

# PSYCKES

## Train the Trainer

August 2014



# Goals

- Identify key considerations in planning for training
- Review recommended pre-training activities
- Highlight key information and core competencies (“PSYCKES 101”)
- Review available training resources

(Not a thorough training on PSYCKES itself.)

# Planning for PSYCKES Training

- Who needs training?
- What do they need training on?
- What type of training is most appropriate for which staff?

Understanding workflow expectations and use cases is critical!

# Evaluating Training Needs

Role	PSYCKES Use Case	Training Domains
Front Desk Staff	<ul style="list-style-type: none"> <li>• Attesting to consent in PSYCKES</li> <li>• Printing PSYCKES Clinical Summary</li> </ul>	<ul style="list-style-type: none"> <li>• Consent Module</li> </ul>
Clinicians	<ul style="list-style-type: none"> <li>• Review Clinical Summary for clinical decision-making</li> <li>• Attesting to consent in PSYCKES</li> </ul>	<ul style="list-style-type: none"> <li>• Recipient Search</li> <li>• Clinical Summary</li> <li>• Consent Module</li> </ul>
Supervisors	<ul style="list-style-type: none"> <li>• Identify at-risk clients</li> <li>• Clinical supervision</li> <li>• Monitor PSYCKES use</li> </ul>	<ul style="list-style-type: none"> <li>• QI Reports</li> <li>• Recipient Search</li> <li>• Clinical Summary</li> <li>• Usage Reports</li> </ul>
QA/QI Staff	<ul style="list-style-type: none"> <li>• Review performance on quality measures</li> <li>• Integrate Clinical Summary into UR, incident review</li> </ul>	<ul style="list-style-type: none"> <li>• QI Reports</li> <li>• Recipient Search</li> <li>• Clinical Summary</li> </ul>

# Evaluating Training Format

Training Format	Best for ...	Advantages	Challenges
PSYCKES webinars	<ul style="list-style-type: none"> <li>• Staff with access to computers</li> <li>• Self-directed learners</li> <li>• Comfortable with computers</li> </ul>	<ul style="list-style-type: none"> <li>• Offered regularly by PSYCKES staff</li> <li>• Live and recorded format</li> </ul>	<ul style="list-style-type: none"> <li>• Not specific to users' workflow / use cases</li> <li>• No on-site support</li> </ul>
Group training: Demo	<ul style="list-style-type: none"> <li>• Larger groups of users</li> <li>• Staff with similar use cases</li> <li>• Comfortable with computers</li> </ul>	<ul style="list-style-type: none"> <li>• Can tailor to organization's specific workflow</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to assess users' capacity to apply training</li> <li>• Scheduling</li> </ul>
Group training: Hands-on	<ul style="list-style-type: none"> <li>• Larger groups of users</li> <li>• Staff with similar use cases</li> </ul>	<ul style="list-style-type: none"> <li>• Can tailor to organization</li> <li>• Can offer immediate feedback / assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Requires access to computer lab</li> <li>• Difficult to engage users with very different skills in same session</li> <li>• Scheduling</li> </ul>
1:1 training	<ul style="list-style-type: none"> <li>• Staff needing support for computer use</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible scheduling</li> <li>• User-specific support</li> </ul>	<ul style="list-style-type: none"> <li>• Trainer time</li> </ul>

# Preparing for the Training Session

- Develop training outline
  - Internal policies and procedures
  - Consult [Core Competencies Checklist](#)
  - Decide whether to use identified or de-identified data
- Practice skills to be taught
  - Attend/view “Using PSYCKES for Clinicians,” “PSYCKES Consent Module” and “PSYCKES for Managers/Administrators” webinars
- Confirm that tokens are activated and tested prior to training
- Have training materials and contact numbers on hand
  - For log-on or token issues, contact OMH Helpdesk at 800-HELP-NYS (800-435-7697)

# Training Resources on PSYCKES Website

The screenshot displays the PSYCKES Medicaid website interface. The top navigation bar includes 'Emergency Rooms' and 'Using PSYCKES'. A left sidebar menu lists various categories, with 'Emergency Rooms' highlighted in red. The main content area features a sub-header 'PSYCKES Emergency Room Implementation Initiative Training Tools' and a list of resources including 'PSYCKES Core Competencies Checklist' and 'Brief Instructions for Using PSYCKES in Clinical/Emergency Settings'.

**PSYCKES Medicaid**

Log Into PSYCKES

About PSYCKES

Calendar

News

Quality Concerns

Initiatives

- Assertive Community Treatment (ACT)
- Care Management
- Freestanding Clinics
- Hospital Collaborative
- Emergency Rooms**
- Other Initiatives

Resources

- QI Teams
- Clinicians
- Inpatient Providers
- Consumers/Families

FAQ's

A to Z Site Map

Contact Us

**Emergency Rooms**

Implementation Resources   Learning Collaborative Activities   Using PSYCKES

Implementation Plan

Policies and Procedures

**PSYCKES Emergency Room Implementation Initiative Training Tools**

Training Tools

Hospital Access to PSYCKES

Live Webinars

Recorded Webinars

The Knowledge Enhancement System (PSYCKES) team has developed several resources to assist implementation teams in training clinicians and other staff to use PSYCKES.

**PSYCKES Core Competencies Checklist**

The [PSYCKES Core Competencies Checklist](#) (72kb) is a training tool designed to ensure that those using PSYCKES for clinical purposes have the essential skills to use the application.

**Brief Instructions for Using PSYCKES in Clinical/Emergency Settings**

[Brief Instructions for Using PSYCKES in Clinical/Emergency Settings](#) (84kb) is a concise and user-friendly guide developed to meet the needs of clinicians using PSYCKES. It provides step-by-step instructions for documenting client consent or emergency status and accessing the Clinical Summary.

Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).

# Core Competencies Checklist

Core Competencies Checklist	
User Name: _____	Date: _____
<b>All Users:</b>	
User Skill	Required Steps / Answer Key
<input type="checkbox"/> Log in to PSYCKES	Open PSYCKES web page; navigate to login page; enter unique User ID, password and token code
<input type="checkbox"/> Set appropriate filters on your agency/hospital's QI overview screen to view data for your program / site / service type.	Click "Modify Filter;" make correct selections in the drop-down menus under "Sites," "Program Type," and/or "Age."
<input type="checkbox"/> Exit PSYCKES	Click "Log Off;" do not simply close browser
<b>Clinicians:</b>	
User Skill	Required Steps / Answer Key
<input type="checkbox"/> In Recipient Search, generate a list of Medicaid clients attached to your program: <ul style="list-style-type: none"> <li>▪ All clients in your program</li> <li>▪ Only clients who have signed a consent and whose consent has been entered by the registrar</li> <li>▪ Only clients who have not yet signed a consent (or whose signed consent has not yet been entered by the registrar)</li> </ul>	Click "Recipient Search" tab; select correct "Service" and "Service Details" for your program; and select desired consent status: <ul style="list-style-type: none"> <li>▪ Consented and Non-Consented Clients</li> <li>▪ Active Consent Only</li> <li>▪ Non-Consented Only</li> </ul>
<input type="checkbox"/> Search for a client in Recipient Search	Click "Recipient Search" tab. Enter Medicaid ID, SSN or Client name. If searching by name, may need to narrow the search by adding search criteria, such as service type (program), age or diagnosis. Run the search.
<input type="checkbox"/> View and sort search results; find clients' consent status, and explain what level of data access you will have when reviewing the clinical summaries of clients in each consent status category.	Sort the results (ascending/descending) by clicking on column headers. Find consent status in "PHI Access" column.  Users should understand differences between "All Data-Consent", "Quality Flag" (access to data except SUD, HIV, family planning and genetic disorders), and "No Access".
<input type="checkbox"/> Access a Clinical Summary from search results	Click on client's name
<input type="checkbox"/> Set Clinical Summary time period, and read message re data with special protections <ul style="list-style-type: none"> <li>▪ Explain: What data has special protections? Is it hidden or shown in the summary you are viewing?</li> </ul>	Click on desired time period; read message about data with special protections; correctly identify what data has special protections and whether it is shown in the Clinical Summary.

# Brief Instructions for Using PSYCKES

Includes  
step-by-step  
instructions  
for using  
Consent  
Module,  
Recipient  
Search and  
Clinical  
Summary

## Scenario #1: Using the Consent Module to Enter Consent and Access Data

- You have the client's Medicaid Identification Number (ID#) *or* Social Security #
- You have 2 forms of identification *or* you can attest to client's identity
- The client has signed a PSYCKES Consent Form *or* it is a clinical emergency

### Overview:

- Enter consent module
- Document client's identity and why you have the right to access
- Proceed to client's Clinical Summary

### Click Path:

- Log in to PSYCKES
  - Hospital/Agency Overview Screen appears
- Top row of tabs: click "Registrar Menu"
  - "Medicaid consent" menu screen appears
- Click link: "PSYCKES Medicaid – Grant Consent"
  - "Step 1" screen appears
- Enter Medicaid ID# or Social Security#
- Click "Search" button
  - Client demographic fields populate\*
  - Confirm that PSYCKES has returned the correct individual
- Bottom row of buttons: if this is the right person, click "Yes, continue to Step 2"
  - "Step 2 & 3" screen appears
- Step 2: Check box to select reason for access to Medicaid data (Signed consent or emergency status)
- Step 3: Indicate how client was identified:
  - Check box to attest to identity, *or*
  - Select 2 forms of ID, one in each drop-down box.
- Bottom row of buttons: click "Submit and go to clinical report."
  - Client's Clinical Summary loads

# **PSYCKES 101: PSYCKES Data**

# Basic Info about PSYCKES

- A HIPAA-compliant, web-based platform for sharing Medicaid claims data
- Includes up to 5 years of data on Medicaid behavioral health population
  - All Medicaid-reimbursed services across settings
  - Fee-for-service and managed care
  - Clinical data is refreshed weekly
- 50+ quality measures in domains of psychotropic medication, acute care utilization, and outpatient health services
  - Can identify clients at risk or in need of extra support
  - Quality indicators are refreshed monthly

# Limitations of PSYCKES Data

- Accuracy dependent on coding and billing
- Data elements limited to what is shown on claims
  - See diagnostic procedures/ labs but without results
- Time lag between services and billing is variable
  - Service data may lag by weeks or months
- Client data affected by hospitalizations (bundled services), loss of Medicaid coverage, moves.

# Training Take-Away Message

- PSYCKES data can provide important information about treatment history
- May not represent entire clinical picture
- Need to train staff on appropriate ways to handle inconsistencies with client self-report
  - Goal: to support clinician-client dialogue

# Access to Client Data in PSYCKES

Access Type	Includes Data with Special Protections? (SUD, HIV, Family Planning, Genetic)	Duration
Provider attests to patient consent	Yes, all data	3 years after last bill
Provider attests to clinical emergency	Yes, all data	72 hours
Provider billed for client in past 9 months / attests that client is served at agency AND client has Quality Flag	No, but get all other data	While flag is active; up to 9 months after last bill
Provider billed for service in past 9 months / attests that client is served at agency	No, client name only	Up to 9 months after last service

# Training Take-Away Message

- Data with special protections is only available with provider attestation via the PSYCKES Consent Module
- It is important that staff make the effort to obtain signed consent (rather than using emergency access) whenever possible
  - Respect for clients
  - Long-term access to all available client data

# **PSYCKES 101: Core Competencies**

# Core Competency: Logging in to PSYCKES

- Go to PSYCKES Home Page: [www.psyckes.org](http://www.psyckes.org)
- Click “Log Into PSYCKES”

The image shows a screenshot of the PSYCKES Medicaid Home page. On the left is a vertical navigation menu with the following items: PSYCKES MEDICAID, Log Into PSYCKES, About PSYCKES, Calendar, News, Quality Concerns, Initiatives (with sub-items: Freestanding Clinics, Hospital Collaborative, Emergency Rooms, Other Initiatives), Resources (with sub-items: QI Teams, Clinicians, Inpatient Providers, Consumers/Families), FAQ's, A to Z Site Map, and Contact Us. A red arrow points to the 'Log Into PSYCKES' link. To the right of the menu are three large blue arrows pointing right, labeled 'PSYCKES', 'Initiatives', and 'Resources'. Each blue arrow points to a corresponding grey arrow pointing right, which contains a list of sub-links. The 'PSYCKES' grey arrow contains: PSYCKES Medicaid, Log into PSYCKES, and MyPSYCKES. The 'Initiatives' grey arrow contains: Freestanding Mental Health Clinics, Hospital-Affiliated Mental Health Clinics, and Other Initiatives. The 'Resources' grey arrow contains: Quality Improvement Teams, Clinicians, Behavioral Health Inpatient Providers, and Consumers and Families. At the bottom of the page, there is a text box that reads: 'Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).'

**PSYCKES Medicaid Home**

**PSYCKES**

- ▶ PSYCKES Medicaid
- ▶ Log into PSYCKES
- ▶ MyPSYCKES

**Initiatives**

- ▶ Freestanding Mental Health Clinics
- ▶ Hospital-Affiliated Mental Health Clinics
- ▶ Other Initiatives

**Resources**

- ▶ Quality Improvement Teams
- ▶ Clinicians
- ▶ Behavioral Health Inpatient Providers
- ▶ Consumers and Families

Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).

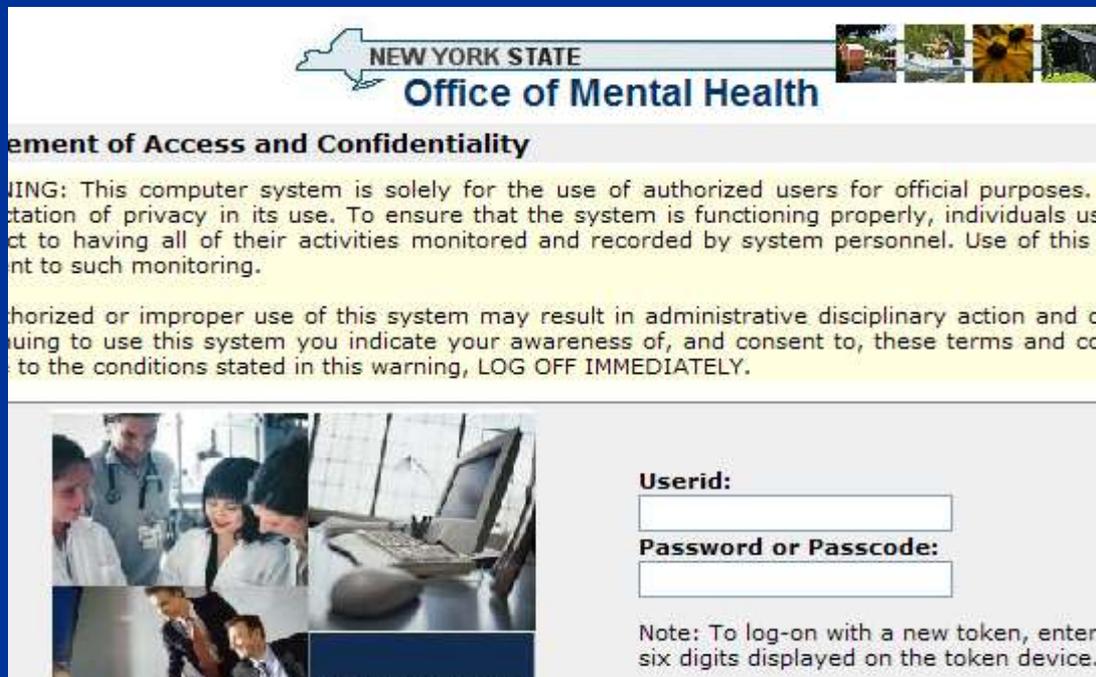
# Logging in to PSYCKES, cont.

- Security Token Required
  - Token (below), or
  - “Soft token” (at right)
    - Computer or
    - smartphone
- PIN set at first log-on



# Logging in to PSYCKES, cont.

- At Login Page, enter:
  - User ID
  - Password: PIN followed by token code



 **NEW YORK STATE**  
**Office of Mental Health**

**Statement of Access and Confidentiality**

WARNING: This computer system is solely for the use of authorized users for official purposes. Use of this system represents a waiver of privacy in its use. To ensure that the system is functioning properly, individuals using this system consent to having all of their activities monitored and recorded by system personnel. Use of this system represents consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil liability. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions. If you do not consent to the conditions stated in this warning, LOG OFF IMMEDIATELY.

**Userid:**

**Password or Passcode:**

Note: To log-on with a new token, enter the six digits displayed on the token device.

# Be Prepared for Questions About...

- My token doesn't work
  - Call OMH Helpdesk
- I tried to log in but see “authentication error”
  - Call OMH Helpdesk and ask them to reset your PIN

# Core Competency: Finding Client(s)

Select Individual or Group Search

PSYCHES MEDICAID New York State **omh** Office of Mental Health

Log Off  De-Identify Data

My QI Report 
  Statewide Reports 
  Recipient Search 
  MyPSYCHES 
  Registrar Menu 
  Usage Report

Individual Search 
  Group Search

Quality Indicator Overview As Of 12/01/2012 Provider Details Find Provider

Provider: HOSPITAL CENTER Export PDF Excel

Modify Filter Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL

Select Indicator Set for Details Report View Type:  Report Only  Graph Only  Both

Indicator Set

Indicator Set	Population	On Any	N	%	Regional %	Statewide %
BH Care Coordination	All	14,936	2,985	19.99	5.08	4.73
Cardiometabolic	All	603	269	44.61	40.63	41.68
Dose	All	3,787	257	6.79	6.09	5.85
Health Promotion and Coordination	All	14,936	6,393	42.80	27.31	27.91
High Need - Ineffectively Engaged	All		606			
High Utilization - Inpt/ER	All	14,936	5,417	36.27	13.34	13.13
Polypharmacy	All	2,084	268	12.86	14.34	14.48
Preventable Hospitalization	Adult	12,882	425	3.30	2.93	2.32
Readmission	All	3,996	2,035	50.93	27.56	23.19
Youth Indicator	Child	397	108	27.20	20.47	22.55

# Recipient Search: Group

Search for cohorts by prescriber, service, age, gender, quality flag, diagnosis, drug or drug class, etc.

### Recipient Related

Age Group:  Quality Indicator\*:   
Gender:   
Managed Care:   
Population:   
Polypharmacy Summary  
Antipsychotic Three Plus  
Antipsychotic Two Plus  
Antidepressant Three Plus  
Antidepressant Two Plus - SC  
Psychotropic Four Plus

### Medication & Diagnosis

Past 1 Year

Prescriber Last Name:   
Drug Name:   
Active Drug:

Psychotropic Drug Class\*:   
Antipsychotic  
Anxiolytic  
Mood Stabilizer  
Side-Effect Management  
Stimulant  
Non-Psychotropic Drug Class\*:   
Anti-Infective Agents  
Anti-Obesity Agents  
Antidiabetic  
Antihyperlipidemic  
Antihypertensive

Diagnosis Group:   
Diagnosis given:  times Primary Only:  Primary/Secondary:

BH Diagnosis\*:   
Anxiety Disorder  
Attention Deficit Disorder  
Autism & Pervasive Developmental D  
Bipolar Disorder  
Conduct Disorder  
Medical Diagnosis\*:   
Complications of Pregnancy, Childbir  
Congenital Anomalies  
Diabetes  
Diseases of Skin and Subcutaneous T  
Disorders of the Blood and Blood Form

### Provider Specific

Past 1 Year

Provider:   
Region:  County:   
Consent Status:   
Service Utilization:  Number of Visits:

Service Setting\*:   
Foster Care  
Inpatient - ER  
Living Support/Residential  
Service Detail: Selected

### All Services By Any Provider

Past 1 Year

Provider(Optional):   
Region:  County:   
Service Utilization:  Number of Visits:

Service Setting\*:   
Foster Care  
Inpatient - ER  
Living Support/Residential  
Service Detail: Selected

\*To select multiple options within a list, hold down "CTRL" while making (up to 4) additional selections.  
Search uses "OR" criteria within a list and "AND" criteria between lists.

Maximum No. of Rows to be displayed:

# Recipient Search: Individual

Search by Medicaid ID, Social Security #, or last name  
If searching by name, use other criteria to narrow the list

PSYCHES MEDICAID New York State **omh** Office of Mental Health

[Log Off](#)  De-Identify Data

My QI Report  Statewide Reports  Recipient Search  MyPSYCKES  Registrar Menu  Usage Report

Individual Search  Group Search

### Individual Search

Export PDF Excel

To find an Individual enter: If using name, you may wish to narrow your search by using one or more of these criteria.

<p>Medicaid Id: <input type="text"/></p> <p>Or</p> <p>SSN (XXX-XX-XXXX): <input type="text"/></p> <p>Or</p> <p>Recipient Last Name: <input type="text"/></p> <p>And/or</p> <p>Recipient First Name: <input type="text"/></p> <p>Recipient Gender: <input type="text" value="Any"/></p> <p>DOB (mm/dd/yyyy): <input type="text"/></p>	<p>Age Range: <input type="text" value="Select Age Range"/></p> <p>Region: <input type="text" value="Select Region"/> County: <input type="text" value="Select County"/></p> <p>Provider: <input type="text" value="HOSPITAL CENTER"/></p> <p>Service: <input type="text"/></p> <p>Service Details: <input type="text"/></p> <p>Managed Care Program: <input type="text"/></p>
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Maximum No. Of Rows to be displayed:

# Search Results

Select and click on recipient name for clinical summary

PSYCHES MEDICAID New York State **omh** Office of Mental Health

Log Off  De-Identify Data

My QI Report Statewide Reports **Recipient Search** MyPSYCKES Registrar Menu Usage Report

Recipient Search Export PDF Excel

Selection Criteria: Total No. Of Recipients = 21 Maximum Number of rows Displayed = 50

Recipient's Last Name: ASDFNEFG Agency: HOSPITAL CENTER Modify Search

Name ^	Medicaid ID	DOB	Gender - Age	Quality Flags	PHI Access
<a href="#">Cehcqdf Fcieide</a>	Iefefdi Eafefcd	12/31/9999	Feggfad Eiaeidb		No Access
<a href="#">Cehcqdf Fcieide</a>	Fjaaaab Edgfdic	12/31/9999	Ddfdbaf Bbefhad	4+ Inpt/ER-All, 4+ Inpt/ER-Med	Quality Flag
<a href="#">Cehcqdf Fcieide</a>	Gfcfhef Adfiidd	12/31/9999	Bgehehg Dfejabg		All Data - Consent
<a href="#">Cehcqdf Fcieide</a>	Ceecadd Dbaaibh	12/31/9999	Aaegffb Gjfacgb	4+ Inpt/ER-All, 4+ Inpt/ER-Med	Quality Flag
<a href="#">Cehcqdf Fcieide</a>	Jdaeadf Afeaajc	12/31/9999	Dcicfbb Fcecdfc		
<a href="#">Cehcqdf Fcieide</a>	Cfegdde Djdeba	12/31/9999	Abjedhh Icdgage	4+ Inpt/ER-All, 4+ Inpt/ER-Med	
<a href="#">Cehcqdf Fcieide</a>	Baibgfd	12/31/9999	Ebaefdj		

Release: 4.7.3.2

Search by name may return multiple clients

# Be Prepared for Questions About...

I searched for a client in “Recipient Search,” but it yielded 0 results.

- Error entering client Medicaid ID or SSN
- Client not yet linked to the hospital/agency by billing or through the Consent Module

# Core Competency: Clinical Summary

## Clinical Summary Export to PDF Excel CCD

[Return to Search Results](#)

[Care Coordination](#) | [Medication: BH](#) | [Medication: Medical](#) | [BH Outpatient](#) | [Medical Outpatient](#) | [Hospital/ER Dental](#) | [Vision](#) | [Support/Residential](#) | [Lab & Pathology](#) | [Radiology](#) | [Medical Equipment](#) | [Transportation](#)

OMH PHI **Please choose summary period**

Last 6 months
Last Year
Last 2 Years
All Available (up to 5 years)

Clinical Report Date: 6/20/2014 (This report contains all available clinical data.) Enhanced PHI  Show  Hide

Name: <a href="#">Bfcbbfh Afhbbfc</a>	Medicaid ID: IDDDCEB ACDEJHG	Managed Care Plan: MetroPlus Health Plan
Address: <a href="#">Baiijch Bdecbga, Bechefg Efiegfb, Icabijj Cbhffbe, Baecjcf Dfhndide</a>	DOB: 01/01/9999	Medicaid Eligibility: SSI
Phone Number:	Age: 999	Medicare: No

Indicator Set	Quality Flags (as of monthly QI report 4/1/2014)	Quality Flag Definitions <span style="font-size: 0.8em;">?</span>
BH Care Coordination	Adherence - Mood Stabilizer (Bipolar)   Adherence - Antipsychotic (Schz)   3+ ER - BH   3+ Inpatient - BH	
Cardiometabolic	Drug ( Quetiapine ) and Cardiometabolic Condition (AP + Cardiovascular Disease Risk   AP + Obesity Risk )	
Hospital ER Utilization	4+ Inpatient/ER - All   4+ Inpatient/ER - BH   Readmission - All BH 7 day	

**Behavioral Health Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)**

Substance Abuse | Schizoaffective Disorder | Alcohol Abuse | Alcohol Related Organic Mental Disorder | Major Depressive Disorder | Bipolar Disorder

**Medical Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)**

Cardiometabolic Flag Related Conditions	Ischemic Vascular Disease   Obesity
Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders	Disorders of lipid metabolism
Infectious And Parasitic Diseases	HIV infection   Tuberculosis

# Clinical Summary

Set parameters, review demographic information

## Clinical Summary

Export to PDF Excel CCD

[Return to Search Results](#) | [Care Coordination](#) | [Medication: BH](#) | [Medication: Medical](#) | [BH Outpatient](#) | [Medical Outpatient](#) | [Hospital/ER Dental](#) | [Vision](#) | [Support/Residential](#) | [Lab & Pathology](#) | [Radiology](#) | [Medical Equipment](#) | [Transportation](#)

OMH PHI **Please choose summary period** | [Last 6 months](#) | [Last Year](#) | [Last 2 Years](#) | [All Available \(up to 5 years\)](#)

Clinical Report Date: 6/20/2014 (This report contains all available clinical data.) **Enhanced PHI**  Show  Hide

Name: [Bfcbbfh Afhbbfc](#) Medicaid ID: IDDDCEB ACDEJHG Managed Care Plan: MetroPlus Health Plan  
Address: [Baiijch Bdecbga, Bechefg Efiegfb, Icabiij Cbhffbe, Baecjcf Dfhndide](#) DOB: 01/01/9999 Medicaid Eligibility: SSI  
Phone Number: Age: 999 Medicare: No

Indicator Set	Quality Flags (as of monthly QI report 4/1/2014)	Quality Flag Definitions ?
BH Care Coordination	Adherence - Mood Stabilizer (Bipolar)   Adherence - Antipsychotic (Schz)   3+ ER - BH   3+ Inpatient - BH	
Cardiometabolic	Drug ( Quetiapine ) and Cardiometabolic Condition (AP + Cardiovascular Disease Risk   AP + Obesity Risk )	
Hospital ER Utilization	4+ Inpatient/ER - All   4+ Inpatient/ER - BH   Readmission - All BH 7 day	

**Behavioral Health Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)**

[Substance Abuse](#) | [Schizoaffective Disorder](#) | [Alcohol Abuse](#) | [Alcohol Related Organic Mental Disorder](#) | [Major Depressive Disorder](#) | [Bipolar Disorder](#)

**Medical Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)**

Cardiometabolic Flag Related Conditions	<a href="#">Ischemic Vascular Disease</a>   <a href="#">Obesity</a>
Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders	<a href="#">Disorders of lipid metabolism</a>
Infectious And Parasitic Diseases	<a href="#">HIV infection</a>   <a href="#">Tuberculosis</a>

# Clinical Summary

Without consent: PHI with special protections is masked

## Clinical Summary

Export to PDF Excel CCD

[Return to Search Results](#) | [Care Coordination](#) | [Medication: BH](#) | [Medication: Medical](#) | [BH Outpatient](#) | [Medical Outpatient](#) | [Hospital/ER Dental](#) | [Vision](#) | [Support/Residential](#) | [Lab & Pathology](#) | [Radiology](#) | [Medical Equipment](#) | [Transportation](#)

OMH PHI **Please choose summary period** | [Last 6 months](#) | [Last Year](#) | [Last 2 Years](#) | [All Available \(up to 5 years\)](#)

Clinical Report Date: 6/20/2014 (This report does not contain clinical data with special protection - consent required.)

Name: [Bfcbbfh Afhbbfc](#) Medicaid ID: IDDDCEB ACDEJHG Managed Care Plan: MetroPlus Health Plan  
Address: [Baiijch Bdecbga, Bechefg Efiegfb, Icabiij Cbhffbe, Baecjcf Dfhcide](#) DOB: 01/01/9999 Medicaid Eligibility: SSI  
Phone Number: Age: 999 Medicare: No

Indicator Set	Quality Flags (as of monthly QI report 4/1/2014)	Quality Flag Definitions ?
BH Care Coordination	Adherence - Mood Stabilizer (Bipolar)   Adherence - Antipsychotic (Schz)   3+ ER - BH   3+ Inpatient - BH	
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Hospital ER Utilization	4+ Inpatient/ER - All   4+ Inpatient/ER - BH   Readmission - All BH 7 day	

**Behavioral Health Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)**

[Schizoaffective Disorder](#) | [Major Depressive Disorder](#) | [Bipolar Disorder](#)

**Medical Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)**

Cardiometabolic Flag Related Conditions	<a href="#">Ischemic Vascular Disease</a>   <a href="#">Obesity</a>
Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders	<a href="#">Disorders of lipid metabolism</a>
Infectious And Parasitic Diseases	<a href="#">Tuberculosis</a>

# Navigation

## Section links, expand / collapse sections

### Clinical Summary

Export to PDF Excel CCD

[Return to Search Results](#)

[Care Coordination](#) | [Medication: BH](#) | [Medication: Medical](#) | [BH Outpatient](#) | [Medical Outpatient](#) | [Hospital/ER](#) | [Dental](#) | [Vision](#) | [Support/Residential](#) | [Lab & Pathology](#) | [Radiology](#) | [Medical Equipment](#) | [Transportation](#)

#### ▸ Medication: Behavioral Health

#### ▾ Medication: Medical

[See All Prescription Details](#)

OMH PHI

View:  Graph  Table

Drug Class	Brand Name	Generic Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up ▼	Active in Past Month	Most Recent Prescriber	See Details
Calcium Channel Blockers	<a href="#">Nifedipine Er</a>	<a href="#">Nifedipine</a>	30 MG	1 Month(s)	4/29/2014	4/29/2014	No	<a href="#">Anand Om Parkash</a>	
Azithromycin	<a href="#">Azithromycin</a>	<a href="#">Azithromycin</a>	300 MG	5 Day(s)	3/4/2014	3/4/2014	No		

#### ▾ Behavioral Health Services

[See All Service Details](#)

OMH PHI

View:  Graph  Table

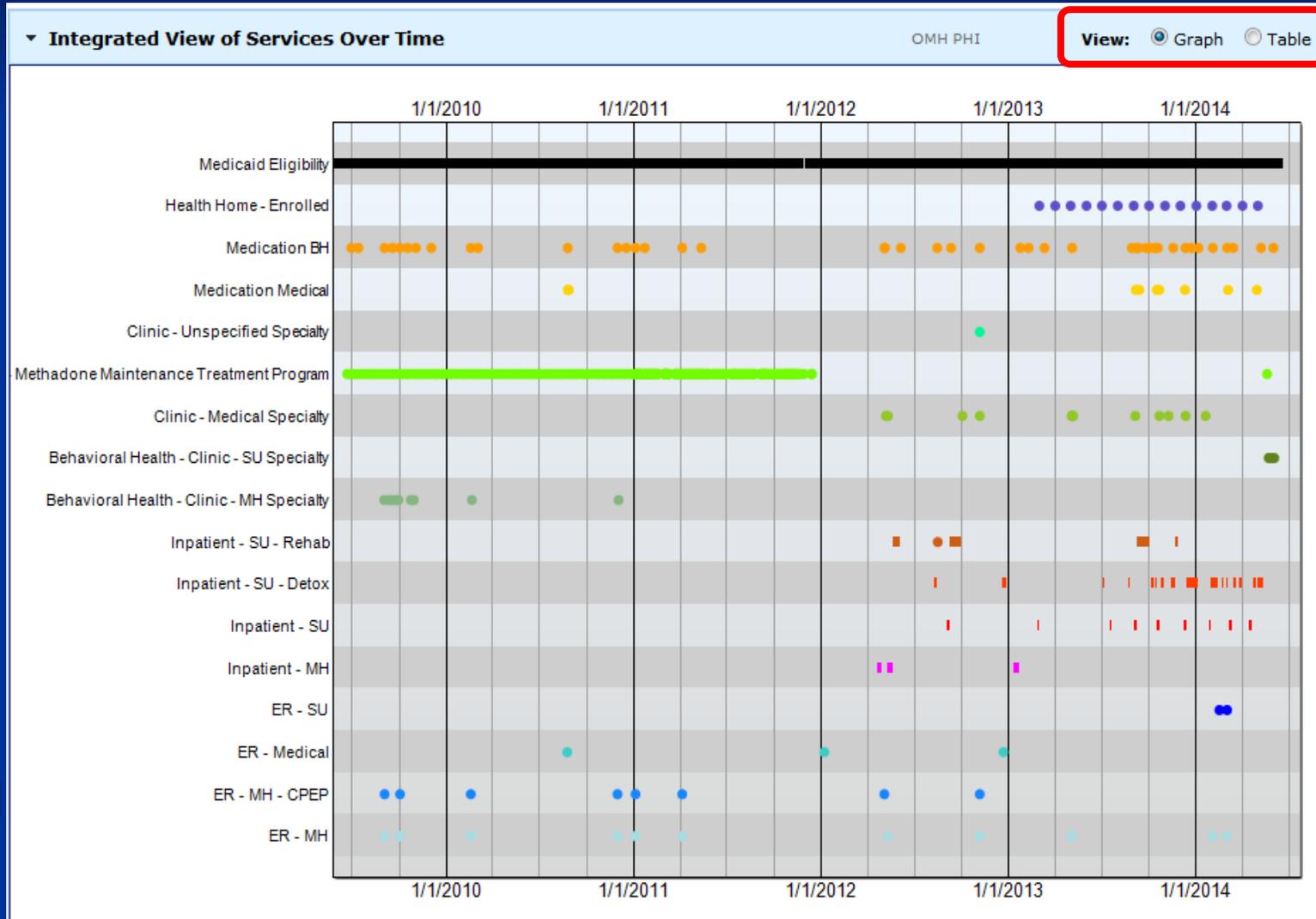
Service Type	Provider	First Date Billed	Last Date Billed ▼	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	Practitioner	See Service Details
Clinic - SU Specialty	<a href="#">ST LUKES ROOSEVELT HSP_CTR</a>	5/22/2014	6/20/2014	7	Opioid Type Dependence, Unspecified Use [304.00]	<ul style="list-style-type: none"><li>- Alcohol And/Or Drug Screenin</li><li>- Alcohol And/Or Drug Services</li><li>- Alcohol/Subs Interv 15-30mn</li><li>- Alcohol/Subs Interv &gt;30 Min</li><li>- Office/Outpatient Visit</li></ul>		

# Clinical Summary Components

- Each section can be viewed as table or as graph
- Click on “See Details” for more information
  - For all services within the section
  - For a particular medication/episode of care

# Clinical Summary: Integrated View as Graph

All services displayed in graphic form to allow ready identification of utilization patterns, including medication adherence and outpatient, inpatient and ER services.



# Sample Section: Pharmacy Data

Drug, daily dose, duration, start date, last pick up, prescriber

Medication: Behavioral Health			See All Prescription Details				OMH PHI	View: <input type="radio"/> Graph <input checked="" type="radio"/> Table	
Drug Class	Brand Name	Generic Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber	See Details
Mood Stabilizer	<a href="#">Divalproex Sodium</a>	<a href="#">Divalproex Sodium</a>	1000 MG	1 Month(s) 1 Week(s)	5/7/2014	5/31/2014	Yes	<a href="#">Kelly Meredith Ann</a>	
Antipsychotic	<a href="#">Quetiapine Fumarate</a>	<a href="#">Quetiapine Fumarate</a>	400 MG	1 Month(s) 1 Week(s)	5/7/2014	5/31/2014	Yes	<a href="#">Kelly Meredith Ann</a>	
Antidepressant	<a href="#">Trazodone Hcl</a>	<a href="#">Trazodone Hcl</a>	100 MG	1 Month(s) 1 Week(s)	5/7/2014	5/31/2014	Yes	<a href="#">Kelly Meredith Ann</a>	
Antipsychotic	<a href="#">Quetiapine Fumarate</a>	<a href="#">Quetiapine Fumarate</a>	400 MG	6 Month(s) 3 Week(s)	8/28/2013	3/14/2014	No	<a href="#">Quyym Akm</a>	
Mood Stabilizer	<a href="#">Divalproex Sodium</a>	<a href="#">Divalproex Sodium</a>	750 MG	6 Month(s) 3 Week(s)	8/28/2013	3/14/2014	No		
Antidepressant	<a href="#">Trazodone Hcl</a>	<a href="#">Trazodone Hcl</a>	100 MG	5 Month(s) 1 Week(s)	8/28/2013	1/5/2014	No	<a href="#">Meyerzon Savely</a>	
Antipsychotic	<a href="#">Quetiapine Fumarate</a>	<a href="#">Quetiapine Fumarate</a>	200 MG	3 Month(s) 2 Week(s) 4 Day(s)	1/23/2013	5/4/2013	No	<a href="#">Chaput France Irene</a>	
Mood Stabilizer	<a href="#">Divalproex Sodium</a>	<a href="#">Divalproex Sodium</a>	1000 MG	2 Month(s) 2 Week(s) 4 Day(s)	1/23/2013	3/11/2013	No		
Withdrawal Management	<a href="#">Sm Nicotine</a>	<a href="#">Nicotine</a>	21 MG/24H R	4 Week(s)	3/11/2013	3/11/2013	No		
				4 Week(s) 2 Day					

# Pharmacy Data:

## “See Detail” Trials and Orders

See trials and/or individual orders of each medication

Medication: Behavioral Health See All Prescription Details OMH PHI View:  Graph  Table

Drug Class	Brand Name	Generic Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber	See Details
Mood Stabilizer	<a href="#">Divalproex Sodium</a>	<a href="#">Divalproex Sodium</a>	1000 MG	1 Month(s) 1 Week(s)	5/7/2014	5/31/2014	Yes	<a href="#">Kelly Meredith Ann</a>	
Antipsychotic	<a href="#">Quetiapine Fumarate</a>	<a href="#">Quetiapine Fumarate</a>	400 MG	1 Month(s) 1 Week(s)	5/7/2014	5/31/2014	Yes	<a href="#">Kelly Meredith Ann</a>	

**RX Detail for Quetiapine Fumarate Medication** View:  Trials  Orders  Both \* Calculated fields

Page Orientation:  Portrait  Landscape Export to PDF Excel

**Trials :**

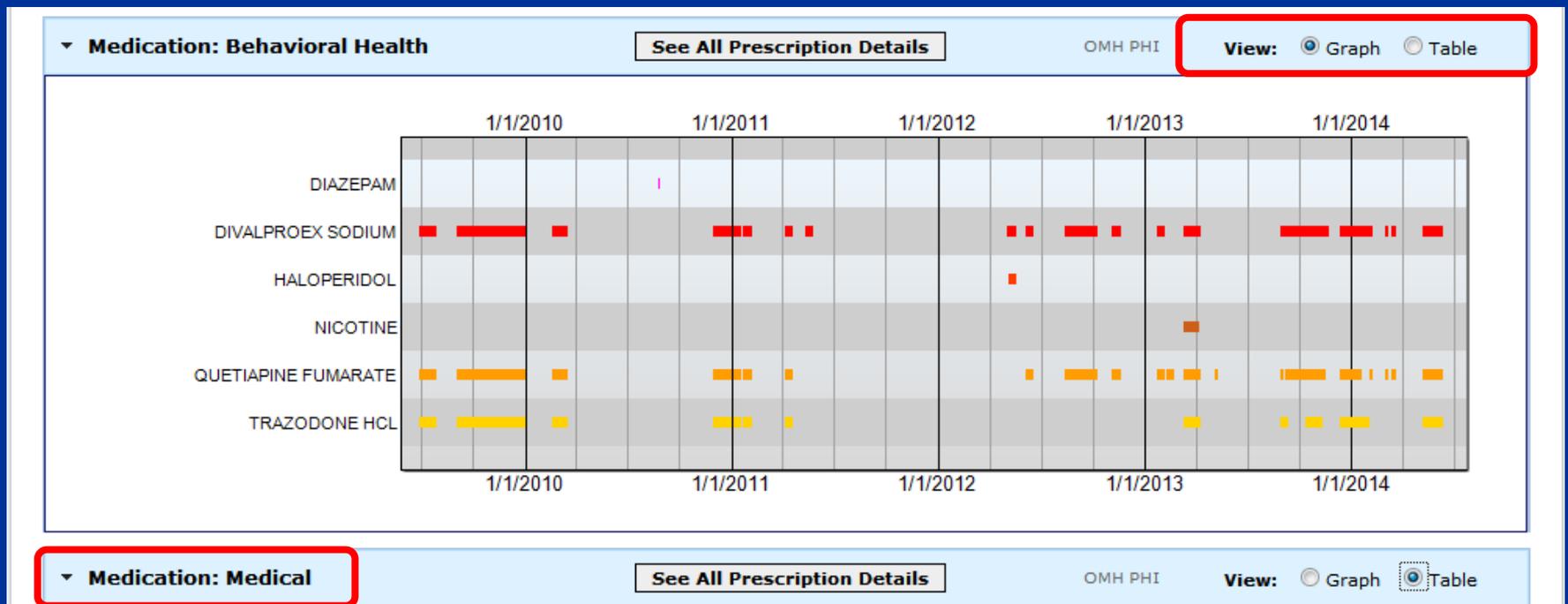
Brand Name	Generic Name	Drug Class	First Day Picked Up	Estimated End of Trial	Estimated Duration
Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	5/7/2014	6/14/2014	1 Month(s) 1 Week(s)
Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	8/28/2013	3/21/2014	6 Month(s) 3 Week(s)
Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	1/23/2013	5/11/2013	3 Month(s) 2 Week(s) 4 Day(s)
Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	8/14/2012	11/20/2012	3 Month(s) 6 Day(s)

**Orders :**

PickUpDate	BrandName	Generic	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabs per day*	Total Daily Dose*	Route	Prescriber	Pharmacy
5/31/2014	Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	100 MG	14.00	14.00	1.00	100 MG	OR	<a href="#">Kelly Meredith Ann</a>	<a href="#">DUANE READE #14485</a>
5/31/2014	Quetiapine Fumarate	Quetiapine Fumarate	Antipsychotic	300 MG	14.00	14.00	1.00	300 MG	OR	<a href="#">Kelly Meredith Ann</a>	<a href="#">DUANE READE #14485</a>
		Quetiapine								Camille	DUANE

# Pharmacy Data: View as a Graph

Utilization trends over time



# Sample Section: Hospital/ER Services

Service type, provider, diagnosis, admission/discharge dates, length of stay, procedures

▼ Hospital/ER Services		<a href="#">See All Service Details</a>			OMH PHI	View: <input type="radio"/> Graph <input checked="" type="radio"/> Table	
Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s)	See Service Details
ER - MH	<a href="#">BELLEVUE HOSPITAL CENTER</a>	5/3/2013	5/3/2013	1	Schizo-Affective Type Schizophrenia, Chronic State With Acute Exacerbation [295.74]	- Emergency Dept Visit	
		2/26/2013	2/28/2013	2			
Inpatient - MH	<a href="#">RICHMOND UNIVERSITY MED CTR</a>	1/10/2013	1/23/2013	13	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]	- Other Psychiatric Drug Therapy	
		<a href="#">ST JOHNS EPISCOPAL HOSP</a>	12/21/2012	12/27/2012	6		
ER - Medical	<a href="#">ST JOHNS EPISCOPAL HOSP</a>	12/21/2012	12/21/2012	1	Radiological Examination, Not Elsewhere Classified [V72.5]	- Emergency Dept Visit	
ER - MH - CPEP	<a href="#">RICHMOND UNIVERSITY MED CTR</a>	11/5/2012	11/5/2012	1	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]	- Psy Dx Interview	
ER - MH	<a href="#">RICHMOND UNIVERSITY MED CTR</a>	11/5/2012	11/5/2012	1	Schizo-Affective Type Schizophrenia, Unspecified State [295.70]	- Emergency Dept Visit	
		9/8/2012	10/1/2012	23			
		9/4/2012	9/8/2012	4			

# Labs, X-Ray and Other Data

Other services (if Medicaid billable): Dental, Vision, Living Support, Labs, Radiology, Medical Equipment, Transportation

▶ **Dental**

▶ **Vision**

▶ **Living Support/Residential Treatment**

▶ **Laboratory and Pathology**

▶ **Radiology**

▶ **Medical Equipment**

▶ **Transportation**

Please note that there is often a lag (often months) from the time a service is delivered until the service is able to be identified by PSYCKES

The time period selected will represent the time from the most recent service or medication

# Clinical Summary: Export Data to PDF, Excel, CCD

To select section(s), click or "Shift"+click or "Ctrl"+click.

**SYCKES MEDICAID** New York State **om** Office of Mental Health

Log Off De-Identify Data

My QI Report  Statewide Reports  Recipient Search  Provider Search  MyPSYCKES  Registrar Menu  Usage Report

## Clinical Summary

[Return to Search Results](#) Export to PDF Excel CCD

OMH PHI **Please choose summary period**  Last 3 months  Last 6 months able (up to 5 years)

Clinical Report Date: 5/8/2014 (This report contains all available clinical data.) Enhance

Name: [Feihhad Ccfdcac](#) Medicaid ID: IFJEDHE CFDIBDF Age: 999

Indicator Set	Quality Flags (as of monthly QI report 3/1/2014)
BH Care Coordination	Adherence - Antipsychotic (Schz)   3+ Inpatient - BH
Cardiometabolic	Drug ( Olanzapine ) and Cardiometabolic Condition (AP + Hypertension
Health Promotion and Coordination	No Outpatient Medical Visit >1 Yr
Hospital ER Utilization	4+ Inpatient/ER - All   4+ Inpatient/ER - BH   Readmission - All BH 7 day

**Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)**

Adjustment Disorder | Bipolar Disorder | Delusional Disorder | Other Nonpsychotic Mental Disorder | Other Psychotic Disorder | Personality, Impulse Control Disorders | Schizoaffective Disorder | Schizophrenia | Somatoform, Factitious Disorder | Substance Abuse Definitions ?

**Export Options**

**Sections**

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

Quality Flag

- Integrated View of Services Over Time
- Behavioral Health Diagnoses - Primary and Secondary Dx
- Medical Diagnoses - Primary and Secondary Dx (Most Rec
- Medication Behavioral Health
- Medication Medical

Export Cancel

# Be Prepared for Questions About...

- I can't access a client's clinical summary, even though I could last week.
  - The client had a quality flag but no longer does (e.g., changed medication).
  - Emergency access was enabled, but it expired.
- Why can't I see lab results?
  - Not included on claims / encounter records
- Why does it say "No Medicaid claims available for this data type?"
  - Try expanding the summary period.

# **Core Competencies: The Consent Module**

# Accessing the Consent Module: Registrar Menu Tab

PSYCKES MEDICAID

Log Off

De-Identify Data

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

Quality Indicator Overview As Of 02/01/2012

Agency: HOSPITAL CENTER

Agency Details Find Agency

Export PDF Excel

Modify Filter Site:ALL, Prescriber:ALL, Program Type:ALL, Age:ALL, Population:ALL

- Consent Module is accessed through the Registrar Menu
  - Used to establish and revoke right to view client data
- Registrar Menu tab only appears if the user has been granted PSYCKES-Registrar access.
- Clicking “Registrar Menu” tab opens a new row of tabs.

# Steps for Consent

1. Click on “Medicaid Consent” tab, then click on “Grant Consent”

The screenshot displays the Psyckes Medicaid web application interface. At the top left is the logo for PSYCKES MEDICAID. At the top right is the New York State Office of Mental Health logo with a 'Log Off' button. Below the logos is a navigation bar with several tabs: Agency Reports, Mapping, Recipient Search, MyPSYCKES, Registrar Menu, and Usage Report. Below this is a secondary navigation bar with radio buttons for Medicaid Consent, Manage MyPsyckes Users, Recipient Census, Consent Forms, and Administration. A 'Return to Home' button is located in the top right corner of the main content area. The main content area is titled 'Psyckes Medicaid Consent Menu' and contains two options: 'Psyckes Medicaid - Grant Consent' and 'Psyckes Medicaid - Withdraw Consent'. The 'Grant Consent' option is highlighted with a red arrow, and its description reads: 'You will use this function to add demographic information and consent acknowledgment for consumers who have signed the Consent Form to allow your agency to view their Medicaid data'. The 'Withdraw Consent' option is also described: 'You will use this function to withdraw consent for consumers who have signed the Withdrawal of consent form.'

# Search by Medicaid ID #

2. Enter client's Medicaid ID number or Social Security Number, and click "search."

PSYCHOKES MEDICAID

New York State  
om  
Office of Mental Health

Log Off

Medicaid Consent Manage MyPsychkes Users Recipient Census Consent Forms Administration

Return to Home

Medicaid Consent - Step 1

Search on Medicaid ID or Social Security No. of person to be consented.

Medicaid ID:  SSN (XXX-XX-XXXX): XY00000Z

Search

Search Results:

Medicaid ID:

Name

Address

City State Zip

DOB (MM/DD/YYYY) Age Sex

Is this the correct person for which you want to consent:

Yes, continue to Step 2 No, search again

# Search Results

3. Confirm that the client's information is correct.

PSYCHES MEDICAID New York State  
**om**  
Office of Mental Health  
[Log Off](#)

[Medicaid Consent](#) [Manage MyPsyches Users](#) [Recipient Census](#) [Consent Forms](#) [Administration](#)

### Medicaid Consent - Step 1 [Return to Home](#)

Search on Medicaid ID or Social Security No. of person to be consented.

Medicaid ID:  SSN (XXX-XX-XXXX):

**Search Results:**

Medicaid ID:

Name

Address

City	State	Zip
<input type="text" value="New York"/>	<input type="text" value="NY"/>	<input type="text" value="10001"/>

DOB (MM/DD/YYYY)	Age	Sex
<input type="text" value="01-01-2001"/>	<input type="text" value="11"/>	<input type="text" value="F"/>

Is this the correct person for which you want to consent:



# Training Take-Away Message: Confirm Search Results

- Responsibility as gatekeeper to PHI of 4.6 million individuals, including PHI with special protections
- Treatment decisions must be based on correct client information

# Attest to Right to Access Data

## 4. Select reason for access to client data

### Medicaid Consent - Step 2

**Attestation for right to access Client's Medicaid data (Select at least one option):**

1. Client signed the consent Form
2. In the absence of signed consent, you may get limited access to client's Clinical data. Please check all that apply:
  - a. Clinical Emergency (Access to all data for 72 Hours)
  - b. Client is currently served by/ transferred to Main Street Hospital Center (Access to limited data only when the client has an active quality flag)

### Medicaid Consent - Step 3

**Client has been identified via the following:**

Service Provider attests to client identity

--OR--

Client presented the following 2 forms of documentation to identify him/herself:

Identification 1 :

Select from drop-down list

Identification 2 :

Select from drop-down list

Submit and go to client's Clinical Report

Submit and Quit

Quit and do not submit

# Client Identification

5. Select 2 forms of ID from drop-down list, or attest to identity without ID

## Attestation for right to access Client's Medicaid data (Select at least one option):

1. Client signed the consent Form
2. In the absence of signed consent, you may get limited access to client's Clinical data. Please check all that apply:
  - a. Clinical Emergency (Access to all data for 72 Hours)
  - b. Client is currently served by/ transferred to Main Street Hospital Center (Access to limited data only when the client has an active quality flag)

## Medicaid Consent - Step 3

### Client has been identified via the following:

Service Provider attests to client identity

--OR--

Client presented the following 2 forms of documentation to identify him/herself:

Identification 1 :

Select from drop-down list

Identification 2 :

Select from drop-down list

Submit and go to client's Clinical Report

Submit and Quit

Quit and do not submit

# Submit

Immediately upon consent, any PSYCKES user at the hospital/agency can view the client's data.

## Attestation for right to access Client's Medicaid data (Select at least one option):

1. Client signed the consent Form
2. In the absence of signed consent, you may get limited access to client's Clinical data. Please check all that apply:
  - a. Clinical Emergency (Access to all data for 72 Hours)
  - b. Client is currently served by/ transferred to Main Street Hospital Center (Access to limited data only when the client has an active quality flag)

---

## Medicaid Consent - Step 3

### Client has been identified via the following:

Service Provider attests to client identity

--OR--

Client presented the following 2 forms of documentation to identify him/herself:

Identification 1 :

Select from drop-down list

Identification 2 :

Select from drop-down list

 Submit and go to client's Clinical Report

Submit and Quit

Quit and do not submit

# Be Prepared for Questions About...

- What is an Emergency?
  - Danger to self or others
  - Sudden onset
  - Immediate need for treatment
  - Driven by clinical criteria, not emergency setting
- When can I attest that I know the client's identity?
  - Develop internal procedures for this
  - Document rationale
  - If one ID, keep copy in chart
  - Must be comfortable making clinical decisions based on the information

# Points to Make in Training

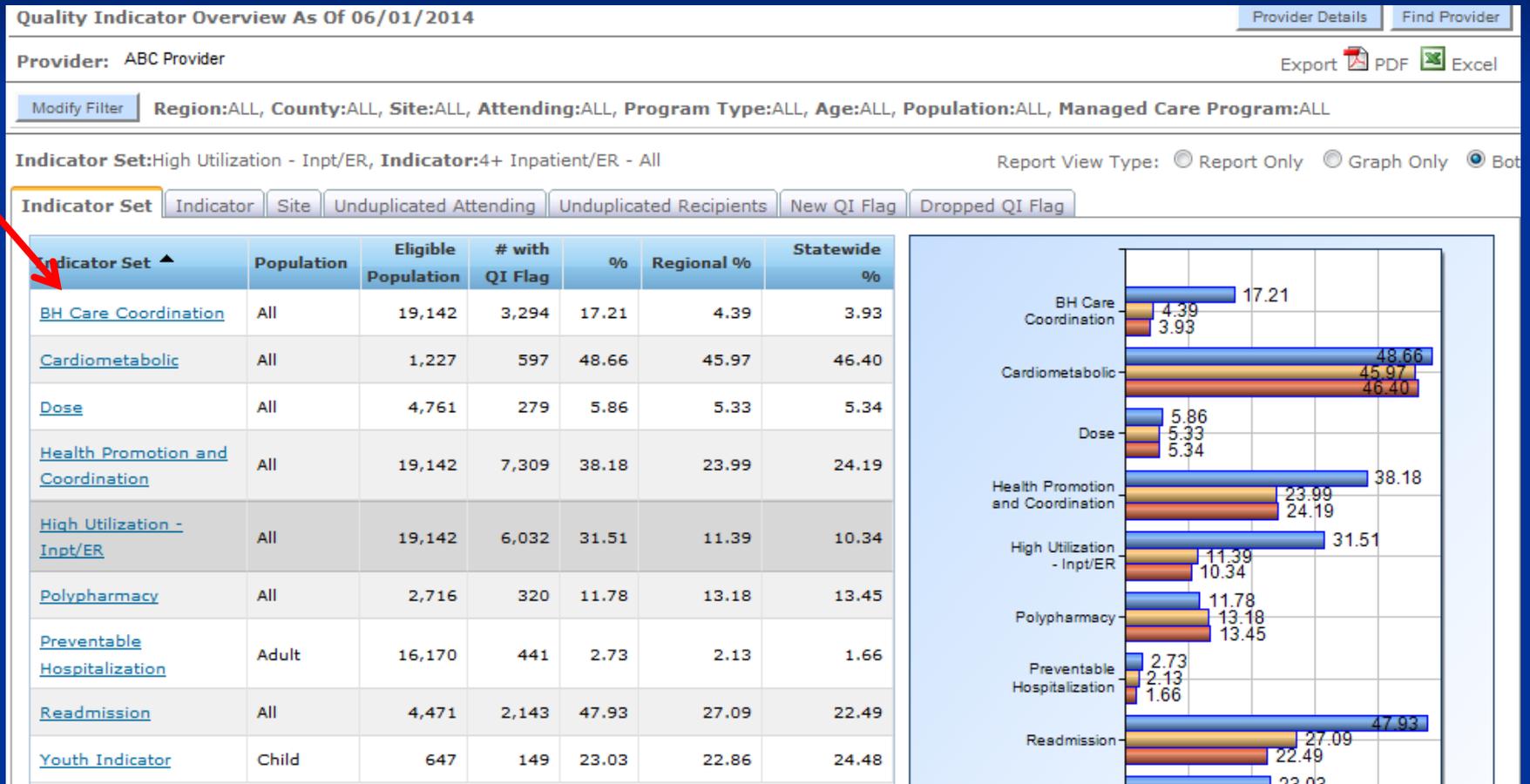
- The Registrar is the gatekeeper to every client in PSYCKES
  - Simple task, big responsibility
- The function of the consent module is to enable access to client data; it is not where one actually accesses consented clients' data.
- Once a client is registered in the consent module, all users at the institution can access the data.
- The registrar attests that a consent form has been signed. The consent form is retained in the medical record, not submitted to PSYCKES.

# Be Prepared for Questions About...

Why did Consent Module search yield no results?

- Error entering client Medicaid number or SSN
- SSN not in correct XXX-XX-XXXX format
- Client not in PSYCKES because no behavioral health history
- Client received behavioral health services using another Medicaid number / other insurance / no insurance

# Bonus Core Competency: Identify Clients with QI Flags



# Drill down on selected indicator

Indicator Set		Indicator				
Indicator	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
<a href="#">3+ Inpatient - BH</a>	All	19,142	1,868	9.76	1.32	0.99
<a href="#">3+ ER- BH</a>	All	19,142	1,585	8.28	1.05	0.90
<a href="#">4+ Inpatient/ER - BH</a>	All	19,142	2,357	12.31	1.67	1.33
<a href="#">Adherence - Antipsychotic (Schz)</a>	(0-64) yrs	909	523	57.54	36.70	36.34
<a href="#">Adherence - Mood Stabilizer (Bipolar)</a>	(0-64) yrs	603	328	54.39	44.18	42.94
<a href="#">Discontinuation - Antidepressant &lt;12 weeks (MDE)</a>	(0-64) yrs	335	177	52.84	44.17	43.88
<a href="#">Readmission - All BH 45 day</a>	All	4,471	2,143	47.93	27.09	22.49
<b>Summary</b>	<b>All</b>	<b>19,142</b>	<b>3,294</b>	<b>17.21</b>	<b>4.39</b>	<b>3.93</b>

# Export list of clients for clinical review or click to view Clinical Summary

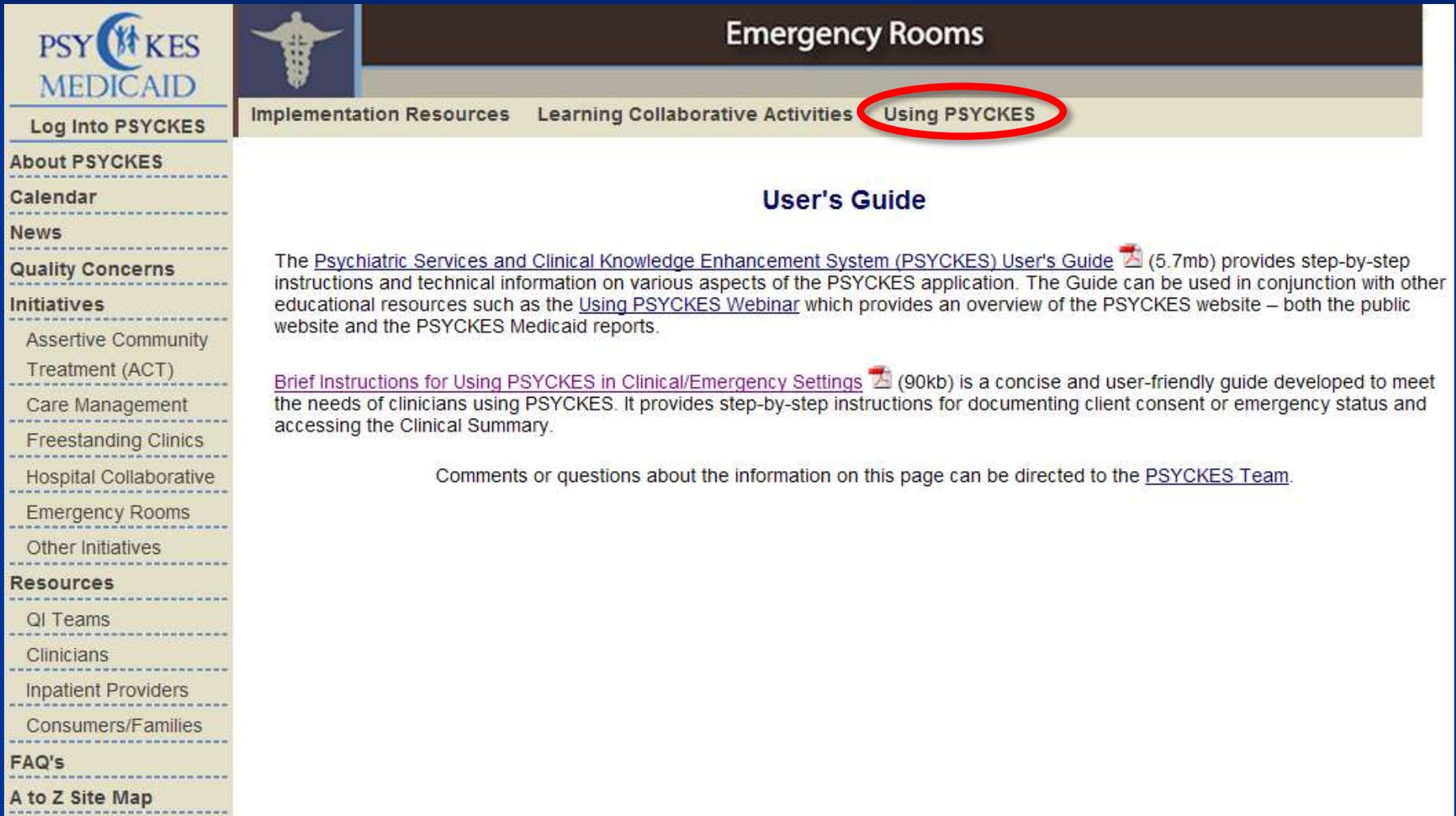
Indicator Set: BH Care Coordination, Indicator: Adherence - Antipsychotic (Schz)

Indicator Set | Indicator | Site | Unduplicated Attending | **Unduplicated Recipients** | New QI Flag | Dropped QI Flag

Recipient ▲	Medicaid ID	DOB	Quality Flags	Medications (BH; excludes enhance
<a href="#">Aaabhia Bdqhedd</a>	Ddcibcf Hhfbdef	12/31/9999	Adher-AP	CITALOPRAM HYDROBROMIDE, RISPERIDONE
<a href="#">Aaaihbi Ddfhfed</a>	Efcaaid Bcfecad	12/31/9999	3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, Adher-AP, No Outpt Med, Readmit-All BH 45d	
<a href="#">Aacafed Iaiffid</a>	Begfcdg Ccgjee	12/31/9999	3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, Adher-AP, Readmit-All BH 7d	ARIPIPRAZOLE, BUPROPION HCL
<a href="#">Aaeajea Beaqhdf</a>	Eacdgc Gajhdib	12/31/9999	3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH, Adher-AP, Adher-MS, No DM Screen-AP, Readmit-All BH 7d	CLONIDINE HCL, OLANZAPINE

# Resources

# User's Guides



The screenshot shows the PSYCKES Medicaid website interface. The top navigation bar includes 'Implementation Resources', 'Learning Collaborative Activities', and 'Using PSYCKES', with the latter highlighted by a red circle. The left sidebar contains a menu with categories like 'About PSYCKES', 'Calendar', 'News', 'Quality Concerns', 'Initiatives', 'Resources', and 'FAQ's'. The main content area displays the 'User's Guide' title and two links: 'Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) User's Guide' (5.7mb) and 'Brief Instructions for Using PSYCKES in Clinical/Emergency Settings' (90kb). A comment at the bottom states that questions can be directed to the PSYCKES Team.

**PSYCKES MEDICAID**

**Emergency Rooms**

Log Into PSYCKES

Implementation Resources   Learning Collaborative Activities   **Using PSYCKES**

**About PSYCKES**

Calendar

News

**Quality Concerns**

**Initiatives**

- Assertive Community Treatment (ACT)
- Care Management
- Freestanding Clinics
- Hospital Collaborative
- Emergency Rooms
- Other Initiatives

**Resources**

- QI Teams
- Clinicians
- Inpatient Providers
- Consumers/Families

**FAQ's**

**A to Z Site Map**

## User's Guide

The [Psychiatric Services and Clinical Knowledge Enhancement System \(PSYCKES\) User's Guide](#) (5.7mb) provides step-by-step instructions and technical information on various aspects of the PSYCKES application. The Guide can be used in conjunction with other educational resources such as the [Using PSYCKES Webinar](#) which provides an overview of the PSYCKES website – both the public website and the PSYCKES Medicaid reports.

[Brief Instructions for Using PSYCKES in Clinical/Emergency Settings](#) (90kb) is a concise and user-friendly guide developed to meet the needs of clinicians using PSYCKES. It provides step-by-step instructions for documenting client consent or emergency status and accessing the Clinical Summary.

Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).

# Frequently Asked Questions

**PSYCKES MEDICAID**

Log Into PSYCKES

About PSYCKES

Calendar

News

Quality Concerns

Initiatives

Freestanding Clinics

Hospital Collaborative

Emergency Rooms

Other Initiatives

Resources

QI Teams

Clinicians

Inpatient Providers

Consumers/Families

**FAQ's**

A to Z Site Map

Contact Us

**FAQ's**

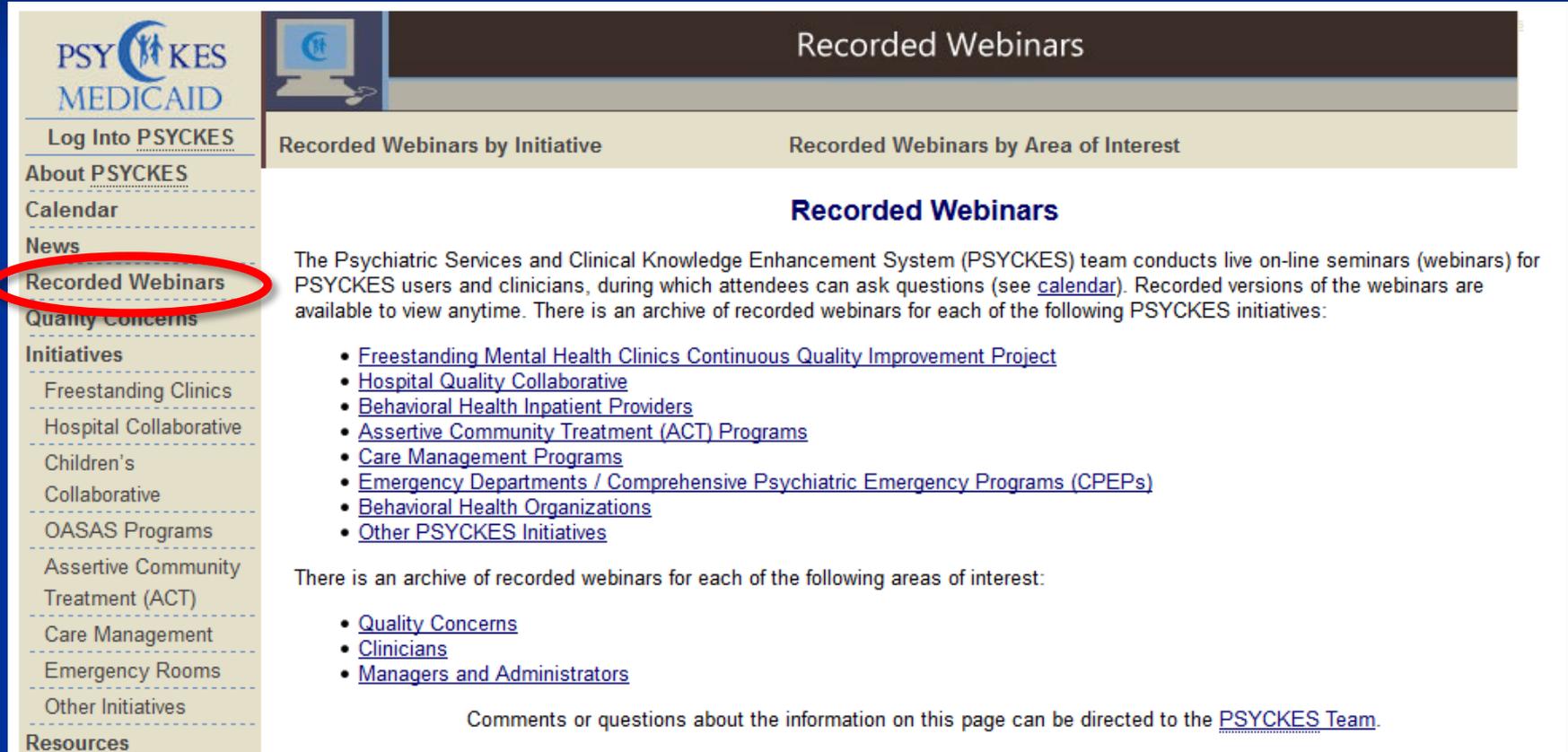
## Frequently Asked Questions

Updated July 2011

### Contents

- PSYCKES
  - [Overview: PSYCKES-Medicaid](#)
    - [Where does the data in PSYCKES come from?](#)
    - [Why was PSYCKES developed?](#)
    - [What internet browser best supports PSYCKES performance?](#)
    - [What PC requirements best support the PSYCKES Medicaid application?](#)
  - [Data in PSYCKES](#)
    - [What data can users see in the PSYCKES-Medicaid application?](#)
    - [When are the PSYCKES-Medicaid reports updated?](#)
    - [Which program types are available in PSYCKES?](#)
    - [What client information is included in PSYCKES Medicaid?](#)
    - [Our agency serves mostly Medicare clients. Will these clients show up in PSYCKES?](#)
    - [My clinic's clients are showing up in another clinic within our agency. Why? How can I fix it?](#)
    - [How does PSYCKES link prescribers to my clinic and/or agency?](#)
    - [What does "Other" mean when displayed in the prescriber field \(such as in unduplicated prescriber\)?](#)
    - [How do I update PSYCKES information?](#)
    - [How do I update or change my address in PSYCKES?](#)
    - [Can I sort the information provided in PSYCKES?](#)

# Recorded Webinars



**PSYCKES MEDICAID**

Log Into PSYCKES

About PSYCKES

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News

**Recorded Webinars**

Quality Concerns

Initiatives

- Freestanding Clinics
- Hospital Collaborative
- Children's Collaborative
- OASAS Programs
- Assertive Community Treatment (ACT)
- Care Management
- Emergency Rooms
- Other Initiatives

Resources

## Recorded Webinars

Recorded Webinars by Initiative

Recorded Webinars by Area of Interest

### Recorded Webinars

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) team conducts live on-line seminars (webinars) for PSYCKES users and clinicians, during which attendees can ask questions (see [calendar](#)). Recorded versions of the webinars are available to view anytime. There is an archive of recorded webinars for each of the following PSYCKES initiatives:

- [Freestanding Mental Health Clinics Continuous Quality Improvement Project](#)
- [Hospital Quality Collaborative](#)
- [Behavioral Health Inpatient Providers](#)
- [Assertive Community Treatment \(ACT\) Programs](#)
- [Care Management Programs](#)
- [Emergency Departments / Comprehensive Psychiatric Emergency Programs \(CPEPs\)](#)
- [Behavioral Health Organizations](#)
- [Other PSYCKES Initiatives](#)

There is an archive of recorded webinars for each of the following areas of interest:

- [Quality Concerns](#)
- [Clinicians](#)
- [Managers and Administrators](#)

Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).

# Helpdesk Support

- PSYCKES Help (PSYCKES support)
  - 9:00AM – 5:00PM, Monday – Friday
  - [PSYCKES-help@omh.ny.gov](mailto:PSYCKES-help@omh.ny.gov)
- OMH Help Desk (PSYCKES access, SMS support)
  - 7:00AM – 8:00PM, 7 days
  - 800-HELP-NYS (800-435-7697)
  - [Helpdesk@omh.ny.gov](mailto:Helpdesk@omh.ny.gov)

# Questions and Answers

