	15	Program completes Provider Contact Form					
16	Program submits Confidentiality Agreement and Provider Contact Form to PSYCKES team						
17	PSYCKES team grants access and informs point persons						

Protocol for PSYCKES Access – OASAS-Certified Providers

Step 1: Complete and return required documentation to PSYCKES Team

- a) Provider completes “PSYCKES OASAS Provider Contact Form” and faxes or e-mails it to PSYCKES-Help (fax 212-740-7379; e-mail psyckes-help@omh.ny.gov).
- b) Provider CEO (or another person who is legally authorized to bind the provider to the contractual terms) signs the OMH “Confidentiality Agreement” in which the institution acknowledges that PSYCKES provides access to Medicaid claims data and protected health information, and agrees to comply with all New York State and Federal privacy laws and regulations. Agreements will be countersigned by the OMH PSYCKES Director, and a copy will be returned to the provider for its records.

- Scan signed copy and e-mail to psyckes-help@omh.ny.gov

OR

- Fax signed copy to 212-740-7379

OR

- Mail 2 hard copies to:

Attn: Dr. Molly Finnerty
PSYCKES NYPI
1051 Riverside Dr., Unit 104, New York, NY 10032

Step 2. Complete registration in OMH Security Management System (SMS)

Access to secure OMH applications, including PSYCKES, is managed through an on-line SMS (for more information, see http://www.omh.ny.gov/omhweb/sms/reference_manual.html).

- a) OMH e-mails instructions to the CEO on how to electronically sign a Confidentiality and Non-Disclosure Agreement (CNDA). (This is separate from the PSYCKES-specific Confidentiality Agreement referenced in step 1b above.)
- b) The CEO follows instructions provided in the e-mail to electronically sign the CNDA.

Step 3. Designate one or more Security Manager

- a) OMH e-mails the CEO with information and self-registration link needed to assign one or more SMS Security Managers.
- b) CEO forwards e-mail to person or persons who are to become Security Managers.
- c) Staff follow instructions in e-mail for online self-registration process as Security Manager.
- d) OMH sends the Security Manager an e-mail notification and a token (if needed; staff with existing OMH tokens will be able to use the same device).
- e) The Security Manager follows instructions provided with the token to activate it.

In the future, providers wishing to designate additional staff as Security Managers should contact the OMH Helpdesk at helpdesk@omh.ny.gov to request that OMH re-send the e-mail described in step 3a.

Protocol for PSYCKES Access – OASAS-Certified Providers

Step 4. Security Manager enrolls PSYCKES users

- a) Provider determines
 - i. Staff requiring PSYCKES access
 - ii. Staff who will be responsible for using the PSYCKES Consent Module to attest to the provider's right to view client-level data.
- b) Security Manager creates an account in SMS.
 - i. Creation of user account triggers a token request.
 - ii. OMH mails a token to the Security Manager.
 - iii. When the token is received, the Security Manager activates the token.
 - iv. Security Manager delivers the token to the user.
- c) Once the user account is created, the Security Manager uses SMS to grant access to PSYCKES by selecting the "PSYCKES-Medicaid Access" option.
- d) For those staff who will be responsible for attesting to the right of the institution to view client-level data, the Security Manager uses SMS to grant access to the PSYCKES Consent module by selecting the "Registrar" option.

The Security Manager should not select the "MyPSYCKES Manager" option for any staff.

Step 5. Security Manager revokes PSYCKES access for staff no longer requiring access

If the individual no longer requires PSYCKES access or has left the institution, the Security Manager disables the user's account in SMS and mails the token back to OMH.