

Department of Child Services

Provider Desk Guide for Attaching Case Documentation

The purpose of this procedure is to standardize the process and location of required case documentation for services and placements prior to invoice submission.

Prior to submitting an invoice in KidTraks, service and placement providers must attach all required documentation as defined by service standards and contracts into the KidTraks Case Information page. Each document must be attached individually.

Documentation attached to the case in KidTraks must not be password-protected. Password-protected documentation will result in denial of payment.

Please note: This process does not affect the invoicing procedure that requires specific documentation to be attached to the invoice such as: over 8 hours of service, receipts for reimbursement, Medicaid documentation, etc.

Attaching Documents

- Providers must save each required document using the following naming format as: “**Date of Service_Service_Client name**”. See examples below:

| Date of Service | Type of Service | Client Name |
|-----------------|-----------------|-------------|
| June2019 | HBC | JohnSmith |

If your document is for the entire month, use this format.

June2019_HBC_JohnSmith

If your document is for a specific date of service, use this format.

June072019_HBC_JohnSmith

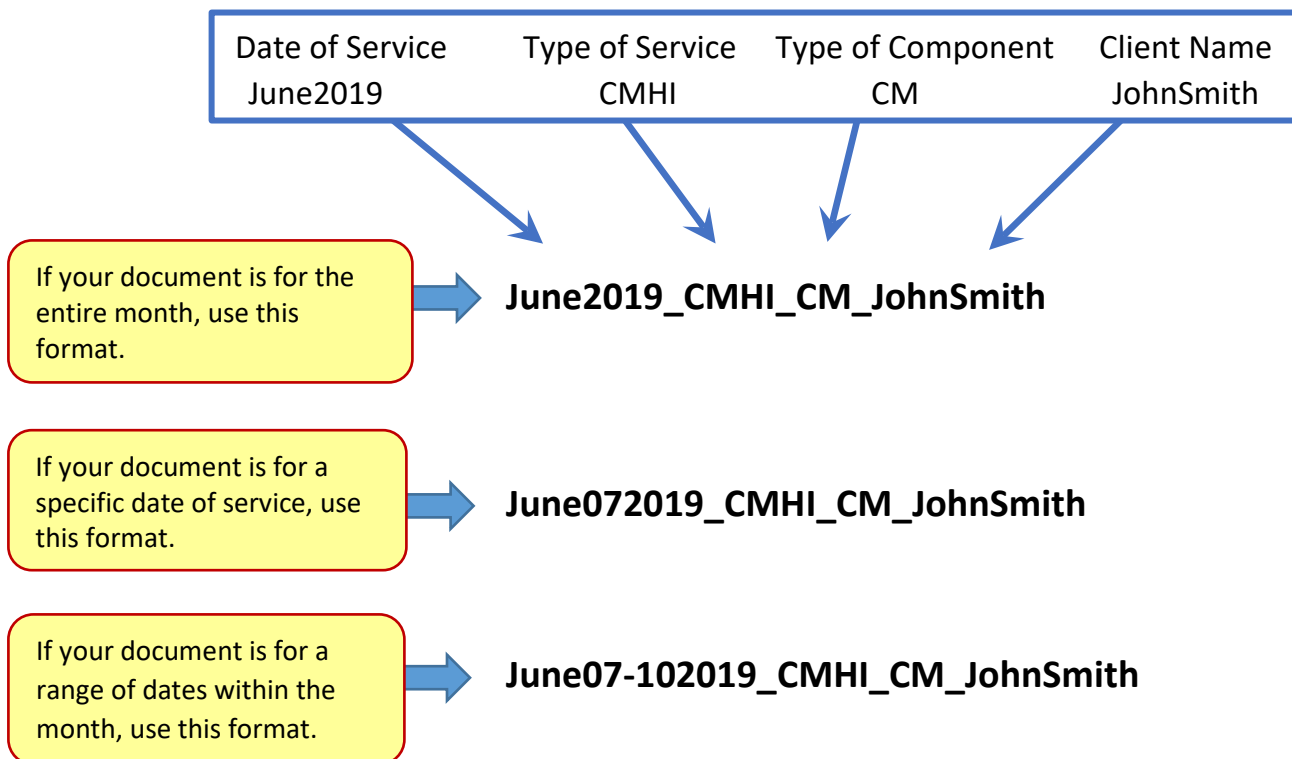
If your document is for a range of dates within the month. use this format.

June07-102019_HBC_JohnSmith

- **Date of Service** – For Monthly Reports use the following date format, MonthYr (ex: April2019). For date specific documentation use MonthDayYr (ex: April072019). For a range of dates within the month, use MonthFirstDay-LastDayYr (ex: April07-102019).
- **Type of Service** – A list of service component acronyms can be found at the end of this document.
- **Client Name** – For an individual, use the client’s name. For multiple case participants, use the Case name.

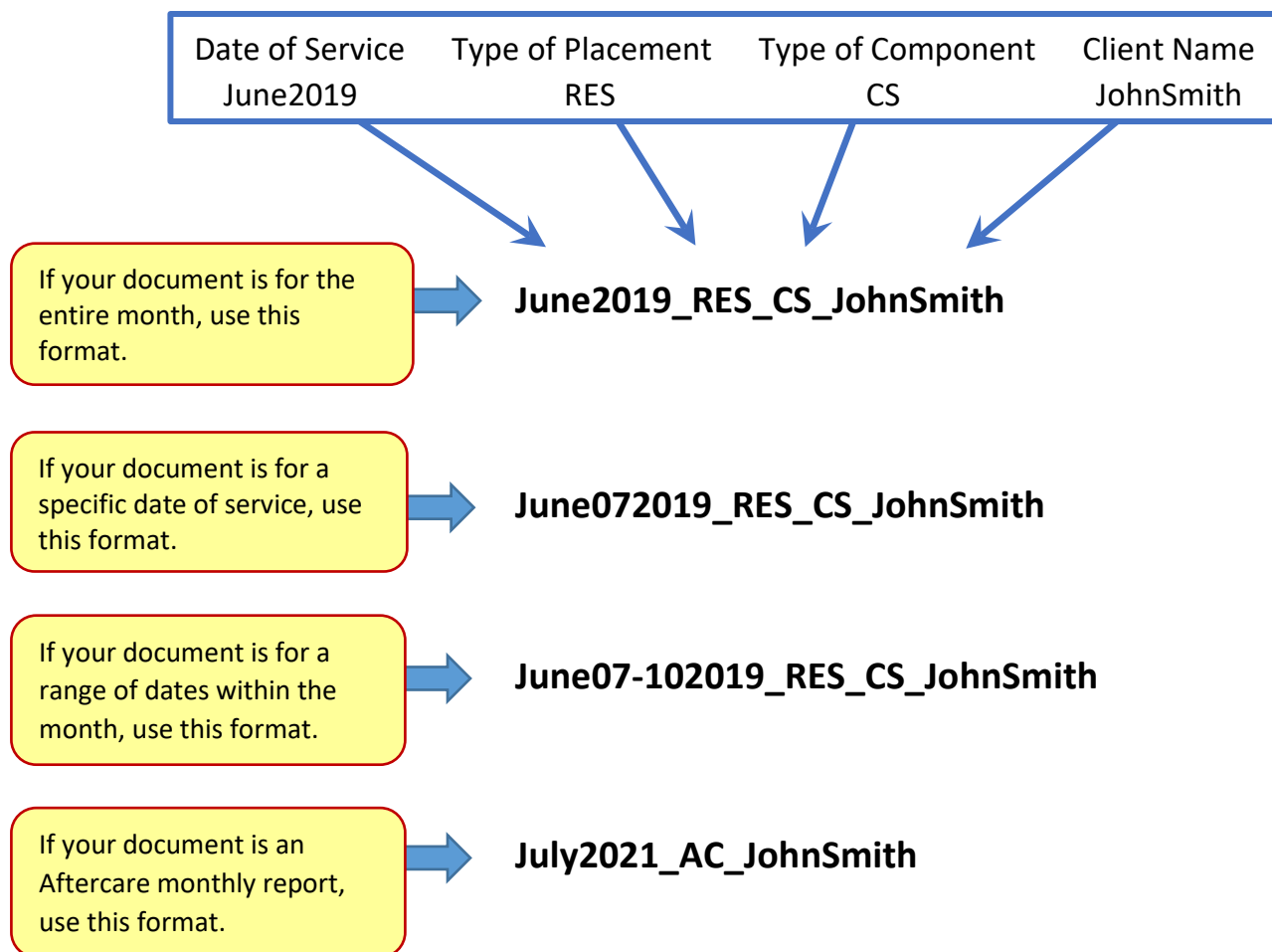
► **Please note:** CMHI Providers uploading documents for CMHI service referrals must include the component (A list of service component acronyms can be found at the end of this document) in the name format.

CMHI providers must save each required document using the following format as: “**Date of Service_Service_Component_Client name**”. See examples below.



► **Please note:** Residential Providers uploading documents for BX/BH/RF service referrals must include the component (A list of service component acronyms can be found at the end of this document) in the name format.

Residential providers must save each required document using the following format as: “Date of Service_Type of Placement_Component_Client name”. See examples below.



2. Case documents must be attached in KidTraks on the Case Information page.

a. Login to your KidTraks account with your Username and Password.



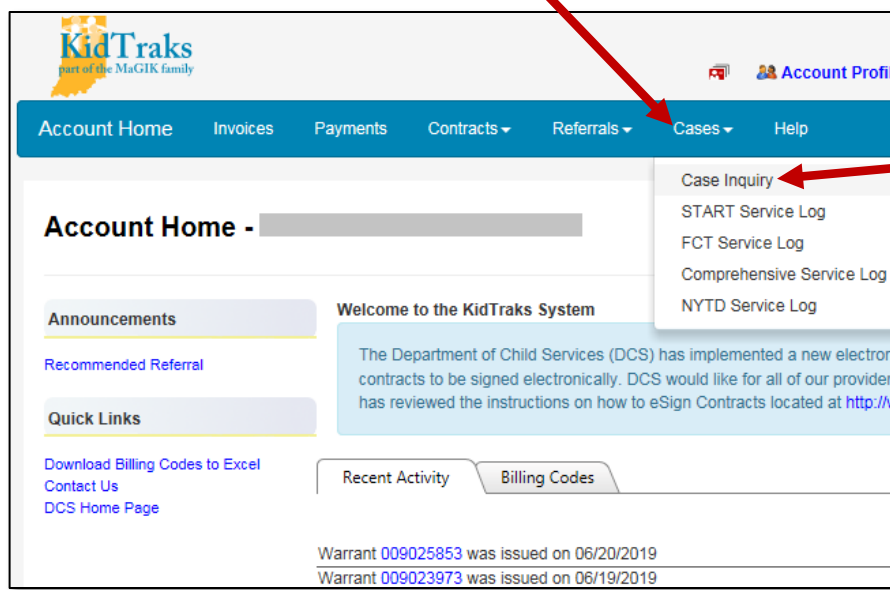
The screenshot shows the 'Management Gateway for Indiana's Kids' login page. It features a 'Sign In' section with fields for 'Enter Username' and 'Enter password', a 'Sign In' button, and links for 'Remember Me' and 'Reset Password?'. To the right, there are links for 'Online Reporting', 'Case Management', and 'KidTraks Financials'. A banner image of a smiling girl is displayed with the text 'KEEPING KIDS SAFE it's up to us!'.

<https://magik.dcs.in.gov>

b. Click on **KidTraks**.



c. Click the menu item named **Cases**, then select **Case Inquiry** from the drop-down list of options.



- d. The **Case Inquiry** page will open. Enter the identifying information to search for the specific DCS Case, then **click the Search button**. Click **Select** to open the case.

Case Inquiry

Find Existing Case... Add New Case...

Person ID: Equal [text box]
Case Number: Contains 100001381549
First Name: Contains [text box]
Last Name: Contains [text box]
SSN: Equal [text box]
County: Equal [text box]

Search Clear Cancel

Search Results: 1 Records Found

| Case Name | Case Type | FCM | Case Begin Date | County |
|---------------------|-----------|--------------|-----------------|--------|
| Select [greyed out] | DCS Case | [greyed out] | 01/19/2019 | Monroe |

Copyright © 2012 – Department of Child Services
HOME | CHANGE PASSWORD | MESSAGES | VENDOR PROFILE | SIGN OUT

- e. The **Case Information** page will open. Click **Add Attachment** on the right side under **Quick Links**.

Case Information [Case Inquiry](#)

Case Information Event Attachment NYTD Monthly Report NYTD History

Case Profile

Case ID: 100001381549
Status: Open
County: Monroe
Start Date: 1/19/2019
End Date:
Caseworker:
Caseworker Supervisor:
ICWIS ID:
MaGIK ID: 10000272388
Case Email: 48088d0d-b595-4bc6-9706-321a5a9894af@mail.magik.in.mycasebook.org

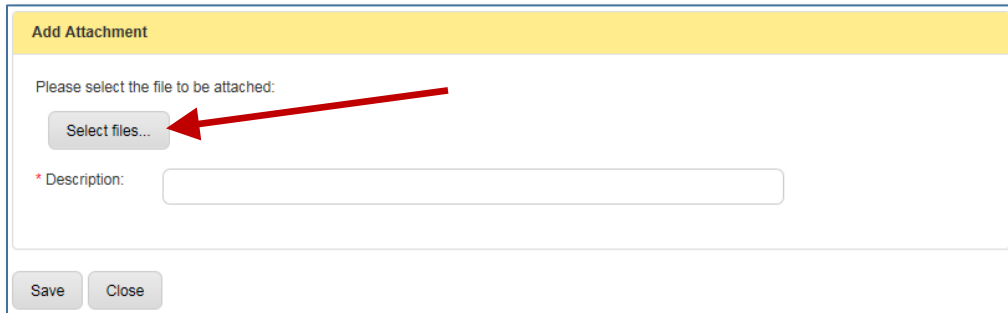
Quick Links

[Add Events](#)
Add event for this case.
[Add Attachment](#) Upload file for this case.
Add Recommended Services
Recommend services for this case.

Case Participants

| Person ID | First Name | Last Name | Relation | Birth Date | Age |
|------------|--------------|--------------|----------|------------|-----|
| 2158011200 | [greyed out] | [greyed out] | Child | 09/20/2013 | 5 |
| 2158011201 | [greyed out] | [greyed out] | parent | 07/16/1990 | 28 |
| 2158011202 | [greyed out] | [greyed out] | parent | 03/08/1992 | 27 |

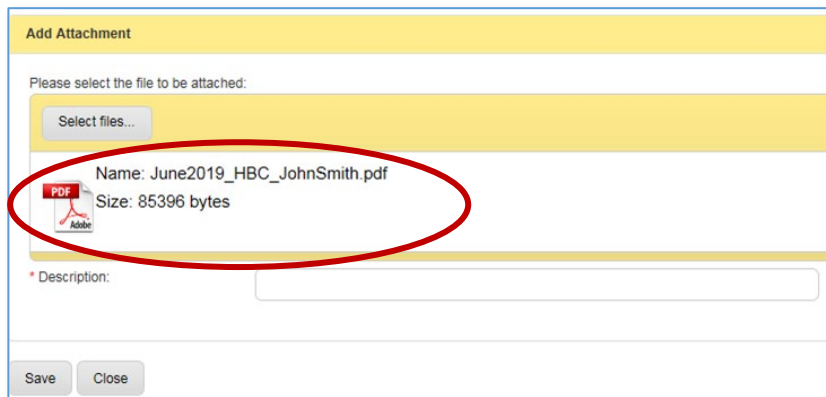
- f. Click the Select files button to go find the electronic file on your computer to be attached. Make sure it's named correctly using the specific naming format mentioned earlier in **Step 1** (e.g.: **Date of Service_Service_Client name**) or for **CMHI attachments (Date of Service_Service_Component_Client name)** or for **Residential attachments (Date of Service_Placement_Component_Client name)**.



The screenshot shows a web form titled "Add Attachment" with a yellow header. Below the header, it says "Please select the file to be attached:". There is a button labeled "Select files..." which is pointed to by a red arrow. Below this button is a text input field labeled "* Description:". At the bottom of the form are two buttons: "Save" and "Close".

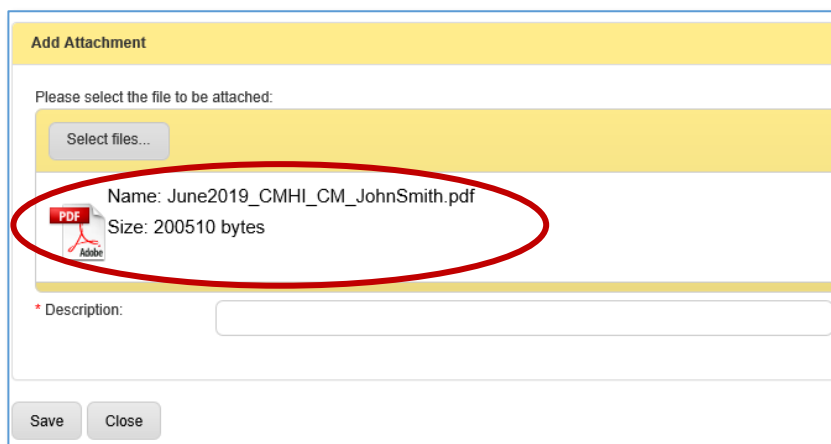
- g. When you select the file, it will appear in the box.

Regular Provider Service Example:



This screenshot shows the "Add Attachment" form after a file has been selected. The "Select files..." button is still present. Below it, a file entry is displayed, circled in red. The entry shows a PDF icon, the name "Name: June2019_HBC_JohnSmith.pdf", and the size "Size: 85396 bytes". Below the file entry is the "* Description:" text input field. The "Save" and "Close" buttons are at the bottom.

CMHI Provider Service Example:




This screenshot shows the "Add Attachment" form after a file has been selected. The "Select files..." button is still present. Below it, a file entry is displayed, circled in red. The entry shows a PDF icon, the name "Name: June2019_CMHI_CM_JohnSmith.pdf", and the size "Size: 200510 bytes". Below the file entry is the "* Description:" text input field. The "Save" and "Close" buttons are at the bottom.

Residential Provider Service Example:

Add Attachment

Please select the file to be attached:

Select files...

 Name: June2019_RES_CS_JohnSmith.pdf
Size: 1231321 bytes

* Description:

Save Close


- h. In the **Description** field, enter a short description of what the document is. Then click **Save**.

Regular Provider Service Example:

Add Attachment

Please select the file to be attached:

Select files...

 Name: June2019_HBC_JohnSmith.pdf
Size: 85396 bytes

* Description:


Save Close

CMHI Provider Service Example:

Add Attachment

Please select the file to be attached:

Select files...

 Name: June2019_CMHI_CM_JohnSmith.pdf
Size: 200510 bytes

* Description:


Save Close

Residential Provider Service Example:

Add Attachment

Please select the file to be attached:













Select files...

 Name: June2019_RES_CS_JohnSmith.pdf
Size: 1231321 bytes

* Description:

- i. Once the document is saved, it can be viewed on the **Case Information** page “Attachment” tab.

Regular Provider Service Example:

| Case Information Case Inquiry | |
|--|-------------|
| <input type="button" value="Add"/> | |
| Attachments | |
| | Create Date |
|  _2019_5_FCT_JP.doc | 06/14/2019 |
|  _2019_6_FCT_JP.doc | 07/12/2019 |
|  _2019_2_MVR_NG.docx | 03/15/2019 |
|  _2019_3_MVR_NG.docx | 04/11/2019 |
|  _2019_4_MVR_NG.docx | 05/13/2019 |
|  _2019_5_MVR_NG.docx | 06/14/2019 |
|  _2019_2_MPR_NG.docx | 03/15/2019 |
|  _2019_3_MPR_NG.docx | 04/11/2019 |
|  _2019_4_MPR_NG.docx | 05/13/2019 |
|  _2019_5_MPR_NG.docx | 06/14/2019 |
|  July2019_FCT_ .doc | 08/13/2019 |
|  June2019_HBC_JohnSmith.pdf | 08/23/2019 |


CMHI Provider Service Example:

Case Information [Case Inquiry](#)

Case Information Event **Attachment** NYTD Monthly Report NYTD History

Add

| Attachments | Create Date |
|--------------------------------|-------------|
| _____.2019_5_FCT_JP.doc | 06/14/2019 |
| _____.2019_6_FCT_JP.doc | 07/12/2019 |
| _____.2019_2_MVR_NG.docx | 03/15/2019 |
| _____.2019_3_MVR_NG.docx | 04/11/2019 |
| _____.2019_4_MVR_NG.docx | 05/13/2019 |
| _____.2019_5_MVR_NG.docx | 06/14/2019 |
| _____.I_2019_2_MPR_NG.docx | 03/15/2019 |
| _____.I_2019_3_MPR_NG.docx | 04/11/2019 |
| _____.I_2019_4_MPR_NG.docx | 05/13/2019 |
| _____.I_2019_5_MPR_NG.docx | 06/14/2019 |
| July2019_FCT______.doc | 08/13/2019 |
| June2019_CMHI_CM_JohnSmith.pdf | 08/23/2019 |




Residential Provider Service Example:

Case Information [Case Inquiry](#)

Case Information Event **Attachment** NYTD Monthly Report NYTD History

Add

| Attachments | Create Date |
|-------------------------------|-------------|
| _____.2019_5_FCT_JP.doc | 06/14/2019 |
| _____.2019_6_FCT_JP.doc | 07/12/2019 |
| _____.2019_2_MVR_NG.docx | 03/15/2019 |
| _____.2019_3_MVR_NG.docx | 04/11/2019 |
| _____.2019_4_MVR_NG.docx | 05/13/2019 |
| _____.2019_5_MVR_NG.docx | 06/14/2019 |
| _____.I_2019_2_MPR_NG.docx | 03/15/2019 |
| _____.I_2019_3_MPR_NG.docx | 04/11/2019 |
| _____.I_2019_4_MPR_NG.docx | 05/13/2019 |
| _____.I_2019_5_MPR_NG.docx | 06/14/2019 |
| July2019_FCT______.doc | 08/13/2019 |
| June2019 RES CS JohnSmith.pdf | 08/23/2019 |



3. The system will take you back to the Case Information page where you can either logout or continue attaching any remaining required case documents.
4. When completed, your invoice can now be submitted for review.

Deleting Attachments

Uploaded attachments can be deleted by selecting the “X” for that attachment line on the Case Information page “Attachment” tab.



Case Information [Case Inquiry](#)

Case Information Event **Attachment** NYTD Monthly Report NYTD History

Add

| Attachments | Create Date | |
|-------------------------------|-------------|---|
| April2020_HBT_JohnSmith.pdf | 05/04/2020 | X |
| April2020_TLC_JohnSmith.pdf | 05/04/2020 | X |
| April2020_VSTSV_JohnSmith.pdf | 05/04/2020 | X |

5. End of procedure.

Service Component Acronyms

| Placements | | |
|------------|--------------|--|
| 5/29/2020 | | |
| # | Abbreviation | Placement Type |
| 1 | ESC | Emergency Shelter Care |
| 2 | LCPA | Licensed Child Placing Agency (see BX/BH component codes listed below) |
| 3 | RES | Residential Placement (see BX/BH component codes listed below) |

| Non-Contracted Services | | |
|-------------------------|--------------|-----------------|
| 8/27/2019 | | |
| # | Abbreviation | Description |
| 1 | GP | General Product |

DCS Service Standards

9/15/2022

| # | Abbreviation | Service Standard |
|----|-----------------|--|
| 1 | CP | Child Preparation |
| 2 | CMHI | Children's Mental Health Initiative (see CMHI Components listed below) |
| 3 | CPSS | Chins Parent Support Services |
| 4 | CHBS | Comprehensive Home Based Services |
| 5 | CS | Counseling |
| 6 | CSCC | Cross Systems Care Coordination |
| 7 | DR | Day Reporting |
| 8 | DS | Detoxification Services |
| 9 | DE | Diagnostic and Evaluation |
| 10 | DVBIP | Domestic Violence - Batterer's Intervention |
| 11 | DVICI | Domestic Violence - Survivor and Child Intervention |
| 12 | DTS | Drug Testing and Supplies |
| 13 | FCT | Family Centered Treatment |
| 14 | FP | Family Preparation |
| 15 | Fampres Perdiem | Family Preservation |
| 16 | FE | Father Engagement Programs |
| 17 | FFT | Functional Family Therapy |
| 18 | HBC | Home Based Family Centered Casework |
| 19 | HBT | Home Based Family Centered Therapy |
| 20 | HB | Homebuilders |
| 21 | HMPA | Homemaker/Parent Aid |
| 22 | HSRDCW | Human Service Related Degree Course Worksheet |
| 23 | AIRS | Med Adult Intensive Resiliency Services |
| 24 | MRO | Med Assessment for MRO |
| 25 | CAIRS | Med Child and Adolescent Intensive Resiliency Services |
| 26 | MMTS | Med Medication Training and Support |
| 27 | MPRS | Med Peer Recovery Support |
| 28 | PA | Prevention Activities |
| 29 | PE | Parent Education |
| 30 | PFFA | Parenting / Family Functioning Assessment |
| 31 | RDT | Random Drug Testing |
| 32 | RSUT | Residential Substance Use Treatment |
| 33 | RFSS | Resource Family Support Services |

| | | |
|----|--------|--|
| 34 | SHRY | Sexually Harmful and Reactive Youth |
| 35 | SS | Specialized Services |
| 36 | SFM | START Family Mentor |
| 37 | STC | START Treatment Coordinator |
| 38 | SUD | Substance Use Disorder Assessment |
| 39 | SUOT | Substance Use Outpatient Treatment |
| 40 | SPTT | Supervised Parenting Time – Traditional |
| 41 | SPTTSV | Supervised Parenting Time – Therapeutic Supervised Visit |
| 42 | TRP | Transition from Restrictive Placement |
| 43 | TT | Truancy Termination |
| 44 | TLC | Tutoring / Literacy Classes |
| 45 | VSTSV | Visit Supervision - Therapeutic Supervised Visit |
| 46 | VST | Visit Supervision - Traditional |
| 47 | VRSO | Voluntary Residential Services Oversight |
| 48 | WM | Withdrawal Management |

| CMHI Components 12/6/2019 | | |
|-------------------------------------|--------------|---|
| # | Abbreviation | Description |
| 1 | ASSESS | Assessment |
| 2 | ADD | Addiction Counseling |
| 3 | CM | Case Management |
| 4 | CBCT | Community Based Counseling and Therapy |
| 5 | CS | Counseling |
| 6 | CRISIS | Crisis Intervention |
| 7 | HAB | Habilitation |
| 8 | IOT | Intensive Outpatient Treatment |
| 9 | MED_EVAL | Medication Evaluation/Ongoing Medication Evaluation |
| 10 | MED_TRG | Medication Training and Support |
| 11 | NEURO | Neuropsychological Testing |
| 12 | PSYCH | Psychological Testing |
| 13 | RES | Respite |
| 14 | SK_TRG | Skills Training and Development |
| 15 | TRG_SUP | Training and Support for Unpaid Caregivers |
| 16 | WRAP | Wrap Facilitator |

Placement BX/BH/RF Components

8/31/2021

| # | BX Counseling Service Abbreviation | Description |
|---|------------------------------------|--|
| 1 | CS | Group/Person Counseling Individual Counseling Family CFTM |
| 2 | DE | Diagnostic and Evaluation |
| | | |
| # | BX Health Service Abbreviation | Description |
| 1 | CRISIS | Crisis Intervention |
| 2 | VST | Therapeutic Visitation |
| 3 | ASSMT | Periodic Reassessment |
| 4 | CFTM | CFTM Attendance |
| 5 | INT | Intensive MR/DD BX Intervention |
| 6 | IBI | Intensive Behavioral Intervention – Master’s/Bachelor’s Level |
| 7 | SK_TRG | Skills Building Training – Master’s/Bachelor’s Level |
| | | |
| # | BH Counseling Service Abbreviation | Description |
| 1 | CS | Group/Person Counseling Individual Counseling Family CFTM |
| 2 | VST | Therapeutic Visitation |
| 3 | DE | Diagnostic and Evaluation |
| | | |
| # | RF Service Abbreviation | Description |
| 1 | AC | Aftercare |

Contact Information and Resources

- **For help with questions and requests for technical assistance, please contact the following:**

- A Regional Service Coordinator
- Or send an email to ChildWelfarePlan@dcs.in.gov
- Or contact the DCS Payment Research Unit at DCSPaymentResearchUnit@dcs.in.gov

■



**PLEASE DO NOT CONTACT THE FOLLOWING OFFICE
FOR ANY REASON REGARDING REPORTS OR PAYMENTS.
THEY WILL REDIRECT YOU BACK TO DCS:**

X AOS (Auditor of State)