

Introduction to PSYCKES

We will begin shortly

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Melanie Martucci, MPH PSYCKES Medical Informatics Team October 5, 2023

Q&A via WebEx

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 - Submit to "all panelists" (default)
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Agenda

- PSYCKES Overview
- Logging into PSYCKES
- Setting up User Role Profile
- Learning about the different screens in PSYCKES
- Access to Client Data
- Training and Technical Assistance
- Question & Answer



PSYCKES Overview



What is **PSYCKES**?

- A web-based platform for sharing...
 - Medicaid claims and encounter data
 - Other state health administrative data
 - Data and documents entered by providers and patients
- Secure, HIPAA-compliant
- Supports:
 - Quality improvement: quality measures, quality flags
 - Clinical decision-making and care coordination: individual client information



Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (current or past)
 - Fee for service claims
 - Managed care encounter data, all product lines
 - Dual-eligible (Medicare/Medicaid): Medicaid data only
- Behavioral Health Population, i.e., at least one of the following:
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides all data available general medical, behavioral health, residential, etc.



What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- All Medicaid FFS claims and Managed Care encounter data, across treatment settings
 - Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
 - New York City Department of Homeless Services (NYC DHS)
 - Health Home enrollment & CMA provider (DOH MAPP)
 - Managed Care Plan & HARP status (MC Enrollment Table)
 - MC Plan assigned Primary Care Physician (Quarterly, DOH)
 - State Psychiatric Center EMR
 - Assisted Outpatient Treatment provider contact (OMH TACT)
 - Assertive Community Treatment provider contact (OMH CAIRS)
 - Adult Housing/Residential program Information (OMH CAIRS)
 - Suicide attempt (OMH NIMRS)
 - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
 - IMT and AOT Referral Under Investigation (DOHMH)



What Types of Reports Are Available?

- Individual client level reports
 - Clinical Summary: Medicaid and State PC treatment history, up to 5 years
- Provider and Managed Care level reports
 - My QI Report: current performance on all quality indicators, drill down to clients involved
 - Recipient Search Reports: run ad hoc reports to identify cohorts of interest
 - PSYCKES Usage Reports: monitor PHI access by staff
 - Utilization Reports: support provider VBP and BHCC data needs
- Statewide Reports
 - Can select a quality indicator and review statewide proportions by region, county, plan, provider, network, PPS, etc.



Quality Indicators "Flags"

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider, care manager or network and to support clinical review and quality improvement
- When a client has a quality flag, the provider is allowed access to that individual's Clinical Summary
- Examples of current quality flags include:
 - No diabetes monitoring for individuals with diabetes and schizophrenia
 - Low medication adherence for individuals with schizophrenia
 - Antidepressant trial of < 12 weeks for individuals with depression
 - High utilization of inpatient/emergency room, Hospital Readmission
 - HARP Enrolled-Not Health Home Enrolled; HARP Enrolled-Not Assessed for HCBS



PSYCKES User Settings

- 12,000+ active PSYCKES users in the following settings:
 - State Psychiatric Centers
 - Freestanding Mental Health Clinics
 - Hospital Inpatient Units, ER/CPEP, and hospital clinics
 - OMH Residential Programs
 - Health Home and Care Management Programs
 - Assertive Community Treatment (ACT)
 - Personalized Recovery Oriented Services (PROS)
 - HCBS
 - Federally Qualified Health Centers
 - OASAS Providers
 - Local Government Units
 - NYC-HHC Correctional Health Services (Rikers)
 - Medicaid Managed Care Organizations
 - State Agencies
 - DSRIP Performing Provider Systems (PPS)
 - Behavioral Health Care Collaboratives (BHCC)



Login Instructions



Login to PSYCKES

- Go to PSYCKES Home Page: <u>www.psyckes.org</u>
- Click "Login to PSYCKES"

Login to PSYCKES	PSYCKES Home
Login Instructions	
About PSYCKES	PSYCKES is a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in New York State
PSYCKES Training	
Materials	
PSYCKES Training	
Webinars	LOGIN TO PSYCKES
Quality Indicators	
Implementing	
PSYCKES	What's New?
Quality Improvement	 PSYCKES new features release 7.7.0 went live on February 28, 2023. Updates include:
Collaboratives	 Social Determinants of Health (SDH) Section Added to Clinical Summary
MyCHOIS	 Reorganization of Indicator Sets in My QI Report New Quality Indictor Sets: Vital Signs Dashboard (Adult and Child)
Contact Us	 CORE Eligibility Filter and Message
	 New Crisis Service Setting Available in Report Filters and Clinical Summary New Region Filter in Recipient Search iOS Mobile App Enhancements

- View the <u>Release Notes</u> for more details.
- Instructions for how to use the Self-Service Console are available on our <u>Login Instructions</u> page. The console is a way to manage your RSA token and PIN, which are needed to login to PSYCKES. Login to the console and set up your security questions; if you ever need to reset your own PIN or request, activate, or troubleshoot a token, the console is the place to go!



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Using a Soft Token

- Enter user ID in PSYCKES login screen
- Open RSA SecurID token
- Leave "Enter PIN" box empty and click/tap on the arrow button to generate a passcode
- Copy/paste or enter passcode in login screen
- Click "Continue"
- You will then be prompted to create an 8-digit
 PIN
- Note: Your PIN cannot begin with zero OR have sequential and consecutive numbers (forward or reverse)
 - Examples: 1111111, 12345678, 12341234, or 12344321



Using a Soft Token

- After you create a PIN, go back to your RSA SecurID token
- Select "Re-enter PIN"
- Type your PIN into the "Enter PIN" box
- Click/tap the arrow button to generate a passcode
- Wait for passcode numbers to change
- Copy/paste or enter passcode into login screen
- Click "Continue" to login to the application



2411 0374



Using a Mobile Token

- Login to the Self-Service Console (<u>https://mytoken.ny.gov/</u>) using your OMH issued User ID and password provided in your mobile token confirmation email from <u>ams-donotreply@its.ny.gov</u>
- Under the "My Authenticators" section, click on "Create PIN"

My Authenticators		
Tokens - request a new tok	en view SecurID token demo	
Enterprise- Android	View details, test, troubleshoot	
Token Serial Number:	1234567890	
PIN:	Create PIN	RSA SecuriD
Expires On:	Dec 39, 200 request replacement	
On-Demand Authentication		
Security Questions set up		
Not configured		
Please set up your security question	ons and answers	

Using a Mobile Token

- You'll then be prompted to create an 8-digit PIN
- Note: Your PIN cannot begin with zero OR have sequential and consecutive numbers (forward or reverse)
 - Examples: 1111111, 12345678, 12341234, or 12344321

😵 KSA Secure Logon – New KSA Sec 🗙 👘 🗶 👘 🐥 👘 🕂		\times
← → C ☆ a mytoken.ny.gov/IMS AA IDP/PasscodeProcessor.do	* 8	Ξ
Apps 🕑 PSYCKES OA 上 EATSnet Home		
HEW YORK HITCHINGTON Technology Services		
New RSA SecurID PIN Required		
Either you do not have a PIN yet, or security policy requires a PIN change.		111
If you are prompted to enter your next tokencode, wait until the tokencode (the number on your RSA SecuriD token) changes, then enter that new tokencode. Note: It may take a minute or more for the tokencode to change.		- 11
		11
Create New PIN		
New PIN: What is a valid pin?		- 84
Confirm Now PIN:		
		- 84
Cancel OK		- 11
		-81
By logging into the application you agree that you will utilize this application only for the purpose intended and recognize that any mischievous or malicious activity is expressly prohibited and may s action. Such activity includes, but is not ilmited to any unauthorized attempt to access data, or to modify, reverse engineer, reverse compile, or disassemble the Software.	ubject you to les	pal
For assistance contact your current R6A token administrators.		
New York State Office of Information Technology Services		-

Using a Hard Token



- Enter user ID in PSYCKES login screen
- When using a hard token for the first time at this organization, enter **only** the numbers on the token screen into the passcode box
- Follow instructions to create an 8-digit PIN
- Wait for passcode numbers to change
- Enter your PIN <u>and</u> the 6 numbers on the token directly into the passcode box of PSYCKES login screen
- Proceed to login to the application



Login to PSYCKES: Subsequent logins when you have PIN for this token at this organization

Using a Soft Token or Mobile Token

- Enter your PIN into the RSA SecurID Token "Enter PIN" box
- Click the arrow button to generate a passcode

Copy/paste or enter the number into the passcode box of PSYCKES login screen

Using a Hard Token

 Enter your PIN <u>and</u> the 6 numbers on the token all directly into the passcode box of PSYCKES login screen



Complete User Role Profile

- The User Role Profile is completed the first-time users login to PSYCKES
- Informs PSYCKES team about our users, such as role within your organization, setting or program type in which you regularly work, professional discipline/training, etc.
- Users should update the User Role Profile if any role/setting change occurs
- Additionally, users will be prompted to update their User Role Profile once a year. If there are no changes needed to be indicated, can just save current information.



PSYCKES Screens



PSYCKES Screens

- Work is organized in the following 8 tabs
 - My QI Report
 - Statewide Reports
 - Recipient Search
 - Provider Search
 - Registrar Menu
 - Usage Reports
 - Utilization Reports
 - MyCHOIS (available upon request)



My QI Report



What is the My QI Report?

- Tool for managing quality improvement efforts; updated monthly
- Displays quality Indicator Sets and Indicators (measures/flags)
- Eligible Population (Denominator): clients served plus other parameters depending on quality indicator specifications
- Number with QI Flag (Numerator): clients meeting criteria for flag
- % prevalence rate: numerator over denominator; higher % indicates opportunities for improvement, lower is better
- Compare prevalence rates at the statewide, region, county, network, provider, program, and managed care plan
- Filter report by: Program Type, MC Plan, Age
- Reports can be exported to Excel and PDF
- QI Trends Past Year allows you to track prevalence on a quality indicator for a selected network or provider agency

ental Health

NEW YORK STATE OF OFFORTUNITY. Office of Mental Health	SYCKES				De-identify	Settings	-	Log Of	ff
My QI Report - Statewide Reports Rec	ipient Search P	rovider Search	Registrar - Usa	ge-Ut	tilization Reports	Adult Home			
	м	AIN STREET M Quality Indicate	IENTAL HEALT	H CLIN	IC 0	O View:	Standard	✓ 🗖	K Excel
REGION: ALL COUNTY: ALL SITE: ALL PROGRAM	TYPE: ALL AGE: ALL	MC PRODUCT LINE	ALL MANAGED CAP	RE: ALL				Filters	Reset
Indicator Set Quality Improvement Indicators (as of 0	9/01/2023) Bu	n monthly on all availa	ible data as of run dat	e					
Indicator Set	Population \$	Eligible Population	# with QI Flag	% ¢	Regional %	Statewide %	25%	50% 75	% 100% ₀
BH QARR - Improvement Measure	All	7,065	2,433	34.4	37.4	37.8	34.40 37.4 37.8	0	
General Medical Health	All	189,969	17,327	9.1	13	13	9.10 13.00 13.00		
Health Home Care Management - Adult	Adult 18+	10,231	8,202	80.2	79.8	86.2		86.2	80.20 79.80
High Utilization - Inpt/ER	All	190,058	50,544	26.6	22.4	20.9	26.60 22.40 20.90		
Polypharmacy	All	17,371	2,402	13.8	15.8	12.1	13.80 15.80 12.10		
Preventable Hospitalization	Adult	134,352	2,040	1.5	0.9	0.8	1.50 0.90 0.80		
Readmission Post-Discharge from any Hospital	All	37,539	5,607	14.9	13.7	11.2	14.90 13.70 11.20		
Readmission Post-Discharge from this Hospital	All	26,569	3,286	12.4	12.3	11.3	12.40 12.30 11.30		
Treatment Engagement	Adult 18-64	5,822	2,024	34.8	32.8	35	34.80 32.80 35.00		

Performance Tracking Indicators (as of 12/01/2022) Bun with intentional lag of 6+ months to allow for complete data

Indicator Set	Population \$	Eligible Population	# with QI Flag 🖗	% ¢	Regional %	Statewide %	25% 50%	75% 1	00%
MH Performance Tracking Measure	All	10,212	5,197	50.9	51.3	52.6	50.90 51.30 52.60		
SUD Performance Tracking Measure	Adol & Adult (13+)	11,921	9,391	78.8	77	78.6		78.80 77.00 78.60	
Vital Signs Dashboard - Adult	Adult	33,715	14,810	43.9	47.6	47.5	43.90 47.60 47.50		
Vital Signs Dashboard - Child	Child & Adol	53,879	15,023	27.9	34.9	33.4	27.90 34.90 33.40		

MAIN STREET MENTAL HEALTH CLINIC ()

Quality Indicator Overview As Of 09/01/2023

SITE: ALL PROGRAM	QI Filters		×	
	Site	ALL	~	
set 🔺	Program Type	ALL	\checkmark	Statewide %
nce Tracking	Managed Care	ALL	\checkmark	63.3
Measure	MC Product Line	ALL	\sim	37.1
	Age	ALL	\checkmark	12.3
OH Measures for	Region	ALL	~	
1/2021	County	ALL	~	34.9
ement - Adult				84.9
			Apply Cancel	20.1

NEW YORK STATE OF OPPORTUNITY.	Office of Mental Health	PSYCKES				De-identify	Setting	S -	Log O	ff		
My QI Report - S	Statewide Reports	Recipient Search	Provider Search	Registrar - Us	age - I	Utilization Reports	Adult Home					
		N	AIN STREET N Quality Indicat	TENTAL HEALT or Overview As Of 09/	TH CLIN 01/2023	IIC 0	O View:	Standard	► DF	M Excel		
EGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL Filters												
dicator Set: High Utilization - Inpt/ER												
Indicator Set Ind	dicator											
Ind	licator	Population	Eligible Population	# with QI Flag	* 0	Regional %	Statewide %	25%	50% 75%	€ 100% _ ⊕		
10+ER - All Cause		All	190,058	1,631	0.9	0.8	0.5	0.90 0.80 0.50				
10+ ER - MH		All	190,058	139	0.1	0.1	0	0.10 0.10 0.00				
2+ ER - BH		All	190,058	2,802	1.5	2	1.3	1.50 2.00 1.30				
2+ ER - Medical		All	190,058	43,035	22.6	18.8	18	22.60 18.80 18.00				
2+ ER - MH		All	190,058	1,887	1	1.2	0.8	1.00 1.20 0.80				
2+ Inpatient - BH		All	190,058	1,630	0.9	1.8	0.9	0.90 1.80 0.90				
2+ Inpatient - Medical		All	190,058	10,360	5.5	3.5	3.1	5.50 3.50 3.10				
2+ Inpatient - MH		All	190,058	778	0.4	0.7	0.4	0.40 0.70 0.40				
4+ Inpatient/ER - MH		All	190,058	927	0.5	0.7	0.4	0.50 0.70 0.40				
Clozapine Candidate w	rith 4+ Inpatient/ER - M	1H 0-64	370	352	95.1	91	92.2		9 91 92	5510) 00 120		
POP : High User		18+	86,567	639	0.7	0.8	0.4	0.70 0.80 0.40				
POP : Potential Clozapi	ine Candidate	18+	322	314	97.5	94.3	95.1		9.9	97#50] 4 30 (5110)		
2+ Inpatient / 2+ ER - S	Summary	All	190,058	50,544	26.6	22.4	20.9	26.60 22.40 20.90				

STATE OF OFFORTUNITY. Office of Mental Health	PSYCKES			De	-identify 🚺	Settings -	Log Off	
My QI Report - Statewide Reports	Recipient Search	Provider Search R	egistrar - Usa	age- Utilizatio	on Reports Adult	t Home		
	MA	UN STREET ME Quality Indicator	Overview As Of 09/0	LTH CLINI	c •	O View. Standard	V DF Exce	el
REGION: ALL COUNTY: ALL SITE: ALL PROG	RAM TYPE: ALL AGE	ALL MC PRODUCT LINE: /	ALL MANAGED CAP	RE: ALL			Filtero Reset	:
Indicator Set: High Utilization - Inpt/ER	Indicator: 2+ ER	MH						
Indicator Set Indicator Site	HH/CM Site(s)	MCO Attending	Recipients	New QI Flag	Dropped QI Flag	1		
Recipient	Medicaid ID	DOB 🔶	Race & Ethnic	city 🔶	Quality Flags 🛛 🕀	Most Recent BH Outpatient Attending	Clinical Summary Last Viewed	
SEFZVqFSRA UaFZTUZORA RA	VbMvN96oNFA	MTEIM96IMTavMm	Black	ER-BH, ER-Med MH, Hi PrevHo	2+ ER-MH, 2+ dical, 4+ Inpt/ER- gh MH Need, ssp-DM	RANPOURBOROUJENI TANNAZ	No	•
UqFVTaRFUbM SEVBVaVO T6	UUunNDUtNEU	MDYIM9AlM9AmNm	Black	2+ ER-1 2+ ER-1 MH Ne F/U 7d ED F/U & Adol, Visit (D	BH, 2+ ER·MH, Medical, High ed, No MH ED (DOH), No MH 7d (DOH) - Child No Well-Care OH)	None Identified	No	
RqFSQUrPTaU UEFVTA	QUQmN9IrNaE	MDEIM92IMTarNA	white	2+ ER-	BH, 2+ ER-MH	SIANG WILLIAM KIM	No	
UqrJVE6 TEzHQUu Sm	WbMuM9UpNE6	MD2IMDEIM9AnNm	Black	2+ ER-6	BH, 2+ ER-MH	None Identified	No	
				2+ ER-1 2+ ER-1 BH, 2+ Inpt/EF	8H, 2+ ER-MH, Medical, 2+ Inpt- Inpt-MH, 4+ R-MH, High MH			Ŧ
					First Prev	ious 1 2 3	4 Next Last	t



Select organization, indicator set, and indicator



1. Adherence - Antipsychotic (Schiz): The percentage of adults 18-64 years with a diagnosis of schizophrenia who had an antipsychotic medication available less than 80 percent of the time (based on prescriptions filled in the past 12 months, from the first antipsychotic prescription filled to the report date).

	Eligible Population	# with QI flag	96	Region Percent	State Percent
10/1/22	2,374	685	28.9%	30.4%	29.8%
11/1/22	2,371	662	27.9%	30.5%	29.7%
12/1/22	2,424	696	28.7%	30.2%	29.4%
1/1/23	2,404	711	29.6%	30.4%	29.5%
2/1/23	2,380	731	30.7%	30.7%	29.9%
3/1/23	2,346	724	30.9%	31.2%	30.5%
4/1/23	2,350	672	28.6%	29.8%	29.2%
5/1/23	2,269	677	29.8%	30.8%	30.2%
6/1/23	2,215	648	29.3%	32.1%	31.0%
7/1/23	2,300	743	32.3%	33.2%	32.3%
8/1/23	2,341	760	32.5%	32.9%	31.9%
9/1/23	2,375	771	32.5%	32.5%	31.5%

5 C 5 R R - - -

Statewide Reports





Select an Indicator Set and any other filters:

Indicator Set	High Utilization - Inpt/ER	~
Indicator Type	2+ Inpatient / 2+ ER - Summary	~
Region	ALL	~
County	ALL	~
Managed Care	ALL	~
MC Product Line	ALL	~
Program Type	ALL	~
Age Group	ALL	~
Indicator Definitions	Submit	Reset

PSYCKES Quality Flag Definitions

Indicator Set	Display Name	Indicator Definition
BH QARR - Improvement Measure	Adherence - Antipsychotic (Schiz)	The percentage of adults 18-64 years with a diagnosis of schizophrenia or schizoaffective disorder who had an antipsychotic medication available to them less than 80 percent of the time (based on prescriptions filled in the past 12 months, from the first antipsychotic prescription filled to the report date).
BH QARR - Improvement Measure	Discontinuation - Antidepressant <12 weeks (MDE)	The percentage of adults 18-64 years with a diagnosis of major depression who were started on an antidepressant medication but did not remain on any antidepressant for a minimum of 12 weeks in the past 12 months.
BH QARR - Improvement Measure	No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz	The percentage of adults 18-64 years diagnosed with both schizophrenia and diabetes who did not have both an HbA1c and an LDL-C test in the past 13 months.
BH QARR - Improvement Measure	Antipsychotic Polypharmacy (2+ >90days) Children	The percentage of children 1-17 years who were prescribed two or more different antipsychotic medications concurrently for >90 days, among children prescribed any antipsychotic medication for >90 days.
BH QARR - Improvement Measure	No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic	The percentage of children 0-17 with at least two prescriptions for an antipsychotic medication or one antipsychotic injectable at any time during the past 13 months who did not have both a blood lipid test (LDL-C or cholesterol test) and an HbA1c or blood glucose test, in the past 13 months.
BH QARR - Improvement Measure	No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic	The percentage of adults 18-64 years with a diagnosis of schizophrenia or bipolar disorder with any oral or injectable antipsychotic medication during the previous 13 months, who did not have either an HbA1c or blood glucose test in the past 13 months.



1,631,181

446,549

335,099

93,325

20.5 20.9

New York City

Western NY

Recipient Search



Recipient Search Options

- Individual Search
 - Look up one person to view their Clinical Summary
 - Unique identifiers: Medicaid ID, SSN
 - First Name, Last Name, DOB
- Group Search
 - Flexible search to identify cohort of people served in your agency/hospital who meet specified criteria
 - Age Group, Quality Flag, AOT Status, HARP Status, MC Plan, history of suicide attempt, ideation, or self-harm
 - People taking psychotropic and non-psychotropic meds
 - People with specific behavioral health and medical diagnoses
 - People served in specific service setting in your agency/hospital or an outside agency/hospital, statewide (e.g., ACT, Health Home, Inpatient/ER, Clinic, etc.)



My QI Report - Statewide Reports	Recipient Search Provider Se	arch Registra	r≁ Usage≁	Utilization Reports	Adult Home	
		Recipient	Search	Limi	it results to 50	Search Reset
Recipient Identifiers Medicaid ID AB00000A	Search		First Name	Search in: 💿 Full D Last Nam	atabase Omain STR e DO	EET MENTAL HEALTH CLINIC B //M/DD/YYYY
Characteristics as of 10/01/2023						
Age Range Race Ethnicity	To Gender	•	Regio	n		~
Special Populations Population High Need Population AOT Status Alerts Homelessness Alerts		So > > > - -	Cial Determinants	s of Health (SDOH) orted in billing) apbringing pooial environme ohypoiaal environme other poyohooooi medical facilitieo	Group/Col Search	Past 1 Year 🗸
Managed Care Plan & Medicaid						
Managed Care MC Product Line Medicaid Enrollment Status Medicaid Restrictions		 <	Childre HARP HCBS A HARP HCBS As	en's Waiver Status HARP Status ssessment Status		 <
Quality Flag as of 09/01/2023	C Def	initions Se	rvices: Specific P	Provider as of 09/01/2	023	Past 1 Year 🗸
HARP Enrolled - Not Health Home Enrolled - HARP-Enrolled - No Assessment for HCBS - (Eligible for Health Home Plus - Not Health Ho Eligible for Health Home Plus - No Health Ho Eligible for Health Home Plus - No Health Ho HH Enrolled, Eligible for Health Home Plus - 1 High Mental Health Need	(updated weekly) updated weekly) ome Enrolled me Plus Service Past 12 Months me Plus Service Past 3 Months Not Entered as Eligible in DOH MAPP Pas	t 3 Month	Provide Regio Current Acces	MAIN STREET MENT	County	Number of Visits
Antipsychotic Polypharmacy (2+ >90days) C Antipsychotic Two Plus Antipsychotic Three Plus Antipepresant Two Plus - SC	nildren	s	ervice Setting:		Service Detail: Selected	
Group Search: And / Or Search Logic

- Multiple selections within the same filter box creates an "Or" logic
 - Use the "Ctrl" key on keyboard
 - Recipients in search results have one selection or the other, for example:
 - Depression or Schizophrenia
- Multiple selections from separate filter boxes creates an "And" logic
 - Recipients in search results meet all of the selected criteria, for example:
 - Schizophrenia **and** Type 1 Diabetes





Special Populations		Social Determinants of Health (SDOH)	Paot 1 Year 🛛 💙
Populati High Need Populati AOT Stat Ale Homelessness Ale Managed Care Plan & Medicai	ion V tus V erts V	SDOH Conditions (reported in billing)	SDOH Conditions: Selected
Managed Care MC Product Line Medicaid Enrollment Status Medicaid Restrictions	* * *	Children's Waiver Status HARP Status HARP HCBS Assessment Status HARP HCBS Assessment Results	× • •

Quality Flag as of 09/01/2023



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 Month	
High Mental Health Need	
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)	-
No Metabolic Monitoring (Glue/HbA1c and LDL-C) on Antinsychotic (Child)	

Medication & Diagnosis as of 09/01/2023	Past 1 Year 🗸
Prescriber Last Name	
Drug Name	Active Drug
Active medication (past 3 months) requiring	g Prior Authorization
Psychotropic Drug Class*	Non-Psychotropic Drug Class*
ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injects	Analgesics and Anesthetics Anti-Infective Agents Anti-Obesity Agents Antidiabetic
BH Diagnosis	Medical Diagnosis
Any BH Diagnosis	-Cerebral degenerations usually manife -Certain conditions originating in the pe -Certain infectious and parasitic disease
Diagnosis enter name or ICD-10 cod	le
Diagnosis given	nary Only

Services: Specific Prov	r ider as of 09/01/2023	3		Past 1 Year 🗸
Provider	MAIN STREET MER		I CLINIC	
Region		~	County	~
Current Access				~
Service Utilization		~	Number of	Visits 🔽
Service Setting:		Service Detail: Se	elected	
Care Coordination Inpatient - ER Living Support/Reside Other Outpatient - DD Outpatient - MH Outpatient - MH	ential			
+-Outpatient - Medical S	pecialty			

Services by Any Provider as of	09/01/2023		Past 1 Year *	~
Provider				
Region		~ (county 🗸 🗸	•
Service Utilization		~	Number of Visits	•
Service Setting:		Service Detail: Se	lected	
 Care Coordination Crisis Service Foster Care Inpatient - ER Living Support/Residential Other Outpatient - DD Outpatient - MH Outpatient - Medical Outpatient - Medical Specialty Outpatient - SU Outpatient - Unspecified Practitioner - BH 	•			

Example Recipient Search Results



Expanding Results

MEW YORK STATE OF Mental He	alth				De-identify	Settin	igs -	Log Off
My QI Report - Statewide Repo	rts Recipient Search	Provider Search	Registrar -	Usage-	Utilization Reports	Adult Home		
		Rec	cipient Se	arch		Limit results to	50 V Se	aroh Reset
Recipient Identifiers Medicaid ID		SSN	Firs	t Name	Search in: 🔵 Fu	II Database 🔿 r	M 1,000 10,000 50,000 100,000	0 L CENTER
AB00000A							250,000 500,000 DD/YY	YY
Characteristics as of 10/01/2023								
Age Range Race Ethnicity	To	Gender	* * *	Reg	gion			~
Special Populations			Socia	l Determina	nts of Health (SDOF	I)		Paot 1 Year 🖌
Population High Need Population AOT Status Alerts Homelessness Alerts				Conditions (r roblems related roblems related roblems related Problems related Problems related	to upbringing to social environment to physical environment to other psychosocial to medical facilities a	SDOH Condit	tions: Selected	
Managed Care Plan & Medicaid								
Managed Care			~	Chi	ildren's Waiver Status			~

Provider Search





Registrar Menu





Deactivate an attestation of service that created a manual link between a client and your provider agency. Note: Clients may still be linked to your provider agency based on Medicaid data.

Search & Deactivate Attestation >

Usage Reports



Mental Health	PSYCKES	De-identify 🦲	Settings - Log Off
My QI Report - Statewide Reports Re	ecipient Search Provider Search Reg	jistrar - Usage - Utilization Reports	Adult Home
	PSYCKES	User / PSYCKES Users PHI Access Module	
Provider Main Street Mental He	alth Clinic 👻	User Status ALL	~
Date Range 10/02/2022	To 10/02/2023		
Graph Interval O Quarterly 🖲 Mo	onthly 🔿 Weekly		
Current User Details filters are based on the mo	ost recent User Role Profile		
Role In Organization	Setting/Program Type	Licensed Profession	Non Licensed Professional Discipline/ Training
ALL 🗸	ALL 🗸	ALL 🗸	ALL

Reset

Submit

STATE OF OPPORTUNITY.	Office of Mental Health	PSYCKES				De-identify) Settings -	Log Off
My QI Report +	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage -	Utilization Reports	Adult Home	
			Clinical S	ummary U	PSYCKES PHI Acce	S Users ess Module		
Provider	Main Street Mental Heal	Ith Clinic 🗸		Da	te Range	10/02/2022	To 10/02/2023	

Current User Information filters are based on the most recent User Role Profile

Status ALL 🗸	User ID	Name (First & Last)	
Role In Organization	ALL	Setting/Program Type	ALL
Licensed Profession	ALL	Non Licensed Professional Discipline/ Training	ALL

Recipient Information

Last Name	Medicaid ID	SSN (XXX-XX-XXXX)		
Service	~	Service Setting		~
			Submit	Reset

Utilization Reports



MAIN STREET MENTAL HEALTH CENTER

MANAGED CARE PLAN : ALL MANAGED CARE PRODUCT LINE : ALL POPULATION TYPE : ALL PROGRAM TYPE : ALL

Medicaid Managed Care Plan and Product Line

Provider Network

Service Settings and Volume

The distribution of Medicaid Managed Care Plans and Product Lines for MAIN STREET MENTAL HEALTH CENTER current Medicaid clients.

Name \$	Total Clients 🖗	Mainstream 0	HARP¢	HIV SNP (LTC FIDA	LTC MAP	LTC PACE	LTC Partial Cap 🕸	Medicaid Advantage
Agewell New York	31							31	
Atena Better Health	9							9	
CDPHP	2	2							
Healthfirst PHSP, Inc.	1,537	1,239	298						
Integra MLTC Inc	20							20	
MetroPlus Health Plan	3	2	1						
Molina Healthcare of New York	614	529	85						
UnitedHealthcare Community Plan	1,184	909	275						
VNSNY Choice Select Health	19					2		17	
Medicaid Managed Care Plan Total (A)	5,370	4,079	1,094			2		195	
Medicaid Fee For Service* (B)	1,458								
Medicaid All Client Total (A + B)	6,828	4,079	1,094			2		195	

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET MENTAL HEALTH CENTER in the past year 09/01/2022 - 09/01/2023.

-- The Managed Care Plan and Product Line were refreshed as of the 10/01/2023.

* Medicaid Fee for service count includes any client who lost their Medicaid coverage during the report time period.

First Previous Next Last 1

× PDF Excel

Filtera

Reset

MAIN STREET MENTAL HEALTH CENTER

MANAGED CARE PLAN : ALL MANAGED CARE PRODUCT LINE : ALL POPULATION TYPE : ALL PROGRAM TYPE : ALL

Medicaid Managed Care Plan and Product Line

Provider Network

Service Settings and Volume

The distribution of agencies providing services to MAIN STREET MENTAL HEALTH CLINIC CURRENT Medicaid clients.

Provider Name	Total Clients▼	IP- Medical	IP- SUD ^{\$}	IP- MH [∲]	ER/CPEP Medical	ER/CPEP MH	ER/CPEP SUD	OP- Medical	OP- SUD	OP- MH [∲]	OP- DD [∲]	Health Home	Residential/ Living	Pharm 🗄	Other Services
Unduplicated Count of Clients	<u>6,623</u>	<u>772</u>	<u>380</u>	<u>683</u>	<u>2,244</u>	<u>990</u>	338	<u>5,695</u>	<u>592</u>	<u>1,418</u>	<u>157</u>	<u>2,703</u>	<u>2,115</u>	<u>5,316</u>	<u>6,020</u>
HUDSON RIVER HEALTHCARE, INC. D/ B/ A SUN RIVER	<u>2,947</u>				<u>124</u>			<u>685</u>	1	<u>236</u>		<u>2,385</u>	<u>1,166</u>		<u>215</u>
CVS ALBANY LLC	<u>2,707</u>												4	<u>2,688</u>	<u>22</u>
QUEST DIAGNOSTICS INC	<u>2,042</u>														<u>2,042</u>
CATHOLIC CHARITIES OF ROCKVILLE CENTRE	<u>219</u>							1	Z	<u>209</u>			Z		<u>13</u>
FEDERATION OF ORG. F/ T NYS MENT.DISABLED, INC	<u>218</u>								2	<u>187</u>		<u>49</u>			1
LISH INC	<u>216</u>					3		<u>173</u>		<u>5</u>	1				<u>109</u>
ENZOLABS INC	<u>212</u>														212
						Firet	Previous	1 2	3 /	5	6 7	8 0	10	13 Nev	t lect

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET MENTAL HEALTH CENTER in the past year 09/01/2022 - 09/01/2023.

-- Clients included in this report also received a Medicaid billable service from a different provider during the time period (03/01/2022 - 03/01/2023). This timeframe was used to provide agencies with an estimate of a full year of utilization, allowing a 6 months data lag for claims/encounters to be submitted to DOH.

-- Abbreviations: IP = Inpatient; SUD = Substance Use Disorder; MH = Mental Health; ER = Emergency Room; OP = Outpatient; DD = Developmental Disability; Pharm = Pharmacy(Medications only);

-- *MEDS OOS : refers to services where the provider name was not specified or was out of state.

Filters Reset

PDF

26

Excel

Usage - Utilization Reports

MAIN STREET MENTAL HEALTH CENTER

MANAGED CARE PLAN : ALL MANAGED CARE PRODUCT LINE : ALL POPULATION TYPE : ALL PROGRAM TYPE : ALL



PDF

26

Excel

Medicaid Managed Care Plan and Product Line P

Provider Network

Service Settings and Volume

Volume and type of Medicaid services provided by any agency to MAIN STREET MENTAL HEALTH CLINIC CUITENT Medicaid clients.

	FAMILY SERVIC	E LEAGUE, INC.	Any Othe	er Provider	Tot	al			
Service Settings/Type	Clients with services 🛛 🗄	Claims/Encounters by these of clients	Clients with services ϕ	Claims/Encounters by these clients	Unduplicated Clients with services	Claims/Encounters by these clients			
Unduplicated Count of Clients	<u>5,601</u>	88,968	<u>6,623</u>	455,180	<u>6,690</u>	537,621			
ACT · MH Specialty	<u>196</u>	2,202	<u>26</u>	216	215	2,418			
Child Care - MH - Residential Treatment Facility			3	105	3	105			
Child Foster Care			<u>28</u>	336	<u>28</u>	336			
Clinic - MH Specialty	<u>3,796</u>	77,658	<u>1,079</u>	23,176	<u>4,480</u>	100,785			
Clinic - Medical	<u>18</u>	112	<u>2,984</u>	18,931	<u>2,992</u>	19,034			
Clinic - SUD	<u>799</u>	24,150	<u>592</u>	16,462	<u>1,189</u>	40,527			
Clinic - Unspecified	<u>6</u>	89	<u>870</u>	3,436	<u>875</u>	3,525			
Community Residence - MH Specialty			<u>158</u>	1,824	<u>158</u>	1,824			
Day Treatment - MH Specialty			9	676	9	676			
Dental			<u>2,470</u>	8,021	<u>2,470</u>	8,021			
ER - ALL			<u>2,788</u>	8,573	<u>2,788</u>	8,573			
ER - MH			<u>990</u>	2,300	<u>990</u>	2,300			
Vision			<u>1,189</u>	5,372	<u>1,189</u>	5,372			
Waiver Services	<u>6</u>	94	<u>21</u>	2,527	<u>21</u>	2,621			
Previous 1 Next									

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET MENTAL HEALTH CENTER in the past year 09/01/2022 - 09/01/2023.

-- Clients included in this report received Medicaid billable service from MAIN STREET MENTAL HEALTH CENTER in the past year and received a Medicaid billable service from either MAIN STREET MENTAL, HEALTH CENTER or any other provider during the time period (03/01/2022 - 03/01/2023). This timeframe was used to provide agencies with an estimate of a full year of utilization, allowing a 6 months data lag for claims/encounters to be submitted to DOH.

-- ABBREVIATIONS: SUD = SUBSTANCE USE DISORDER; MH = MENTAL HEALTH; ER = EMERGENCY ROOM; DD = DEVELOPMENTAL DISABILITY; OPWDD = OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.

-- *MEDS OOS : refers to services where the provider name was not specified or was out of state.

Settings





Update My Home Page

Changes will be reflected at next login

Land Joint Market State	Carrier Harrison and Anna and Anna					
No. No. <td></td> <td>NUMBER State of a particular partite partinterar partiti partintereparticular particular par</td> <td></td> <td></td> <td>Hardson to the second s</td> <td>EVENTIONE ACCOUNT OF A MAIL OF A MAI</td>		NUMBER State of a particular partite partinterar partiti partintereparticular particular par			Hardson to the second s	EVENTIONE ACCOUNT OF A MAIL OF A MAI
My QI Report	Statewide Reports	Recipient Search	Provider Search	MyCHOIS	Manage MyCHOIS Users	Manage PHI Access



Access to Client-Level Data



Access to Client Data in PSYCKES

Clients are assigned to a provider agency/hospital in one of two ways:

- Automatically: Client had a billed service at the provider facility within the past 9 months or client is enrolled in facility's Health Home/CM program
- Manually:
 - Signed consent
 - Gave Verbal PSYCKES consent
 - Emergency (72 hours)
 - Attest client is served by / being transferred to facility prior to billing and/or signed consent



Access to Client Data

Without Consent

- Certain data provided <u>without</u> consent...
 - Positive for any quality concern flagged in PSYCKES
 - At least one billed service anywhere in agency/hospital in past 9 months
- Rationale: monitor quality and safety of Medicaid program
- Does <u>not</u> include Protected Health Information (PHI) with special protections
 - Substance use information/treatment
 - HIV
 - Genetic testing
 - Reproductive / family planning



Access to Client Data

With Consent / Clinical Emergency

- Expanded access
 - New clients who have not yet been linked to provider facility through Medicaid billing can be viewed
 - Clients who do not have quality flags can be viewed
 - Includes information with special protections (substance use, HIV, genetic testing, family planning)
- Access to client-level data
 - With consent (3 years)
 - With Verbal PSYCKES consent (9 months)
 - In clinical emergencies (limited duration, 72 hours)



Two Ways to Enable PHI Access

With Consent / Clinical Emergency

Recipient Search: Recipient identifier search

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar 🚽	Usage Reports 👻	Utilization R	eports	
			Recipient	Search	Limit r	esults to 50) V Search	Reset
Recipient Identifier	s				Search in	: 🔘 Full Datab		TREET CLINIC
Me	dicaid ID	SSN		First Name	Last Name		DOB	
AB00000A							MM/DD/YYYY	·

Registrar: Manage PHI Access submenu

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Reports 🛨	Utilization Reports				
			Manage PH.	Manage PHI Ac	cess					
Enable PHI Access Print PSYCKES Consent form: Denglish Despanish C Other languages										
Enable access to cli Client signed t Client signed t Client signed t Client gave Ver Client data is r Client is server	ent's Clinical Summar he PSYCKES Consent he Health Home Patie he BHCC Patient Infor rbal PSYCKES Consen needed due to clinical d by/ being transferred	y by attesting to one Form ant Information Sharin mation Sharing Cons at emergency d to your provider age	or more of the followi og Consent ent for specific BHCC ncy	ng: :(s)						
Search & Enable	Access >									

Step 1: Search for client

Enter one or more recipient identifier(s) and click "Search"

Recipient Identifiers			Search in: 🔘 Ful	Database 🔘 MAIN STR
Medicaid ID	SSN	First Name	Last Name	DOB
AB00000A				MM/DD/YYYY

- 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



Confirm client match and select "Enable Access" or "Update Access"; if no match, click "Modify Search"

My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports +	Utilization Reports		
< Modify Search			1 Recipients	Found			DF	Sec. 1
Medicaid ID	ABC	D1234						

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 - 49 ABCD1234	10/10/1970	12 MAIN ST #5 BROOKLYN, NY 12345		Fidelis Care New York	No Access	Enable Access	



Step 2: Attest to why you're allowed to view the data

My QI Report	Statewide Repo	rts Recipient Search	Provider Search	Registrar 🗸	Usage Reports	- U	tilization R	eports	
< Modify Search			1 Recipients	Found				DI	Excel
Medicaid ID		PHI Access for DOE JANE	(F - 49)			×			
Review recipients in r	esults carefully	Why are you allowe	d to view this da	ata?	About access	levels	Maximum	Number of Rows Displ	layed: 50
Name (Gender - Age) Medicaid ID	DOB	Client signed a PSYCKES Consent							
DOE JANE F - 49 ABCD1234	10/10/1970	Client signed a BHCC	Patient Information S lealth Home Patient Ir	haring Consent nformation Sharir	ng Consent		5	Enable Access 🖴	
		Provider attests to ot	her reason for ac	cess					
		Client gave Verbal PS	YCKES Consent gency ved by or being transfo	erred to my facilit	Ŋ				
	-				_				
					Cancel Ne	xt			

Step 3: Confirm client identity and Enable

My QI Report	Statewi	de Reports R	lecipient Search	Provider Search	Registrar -	Usage Reports 🗸	Utilization R	leports	
Modify Search				1 Recipien	ts Found			DF E	يع xcel
Medicaid ID		PHI Access f	for DOE JANE (F	- 49)			×		
Review recipients in	results c	How do y	/ou know tl	his is the co	orrect pers	on?	nun	Number of Rows Displayed:	50
Name (Gender - Age) Medicaid ID		Provider	attests to client	identity	ľ				
DOE JANE F - 49 10 ABCD1234		O Client pro	ovided 1 photo I tion 1 select	D or 2 forms of n	on-photo ID			Enable Access	
		Identificat	tion 2 select		\sim				
		MAIN STREE given access staff who wo summary with	ET HEALTH HOME to all available da ork for the Health H th this access.	E, INC Health Hom ta while the client i lome and/or Care N	e and/or Care Man s enrolled in your H Management progra	agement users will be Health Home program. am should view the clin	Only nical		
		Previous		Cancel	able Enable	and View Clinical Sum	mary		

Withdrawal of Consent

- Clients have the right to withdraw consent
- Withdraw Consent form must be used and is available through the:
 - PSYCKES application >> Registrar Menu >> Manage PHI Access
 - PSYCKES public website
- After client signs the Withdraw Consent form, Manage PHI Access menu used to register client's withdrawal of consent
 - Agency may still have access to client data if client is positive for a quality flag and agency bills Medicaid for them
- Attestation to service can also be de-activated





Enable PHI Access Print PSYCKES Consent form: B English B Spanish C Other languages

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency
- · Client is served by/ being transferred to your provider agency

Search & Enable Access >

Provider Details for Consent form

Use this function to add/edit name(s) and phone number(s) displayed in the consent form before printing.

Add/Edit Details >

Withdraw Consent Print Withdrawal of Consent form: 🕒 English 🗋 Spanish 🕑 Other languages

Register client's withdrawal of consent to disable access to client data. Client must sign the PSYCKES withdrawal of Consent form, the DOH Health Home Withdrawal of Consent form, or the BHCC Withdrawal of Consent form.

ty flag), your provider agency may still have access to limited client data.

Search & Withdraw Consent >



Deactivate Attestation of Service

Deactivate an attestation of service that created a manual link between a client and your provider agency.

ncy based on Medicaid data.

Search & Deactivate Attestation



Registrar: Manage PHI Access – Withdraw Consent

Search by Medicaid ID

My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports –	Utilization Reports
Keack to PHI access		Register	r Client's Withd	rawal of Co	nsent	
		Medicaid Id	AB12345C	Sub	mit Clear	

Registrar: Manage PHI Access – Withdraw Consent

Verify Client ID and Withdraw

My QI Report	Statewide Reports	Recipient Search	Provider Searc	h Registrar -	Usage Reports -	Utilization Reports		
Back to PHI access Register Client's Withdrawal of Consent								
		Medicaid Id	•••••	Sul	bmit Clear			
Results							1	
Name 🔶	DOB 🔶	Address 🕴	Medicaid ID		Select Active Consent to Wi	hdraw 🔶	¢	
QUNPUrRB TabDTqnF	MTIIM9AIMTasN6	MTEoMQ RbRFTEVZ QVZF MaY QbJPTb6 Tba MTAqNpl	WVapNDUpMUE	 PSYCKES Cons DOH Health Hom BHCC Consent 	sent for ACMH, INC. e Patient Information Shari for COORDINATED BEH	ng Consent IAVIORAL CARE IPA	Withdraw	
Registrar: Manage PHI Access – Withdraw Consent

Consent Withdrawn



Training & Technical Assistance



PSYCKES Training

- PSYCKES website: <u>www.psyckes.com</u>
- PSYCKES Training Webinars
 - Live webinars: Register on PSYCKES Training Webinars page
 - Recorded webinars: Slides and recordings available
 - Using PSYCKES Quality Indicator Reports
 - Navigating PSYCKES Recipient Search for Population Health
 - Using the PSYCKES Clinical Summary
 - Consent, Emergency, Quality Flag: PSYCKES Levels of Access
 - PSYCKES Mobile App for iPhones & iPads
 - Using PSYCKES from Home
 - Introduction to PSYCKES
 - Where to Start: Getting Access to PSYCKES
 - Introduction to the Self-Service Console
- PSYCKES User Guides & Short How-To Videos
 - www.psyckes.com > PSYCKES Training Materials



Self-Service Console

- The Self-Service Console is a way to manage your RSA token and PIN, for logging into secure OMH applications, including PSYCKES
- The console is accessed at: <u>mytoken.ny.gov</u>
- From within your Self-Service Console account, you can:
 - Set security questions
 - Reset your PINs
 - Activate tokens
 - Request a replacement token
- We recommend all users set up security questions in the console so that you can reset your own PIN if ever needed



Helpdesk Support

PSYCKES Help (PSYCKES support)

- 9:00AM 5:00PM, Monday Friday
- PSYCKES-help@omh.ny.gov

ITS Help Desk (Token, Login & SMS support)

- Provider Partner ITS Helpdesk:
 1-518-474-5554; healthhelp@its.ny.gov
- OMH Employee ITS Helpdesk: 1-844-891-1786; <u>fixit@its.ny.gov</u>

