

Using PSYCKES for CCBHCs

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Agenda

- PSYCKES overview
- Quality improvement with My QI Report
- Population health with Recipient Search
- Review client-level details with the Clinical Summary
- Access to PSYCKES
- Training & technical assistance



PSYCKES Overview



What is **PSYCKES**?

- A secure, HIPAA-compliant online platform for sharing Medicaid billing data and other state administrative data
- Designed to support data-driven clinical decisionmaking, care coordination and quality improvement
- Ongoing data updates
 - Clinical Summary updated weekly
 - Quality Indicator reports updated monthly



Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (currently or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
 - MAPP Health Home Enrolled: Clients linked to provider agency if enrolled with HH or CMA according to MAPP
- Behavioral Health Population (any history of):
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides all data general medical, behavioral health, residential



What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- All Medicaid billing data, across treatment settings
 - Medications, medical and behavioral health outpatient and inpatient services, ER, health home care coordination, housing and 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)
 - Assisted Outpatient Treatment provider contact (OMH TACT)
 - Assertive Community Treatment provider contact (OMH CAIRS)
 - Adult Housing/Residential program Information (OMH CAIRS)
 - Intensive Mobile Treatment (DOHMH)
 - AOT Referral Under Investigation (DOHMH)
 - State Psychiatric Center EMR
 - Suicide attempt (OMH NIMRS)
 - Safety plans, screenings, assessments entered in MyCHOIS



Quality Indicators "Flags"

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider and to support clinical review and quality improvement
- When a client has an applicable quality flag, the provider is allowed access to that individual's Clinical Summary
- Examples of current quality flags that may be of interest to CCBHCs:
 - MH Performance Tracking Measure, e.g., No MH Inpt F/U 30d (DOH)
 Adult; No DM Screen AP (DOH)
 - SUD Performance Tracking Measure**, e.g., No OUD MAT Initiation -30d (DOH); No OUD Tx Initiation (DOH);
 - Vital Signs Dashboard Child, e.g., No Well-Care Visit > 1 Yr Child & Adol (DOH); No MH Inpt F/U 30d (DOH) - Child & Adol

NEW YORK

Mental Health

**Considered specially protected data (e.g., SUD, HIV, family planning, and genetic testing)

What Types of Reports Are Available?

- Individual Client Level Reports
 - Clinical Summary: Medicaid and State PC treatment history, up to 5 years
- Provider Level Reports
 - My QI Report: current performance on all quality indicators, can filter by CCBHC services and drill down to client-level views
 - 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 data needs
- Statewide Reports
 - Can select a quality indicator and review statewide proportions by region, county, plan, network, provider, etc.



My QI Report

My QI Report

- Tool for managing quality improvement efforts
- Updated on a *monthly* basis
- Eligible Population (denominator): clients served plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients who meet criteria for the flag
- Compare prevalence rates for provider agency, region, state
- Filter report by: Program Type (e.g., CCBHC, ACT, etc.), MC Plan, Age
- Drill down into list of recipients who meet criteria for flag
- Reports can be exported to Excel and PDF



Understanding My QI Report

- Attributing clients to agency QI reports:
 - Billing: Clients linked to provider agency if billed by agency in the past 9 months
 - This rule is used to automatically link clients to providers so that current clients are included in the report each month
- Period of observation for the quality indicator:
 - Assessed by a measure, varies for each measure
 - For example, the period of observation for the High Utilization quality indicator is 13 months
- QI Reports trending over time:
 - QI Trends Past Year show the prevalence rates of quality flags by provider over time



	Standard V DF Excel						
REGION: ALL COUNTY: ALL SITE: ALL PROGR	AM TYPE: ALL AGE: A	LL MC PRODUCT LINE	ALL MANAGED CA	RE: ALL			Filters Reset
Indicator Set							1
Quality Improvement Indicators (as o	of 08/01/2023)	Run monthly on all availa	able data as of run da	te			
Indicator Set	Population	♦ Eligible Population	# with QI Flag≑	\$	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	3,179	1,270	39.9	43.3	38.3	39.90 43.30 38.30
General Medical Health	All	18,761	4,970	26.5	15.6	5 13.1	26.50 15.60 13.10
Health Home Care Management - Adult	Adult 18+	4,337	2,964	68.3	85.8	8 86.1	68.30 85.80 8510
High Utilization - Inpt/ER	All	18,771	4,477	23.9	20.5	5 20.7	23.90 20.50 20.70
Polypharmacy	All	5,945	1,006	16.9	11.4	11.4	16.90 11.40 11.40
Preventable Hospitalization	Adult	16,083	141	0.9	0.6	ō 0.8	0.90 0.60 0.80
Readmission Post-Discharge from any Hosp	ital All	3,341	480	14.4	11.3	3 11.2	14.40 11.30 11.20
Readmission Post-Discharge from this Hospital	AII	1	0	0	10.9) 11.3	0.00
Treatment Engagement	Adult 18-64	2,764	1,029	37.2	37.6	5 35.4	37.20 37.60 35.40
Performance Tracking Indicators (as	of 12/01/2022)	Run with intentional lag	g of 6+ months to allo	w for comp	lete data		
Indicator Set 🔺	Population 👙	Eligible Population	# with QI Flag	÷	Regional %	Statewide %	25% 50% 75% 100%
MH Performance Tracking Measure	All	4,148	2,234	53.9	53.3	52.6	53.90 53.30 52.60
SUD Performance Tracking Measure	Adol & Adult (13+)	4,929	3,726	75.6	74	78.7	75.60 74.00 78.70
Vital Signs Dashboard - Adult	Adult	6,336	3,014 4	17.6	50.7	47.3	47.60 1 50.70 47.30
Vital Signs Dashboard - Child	Child & Adol	3,402	1,103	32.4	37.4	32.7	32.40 37.40 32.70

My QI Report - Statewide Reports Recipient Search Provider Search Registrar - Usage - Utilization Reports MyCHOIS

My QI Report +	Statewide Reports R	ecipient Search	Provider Search	Registrar - Us	age - l	Jtilization Reports	MyCHOIS			
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BH QARR - Improven	nent Measure	All	3,179	1,270	y r	our agenc	row dow	I Report In the		
General Medical Hea	ith	All	18,761	4,970	r F	opulation	you'd lik	e to view		
Health Home Care M	lanagement - Adult	Adult 18+	4,337	2,964	68.3	80.8	80.1		38.30 85.80 86.10	
High Utilization - Inp	t/ER	All	18,771	4,477	23.9	20.5	20.7	23.90 20.50 20.70		
Polypharmacy		All	5,945	1,006	16.9	11.4	11.4	16.90 11.40 11.40		
Preventable Hospital	lization	Adult	16,083	141	0.9	0.6	0.8	0.90 0.60 0.80		
Readmission Post-Di	ischarge from any Hospit	al All	3,341	480	14.4	11.3	11.2	14.40 11.30 11.20		
Readmission Post-Di Hospital	ischarge from this	All	1	0	0	10.9	11.3	0.00 10.90 11.30		
Treatment Engageme	ent	Adult 18-64	2,764	1,029	37.2	37.6	35.4	37.20 37.60 35.40		

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

Indicator Set	Population	Eligible Population	# with QI Flag \doteqdot	%	Regional %	Statewide %	25% 50%	75%	100%	÷
MH Performance Tracking Measure	All	4,148	2,234	53.9	53.3	52.6	53.90 53.30 52.60			
SUD Performance Tracking Measure	Adol & Adult (13+)	4,929	3,726	75.6	74	78.7		75.60 74.00 78.70		
Vital Signs Dashboard - Adult	Adult	6,336	3,014	47.6	50.7	47.3	47.60 50.70 47.30			
Vital Signs Dashboard - Child	Child & Adol	3,402	1,103	32.4	37.4	32.7	32.40 37.40 32.70			

QI Filters		In the "Program Type"	
Site	ALL 🗸	dropdown, select from a variety of filters such as 'CCBHC')% 75% I I
Program Type	ССВНС ~	or 'ACT – MH) 30
Managed Care	ALL ACT - MH Specialty	Specialty"	
MC Product Line	Care Management - Enrolled (Source: DOH MAPP) Care Management - Enrolled/Outreach (Source: DOH MA Care Management - Outreach (Source: DOH MAPP) Clinic - MH Specialty	PP)	68.30 85.80 86.10
Age	Clinic - SU - Opioid Treatment Program Clinic - SU Specialty		
Region	Clinic MH - ALL Health Home - Enrolled (Source: DOH MAPP)		
County	Health Home - Enrolled/Outreach (Source: DOH MAPP) Health Home - Outreach (Source: DOH MAPP)		
	Health Home Plus Health Home Plus (Source: DOH MAPP) Health Home and/or Care Management - Enrolled (Sourc	e: DOH MAPP and Medicaid)	
	Health Home and/or Care Management - Outreach/Enrol Outpatient SU - ALL	led (Source: DOH MAPP and Medicaid)	
	PROS - MH Specialty		
	Residential Rehab for Youth - SU Specialty		-

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My QI Report - Statewide Reports Recipient Search Provider Search Registrar - Usage - Utilization Reports MyCHOIS													
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BH QARR - Improvement Measure All 1,705 743 43.6 44 40.7 43.60 44.00 40.70 43.60 27.70 <td< td=""></td<>													
General Medical Health		All	10,633	2,947	27.7	29	27.5	27.70 29.00 27.50					
Health Home Care Management	- Adult	Adult 18+	1,799	1,538	85.5	84.6	84.8		85!50 84.60 84.80				
High Utilization - Inpt/ER		All	10,636	2,076	19.5	20.4	21.9	19.50 20.40 21.90					
Polypharmacy				492	14.6	15.6	16.5	14.60 15.60 16.50					
Preventable Hospitalization	Measur	es of inte	rest to	39	0.5	0.5	0.6	0.50 0.50 0.60					
Readmission Post-Discharge	within t	the highlight	zhted	172	11.8	13.4	16.7	11.80 13.40 16.70					
Readmission Post-Discharge Hospital	Indicato	or Sets		0	0	15.9	17.1	0.00					
Treatment Engagement				572	41	37.9	36.6	41.00 37.90 36.60					
Performance Tracking Indicators (as of 12/01/2022) Run with intentional lag of 6+ months to allow for complete data													

Indicator Set	Population	Eligible Population	# with QI Flag≑	* \$	Regional %	Statewide %	25% 50%	75% 100%	÷
MH Performance Tracking Measure	All	2,303	1,210	52.5	51.5	51.8	52.50 51.50 51.80		
SUD Performance Tracking Measure	Adol & Adult (13+)	2,757	2,004	72.7	74.3	73.6		72.70 74.30 73.60	
Vital Signs Dashboard - Adult	Adult	2,847	1,398	49.1	49.8	51	49.10 49.80 51.00		
Vital Signs Dashboard - Child	Child & Adol	3,133	977	31.2	31.5	35.8	31.20 31.50		

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PROGRAM TYPE: CCBHC							Filters
Indicator Set: MH Performance Tracking Mea	asure						
Indicator Set Indicator							
Indicator ϕ	Population	Eligible Population	# with QI Flag	*	Regional %	Statewide %	25% 50% 75% 100%
1. No Follow Up for Child on ADHD Med - Initiation	Child	85	28	32.9	27.2	25.8	32.90 27.20 25.80
2. No Follow Up for Child on ADHD Med - Continuation	Child	25	3	12	14.3	16.8	12.00 14.30 16.80
3. Antidepressant Medication Discontinued - Acute Phase	Adult	667	306	45.9	46.5	45	45.90 45.50 45.00
4. Antidepressant Medication Discontinued - Recovery Phase	Adult	667	367	55	56.3	56.8	55.00 56.30 56.80
5. Low Antipsychotic Medication Adherence - Schizophrenia	Adult	501	197	39.3	37	36.9	99.30 37.00 36.90
6. Low Mood Stabilizer Medication Adherence - Bipolar	Adult	825	378	45.8	45.5	47	45.80 45.50 47.00
7. No Follow Up after MH Inpatient - 7 Days	6+	303	108	35.6	32.5	32.4	35.60 32.50 32.40
8. No Follow Up After MH ED Visit - 7 Days	6+	299	28	9.4	10.6	20.1	9.40 10.60 20.10
9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic	Adult	1,022	339	33.2	31.6	26.6	33.20 31.60 26.60
13. No Diabetes Monitoring - DM & Schizophrenia	Adult	93	41	44.1	45.7	36	44.10 45.70 36.00
14. No Follow Up after MH Inpatient - 30 Days	6+	303	43	14.2	13.2	14.8	14.20 13.20 14.80
15. No Follow Up After MH ED Visit - 30 Days	6+	299	11	3.7	5.2	12	3.70 5.20 12.00
16. No CV Monitoring - CV & Schizophrenia	Adult	11	5	45.5	40.9	32	45.50 40.90 32.00
17. No Psychosocial Care - Child & Adol on Antipsychotic	Child & Adol (1 to 17)	63	4	6.3	11.6	13.3	6.90 11.60 13.30
18. Prevention Quality Indicator 92 (PQI 92)	Adult	6,498	38	0.6	0.7	0.9	0.60 0.70 0.90

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MH Performance Tracking Measure Summary

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Quality Indicator Overview As Of 08/01/2023

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PROGRAM TYPE: CCBHC

Indicator Set: SUD Performance Tracking Measure

Indicator

Indicator Set

Indicator	Population (Eligible Population	# with QI Flag	*	Regional %	Statewide %	25% 50% 75% 100%
No Continuity of Care after Detox to Lower Level of Care	Adol & Adult (13+)	143	46	32.2	30.4	23.2	\$2.20 \$0.40 23.20
No Continuity of Care after Rehab to Lower Level of Care	Adol & Adult (13+)	218	79	36.2	32.8	31.4	36.20 32.80 31.40
No Follow Up After High-Intensity Care for SUD (7 days)	Adol & Adult (13+)	206	84	40.8	40	34.1	40.80 40.00 34.10
No Follow Up After High-Intensity Care for SUD (30 days)	Adol & Adult (13+)	206	39	18.9	19.2	16.4	18.90 19.20 16.40
No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence	Adol & Adult (13+)	1,405	1,213	86.3	87	86.4	(86/50) (87/00) (85/40)
No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD)	Adol & Adult (13+)	581	278	47.8	45	43.9	47.80 45.00 43.90
No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)	Adol & Adult (13+)	1,287	278	21.6	20.8	22.9	21.60 20.80 22.90
Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) Not Sustained 6 Months	Adult	973	218	22.4	27.9	33.7	22.40 27.90 \$3.70
No Initiation of SUD Treatment	Adol & Adult (13+)	1,164	70	6	8	11.3	6.00 8.00 11.30
No Engagement in SUD Treatment	Adol & Adult (13+)	1,164	766	65.8	65.2	61.8	65.80 65.20 61.80
No Follow Up after SUD ER Visit (7 days)	Adol & Adult (13+)	183	91	49.7	52.5	55.2	49.70 52.50 55.20
No Follow Up after SUD ER Visit (30 days)	Adol & Adult (13+)	183	71	38.8	39.7	43.2	38.80 39.70 43.20
No Initiation of Opioid Use Disorder (OUD) Treatment	Adol & Adult (13+)	275	6	2.2	3.3	6	2.20 3.30 6.00
No Engagement in Opioid Use Disorder (OUD) Treatment	Adol & Adult (13+)	275	147	53.5	54.3	51.5	53.50 54.30 51.50
SUD Performance Tracking Measure Summary	Adol & Adult (13+)	2,757	2,004	72.7	74.3	73.6	72.70 74.30 73.60

MAIN STREET AGENCY 0

Quality Indicator Overview As Of 08/01/2023

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PROGRAM TYPE: CCBHC

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Indicator Set: Vital Signs Dashboard - Child								
Indicator Set Indicator								
Indicator	Population 0	Eligible Population	# with QI Flag	% ¢	Regional %	Statewide %	25% 50%	75% 100%
Immunization for Adolescents - No HPV	Adol (13)	218	152	69.7	70.8	75.4		69.70 70.80 75.40
Immunization for Adolescents - No Meningococcal	Adol (13)	218	81	37.2	42.8	38.5	37.20 42.80 38.50	
Immunization for Adolescents - No Tdap	Adol (13)	218	82	37.6	43.7	37.8	37.60 43.70 37.80	
No Follow Up After MH ED Visit - 7 Days	Child & Adol (6- 20)	125	12	9.6	7.4	16.2	9.60 7.40 16.20	
No Follow Up After MH ED Visit - 30 Days	Child & Adol (6- 20)	125	4	3.2	2.8	8.2	3.20 2.80 8.20	
No Follow Up after MH Inpatient - 7 Days	Child & Adol (6- 20)	96	23	24	29.8	28.5	24.00 29.80 28.50	
No Follow Up after MH Inpatient - 30 Days	Child & Adol (6- 20)	96	11	11.5	13.5	13.9	11.50 13.50 13.90	
No Follow Up for Child on ADHD Med - Continuation	Child (6-12)	25	3	12	14.3	16.8	12.00 14.30 16.80	
No Follow Up for Child on ADHD Med - Initiation	Child (6-12)	85	28	32.9	27.2	25.8	32.90 27.20 25.80	
No Psychosocial Care - Child & Adol on Antipsychotic	Child & Adol (1- 17)	63	4	6.3	11.6	13.3	6.30 11.60 13.30	
No Well-Care Visit > 1 Yr - Child & Adol	Child & Adol (3- 21)	3,117	812	26.1	26.1	30.5	26.10 26.10 30.50	
Readmission (30d) from any Hosp: MH to MH	Child & Adol (1- 20)	157	9	5.7	8	8.5	8.00 8.50	
Vital Signs Dashboard Child Summary	Child & Adol	3,133	977	31.2	31.5	35.8	31.20 31.50 35.80	



My QI Report -	Statewide Re	ports Re	ecipient Search	Provid	er Searc	ch Registrar	+ Usage	+ Utiliza	tion Reports	MyCHOIS			
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General Medical He	Race & Displays rates for ethnicity "Indicate	Ethnicity quality in clients in groups. A or Set" and	y dicator preva different race Available in th d "Indicator" ta	lence e and le abs.		Total % (for the Pacific Islance for which race are not represe	k, Ilients r, but	10.60					
Health Home Care Management - Adul	Adult t 18+	85.9%	100%	87.1%	82.7%	100%	86%	82.1% 23	83.2% 233	Pacific Islander Bacific Islander White Multiracial	Close	8	5.90 100.00 7410 82.70 100.00 5.00 82.10

Race & Ethnicity View

MAIN STREET AGENCY • Over: Race & Ethnicity · Use visual bar chart to quickly identify any disparities for a given quality indicator Set: Vital Signs Dashboard - Child Indicator Set: Indicator Indicator Set: Vital Signs Dashboard - Child Cleanse of the set of the	My QI Report - Sta	tewide Repo	orts Re	cipient Search	Provid	ler Search	n Registrar -	Usage	- Utiliza	tion Reports	MyCHOIS		
PROGRAM TYPE: COBMC Weight of the second of				Usen	visua	MAIN I bar	STREET	AGENC auick	Y o Ivide	ntify	O View:	Race & Ethnicity 🗸	🔂 💌 PDF Excel
Indicator Set: Vital Signature Indicator : Undicator : Undicat	PROGRAM TYPE: CCBHC			any c	dispa	rities	for a give	ven qı	uality	,		Filter	s Reset
Indicator Set Indicator Indicator Indicator Indicator Population Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx Inmunization for Adolescents - No Haring Adol (13) 70.2% 66.7% 60% 82.5% 0.0% 59.5% 880% 667.9% Interve American Asian Interve American Asian Interve American Asian 151 2 3 33 0 477 8 66.7.9% Interve American Asian Interve American Asian </td <td>Indicator Set: Vital Sign</td> <td>is Dashboai</td> <td>rd - Child</td> <td>indic</td> <td>ator;</td> <td>drill</td> <td>-in to inc</td> <td></td> <td></td> <td></td>	Indicator Set: Vital Sign	is Dashboai	rd - Child	indic	ator;	drill	-in to inc						
Indicator Population Total Native American Asian Black Pacific Islander Multiracial Hispanic or Latinx Instructure American Asian Black Pacific Islander Multiracial Islandic or Latinx Islandic or Latinx <thi< td=""><td>Indicator Set Indica</td><td>ator</td><td></td><td>flagg</td><td>ed cl</td><td>ients</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thi<>	Indicator Set Indica	ator		flagg	ed cl	ients							
IndicatorPopulationTotalNative AmericanAsianBlackPacific IslanderWhiteMultiracialHispanic or LationImmunization for Adolescents - No HPV $Adol (13)$ 70.2% 151 70.2% 151 66.7% 151 60% 2 82.5% 3 70% 33 70% 40% <t< td=""><td></td><td></td><td></td><td></td><td>Clients</td><td>with QI Flag</td><td>js by Percentage (%</td><td>) and Number</td><td></td><td></td><td></td><td></td><td></td></t<>					Clients	with QI Flag	js by Percentage (%) and Number					
Immunization for Adolescents - No HPV Adol (13) 70.2% 151 66.7% 2.0% 66.7% 3.3 66.7% 3.3 59.5% 3.3 59.5% 4.47 80% 8.0% 67.9% 6.0% Total Native American Bleck 0.0 Total 0.00 Total 0.00 <thtr> Immunization for Adolescents - No T</thtr>	Indicator 🔶	Population	Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latin	C	25% 50%	75% 100%
Immunization for Adolescents - No MeningococcalAdol (13)37.7% 810% 0% 8120% 140% 10% 60% 138% 60% 30%38% 30% 30%30% 30% 30%32.1%Total 10% 10%Total 10% 10%37.7% 10%Immunization for Adolescents - No Tdap38.1% 38.1%33.3% 33.3%20% 20%35% 35%0% 39.2%38.0% 39.2%32.1%Total 30.0% 30%38.0% 30.0%Immunization for Adolescents - No Tdap38.1% 38.1%33.3% 33.3%20% 35%35% 35%0% 39.2%39.2% 39.2%20% 20% 35.7%35.7% 35.7%Immunization for Adolescents - No Tdap38.1% 38.1%33.3% 33.3%20% 35%35% 35%0% 39.2%39.2% 39.2%20% 20% 35.7%35.7% 35.7%	Immunization for Adolescents - No HPV	Adol (13)	70.2% 151	66.7% 2	60% 3	82.5% 33	0%	59.5% 47	80% 8	67.9%	Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx	0.00	70.20 66.70 60.00 82.50 59.50 80.00 67.90
Immunization for Adolescents - No Tdap Adol (13) 33.3% 20% 35% 0% 39.2% 20% 35.7% Total Total 38.10 Native American 33.30 20.00 35% 0% 39.2% 20% 35.7% Black 35.00 Pacific Islander 0.00 0.00 0.00 0.00 0.00 0.00	Immunization for Adolescents - No Meningococcal	Adol (13)	37.7% 81	0% 0	20% 1	40% 16	0% 0	38% 30	30% 3	32.19	Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx	37.70 0.00 20.00 40.00 0.00 38.00 30.00 32.10	
82 I I I I4 U 31 Z I0 White 39.20 Multiracial 20.00 Hispanic or Latinx 35.70	Immunization for Adolescents - No Tdap	Adol (13)	38.1% 82	33.3% 1	20% 1	35% 14	0%	39.2% 31	20% 2	35.79	Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx	38.10 33.30 20.00 35.00 0.00 39.20 20.00 35.70	

My QI Report •	Statewide	e Report	s Recipient S	earch	Provi	der Search	h R	legistrar -	Usage -	Utiliza	tion Reports	МуС	CHOIS		
						MAII Quality Ind	N ST dicator	Overview As Of	SENC 08/01/20	(0 23			O View: Standard	✓ DF	X Excel
PROGRAM TYPE: C	СВНС													Filters	Reset
Indicator Set: M	H Performan	ce Tracl	king Measure	ndicat	tor: 14.1	No Follow	v Up a	fter MH Inpa	tient - 30) Days					
Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attendi	ng	Recipients	New	QI Flag	Dropped (QI Flag			
Reci	pient	*	Medicaid ID 🔶		DOB	Å		Race & Ethnicit	ty 🌲	C	(uality Flags	÷	Most Recent BH Outpatient Attending	Clinical Summar Last Viewed	y _≜
UEZSVEVS TUFSS	ŝm	Q	V2rN9QrNEE	MD2	2IMDMIM	TauM6	White	e		Adher-A Assessn High MH Screen - - AP (DO Gluc/Hb No Gluc, LDL-C - A 30d (DO F/U 30d MH Inpt Adult, No	P, HARP No nent for HCBS I Need, No DM AP, No DM So H), No A1c & LDL-C /HbA1c - AP, N AP, No MH Inp H), No MH Inp (DOH) - Adult F/U 7d (DOH F/U 7d (DOH o Outpt Medic	S, A creei - AP, No ot F/U ot t, No), No) - cal	Drill into a Clinical Su or export or Excel	client's mmary to PDF	
UqVBQbVSWQ Ua	FQSEFFTA	Q	aYnND2pMVa	MTE	EIM9MIM	TauNA	Black	k		HARP N HCBS, H Home, N 30d (DO F/U 30d	o Assessmen IARP No Heal Io MH Inpt F/ H), No MH Inp (DOH) - Adult	nt for th U ot t, No	None Identified	No	•

First Previous 1 Next Last



Recipient Search



Recipient Search

- Clients linked to provider agency if billed for in past year or currently linked through MAPP
- Options in Recipient Search
 - Look up one individual client to view Clinical Summary
 - Identify clients in a specific population cohort of interest, such as:
 - Alerts (e.g., suicide attempt, ideations, opioid overdose, etc.)
 - Experiencing homelessness (any homelessness past year, shelter, unsheltered, outreach, etc.)
 - Social Determinants of Health (SDOH)
 - Clients receiving CCBHC services at your agency or other agencies in NYS
 - High Utilizers
- Results page provides count and list of clients who match search criteria
- Export results page to Excel or PDF
- Advanced Views Care Coordination, High Need/High Risk, Hospital Utilization, Outpatient Providers



My QI Report - Statewide Reports Recipient Se	arch Provider Search Registrar + Usage + Uti	ilization Reports MyCHOIS							
	Recipient Search	Limit results 50 V Search Reset							
	Individual Search								
Medicaid ID	SSN First Name	Last Name DOB							
AB00000A		MM/DD/YYYY							
Characteristics as of 09/07/2023	Group Search								
Age Range To	Gender V Region	· · · · · · · · · · · · · · · · · · ·							
Race	▼ County	×							
Ethnicity	~								
Special Populations	Social Determinants o	of Health (SDOH) Past 1 Year 🗸							
Population	SDOH Conditions (report	ed in billing) SDOH Conditions: Selected							
High Need Population	-Problems related to upbr	ringing							
	- Problems related to soci	ial environment							
	Problems related to phys Problems related to other	er psychosocial ci							
	Problems related to med	dical facilities and							
Homelessness Alerts	Problems related to life r	management diffi 🖵							
Managed Care Plan & Medicaid									
Managed Care	✓ Children's	s Waiver Status							
MC Product Line	· · · · · · · · · · · · · · · · · · ·	HARP Status							

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HARP HCBS Assessment Status

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Medicaid Enrollment Status

Special Populations



Special Populations



Past 1 Year



Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH)

Past 1 Year









Quality Flags



Medications & Diagnoses

Medication & Diagnosis as of 08/01/2023	Past 1 Year 🗸
Prescriber Last Name Drug Name	Select from A psychotropic or non-
Active medication (past 3 months) requiring	g Prior Authorization classes, type in a specific diagnosis, or
Psychotropic Drug Class*	Non-Psychotropic Drug Class*
ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injectable (LAI) Anxiolytic/Hypnotic Medication Assisted Treatment for OUD (MAT-OU Mood Stabilizer	JD)
Diagnosis given 1+ 🗸 🔘 Prin	nary Only O Primary/Secondary
BH Diagnosis	Medical Diagnosis
 Any BH Diagnosis Any MH Diagnosis Acute Stress Disorder Anxiety Disorders 	 Cerebral degenerations usually manifest in Certain conditions originating in the perina Certain infectious and parasitic diseases Codes for special purposes

Services: Specific Provider as of 08/01/2023

Past 1 Year 🗸 🗸

Provider MAIN STREET AG	ENCY
Region	County
Current Access Click on the "+" sign to expand a category and view a list specific service settings in your organization	✓ Number of Visits ✓
Service S.	Service Detail: Selected
-Outpatient - MH	
Any OMH Outpatient Specialty MA ACT - MH Specialty CCBHC Clinic - MH Specialty	Services
Clinic - Medical Specialty - MH Dx	Svc
Clinic - Unspecified Specialty - MH	Dx/Svc
Clinic MH - ALL	•

Services by Any Provider as of 08/01/2023 Past 1 Year Provider Region County \sim Service Utilization Number of Visits \sim Service Setting: Service Detail: Selected Inpatient - ER Living Support/Residential In the "Services by Any +-Other Provider" section you can -Outpatient - DD search for clients in your -Outpatient - MH agency receiving specific -Any OMH Outpatient Specialty MH Services services from other -ACT - MH Specialty agencies within the state CCBHC CDT - MH Specialty CFTSS - All CETSS - CPST CFTSS - Crisis Intervention CFTSS - Family Peer Support Services (FPSS) CFTSS - Family/Youth Peer Support (FPSS/YPS)

Services by Any Provider as of 08/01/2023

Past 1 Year

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Provider Region		~	County	~
Service Utilization	ER - ALL	~	Number of Visits	10+ 🗸
Ser etting: Search for high utilizers by using the "Service Utilization" and "Number of Visits" filters	Clinic MH - ALL ER - ALL ER - BH Dx/Svc/CPEP ER - MH Dx/Svc/CPEP ER - Medical Dx/Svc ER - SU Dx/Svc Inpatient - ALL Inpatient - BH Inpatient - MH Inpatient - MH Inpatient - SU		lected	1+ 2+ 3+ 5+ 10+ 20+
 Outpatient - DD Outpatient - MH Outpatient - Medical Outpatient - Medical Outpatient - SU Outpatient - SU Outpatient - Unspecified Practitioner - BH State Psych Center State 	Specialty Fied			

Services by Any Provider as of 08/01/2023

Past 1 Year

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Provider Region	County v						
Service Utilization	of Visits 10+ 🗸						
Service Setting: -Care Coordination -Crisis Service -Foster Care -Inpatient - ER -Living Support/Res -Other -Outpatient - DD -Outpatient - MH -Outpatient - MH	What other searches are your CCBHCs running?						
Outpatient - Medical Specialty							
Outpatient - Unspec Practitioner - BH	Services (Sourc						

My QI Report + S	atewide Reports	Recipient S	earch Pr	rovider Search	Registrar 🗸	Usage -	Utilization Reports	MyCHOIS	
✓ Modify Search				401	Recipient	s Found	ı —	View: Standard	PDF Excel
[Provider Speci AND [Provider Speci	fic] Provider fic] Service Setting:	MAIN STRE	ET AGENCY					High Need/H Hospital Util Outpatient F	ligh Risk ization roviders
								Maximum Nu	mber of Rows Displayed: 50
Name	▲ Medicaid ID	DOB 🍦	Gender 🍦		Medicaid	Quality Flags	\$	Medicaid Managed Care Plan	Current PHI Access
QUFSTqu TUFSRqFSSVRB Um	RUMpN9Qq MaU	M8yvLpEvO TE	R6 LQ Mpl	Adher-AD - Acur HARP No Asses Screen - AP, No AP, No Gluc/Hb	te (DOH), Adher-A ssment for HCBS DM Screen - AP (A1c - AP, No LDL-	AD - Recover 6, HARP (DOH -C - A	n the result ou can drill i	s page, into a	Quality Flag
QUFSTqu TUbDSEFFTA VA	RFQnMDYq OUq	OSyoNCyo MDAq	TQ LQ MT6			cl	ient's Clinic	al	PSYCKES Consent
QUFSTqu VqbMUqzO Rr	QVUnM9Qp OV2	NoyoNoynO T6o	TQ LQ NDE	No Gluc/HbA1c No Outpt Medic	: & LDL-C - AP, No cal	Gluc Si a	ummary (wi ppropriate a	ith access),	Quality Flag
QUJBRqbTUqE QUrJT6	RFUrNpUnO EU	MSynLpEvN pA	TQ LQ NTM	Adher-AP, Adhe HARP No Asses	r-AP (DOH), Color ssment for HCBS	recta ex	xport the re DF or Excel	sults to or	Value Network IPA BHCC Consent
QUJBWabE Sq7FVEFN TQ	RbUoMDIvN ba	M8ynNCynO T6n	R6 LQ NDI			cl	nange to on	e of our	No Access
QUJCQVM QUJCQVM Sm	Rb6vNDAtM aq	OCysLpEvN 9E	TQ LQ N9E	2+ ER-Medical,	Colorectal Scree	n Overa	dvanced Vie	ews!	Quality Flag

QUJCQVM TaFEQQ SA	Rq2tMTYoM au	NoynLpEvN Da	R6 LQ NpQ	HARP No Assessment for HCBS	Fidelis Care New York	Quality Flag
QUJCQVM UrVIQUbMQU6	RaqtOT2tOV A	N8ynLpEvN pA	R6 LQ NTM	4PP(A), Colorectal Screen Overdue (DOH), HARP No Assessment for HCBS	Independent Health's MediSource	Quality Flag
QUJCQVM UrbFRA RQ	Ra6oMDYv MbQ	NSyoMoyo MDEp	TQ LQ MTA		Fidelis Care New York	No Access
Advanced Views

My QI Report → Stat	ewide R	enorts Recinient	Search Provider Search Registrar + Usage + Utilization Reports MvCHOIS		
K Modify Search		About Search R All views display: Nan	esults Views x ne, Medicaid ID, Gender, Date of Birth, Managed Care Plan, Current PHI Access	andard	V 🔂 🗷 PDF Excel
[Provider Specific] Provide	Results View	Columns Displayed		
AND [Provider Specific] Service	Standard	Quality Flags		
Name	Medic	Care Coordination	HARP Status (H Code), HARP HCBS Assessment Date (most recent), Children's Waiver Status (k Code), Health Home Name (Enrolled), Care Management Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, AOT Provider (Active), MC Product Line, CORE Eligible.	ximum Num ged Care	iber of Rows Displayed: 50 Current PHI Access 🔶
QUFSTqu TUFSRqFSSVRB Um	RUMp Ma	High Need/High Risk	OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH) OPWDD NYSTART-Eligible, Health Home Plus-Eligible, AOT Status, AOT Expiration Date, Suicide Risk, Overdose Risk and PSYCKES Registries	York	Quality Flag
QUJBRqbTUqE QUrJT6	RFUrN Ei	Hospital Utilization	Number of hospitalizations in past year broken out by ER and Inpatient and Behavioral Health and Medical	alth's	Quality Flag
QUJBWabE Sq7FVEFN TQ	RbUoN b	Outpatient Providers	Primary Care Physician Assignment (Assigned by MC Plan), Mental Health Outpatient Provider, Medical Outpatient Provider, and CORE or Adult HCBS Service Provider columns	York	PSYCKES Consent
QUJCQVM TaFEQQ SA	Rq2tM a		each include provider name, most recent service past year, and # visits/services past 1 year.	York	Quality Flag
QUJCQVM	RaqtO			alth's	Quality Flag
QUJCQVM UrbFRA RQ	Ra6ol	Q MDEp	MTA	STATE OF OPPORTUNITY.	Office of Mental Health

My QI Report - Stat	ewide Reports	Recipient S	earch Pr	ovider Search I	Registrar - Us	ag <mark>e-</mark> U	tilization Reports	MyCHOIS	
K Modify Search				401 Recipi	ients Foun	nd	-	O View: High Need/H	ligh Risk ✔ Excel
[Provider Specific	[Provider Specific] Provider MAIN STREET AGENCY								
AND [Provider Specific	AND [Provider Specific] Service Setting: CCBHC								
Maximum Number of Rows Displayed: 50									
Applicable data is displaye	d for recipients v	with quality flag	or consent.						
Name	Medicaid ID 🖨	DOB \$	Gender 🍦	Medicaid Managed Care 🍦 Plan	Current PHI Access	OMH Un	isuccessful Discharge 🌲	Transition Age Youth (TAY-BH) 👙	OPWDD NYSTAR
QUFSTqu TUFSRqFSSVRB Um	RUMpN9Qq MaU	M8yvLpEvO TE	R6 LQ Mpl	Fidelis Care New York	Quality Flag	Yes			
QUJCUbVTQqFUTm TEbTQQ Sm	REMqN9Uu NEQ	MTAlMoynO TYu	R6 LQ NTQ		Quality Flag			Yes	
QUJESQ SaFNQQ	RVAtMTAoN VU	MTEIMTEIM 9AmMm	TQ LQ MTa	Independent Health's MediSource	No Access		When a	n Advanced	
QUJESVJFUqFRTUzIQUr FRA RaFUSUrBSA	RE2nM9IqN FQ	NSynMoynO T6n	R6 LQ NDI		Quality Flag		addition	added off, al columns	'es
QUJEVUnMQU6 TazPU6 Sm	RUeoMpAq MFA	NSyoMCyn OTam	R6 LQ MpM	Fidelis Care New York	No Access		related t	to that view	
QUJFRA RaFUSUrBSA	RV2nMTQm	MSynOSynO 20	R6 LQ NTE	Highmark Western and Northeastern New York Inc.	Quality Flag	Yes	will now the resu	<pre>/ display on Its page</pre>	
QUJFWVRB TEZH to S	scroll	loyoM8yo MDAr	TQ LQ MT6	Highmark Western and Northeastern New York Inc.	No Access				
QUJORVa	RUNTArNr	OCypMCyo MDEa	R6 LQ		Quality Flag			Yes	
1	-	moren.							

My QI Report - Stat	ewide Reports Recipient	Search Provider Search	Registrar - Usa	age - Utilization	Reports MyCl	HOIS		
< Modify Search		401 Recip	pients Four	nd		View: High I	Need/High Risk 🗸	IN Excel
[Provider Specific	Provider MAIN STR	REET AGENCY						
AND [Provider Specific	ND [Provider Specific] Service Setting: CCBHC							
	Maximum Number of Rows Displayed: 50							
Applicable data is displayed	d for recipients with quality flag	or consent.						
			AC	т		Suicid	e Risk	-
Name 🔺	OPWDD NYSTART-Eligible 🍦	Health Home Plus-Eligible 🛛 🍦	AOT Status 🛛 🍦	AOT Expiration Date	Suicide Attempt (Medicaid/NIMRS) Past 1 year	Suicidal Ideations (Medicaid)	Self - Inflicted Harm /	
QUFSTqu TUFSRqFSSVRB Um		Yes			Yes	Yes		Ye
QUJCUbVTQqFUTm TEbTQQ Sm			AOT-Active Court Order	5/4/2024		Yes		Ye
QUJESQ SaFNQQ								
QUJESVJFUqFRTUzIQUr FRA RaFUSUrBSA	Yes					Yes		
QUJEVUnMQU6 TazPU6 Sm								
QUJFRA RaFUSUrBSA		Yes Click h	ere		Yes	Yes		
QUJFWVRB TEzHQUu UA		to scro	ll					
QUJORVa VEVSQVflQLWBWQ			AOT-Active Court Order	3/23/2024		Yes		_
4								•

My QI Report - Sta	atewide Re	eports Recipier	nt Search Provid	der Search Reg	istrar - Usage	 Utilization Rep 	ports MyCHOIS	1	
< Modify Search			40)1 Recipier	nts Found		\rightarrow	O View: High Need/	High Risk 💙 📓 Excel
[Provider Specif	ic] Provider	MAIN S	STREET AGENCY						
AND [Provider Specif	ic] Service S	Setting: CCBHC							
								Maximum Number	of Rows Displayed: 50
Applicable data is display	ed for recip	pients with quality f	ag or consent.						
			Suicid	le Risk		Overdo	Overdose Risk PSYCKES Registeries		
Name	iration 🍦	Suicide Attempt (Medicaid/NIMRS) Past 1 year	Suicidal Ideations (Medicaid)	Self - Inflicted Harm / 🔶 Injury(Medicaid)	Self-Inflicted Poisoning (Medicaid)	Overdose - Opioid past 1 🍦 year	Overdose Risk - Concurrent Opioid & Benzodiazepine past 1 year	High Risk List 🝦 Registry	Suicide Care Pathway
QUFSTqu TUFSRqFSSVRB Um		Yes	Yes		Yes			Yes	
QUJCUbVTQqFUTm TEbTQQ Sm			Yes		Yes				
QUJESQ SaFNQQ									
QUJESVJFUqFRTUzIQUr FRA RaFUSUrBSA			Yes			Yes			
QUJEVUnMQU6 TazPU6 Sm									
QUJFRA RaFUSUrBSA		Yes	Yes			Click he	re	Yes	
QUJFWVRB TEzHQUu UA						to scrol			
QUJORVa			Vac						
									• •

Clinical Summary



What is a PSYCKES Clinical Summary?

- Summarizes up to 5 years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
 - E.g. Health Home contact information and CMA name from MAPP,
 AOT court orders from OMH TACT, hospitalizations from Medicaid
 billing, State PC residential services from State PC EMR, suicide risk
 from incident management (NIMRS), etc.
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnoses and procedures)
- Clinical Summary organized by sections like an EMR _______ office of Mental Health And the section of the se

How To Look Up A Client's Clinical Summary

- Recipient Search tab (can set as default home screen)
- Enter one of the following:
 - Medicaid ID, or
 - Social Security Number, or
 - Name + Date of Birth
- PSYCKES will search database- if client found will display
 - 1 client if Medicaid ID or SS# was entered
 - Potentially multiple clients if name + DOB entered
- Review to make sure looks like your client
- Check access status consent if needed



	Individual Search		Recipient Search	Limit results to	50 V Search	Reset
Recipient Identifiers				Search in: 🔵 Full Database 🔵 MAII	N STREET AGENCY	
Medica AB00000A	nid ID	SSN	First Name	Last Name	DOB MM/DD/YYYY	

My QI Report -	Statewide Reports	Recipient Search	Provider Search Re	gistrar 🗸 Usage 🕯	Utilization Reports	Adult Home		
KModify Search			1 Recip	ients Found				DF Excel
Medicaid ID		AB12345C						
Review recipients in	results carefully befo	ore accessing Clin	ical Summary.			М	aximum Number of R	ows Displayed: 50
Name (Gender - Age)	Unique Identifiers	DOB	Address	Medicaid Qu	ality Flags Medicai	d Managed Care Plan	Current PHI Access	
DOE JANE F - 53	Medicaid ID: AB1234	5C 10/10/1970) 12 MAIN ST #5 BROOKLYN, NY 1234	15	Health Inc.	first PHSP,	PSYCKES Consent	Update Access 🗋



My QI Report - Statewide Reports Recipient Search	Provider Search Regist	trar + Usage+ Utilizatio	on Reports MyCHOIS Adult Home				
< Recipient Search	SMITH Clinical Summary	JOHN as of 8/28/2023	PDF				
About included data sources	Brief Overview 1 Year S	Summary 5 Year Summary	Data with Special Protection $\ensuremath{ \bullet }$ Show $\ensuremath{ \bigcirc }$ Hide This report contains all available clinical data.				
DOB: 6/12/1970 (53 Yrs) Medicaid ID: AB12345C Medicare: No HARP Status: HARP Enrolled (H1) Address: 123 MAIN STREET, NEW YORK, NY 12345 Managed Care Plan: Fidelis Care New York (HARP) HARP HCBS Assessment Status MC Plan Assigned PCP: N/A Medicaid Eligibility Expires on:							
Current Care Coordination							
AOT ST. MARY'S HEALTHCARE (Enro Main Contact: Sue Ninan: (518)	olled Date: 26-APR-22, Expiratio) 770 - 7827	on Date: 26-APR-23)					
NYC Dept of Homeless SUSAN'S PLACE (Single Adult, Most Recent Placement Date: 3 Shelter Director Contact: Simon	C Dept of Homeless SUSAN'S PLACE (Single Adult, Mental Health) • BRONX vices Shelter. Most Recent Placement Date: 30-OCT-22 Shelter Director Contact: Simone Thompson: 7189431342, sthompson@cfhnyc.org						
Health Home (Enrolled) SRH CHN LEAD HEALTH HOME Main Contact Referral: 1-888-98 Member Referral Number: 1-888 Care Management (Enrolled): E	h Home (Enrolled) SRH CHN LEAD HEALTH HOME LLC (Begin Date: 01-DEC-22) • Status : Active Main Contact Referral: 1-888-980-8410: Skywardhealth@skywardhealth.org Member Referral Number: 1-888-980-8410 Care Management (Enrolled): ECON OPP COUNCIL SUFFOLK AI						
Housing/Residential Program Congregate Treatment Model, T objectives) Program Contact Information :	The Manor. Fulton Friendship H Beth Savage: (518)-705-4508 e	ouse, Inc. (Admission Date: 07 ext. 104	7-JUL-22, Discharge Date: 03-APR-23 due to: Met program				
Health Home Plus Eligibility This client is eligible for Health	Home Plus due to: 4+ ER MH <	: 12 months					
High Mental Health Need due1+ ER or Inpatient past 12 monto:discharged in past 5 years ; AO	ths with suicide attempt, suicio T active or expired in past 5 ye	de ideation, or self-harm diagn ars	osis ; 1+ Inpt MH in past 12 months ; ACT enrolled or				
CORE Eligibility This client is eligible for Comm https://omh.ny.gov/omhweb/b	unity Oriented Recovery and Er ho/core	npowerment (CORE) services.	For more information on CORE, visit:				
Alerts , all available	Most Becent						
3 Homelessness - NYC DHS Shelter	Current	SUSAN'S PLACE (Single Ad	ult, Mental Health)				
2 Self inflicted Poisoning (2 Inpatient, 1 ER)	5/25/2023	ELLIS HOSPITAL (Inpatient	- MH)				
13 Suicidal Ideation (13 Inpatient)	3/21/2023	ST MARYS HEALTHCARE (I	npatient - MH)				
Active Quality Flags • as of monthly QI report 8/1/2023		Diagnoses Past Year	Hannaifind (Other Direlan Direlant Hannaifind (Other				
No Metabolic Monitoring (LDL-C) on Antipsychotic		Health (4) Depressive D	: Unspecified/Other Bipolar • Bipolar I • Unspecified/Other bisorder • Major Depressive Disorder				
General Medical Health No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsyc	No Metabolic Monitoring (LDL-C) on Antipsychotic Health (4) Depressive Disorder • Major Depressive Disorder General Medical Health (4) Depressive Disorder • Major Depressive Disorder • Major Depressive Disorder • Most Frequent (# of services): Unspecified/Other Depressive Disorder • Bipolar I (9) • Unspecified/Other Bipolar (5) • Major Depressive Disorder • Bipolar I (9) • Unspecified/Other Bipolar (5) • Major Depressive Disorder						

My QI Report - Statew	ide Reports Recipient Search Provider	Search Registrar - Usage - Utilization Reports	MyCHOIS	Adult Home
Recipient Search		SMITH, JOHN Clinical Summary as of 4/17/2023		DDF
About included data so	PSYCKES Data Sources for Indiv Clinical Summaries display information from	iduals with Medicaid Enrollment multiple sources and are updated weekly.	D PDF	r ○ Hide ical data. close
Information on data sources within the Clinical Summary	NYS Medicaid billing database For consumers who have received behavioral health diagnosis, service, or psychotropic medication paid for by Medicaid.	Weekly information on Medicaid Fee for Service claims or Managed Care encounter data, includes: Care Coordination information Diagnoses Medications Quality Flags Outpatient Medical or Behavioral Health Services Hospital/ER services Living Support/Residential Laboratory & Pathology Radiology Dental Vision Medical Equipment Transportation		
Alerts - all available 3 Suicidal Ideation Active Quality Flags - a BH QARR - DOH Performa No Follow Up After MH E Metabolic Monitoring Chi	MAPP - Health Home and Care Management Database from DOH For consumers in outreach or enrolled in Health Homes and Care Management programs	 Weekly information from DOH Health Home file: Outreach or enrollment status Health Home and Care Management provider names Start and End Dates Health Home/Care Management Agency information from DOH website: main contact name/phone number referral contact name and phone number 		d/Other Impulse /peractivity Disorder order (275) •
BH QARR - Improvement No Metabolic Monitoring Monitoring (LDL-C) on An General Medical Health	Managed Care Enrollment Table For consumers enrolled in a Managed Care Plan/Product Line	 Weekly information from MC Enrollment Table Name of Managed Care Plan HARP Status Managed Care Assigned Primary Care Physician (updated quarterly) 		er and unspecified
High Utilization - Inpt/ER 2+ ER - Medical Polypharmacy Psychotropics Three Plus	Uniform Assessment System New York (UAS-NY) assessment platform For consumers with a Health and Recovery Plan (HARP) Home and Community Services (HCBS) Assessment Status/Results	Weekly information from UAS-NY: HARP HCBS Assessment Status 		y mass index [BMI] int seizures (4) • t, suspected or ong term (current) nation (1)
Vital Signs Dashboard - C No Follow Up After MH E Medications Past Year	TACT - Tracking for AOT Cases and Treatment For consumers on an Assisted Outpatient	Weekly information from TACT (in the past 5 years) AOT provider name enrollment date Last Pick Up		

Risperidone , Antinsychotic

1/31/2023 Dose: 1 MG 2/day + Ouantity: 14

General/Current Care Coordination

My QI Report - Statewide Reports	Recipient Search Provider Search Regi	istrar 🗸 Usage 🗸 Utilization Reports M	yCHOIS Adult Home
< Recipient Search	SMITH Clinical Summa	I, JOHN ary as of 8/28/2023	PDF Excel CCD
E Sections	Brief Overview 1 Year Sun	nmary 5 Year Summary - Data with Spec	ains all available clinical data. ial Protection Ohide
General	↑		
Name SMITH, JOHN	Medicaid ID AB12345C	Medicare No	HARP Status HARP Enrolled (H1)
DOB 2/1/1950 (73 Yrs)	Medicaid Aid Category SSI	Managed Care Plan Fidelis Care New York (HARP)	HARP HCBS Assessment Status Never Assessed
Address 123 MAIN STREET, NEW YORK, NY 12345	Medicaid Eligibility Expires on 11/30/2023	MC Plan Assigned PCP N/A	
Current Care Coordination			
NYC Dept of Homeless Services Shelter: Contact: Simone Thompson: 718943134	SUSAN'S PLACE (Single Adult, Mental He 12, sthompson@cfhnyc.org	The "General" section include information su	will Shelter Director
- This information is updated weekly from	NYC DHS.	as IVIC Plan, HARP stat	tus,
AOT : ST. MARY'S HEALTHCARE (Enrolled	Date: 26-APR-22, Expiration Date: 26-APR-	² Medicaid eligibility	
- This information is updated weekly from	n TACT.	expiration date, and n	nore

Health Home (Enrolled) - Status : Active, SRH CHN LEAD HEALTH HOME LLC (Begin Date: 01-DEC-22), Main Contact: Referral Number: 1-888-980-8410, Skywardhealth@skywardhealth.org

Care Management (Enrolled) : ECON OPP COUNCIL SUFFOLK AI

- This information is updated weekly from DOH MAPP.

Alerts & Incidents

Alerts Incidents from NIMRS,	Service invoices from Medic	aid 🗋 Details				Table G	raph
Alert Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/Meds/Results	
Homelessness - NYC DHS Shelter	2			WILLOW AVENUE FAMILY RESID	Families with Children, General		G
Treatment for Self inflicted Poisoning	4	4/30/2018	5/10/2019	UNIVERSITY HOSPITAL	Clinic - Medical Specialty	Poisoning by benzodiazepines, intentional self-harm, initial encounter	G
Treatment for Suicidal Ideation	1	11/9/2017	11/9/2017	NASSAU UNIVERSITY MEDICAL CTR PSYCH	Inpatient - MH	Suicidal ideations	G
Treatment for Suicide Attempt	2	12/27/2016	12/28/2016	MOUNT SINAI HOSPITAL	ER - Medical	Suicide attempt	G
C-SSRS (Suicide Screen)	1	9/8/2016	10/6/2016	Client	Jamaica Avenue Clinic	High Risk: Suicide Attempt(s); Last attempt Past 7 days	G
PHQ-9 (depression screening and monitoring)	1	9/7/2016	10/4/2016	Client	Jamaica Avenue Clinic	Thoughts of "better off dead" and/or hurting self	Ē



Social Determinants of Health (SDOH)

 The SDOH section includes social and environmental conditions that impact a wide range of health risks and outcomes (e.g., education & literacy, upbringing, social environment, etc.)

Social Determinants of Health (SI	DOH) reported in billing				
Other problems related to primary support group, including family circumstances	Problem Related To Primary Sup	pport G	Click on a SDOH to drill-	ated To Primary Support Group	
Problems related to employment and unemployment	Unemployment, Unspecified	4	in and view more details		
Problems related to housing and economic circumstances	Homelessness Unspecified • T	Homelessness Unspecified • Transportation Insecurity			
Problems related to other psychosocial circumstances	Problems Related To Other Legal Circumstances				
Problems related to upbringing	Personal History Of Physical And	nd Sexual A	Abuse In Childhood		



Quality Flags (Indicators)

Quality Flags as of monthly QI rep	ort 8/1/2023 Definitions All (Graph) All (Table)
Indicator Set	Click on the "Definitions"
Health Home Care Management - Adult	HARP Enrolled - Not Health Home description
High Mental Health Need	1+ ER or Inpatient past 12 months with suicide attempt, suicide ideation, or self-harm diagnosis
High Utilization - Inpt/ER	2+ ER - Medical • 4+ Inpatient/ER - Med
MH Performance Tracking Measure (as of 12/01/2022)	No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days
SUD Performance Tracking Measure (as of 12/01/2022)	Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) Not Sustained 6 Months • No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence
Vital Signs Dashboard - Adult (as of 12/01/2022)	No Follow Up After MH ED Visit - 30 Days (adult) • No Follow Up After MH ED Visit - 7 Days (adult)

Plans & Documents, Screenings & Assessments

Plans & Documen	nts 🔹 Upload 🛛 Create Nev	N							
Date Document Created	Document Type	Prov	rider Name		Document Create	ed By	Role	Delet	e Document
2/28/2023	Safety Plan	Cı	reate a Sa	fety Pla	n or PAD), or uploa	ad		Ŵ
2/28/2023	PSYCKES Cons sign)	sent Form (e- Ot	ther docu ischarge P	mentati Plans, et	on (e.g. <i>,</i> c.)	Care Pla	ns, _{ker}		
1/12/2023	Relapse Prever	ntion Plan MO	NTEFIORE MEDICAL	L CENTER	JANE DOE		Therapist		Ŵ
Screenings & Ass	essments 🗇 Definitions							Table	Graph
Assessment Name	Number of Assessments Entered	Last Assessment Date	Last Assessment Provider	Last Assessmen by (Role)	t Rated Last	Assessment Results			

			Provider			
C-SSRS (Suicide Screen)]	2/28/2023	MONTEFIORE MEDICAL CENTER	Administered in PSYCKES mobile app	2 Suicide Attempt(s); Last attempt 4 to 6 months High Risk: Suicidal Behavior in past 3 months	G
PHQ-9 (depression screening and monitoring)	1	8/14/2022	MENTAL HLTH ASSOC WESTCHESTER	Administered in PSYCKES mobile ap	Screenings & assessments	-
					consent/ER access	ealth

Behavioral Health & Medical Diagnoses

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

Schizophrenia • Adjustment Disorder • Antisocial Personality Disorder • Unspecified/Other Psychotic Disorders • Borderline Personality Disorder • Other psychoactive substance related disorders • Acohol related disorders • Cannabis related disorders • Cocaine related disorders • Major Depressive Disorder • Opioid related disorders • Other Mental Disorders • Phobia-Specific • Sch. • Disorder • Substance-Induced Depressive Disorder • Unspecified/Other Bipolar • Unspecified/Other Depressive Disorder • Unspecified/Other Psychoactive Disorder • Unspecified/Other Depressive Disorder • Unspecified/Other Psychoactive Disorder • Unspecified/Other Depressive Disorder • Unspecified/Other •

Medical Diagnoses

Diseases Of The Blood And Blo Organs And Certain Disorders I Immune Mechanism

Click on any diagnosis to see more details about the billed services associated with that selected diagnosis

Diseases Of The Circulatory System	Other conduction disorders
Diseases Of The Digestive System	Gastro-esophageal reflux disease
Diseases Of The Nervous System	Other headache syndromes
Diseases Of The Respiratory System	Acute pharyngitis
External Causes Of Morbidity	Evidence of alcohol involvement determined by blood alcohol level
Factors Influencing Health Status And Contact With Health Services	Persons encountering health services in other circumstances • Encounter for examination and observation for other reasons • Encounter for immunization • Contact with and (suspected) exposure to communicable diseases • Encounter for administrative examination
Injury, Poisoning And Certain Other Consequences Of External Causes	Superficial injury of head
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified	Symptoms and signs involving appearance and behavior • Symptoms and signs involving emotional state • Abnormal results of function studies • Headache • Abdominal and pelvic pain • Cough • Other symptoms and signs involving general sensations and perceptions



Diagnos	sis Drill-ir	When dri	illing into a diagnosi	s.					
Services provided f Schizophrenia	or the selected Diagn	osis: you'll see of service subtype, diagnose	you'll see information on date of service, service type & subtype, provider, and other diagnoses 4 5 6 7 Next						
Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag- related diagnoses					
3/11/2023	Inpatient-ER	Inpatient - MH	ELMHURST HOSPITAL CENTER	Schizophrenia, unspecified, Unemployment, unspecified					
3/4/2023	Inpatient-ER	ER - MH - CPEP	ELMHURST HOSPITAL CENTER	Alcohol use, unspecified, uncomplicated, Anxiety disorder, unspecified, Bipolar disorder, unspecified, Borderline personality disorder, Contact with and (suspected) exposure to COVID-19, Other psychoactive substance use, unspecified, uncomplicated, Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, Schizophrenia, unspecified, Unemployment, unspecified					
3/1/2023	Outpatient - BH	Clinic - MH Specialty	ELMHURST HOSPITAL CENTER	Residual schizophrenia					



Outpatient Services (BH & Medical)

Behavioral Hea	lth Ser	vices 🕞 Details	5				Table	Graph
Service Type		Provider		First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis Most Recent Procedures (Last 3 Months)	
CCBHC		BESTSELF BEHAVIORAL HEALTH, INC		10/22/2018	7/24/2023	34	Major depressive disorder, recurrent, mild - Comm Bh Clinic Svc Per Diem	G
Multi-Type Group - Family Practice		DICINE INC	11/18/2020	11/18/2020	1	G		
Medical Outpatient Services						Graph		
Service Type	Provider		First Date Billed	Last Date Billed	Number of Visits	Most Recei Diagnosis	with the service type	
Clinic - Medical Specialty	Kenmo Hospit	DRE MERCY FAL	9/29/2019	6/3/2023	5	Headache, unspecified	 Ketorolac Tromethamine Inj Ondansetron Hcl Injection Ther/Proph/Diag Inj Iv Push Culture Screen Only Strep A Dna Amp Probe Resp Virus 3-5 Targets Tx/Pro/Dx Inj New Drug Addon Diphenhydramine Hcl Injectio 	G
Clinic - Medical Specialty	NEIGHE HEALTH WNY	Borhood H Center of	11/4/2022	2/14/2023	2	Essential (prii hypertension	- Office O/P Est Mod 30-39 Min rimary) - Syst Bp >/= 140 Mm Hg n - Routine Venipuncture - Diast Bp 80-89 Mm Hg	G



Hospital/ER/Crisis: Integrated Behavioral/Medical

Hospital/ER/Crisis Services Details									
Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)			
Crisis Intervention Service - Telephonic Response	NIAGARA COUNTY DEPARTMENT OF MENTAL	7/28/2023	7/28/2023	1	Mental Disorder, Not Otherwise Specified	- Crisis Interven Svc, 15 Mi	ſ	G	
ER - MH - CPEP	ERIE COUNTY MEDICAL CTR			1	Encounter For Screening Examination For Mental Health And Behavioral Disorders, Unspecified	- Psych Diagnostic Evaluat	ion	Ē	
ER - SU	RICHMOND UNIVERSITY MED CTR	7/14/2022	8/3/2022	20	Alcohol Abuse, Uncomplicated	- Glucose Blood Test		G	
Inpatient - MH	BRY-LIN HOSPITALS INC	6/28/2022	7/7/2022	9	Attention-Deficit Hyperactivity Disorder, Combined Type	- Individual Psychotherapy,	Supportive	G	
ER - Medical - Physician Group	UPMC CHAUTAUQUA AT WCA	6/26/2022	6/26/2022	1	Foreign Body In Left Ear, Initial Encounter	· - Emergency Dept Visit Sf	Mdm	G	
ER - MH	ERIE COUNTY MEDICAL CTR	6/25/2022	6/25/2022	1	Oppositional Defiant Disorder	- Emergency Dept Visit Sf N	⁄ldm	G	
ER - MH - CPEP	ERIE COUNTY MEDICAL CTR	5/21/2022	5/21/2022	1	Oppositional Defiant Disorder	- Psych Diagnostic Evaluat	ion	G	
ER - MH	ERIE COUNTY MEDICAL CTR	5/21/2022	5/21/2022	1	Oppositional Defiant Disorder	- Emergency Dept Visit Mo - Sarscov2 & Inf A&B Amp I	d Mdm ^P rb	G	
ER - MH - CPEP	ERIE COUNTY MEDICAL CTR	5/12/2022	5/12/2022	1	Conduct Disorder, Childhood-Onset Type	- Psych Diagnostic Evaluat	ion	G	

Hospital/ER/Crisis: Integrated Behavioral/Medical

Hospital/ER/Crisis Se	ervices 🗇 Details						Table	Graph
Service Type	Provider	Admission	Discharge Date/Last	Length	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)		
Crisis Intervention Service - Telephonic Response	NIAGAF DEPAR					Interven Svc, 15 Mi	n	Ū
ER - MH - CPEP		Hov	w ar	'e y	our/our	Diagnostic Evaluat	tion	
Inpatient - MH	BRY-LIN	-BH			essing	dual Psychotherapy	, Supportive	G
Inpatient - MH		nica	I SU	mr	naries	dual Psychotherapy	, Supportive	
ER - Medical - Physician Group	UPMC WCA					mergency Dept Visit Sf	Mdm	G
ER - MH	ERIE COUNTY MEDICAL CTR	6/25/2022	6/25/2022	1	Oppositional Defiant Disorder	- Emergency Dept Visit Sf I	Mdm	G
ER - MH - CPEP	ERIE COUNTY MEDICAL CTR	5/21/2022	5/21/2022	1	Oppositional Defiant Disorder	- Psych Diagnostic Evaluat	tion	G
ER - MH	ERIE COUNTY MEDICAL CTR	5/21/2022	5/21/2022	1	Oppositional Defiant Disorder	- Emergency Dept Visit Mo - Sarscov2 & Inf A&B Amp	d Mdm Prb	G
ER - MH - CPEP	ERIE COUNTY MEDICAL CTR	5/12/2022	5/12/2022	1	Conduct Disorder, Childhood-Onset Type	- Psych Diagnostic Evaluat	tion	G

Training & Technical Assistance



PSYCKES Training

- PSYCKES website: <u>www.psyckes.org</u>
- PSYCKES Training Webinars
 - Live webinars: Register on PSYCKES Training Webinars page
 - Recorded webinars: Slides and recordings available
 - Introduction to PSYCKES
 - Navigating PSYCKES Recipient Search for Population Health
 - Using PSYCKES Quality Indicator Reports
 - Using the PSYCKES Clinical Summary
 - Using PSYCKES for Health Homes and Care Management Agencies

NEW YORK

Mental Health

- Consent, Emergency, Quality Flag: PSYCKES Levels of Access
- PSYCKES Mobile App for iPhones & iPads
- PSYCKES User's Guides & Short How-To Videos
 - www.psyckes.org > PSYCKES Training Materials

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 (Non-OMH Employee) Helpdesk:
 - 518-474-5554 opt. 2; <u>healthhelp@its.ny.gov</u>
 - OMH Employee ITS Helpdesk:
 - 1-844-891-1786; <u>fixit@its.ny.gov</u>



Questions?



Appendix



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
 - Client is enrolled in facility's HH/CM program according to DOH MAPP
- Manually:
 - Signed consent
 - Verbal PSYCKES consent
 - Clinical Emergency (72 hours)
 - Attest client is served by/being transferred to facility prior to billing and/or signed consent



Access to Client Data

Without Signed Consent

- Certain data provided <u>without</u> consent...
 - Positive for an applicable 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 Signed 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 any or applicable 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 after last billed service)
 - With Verbal PSYCKES consent (9 months does not include data with special protections)
 - In clinical emergencies (limited duration, 72 hours)

Client Data for Providers: Comparison

Client data- agency link Type	Client data access type	Quality flag?	Any client data?	Data with special protection? (SUD, HIV, Family Planning, Genetic)	Duration
matic	Billed	No	No, client name only	No	9 months after last service
Autor	9 months	Yes	Yes	No	While flag is active, up to 9 months after last service
	Attest client is being	No	No, client name only	No	9 months after last service
_	to agency	Yes	Yes	No	While flag is active, up to 9 months after last service
nua	Clinical emergency	n/a	Yes	Yes, all data	72 hours
Mai	Verbal PSYCKES Consent	n/a	Yes	No	9 months
	Consent	n/a	Yes	Yes, all data	3 years after last service

Two Ways to Enable PHI Access

Recipient Search: Recipient identifier search

	Recipie	nt Search	Limit results to	50 V Search	Reset
Recipient Identifiers		Search	in: 💿 Full Database 🔘 MA	IN STREET AGENCY	
Medicaid 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+	Utilization Reports	MyCHOIS			
			Mana	Manage PHI Manage My(Access CHOIS Users					
Enable PHI Access Print PSYCKES Consent form: 🖻 English 🕼 Spanish 🗭 Other languages										
Enable access to Client signed Client signed Client signed Client gave Client gave Client data is Client is serv	client's Clinical Sumn I the PSYCKES Conse I the Health Home Pa I the BHCC Patient In /erbal PSYCKES Cons s needed due to clinic /ed by/ being transfe	nary by attesting to ent Form atient Information SI formation Sharing C sent cal emergency rred to your provider	one or more of the f haring Consent Consent for specific • agency	following: BHCC(s)						
Search & Enab	le Access >									

Step 1: Search for client

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

	Re	cipient Search	Limit results	to 50 V Search	Reset
Recipient Identifiers		Search	in: 🔘 Full Database 🔘 M	AIN STREET AGENCY	
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

lental Health

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

My QI Report 🗸 S	Statewide Reports Recip	ient Search F	Provider Search	Registrar -	Usage -	Utilization Rep	ports Adult I	Home			
< Modify Search 1 Recipients Found										DF	X Excel
Medicaid ID	AB12345C										
Review recipients in results carefully before accessing Clinical Summary. Maximum Number of Rows Display										/ed: 50	
Name (Gender - Age)	Unique Identifiers	DOB	Address		Medicaid Quali	ity Flags	Medicaid Managed Plan	l Care Cu	Irrent PHI Access		
DOE JANE F - 53	Medicaid ID: AB12345C	10/10/1970	12 MAIN ST #5 BROOKLYN, NY 1	12345			Healthfirst PHSF	P, Inc. No A	Access	Enable Access	



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

My QI Report -	Statewide Reports	Recipient Search Provider Search Regist	trar + Usage - Util	lization Reports M	IyCHOIS			
< Modify Search	ch 1 Recipients Found						DF Excel	
Medicaid ID		PHI Access for DOE JANE (F - 53), DOB 10/10/1970 ×						
Review recipients in results carefully t					Maximum Number of Rows Displayed: 50			
Name (Gender - Age)	Unique Identi	Why are you allowed to view this The client signed consent	data?	About access leve	ls Care	Current PHI Access		
DOE JANE F- 53	Medicaid ID: AB	Client signed a PSYCKES Consent	an Sharing Concont		ł	No Access	Enable Access 🖴	
		Client signed a DOH Health Home Patien	nt Information Sharing	Consent				
		Provider attests to other reason for	access					
		Client gave Verbal PSYCKES Consent						
		This is a clinical emergency						
		Client is currently served by or being tra	nsferred to my facility					
				Cancel Next	٤	NEW YORK STATE OF OPPORTUNITY.	ffice of lental Health	

Step 3: Confirm client identity and Enable

My QI Report +	Statewide Reports	Recipient Search Provider Search Registrar - Usage - Utilization Reports	МуСНО	IS		
< Modify Search		1 Recipients Found				🔁 💌 PDF Excel
Medicaid ID		PHI Access for DOE JANE (F - 53), DOB 10/10/1970	×			
Review recipients in results carefully t		How do you know this is the correct percen?		Ma	ximum Number of Re	ows Displayed: 50
Name (Gender - Age)	Unique Identi	Dravida etterte te client identite	l Ca	Care	Current PHI Access	
DOE JANE F- 53	Medicaid ID: AB	Client provided 1 photo ID or 2 forms of non-photo ID	_ ,		No Access	Enable Access 🔒
		Identification 1 select Identification 2 select				
		MAIN STREET AGENCY will be given access to all available data for 3 years (renews automatically with billed service).				
		Previous Cancel Enable Enable and View Clinical Summary	/			


Clinical Emergency Access

All available data (including data with special protections) for 72 hours

My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage -	Utilization Reports	Adult Home		
KModify Search			1 Re	cipients F	ound			₹ PDF	X Excel
Medicaid ID		AB12345C							

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age)		Unique Identifiers	DOB Address		Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 53	>	Medicaid ID: AB12345C	10/10/1970	12 MAIN ST #5 BROOKLYN, NY 12345		Healthfirst PHSP, Inc.	PSYCKES Consent	Update Access 🗅
						کرے	NEW YORK STATE OF OPPORTUNITY. Men	ce of tal Health