

# KICCS PORTAL USER GUIDE

*User Guide to  
request a citizen  
(CIT) account for  
the Provider Portal*



## Contents

Introduction .....	0
Account Creation .....	0
Requesting Roles.....	0
Child-Care Providers.....	1
ECCAP .....	1
Supporting Documentation .....	2



## Introduction

KICCS Provider Portal is used by:

- child-care providers to:
  - submit billing and view documents for the Child Care Assistance Program (CCAP)
  - complete plans of correction for the Division of Regulated Child Care (DRCC)
  - submit documentation and receive correspondence for the All STARS program
  - submit and receive documentation for the Employee Child Care Assistance Partnership (ECCAP)
- employers and employees participating in ECCAP to submit and receive documentation

The [KICCS Provider Portal Launch Site](#) is the access point for Provider Portal and contains helpful information and documents for utilizing the application. Please save a short-cut for this page.

The **KICCS HelpDesk** is available to assist with submitting your account request.

- Email: [CHFS.KICCSHelpDesk@ky.gov](mailto:CHFS.KICCSHelpDesk@ky.gov)
- Phone: (866)-231-0003 Option 6

## Account Creation

A Kentucky Online Gateway (KOG) account is required for accessing the KICCS Provider Portal. You may already have a KOG account to access other Commonwealth of Kentucky applications. Skip to the Requesting Roles section to add Provider Portal access to your existing account.

Go to the [KICCS Provider Portal Launch Site](#).

Click the “KICCS Provider Portal” link to navigate to the Kentucky Online Gateway (KOG).

### Kentucky Integrated Child Care System Provider Portal Launch Site

The [KICCS Provider Portal](#) is used by child care providers to submit billing and view documents for the Child Care Assistance Program (CCAP), complete plans of correction for the Division of Regulated Child Care and submit documentation and receive correspondence for the All STARS program.

Contact the [KICCS HelpDesk](#) for help creating an account, navigation assistance or system issues related to the Provider Portal.

Local (Frankfort): (502) 564-0104, Option 6

Toll-free: (866) 231-0003, Option 6



Click "Create New Account" link.

Complete the form. Items marked with an \* are required.  
Click the blue "Sign Up" button when the form is complete.  
Note the email address and password.

## Please complete your Kentucky Online Gateway Profile

**i** If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the **CANCEL** button below to log into your account.

Please fill out the form below and click Submit when finished.  
All fields with \* are required.

* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* E-Mail Address		* Verify E-Mail Address
<input type="text"/>		<input type="text"/>
* Password		* Verify Password
<input type="text"/>		<input type="text"/>
Mobile Phone		Language Preference
<input type="text"/>		English <input type="text"/>
Street Address 1		Street Address 2
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	Kentucky <input type="text"/>	<input type="text"/>
Question		* Answer
In what city were you born? (Enter full name of city only) <input type="text"/>		<input type="text"/>
Question		* Answer
What was the name of your first pet? <input type="text"/>		<input type="text"/>

**CANCEL** **SIGN UP**

A message will be displayed that informs that the request is pending email verification.

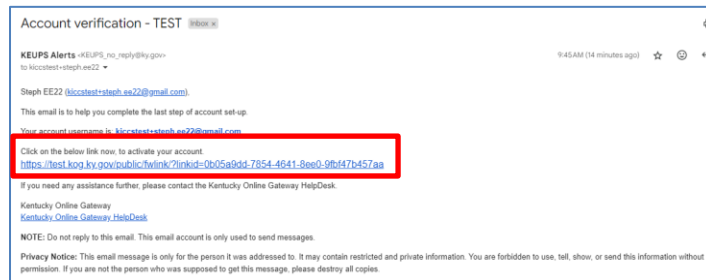
## Please complete your Kentucky Online Gateway Profile

**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 [click here](#).

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**

Locate email from Kentucky Online Gateway and click on the link provided to verify the account.



Click the blue “Continue to Sign in” button.

## Validate New Account

✔ Click on the button below to **Sign in** now and complete the final step of the account creation process.

**Continue to Sign in**

Enter the email address entered in the KOG profile and click the blue “Next” button.  
Enter your password and click the blue “Verify” button.

### KENTUCKY ONLINE GATEWAY

Sign In with your Kentucky Online Gateway (KOG) Account (Test)

Email Address

**Next**

[Create New Account](#)  
[Resend Account Verification Email](#)

English ▼ [Help](#)

### KENTUCKY ONLINE GATEWAY

Verify with your password

kiccstest+steph.ee22@gmail.com

Password

**Verify**

[Forgot password?](#)  
[Back to sign in](#)

English ▼ [Help](#)



You may receive a request to register as an organ donor. You may click the “Yes, Register Now” button, the “Remind Me Later” button, or the “X” to close the box. Click the Continue to the Application link if you choose to skip registration.

Register as a Kentucky Organ Donor

Would you like to register as an organ donor?

With the passing of KY SB77 and in partnership with Donate Life Kentucky, the Kentucky Online Gateway has created an online portal for Kentuckians to join the Kentucky Organ Donor Registry. For more information on what it means to be an organ donor, please visit <https://donatelifeky.org/why-donate/>

**Yes, Register Now** **Remind me later**

#### Register as a Kentucky Organ Donor

With the passing of KY SB77 and in partnership with Donate Life Kentucky, the Kentucky Online Gateway has created the below form for Kentuckians to join the Kentucky Organ Donor Registry. If you'd like to join the KYDR, please fill out the required fields below, select the consent checkbox, and click the “Register” button. For more information on what it means to be an organ donor, please visit <https://donatelifeky.org/why-donate/>.

\* First Name   
Middle Name   
\* Last Name   
\* Address 1   
Address 2   
\* City   
\* County   
\* Zip Code   
\* Birthdate   
\* Driver's License or State ID   
\* Gender

By submitting this registration I affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. This form will serve as donor document of gift as outlined in the Uniform Anatomical Gift Act. A document of gift, not revoked by the donor before death, is considered legal authorization for donation and does not require the consent of another. If I am under 18 years of age, I understand that consent must be obtained from my parents or legal guardian at the time of donation.

I have read, understand, and agree to the above terms and conditions

**Register**

[Continue to the Application](#)

## Requesting Roles

Select the All Apps tab, if not already selected.  
Search for the KICCS Provider Portal, then click “Enroll.”

My Apps **All Apps**

KICCS Provider Portal

# A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

KICCS Provider Portal

Used Internally by KICCS Team

**Enroll**

## Child-Care Providers

Select as many roles as needed to complete the corresponding tasks.

- Submit CCAP billing forms and receive related documents:
  - Print\_PBF
  - Save\_PBF
  - Send\_PBF
  - View\_PBF
  - Print\_Remittance
- Receive and submit Plans of Correction for DRCC:
  - Process\_Prov\_Ren\_Chng\_CMP\_POC
- Submit All STARS and/or ECCAP forms and receive related documents:
  - ALL\_STARS

## ECCAP

Choose the appropriate role for Employer or Employee

- ECCAP\_EMPLOYER
- ECCAP\_EMPLOYEE

After choosing the appropriate role(s), click on the blue “Next” button.

Select the roles you wish to request or remove for the (KICCS Provider Portal)

Available Roles

Roles	PreRequisites	Request
Print_PBF		<input type="checkbox"/>
Print_Remittance		<input type="checkbox"/>
Process_Prov_Ren_Chng_CMP_POC		<input type="checkbox"/>
Save_PBF		<input type="checkbox"/>
Send_PBF		<input type="checkbox"/>
View_PBF		<input type="checkbox"/>
ALL_STARS		<input type="checkbox"/>
ECCAP_EMPLOYEE		<input type="checkbox"/>
ECCAP_EMPLOYER		<input type="checkbox"/>

Current Roles

You have not selected any roles

**Next**

Complete the required credential information and click the blue “Next” button.

The roles you have requested require the following credential details to complete the request. Click Next when finished.

Required Credentials

**KICCS Provider Portal ECCAP**

Enter your Legal First and Last Name:

Please enter your current Driver's License or State ID:

**Previous** **Next**

A summary of the authorization request displays after successful submission.

My Authorization Requests			
Results 1 - 1 of 1			
Date Created	Requestor	Requested	Status
3/10/2024 5:52:00 PM	Steph EE29	Steph EE29	Approved Pending Required Credential Verification <a href="#">View Details</a>

## Supporting Documentation

Additional documentation must be submitted to Division of Child Care (DCC) prior to account approval. Your request will be denied if both pieces of documentation are not received. The required agreements are available on the [KICCS Provider Portal Launch Site](#).

### Child-Care Providers:

- Signed Provider Portal User Agreement
- Copy of driver’s license or state-issued photo ID

### ECCAP Employers and Employees:

- Signed KICCS Portal Account Agreement  
See the ECCAP Employer or ECCAP Employee Packet
- Copy of driver’s license or state-issued photo ID  
Enlarge and lighten when making a copy of your driver’s license or photo ID.

### Documents may be sent by:

- **Email** to [portal.access@ky.gov](mailto:portal.access@ky.gov) (preferred method)  
Include “New Account Request” in the subject line  
Providers should also include CLR number
- **Fax** to 502-564-3464  
ATTN: CCAP Portal Administrator
- **Mail** documents to:  
Division of Child Care  
ATTN: CCAP Portal Administrator  
274 E. Main St, 3C-F  
Frankfort, KY 40621

An email will be sent when the account request is approved.

