# The Commonwealth of Kentucky Kentucky Level of Care System (KLOCS)

## **Quick Reference Guide**

## **KLOCS Authorized Users**

Version 1.2

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## Kentucky Online Gateway (KOG) Overview

Kentucky Level of Care System (KLOCS) utilizes the Kentucky Online Gateway (KOG) to authenticate an individual is part of an organization which either electronically submits, reviews, or makes level of care (LOC) determinations. To access KLOCS, the Organization Administrator (Org Admin) and Authorized Users must establish a KOG account.

### **KOG Reference Guide**

Each organization has an individual designated as the KLOCS Org Admin. The KLOCS Org Admin is responsible for granting their organization's authorized users access to KLOCS by sending an email invitation to create a KOG account. Every authorized user of KLOCS is required to create an individual KOG account.

This Reference Guide provides instructions on setting up a KOG account for Authorized Users. Authorized Users include CMHC Staff, Provider Staff, PRO Staff, and PRO Super Users.

- If the *Role Name* is Read Only (e.g., CMHC Read Only), the user will be able to view the information in KLOCS but unable to edit the data
- If the *Role Name* is Staff or Super User (e.g., Provider Staff, PRO Staff, or PRO Super User), the user will be able to view and edit the data in KLOCS

#### **Create a KOG Account**

- 1. The user receives an email invitation to create a KOG Account from their facility's KLOCS Org Admin.
- 2. In the email, select **Click here to complete the process**.

**Please Note:** This link is valid for 7 days and the user may re-click the link anytime within the 7 day period to continue the onboarding process. The link will not be valid after the 7 day period or after the user completes the onboarding process. If the link expires, the KLOCS Org Admin must send the user another invitation to continue the onboarding process.

To: r From: Received: M Sending IP: 1	nt_provider5 (EUPS_DoNotReply_keupsuat.chfs@ky.gov Mon Feb 10 2020 12:11:07 GMT-0500 (Eastern Standard Time) 48.163.
From: Received: Sending IP: 1	KEUPS_DoNotReply_keupsuat.chfs@ky.gov Mon Feb 10 2020 12:11:07 GMT-0500 (Eastern Standard Time) 148.163.
Received: N Sending IP: 1	Mon Feb 10 2020 12:11:07 GMT-0500 (Eastern Standard Time) 48:163.
Sending IP: 1	48.163.
-	html
Parts:	
Attachments:	(Subscribe to receive Attachmenta)
NF Provider	5,
UAT	has granted you access to the following roles to participate as a user in an Organization - 5 STAR CARES, INC
Application Role Name:	Name: Kentucky Level Of Care System (KLOCS) UAT2 Provider Staff
Please follow	the below instructions to gain access as a user for this organization. This invitation link would expire and is valid only for a one-time use.
Click here to	complete the process
If you need a	ny assistance further, please contact the Kentucky Online Gateway HelpDesk.
Kentucky On Kentucky On	line Gateway line Gateway HelpDesk
NOTE: Do n	tot reply to this email. This email account is only used to send messages.
Privacy Noti permission. I	ice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information withou f you are not the person who was supposed to get this message, please destroy all copies.

3. The KOG landing page displays. If the user does not have an existing KOG account, click **Create New Account**.

**Please Note:** If the user already has an existing KOG account <u>with the same</u> <u>email address from which they received the invitation to enroll</u>, then the user does not need to create a new account and may login to KOG using the existing credentials.

Welcome to the new Kentucky Online Gateway (KOG) sign-in p page.	age! Please login with your existing KOG account. If yo	ou run into any login issues, please refer to the new Help $$\times$$
	Sign in with your Kentucky Online Gateway (KOG) Account Email Address cit060822 user03b@keups.net	and the second sec
	Next Create New Account Resend Account Verification Email English 👻 Help	and the

4. Fill out all required fields marked with an asterisk (\*). Next, click **Sign Up**.

**Please Note:** The user MUST register using the same email address from which they received the invitation to enroll.

			atoway Drf			
r	lease complete your	Kentucky Online G	aleway Profi	le		
	If you already have an existing a your account.	Kentucky Online Gateway (KOG) Account, pleas	e click <u>here</u> to reset your pas	word OR click on the CANCEL	outton below to log into	
	Please fill out the form below and click All fields with * are required.	c Submit when finished.				
	* First Name	Middle Name		* Last Name		7
	* E-Mail Address		* Verify E-Mail Address			
	Password		Verify Password			
	Mobile Phone		Language Preference		~	
	Street Address 1		Street Address 2			
	City		State Kentucky	~	Zip Code	
	Question		* Answer			
	In what city were you born? (Enter full r	name of city only)				
	Question		* Answer			
	What was the name of your first pet?	```				

5. The pending email verification screen displays. The KOG account is pending until the user returns to their email account to verify their KOG account.

	Help 🛛 🔂 English -
	Please complete your Kentucky Online Gateway Profile
	YOU HAVE 4 HOURS TO COMPLETE THE PROCESS
	• Your account has been requested and is pending email verification. Please check your email and click on the link provided to verify your account. If you do not see the verification email in your inbox, please check your spam or junk folder. If no email was received <u>click here</u> ,
	If you have already verified your account by clicking the link provided in the email, please click on SIGN IN button to continue. SIGN IN
-	And a second

#### **KOG Account Validation**

1. After filling out the profile information, the user receives an email to verify the account.

**Please Note:** If the verification email is not in the inbox, check the Junk and Spam folders.

2. The user logs into their email inbox and clicks the account activation hyperlink.



3. Select **Continue to Sign in** to complete the account creation process.

Y IDE	Help	English 👻
Validate New Account		
Click on the button below to Sign in now and complete the final step of the account creation process.		
[	Continue to Si	gn in

- 4. When the user clicks **Continue to Sign in**, they are redirected to the KOG homepage. The account creation process is complete.
- 5. Enter **Email Address** and click **Next**.



6. Enter **Password** and click **Verify**.



#### **Kentucky Organ Donor Registration**

When the user first logs into KOG, they will be prompted to register as an organ donor. To register as an organ donor, click **Yes, Register Now** and follow the prompts. If the user selects **Remind Me Later**, the system redirects to the KOG Dashboard.



If the user clicks **Yes, Register Now** the system navigates to the **Organ Donor Registration** screen where the user enters their personal information. To complete registration, select the check box **I have read, understand, and agree to the above terms and conditions** and then click **Register.** The system redirects the user to the KOG Dashboard.

If at any point the user chooses to skip the organ donor registration process, click **Continue to the Application** to navigate to the KOG Dashboard.

Register as a Kentucky Orga	n Donor		
With the passing of KY SB77 created the below form for I please fill out the required fi information on what it mear	and in partnership with Donate Life Kentu Kentuckians to join the Kentucky Organ Do ields below, select the consent checkbox, a s to be an organ donor, please visit https:/	cky, the Kentucky Online Gateway h nor Registry. If you'd like to join the and click the "Register" button. For a //donatelifeky.org/why-donate/.	ias KYDR, more
* First Nam	e kito91622		
Middle Name	2		
* Last Name	e user01b		
* Address	1		
Address 2	2		
* Cit	4		
* Count	Y ¥		
* Zip Code	2		
* Birthdate	2		
* Driver's License or State II			
* Gende	r 🗸	•	
By submitting this registratio information entered herein document of gift as outlined before death, is considered under 18 years of age, I unde time of donation.	In a ffirm that I am the applicant describe is true and correct to the best of my know in the Uniform Anatomical Gift Act. A doc egal authorization for donation and does i erstand that consent must be obtained fro	d on this application and that the edge. This form will serve as donor ument of gift, not revoked by the di not require the consent of another. m my parents or legal guardian at th	onor If I am he

### **User Verification – Identity Proofing**

KOG uses Remote Identity Proofing (RIDP) to verify the user's identity. This is a onetime effort. If a user is requesting electronic access to protected information or systems, the user must be identity proofed to gain access. KOG uses the Experian identity verification system to remotely perform identity proofing.

KOG uses this personal information only to verify the user's identity. Experian verifies the information provided against their records and may present the user with questions based on their credit profile. KOG does not store this information. This type of inquiry, a soft inquiry, does not affect your credit score.

1. Provide answers to each required question marked with an asterisk (\*). Click **Next**.

The Kentucky Online Gateway must verify your identity informat information. Your information may also be verified by using informat Kentucky records. Please fill out the form below using your Legal N Next when finished.   * Legal First Name Middle Name   assam	
* Legal First Name   assam   Assam   Name Suffix   Gender   Birth Date   Social Security Number   Image: Social Security	on by using public records and consumer credit tion contained in your Commonwealth of ame. Fields with asterisk are required. Click
assam       Gender         Name Suffix       Gender         Birth Date       Social Security Number         Image: Social Security Number       Image: Social	* Legal Last Name
Name Suffix       Gender         Birth Date       Social Security Number         Birth Date       Social Security Number         * Home Address       * City         * Home Address       * City         * Postal Code       Postal Extension Code         Birth Date       Social Security Number         * Uty       Social Security Provide the security is enabled by         * Lexity proofing is enabled by       Experian         By checking this box I am certifying that I understand the security for obtai receive information from the consumer's personal credit prototal personal credit persocial personal credit persocial personal cr	koraku
Birth Date Social Security Number  Birth Date Social Security Number  * Home Address * City  * Postal Code Postal Extension Code  Birth Date Postal Extension Code  Birth Date Postal Extension Code Postal Extension Code  Birth Date Postal Code Postal Extension Code  Birth Date Postal Code Postal Extension Code Postal Extension Code  Birth Date Postal Code Postal Extension Code Postal Extension Code  Birth Date Postal Code Postal Extension Postal Code Postal Extension Postal Code Postal Extension Postal Postal Code Postal Extension Postal Post	Phone Number
Birth Date Social Security Number	*
Home Address     City     Home Address     City     Postal Code     Postal Extension Code     Identity proofing is enabled by	Email
* Home Address * City  * Postal Code Postal Extension Code  * Postal Code By checking this box I am certifying that I understand the set the Fair Credit Reporting Act and that permissible purpose is established by my company ("Experian Subscriber") for obtai receive information from the consumer's personal credit pro that the consumer above has initiated a transaction y	assam.koraku123@dispostable.com
* Postal Code Description of the set of the	* State
* Postal Code Postal Extension Code Identity proofing is enabled by Experian By checking this box I am certifying that I understand the set the Fair Credit Reporting Act and that permissible purpose is established by my company ("Experian Subscriber") for obtai receive information from the consumer's personal credit pro that the consumer and above has initiated a transaction y	Kentucky 🔹
Identity process is enabled by Experian By checking this box I am certifying that I understand the set the Fair Credit Reporting Act and that permissible purpose is established by my company ("Experian Subscriber") for obtai receive information from the consumer's personal credit pro that the consumer named above has initiated a transaction y	
being requested will be used solely to confirm the consumer in the consumer's name.	rvices being requested are regulated by required. Any special procedures ning the consumer's authorization to file from Experian have been met. I certify <i>i</i> th my company, and that the service 's identity to avoid fraudulent transactions

2. Experian verified the information provided and may present the user with questions based on their credit profile. Provide answers to each question. Click **Next**.



3. If the user provides the correct answers to all verification questions, the RIDP process is complete and the system prompts the user to register for Multi-Factor Authentication (MFA).



If the user does not have a credit history or Experian cannot perform identity proofing online, a screen similar to the one below displays. The user will be given a reference number and will need to call the Experian Help Desk.

You will need	to contact the Experian helpdesk before completing this process. Please call them at 1-866-578-5409@.
When calling	Experian, please use the reference number including the dashes: 878b-3a-200b. Once you have verified your
identity with	Experian, please close your browser before returning to the application.

4. After completing MFA, the system redirects the user to the **My Apps** screen. Click the **Launch** button in the **KLOCS** tile to access the application.

