

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.

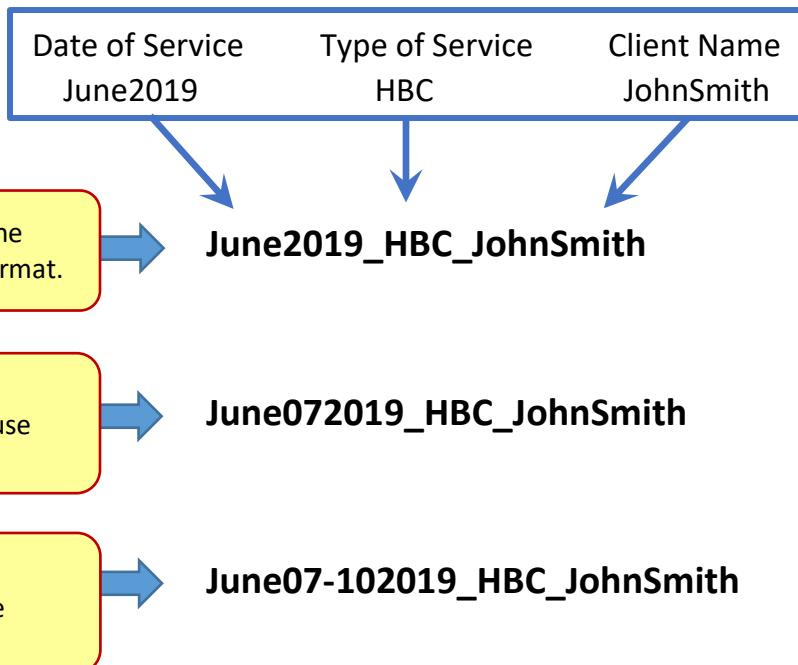
Prior to submitting an invoice in KidTraks, service and placement providers must attach all required documentation as defined by service standards and contracts into the KidTraks Case Information page. Each document must be attached individually.

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

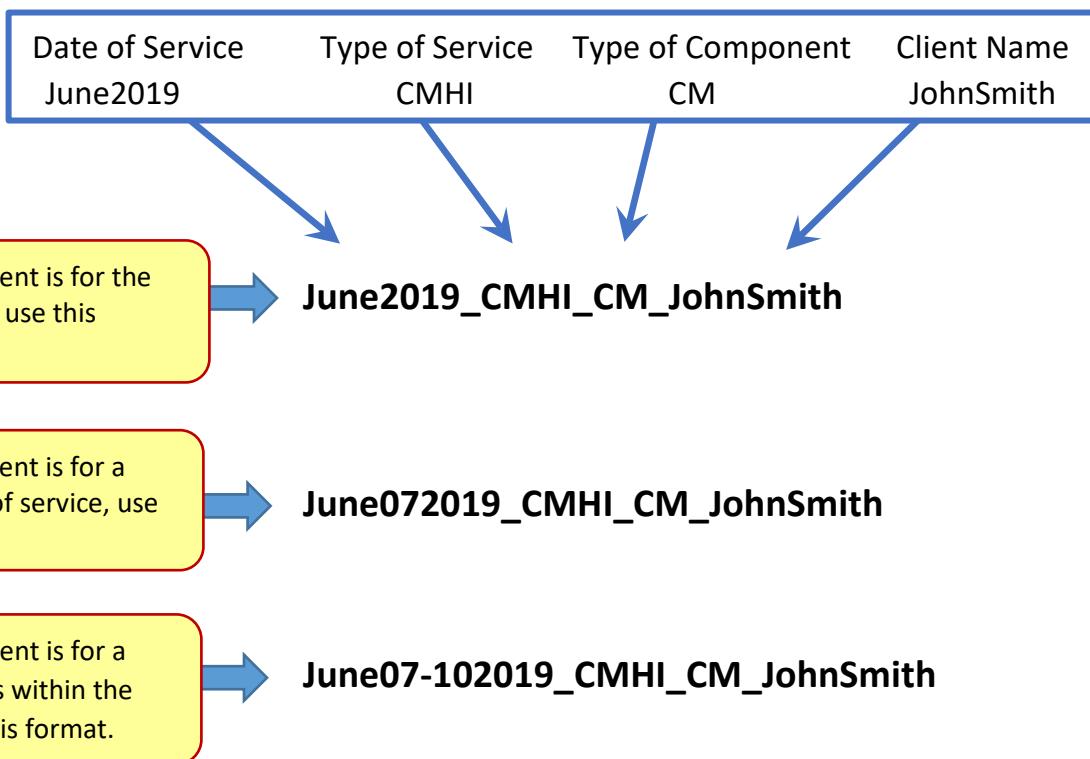
1. Providers must save each required document using the following naming format as: “**Date of Service_Service_Client name**”. See examples below:



- **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.

Date of Service	Type of Placement	Type of Component	Client Name
June2019	RES	CS	JohnSmith

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

June2019_RES_CS_JohnSmith

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

June072019_RES_CS_JohnSmith

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

June07-102019_RES_CS_JohnSmith

If your document is an Aftercare monthly report, use this format.

July2021_AC_JohnSmith

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

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

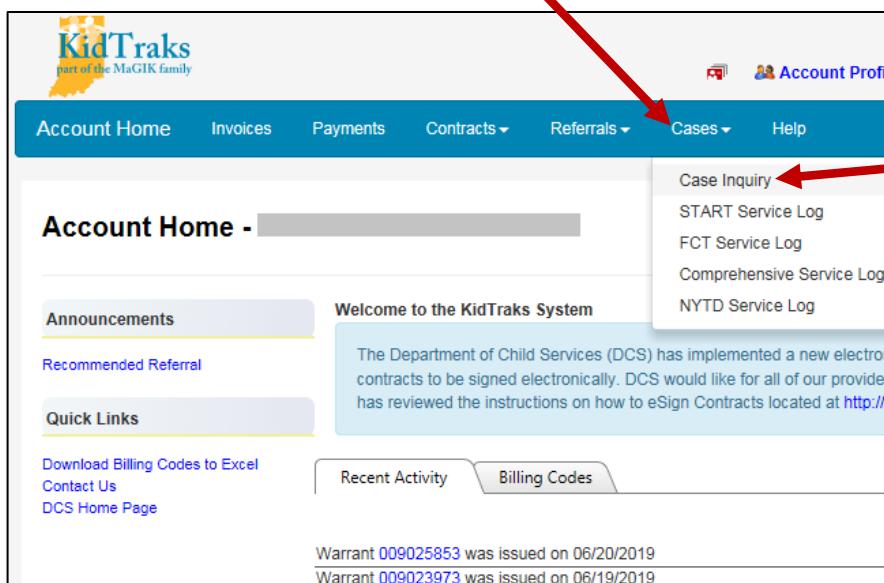


<https://magik.dcs.in.gov>

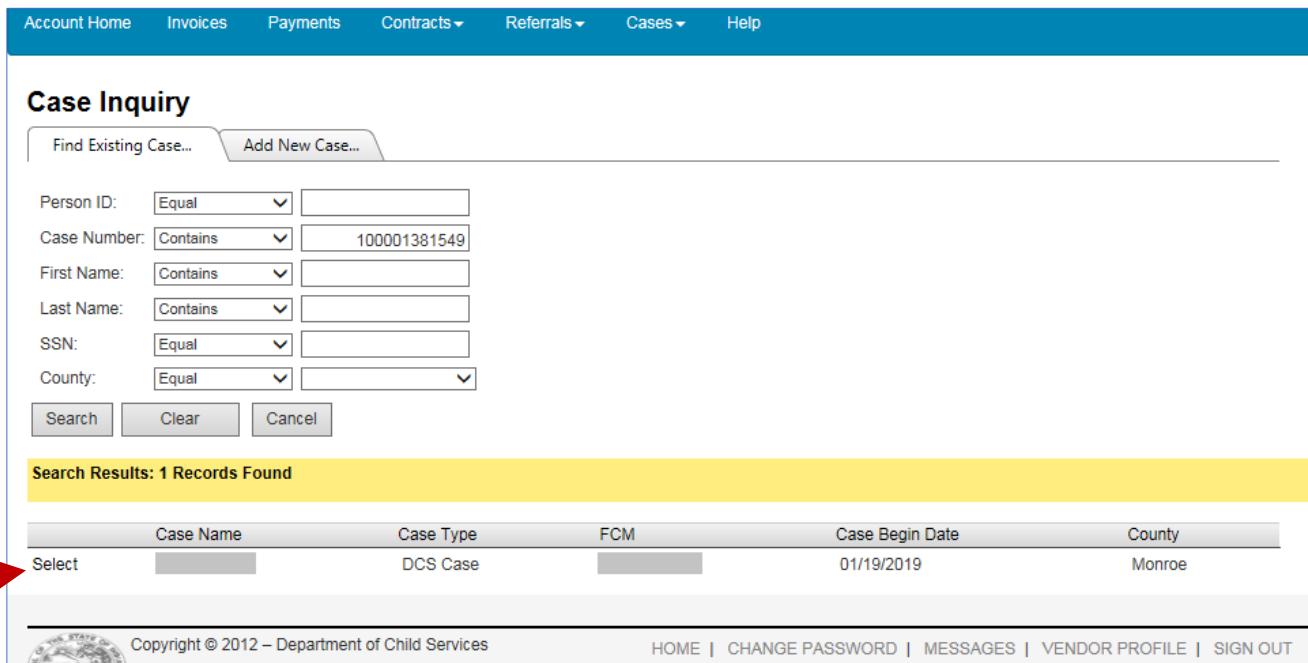
b. Click on **KidTraks**.



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	<input type="text"/>
Case Number:	Contains	<input type="text"/> 100001381549
First Name:	Contains	<input type="text"/>
Last Name:	Contains	<input type="text"/>
SSN:	Equal	<input type="text"/>
County:	Equal	<input type="text"/>

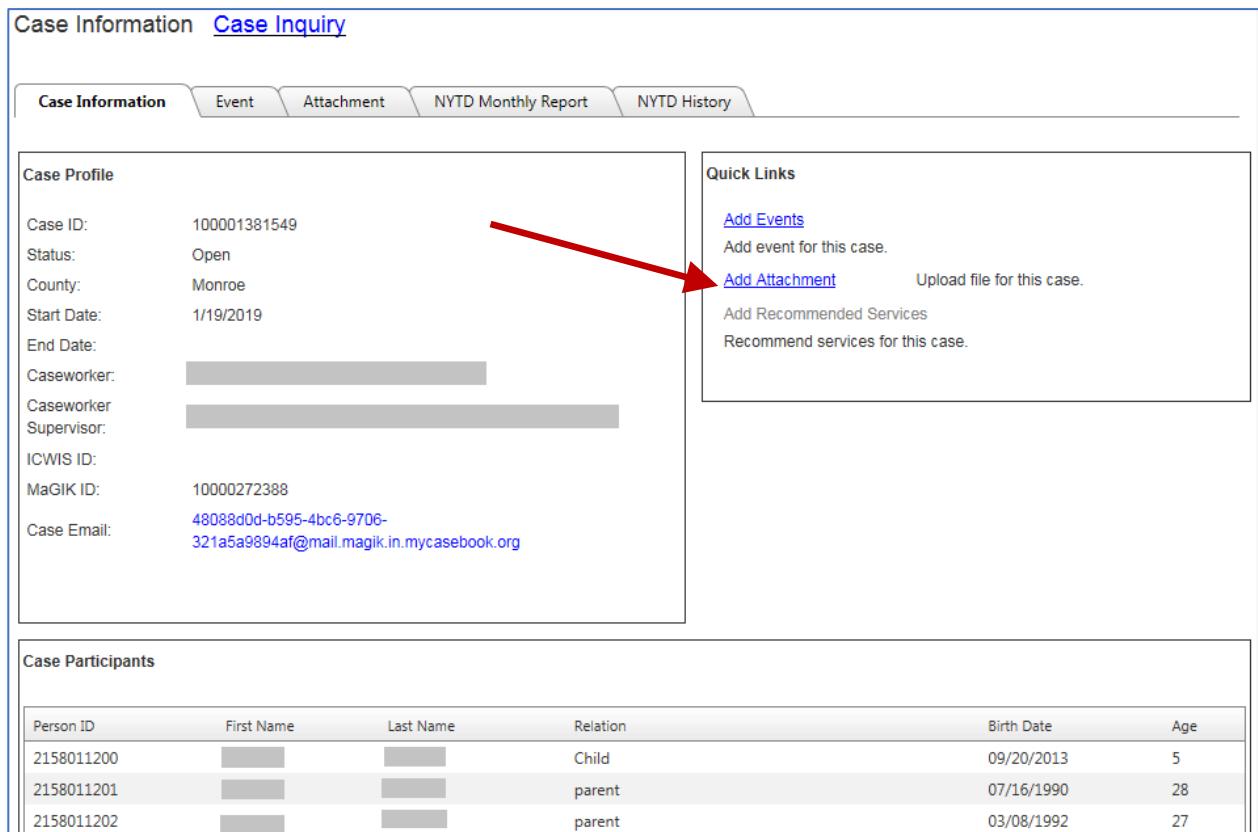
Search Clear Cancel

Search Results: 1 Records Found

	Case Name	Case Type	FCM	Case Begin Date	County
Select	<input type="text"/>	DCS Case	<input type="text"/>	01/19/2019	Monroe

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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:	<input type="text"/>
Caseworker Supervisor:	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	Child	09/20/2013	5
2158011201	<input type="text"/>	<input type="text"/>	parent	07/16/1990	28
2158011202	<input type="text"/>	<input type="text"/>	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**).

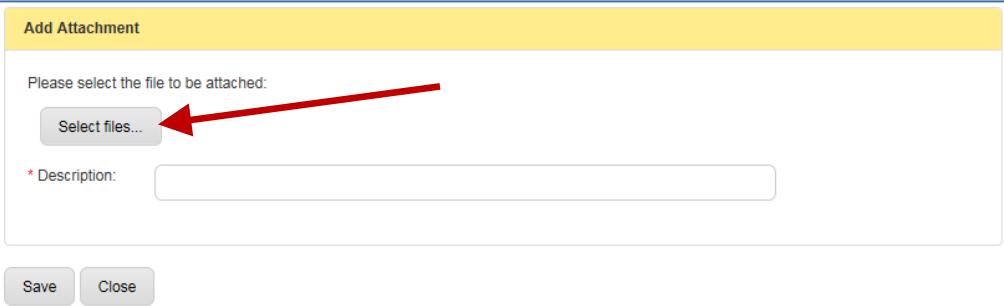
Add Attachment

Please select the file to be attached:

Select files... 

* Description:

Save **Close**



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

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...

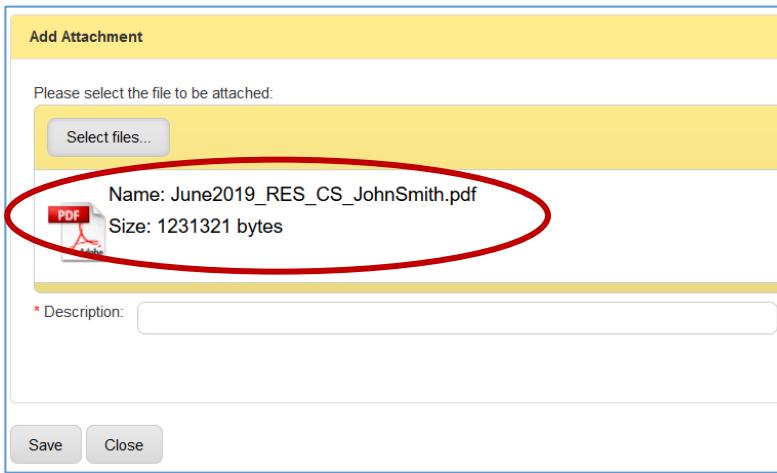
 Name: June2019_CMHI_CM_JohnSmith.pdf
Size: 200510 bytes

* Description:

Save **Close**



Residential Provider Service Example:



Add Attachment

Please select the file to be attached:

Select files...

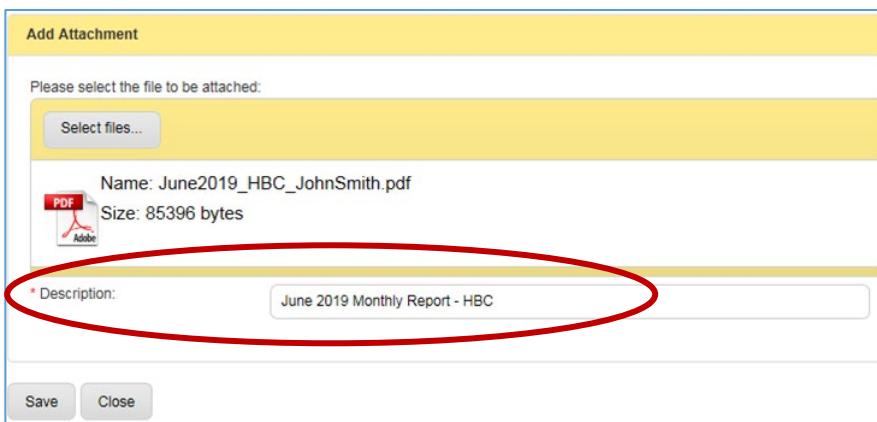
Name: June2019_RES_CS_JohnSmith.pdf
Size: 1231321 bytes

* Description:

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:

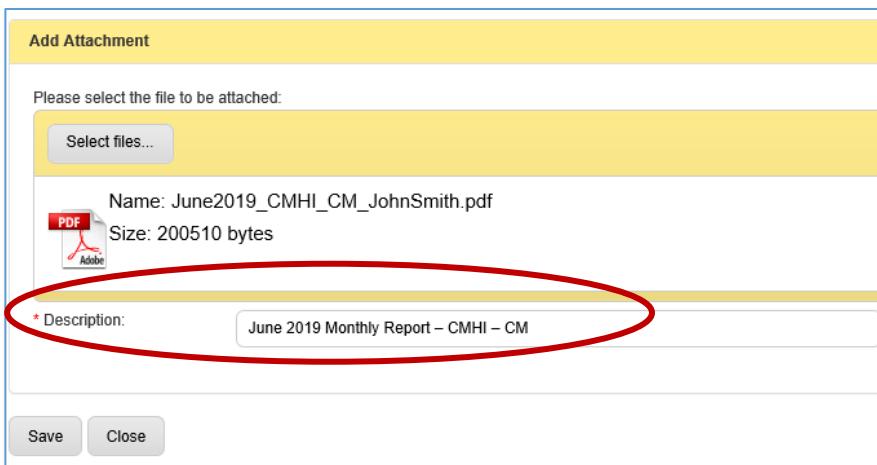
Select files...

Name: June2019_HBC_JohnSmith.pdf
Size: 85396 bytes

* Description: June 2019 Monthly Report - HBC

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: June 2019 Monthly Report - CMHI - CM

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: June 2019 Monthly Report - RES - CS

Save Close

- 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](#)

Case Information Event Attachment NYTD Monthly Report NYTD History

Add

Attachments Create Date

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

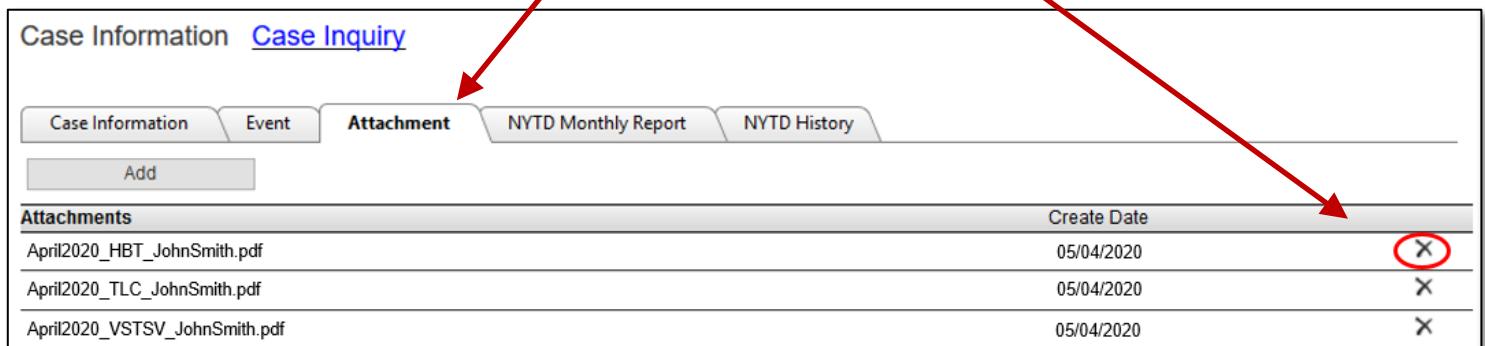
Attachments	Create Date
_2019_5_FCT_JP.doc	06/14/2019
_2019_6_FCT_JP.doc	07/12/2019
_2019_2_MVR_NG.docx	03/15/2019
_2019_3_MVR_NG.docx	04/11/2019
_2019_4_MVR_NG.docx	05/13/2019
_2019_5_MVR_NG.docx	06/14/2019
I_2019_2_MPR_NG.docx	03/15/2019
I_2019_3_MPR_NG.docx	04/11/2019
I_2019_4_MPR_NG.docx	05/13/2019
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:**
 - ✖ AOS (Auditor of State)