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Information Technology**

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Adding an Agency/Facility- ICPC Out of State Provider Job Aid

What: When a county is placing a child/youth out-of-state in an Agency/Facility such as a RCCF, QRTP, Group Center or other facility the county user needs to add this Agency/Facility in Trails Modernization to open it under the Child/Youth.

Why: To accurately reflect and track when children/youth are placed out-of-state on an approved ICPC and meet the receiving state's requirements *as well as the Department's Requirements*; thus accurately reflecting the "type" and location of an out-of-state placement. This process is required in accordance with C.R.S. 24-60-1802 and Dept of Human Services, Social Services Rules, Child Welfare Services 12 CCR 2509-4, 7.307.51, and 7.705.1

Creating an Agency /Facility

When a county has made a decision to place a child/youth in a facility out of state and the ICPC requirements have been met, that county should open that provider in Trails Mod. The county should first search Trails Mod to make sure that the provider has not already been added by another county.

To complete this data entry you will need to have:

- A copy of the certification/verification and it is approved/licensed in that state.
- A completed Direct Deposit form for EBTedge.

Logging Into Modernized Trails

Go to <https://trails.state.co.us>





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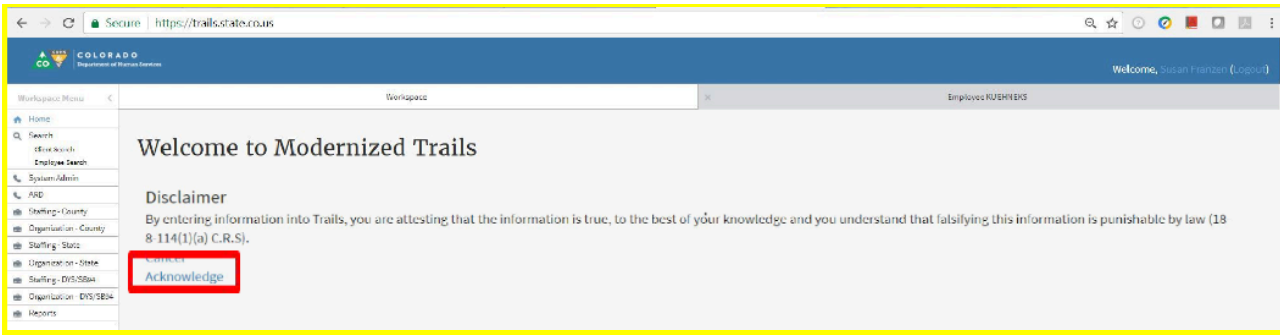
COLORADO
 Department of Human Services

User name:

Password:

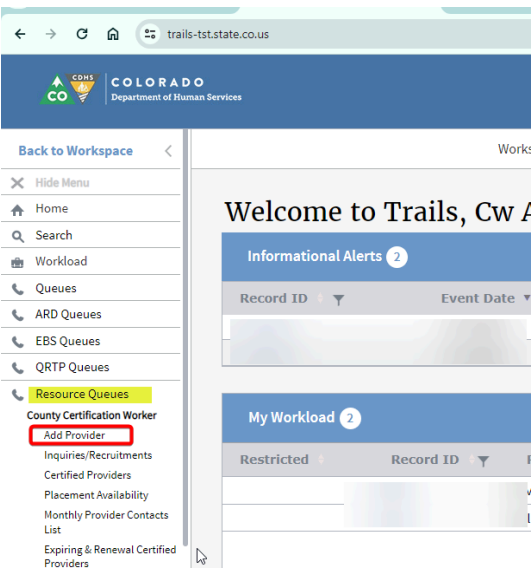
Click [here](#) to change/manage your password.

Click the **Acknowledge** statement.



Go to the Left hand navigation menu and Open the Resource Queue.

- Select "Add Provider"





Click < **Provider Type**< select< **Agency/Facility**

Add Provider

Provider Add

Provider Type*
Agency/Facility

Owner County/Agency*
Adams

Provider/Agency Name*
ICPC Receiving CPA

FEIN
99-9999999

SSN/ITIN
SSN/ITIN

Address*
Boston, MA 02134 [Edit Address](#)

- **Add Provider/Agency Name** (Legal name, must match the direct deposit information)
- **Add FEIN:**

Add Provider

Provider Add

Provider Type*
Agency/Facility

Owner County/Agency*
Adams

Provider/Agency Name*
RCCF/QRTP/Facility

FEIN
56-5656566

SSN/ITIN
SSN/ITIN

Address*
5656 Kelley St, Houston, TX 77026 [Edit Address](#)

[Cancel](#) [Add](#)

Click on the **Edit Address** hyperlink to add the Location address of the provider.





Add Address

Address Type*
Location

Format Type*
Standard

Address Line 1*
56566 Street Rd

Unit Type
Office

Unit #
25

City*
Feasterville-Trevose

State*
PA

ZIP Code*
ZIP

Cancel Done

Then Select "Add" to create the Provider Details record

Add Provider

Provider Add

Provider Type*
Agency/Facility

Owner County/Agency*
Adams

Provider/Agency Name*
RCCF/QRTP/Facility

FEIN
56-5656566

SSN/ITIN
SSN/ITIN

Address*
5656 Kelley St, Houston, TX 77026

Edit Address

Cancel Add

The Provider Details page will load.

Make sure the Resource Type=Service and Governing Body Type = should be blank

- **Add the School District = Out of State**
- **Add the Profit Status of the provider**





Provider Details: 1780038

Provider Summary

Provider Type*
Agency/Facility

Provider ID
1780038

Former Provider ID

Resource Type*
Service

Governing Body Type
Select Governing Body Type

Owner County/Agency
Adams

Provider/Agency Name*
Rccf/Qrtp/Facility

SSN/ITIN
SSN

FEIN
56-5656566

Family Structure
Select Family Structure

School District
Out Of State

Payment Method*
 Direct Deposit (EFT)
 Quest Card (EBT)

Profit Status*
Private Non-Profit

Comments
Enter text

● **Add the Agency's Phone number**

Phone Numbers

Phone Type	Country Name	Phone Number	Phone Extension	Start Date	Household Member	Primary (Y/N)	Actions
Agency Phone Number		888-666-7777		01/23/2024		Y	Add Phone Number View Phone History

Email Addresses

● **Add the Agency's Email Addresses (if they have one)**

Does this Provider have an email address?

Yes No

Email Type	Email Address	Start Date	Primary (Y/N)	Comments	Actions
Work	outofstateRCF@gmail.com	01/23/2024	Y		Add Email View Email History

Addresses

● **Update or add the Agency Addresses (you must have both a Location and a Mailing address)**

Addresses

Address Type	Address	City	State	Zip	Start Date	Actions
Location	565656 Street Rd, Office 25	Feasterville-Trevose	PA	22222	01/19/2024	

- Click on the Location hyperlink to check the box the Mailing Address is the same as the location address.
 - If the Mailing address is different from the location address, go to Actions and add the Mailing Address.





Edit Address

Address Type*
Location
 Mailing Address is the same as Location Address

Start Date* 01/19/2024 End Date MM/DD/YYYY

Format Type* Standard

Address Line 1* 565656 Street Rd

Unit Type Office Unit # 25

City* State* PA ZIP Code* 22222

County* Other State than Colorado

Cancel Save

- **Add the Agency/Facility Representative**

Agency/Facility Representatives

Representative Status: Active

Add Agency/Facility Representative

Name	Role	Service	Email	Cell Phone	Address	Status
No Agency/Facility Representatives information available						





Add Agency/Facility Representative

First Name* Admission
 Last Name* Coordinator
 Role* Admissions Contact

Service: Please select one or more...
 Email Address: user@domain.com
 Work Phone: 555-555-5555

Cell Phone: 555-555-5555
 Address: [Edit Address](#)

Start Date* 01/19/2024
 End Date: MM/DD/YYYY

Comments: Enter text

Add Agency/Facility Representative

Start Date* 01/19/2024
 End Date: MM/DD/YYYY

Comments: Enter text

Demographics/Qualifications

DOB: MM/DD/YYYY
 SSN/ITIN: 123-56-7890
 Maiden/Former Name: MaidenFormer Name

Degree: Select Role
 Major:
 License Number:
 Comments: Enter text

Cancel Save

- Go to the Services panel to add the service. *If adding a QRTP, you must add an RCCF Service first then you can add the QRTP service*
- Service Category=Out Of Home
- Service Type=pick from the picklist the facility type





The screenshot shows the 'Add Service' form with the following fields and values:

- Service Category*: Out of Home
- Action Type*: Initial
- Is a DYS Contract Program:
- Service Type*: Residential Child Care Facility (dropdown menu is open showing options like DYK Foster Facility, Kinship Foster Care, etc.)
- Owner County/Agency*: Adams
- License Type: Select License Type (disabled)

- The Action Type will default to “Initial”
- Approval Type will default to the “Approve”
- There is no License type and this field is disabled.

The screenshot shows the 'Add Service' form with the following fields and values:

- Service Category*: Out of Home
- Action Type*: Initial
- Is a DYS Contract Program:
- Service Type*: Residential Child Care Facility
- Approval Type*: Approve (highlighted with a red box)
- License Type: Select License Type (disabled, highlighted with a red box)
- Indian Foster Home/Indian Serving Agency*: Yes/No (radio buttons)

- The Service Window will open to update and add any county workers for this provider.





< Back to Provider Details

Service

Actions ▾

Service Category*
Out of Home ▾

Service Type*
Residential Child Care Facility ▾

Owner County/Agency*
Adams ▾

Action Type*
Initial ▾

Approval Type*
Approve ▾

License Type
Select License Type ▾

Is a DYS Contract Program

Indian Foster Home/Indian Serving Agency*
Yes No

Assignment and Transfer History

Show: Active Assignments ▾ County: All Counties ▾

Actions ▾
Add Assignment
Add Transfer

Start Date	End Date	Assigned To	Responsibility	County/Agency	Admin Group	Admin Unit	Supervisor	Comments	Updated By	Date Updated
1/23/2024		Qa Test1, Cw All Access	Primary (Certification Worker)	Adams				caseworker	MODTEST1	1/23/2024

- Add the worker(s) who will be managing this provider

Colorado Trails

trails-tst.state.co.us/Provider/Service?providerId=1780027&serviceApprovalId=1912343

Colorado Department of Human Services

Service

Assign To*

County* Adams ▾ Start Date 01/16/2024 End Date MM/DD/YYYY

Responsibility* Primary ▾ Role* Select Role ▾

Admin Group* Admin Unit*

Comments*

Cancel Add

Once the Assignment and Transfer History panel has been updated to reflect the workers, return to the Provider Details page.

< Back to Provider Details

Service





- Go to the Certification/Licenses/Approval Panel and click on the Date Indicated hyperlink to finish approving the provider, Service Approval.

Certifications/Licenses/Approvals 1										Actions
Service Category	Service Type	Approval Status	County/Agency	Approval Type	License Type	Effective Date	Expire Date	Close Date	Clo	
All selected...(1)	All selected...(1)	Open X Pending X								
1/23/2024	Out of Home	Residential Child Care Facility	Pending	Adams	Approve	01/23/2024				

In the Service Approval page, make sure the Effective Date is set to the date you need to start using this provider.

- Requirements Checklist:** Click on the Out of State Requirements Met hyperlink to enter the Date of the facility's license/registration and the date the other state approved that facility

Workspace - Add Provider x Service Approval 1780038, 1912364

< Back to Provider Details
< Go to Related Service

Service Approval

Actions

Approval Summary

Service*	Action Type*	Approval Type*
OOH - Residential Child Care Facility	Initial	Approve
License Type	Approval Status	Licensing/Certification Agency
Select License Type...	Pending	Adams
Effective Date*		
01/23/2024		
Date Added	Added By	
01/23/2024	Cw All Access Qa Test1	

Requirements Checklist 1

Requirement	Start Date	Expire Date	Status	Comments
Out of State Requirements Met			Not Started	

- Add the Capacity & Preference**

Capacity & Preference 0										Actions
Record Type	Number	Gender	Min Age	Min Age Type	Max Age	Max Age Type	Start Date	End Date	Entered	
No Capacity & Preference information available										Add Capacity & Preference





Capacity/Preference ↗ ✕

Record Type* Both ▼ **Number*** 3 **Gender*** Either ▼

Min Age* 6 **Min Age Type*** Years ▼

Max Age* 18 **Max Age Type*** Years ▼

Start Date* 1/1/2024 📅 **End Date** MM/DD/YYYY 📅 **Date Entered** 1/23/2024

Entered By MODTEST1

Comments

Cancel Delete Save

- Go to the Approval Acceptance pane and Request Approval

Approval Acceptance

Special Considerations Please select one or more... 0 ▼ **Conditions and Restrictions** Please select one or more...

Unique Conditions Unique Conditions

Service comments

Approval Status Pending **Requested By** **Requested On**

Request Approval





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- Go to the Supervisor Approval panel (it will be visible once Approval Requested has been selected). Once this provider is approved, you can add this facility to the child/youth with a start date no earlier than the Effective Date

Supervisor Approval

Choose a Disposition Option

Approved

Denied

Comments

Disposition by

Submit Disposition

