File Transfer Protocol System (FTPS)

October 21, 2011

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Introduction

This manual will assist authorized users in accessing electronic client information relating to individuals under the services of the New Jersey Division of Developmental Disabilities (the Division).

The Division is utilizing a File Transfer Protocol System (FTPS). In order to get access to the system, agencies who have qualified through the Divisions Individualized Community Supports and Services (ICSS) Request for Qualification must submit an application (Appendix 1). This application needs to be completed in full and contain all relevant signatures. Only forms with original signatures submitted to the Division will be accepted. Instructions on where to send the completed application can be found on the form.

Once the application is received by the Division it is processed. User Names and Passwords should be active within two weeks of receipt of the completed application. Agencies will not receive a notification of the application being processed and that the requested User Name and Password is active. To determine if these items are active, an agency should attempt a log in to the system two weeks after the application was sent to the Division.

Downloading FileZilla

FileZilla Client download site: http://filezilla-project.org/download.php?type=client

1) Choose the latest version of FileZilla Client

Client Download

The latest stable version of FileZilla Client is 3.3.5.1

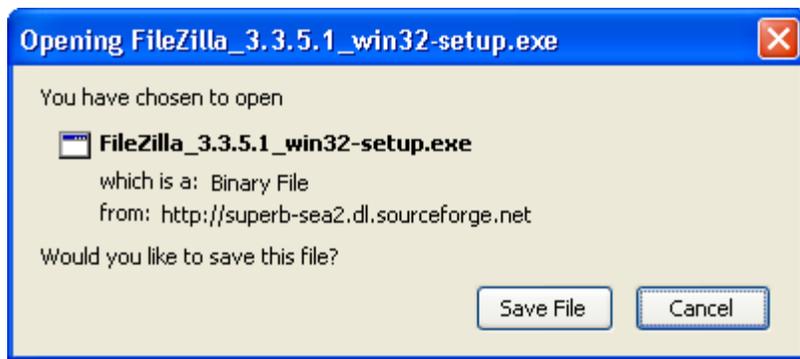Please select the file appropriate for your platform below.

◆ Windows

➙ FileZilla_3.3.5.1_win32-setup.exe ⓘ (recommended)

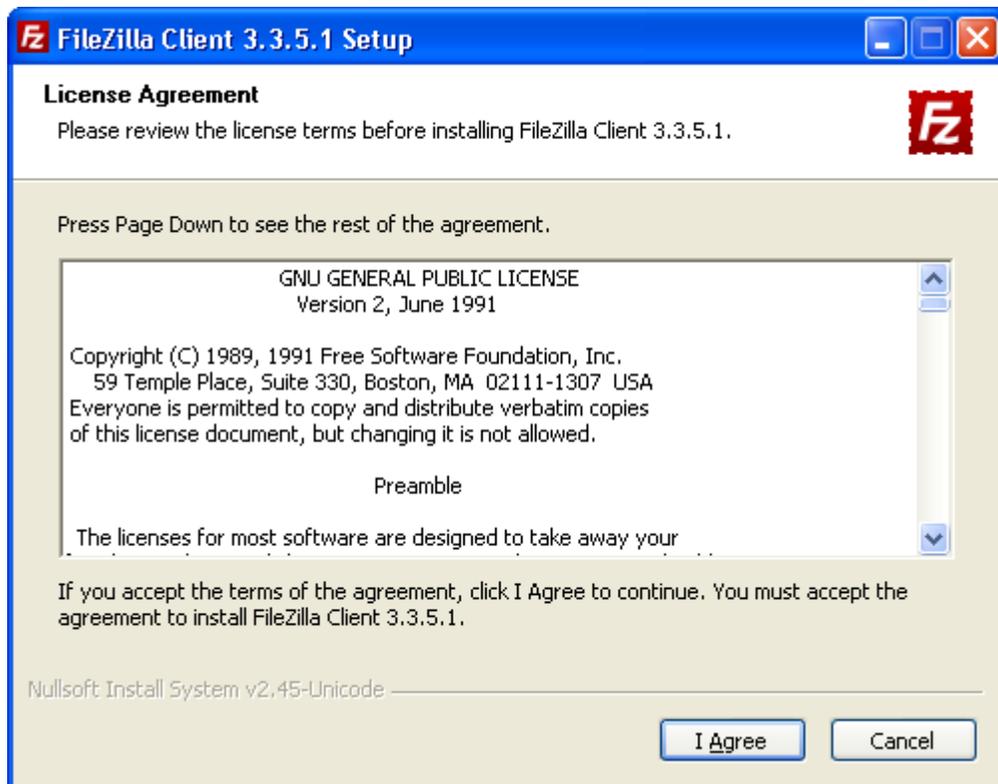➙ FileZilla_3.3.5.1_win32.zip ⓘ

Windows XP, Vista and Windows 7 are supported

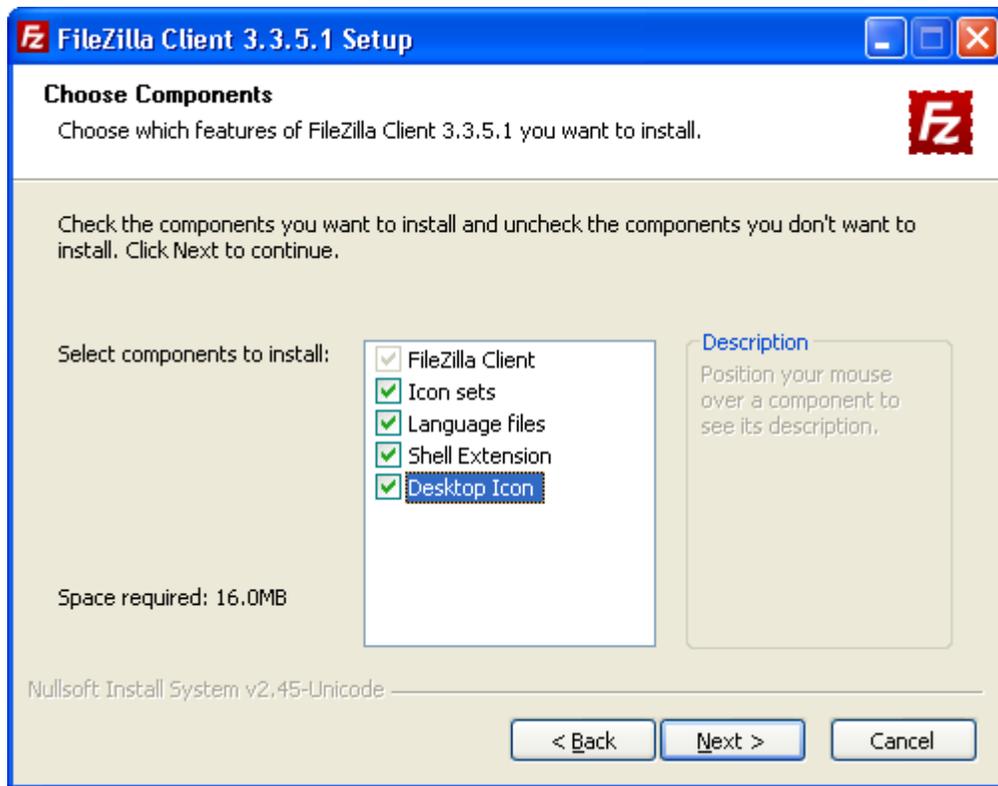2) Click on Save File button to save the file to your computer or a thumb drive

3) Go to the location where the file was saved and double click to launch the installation
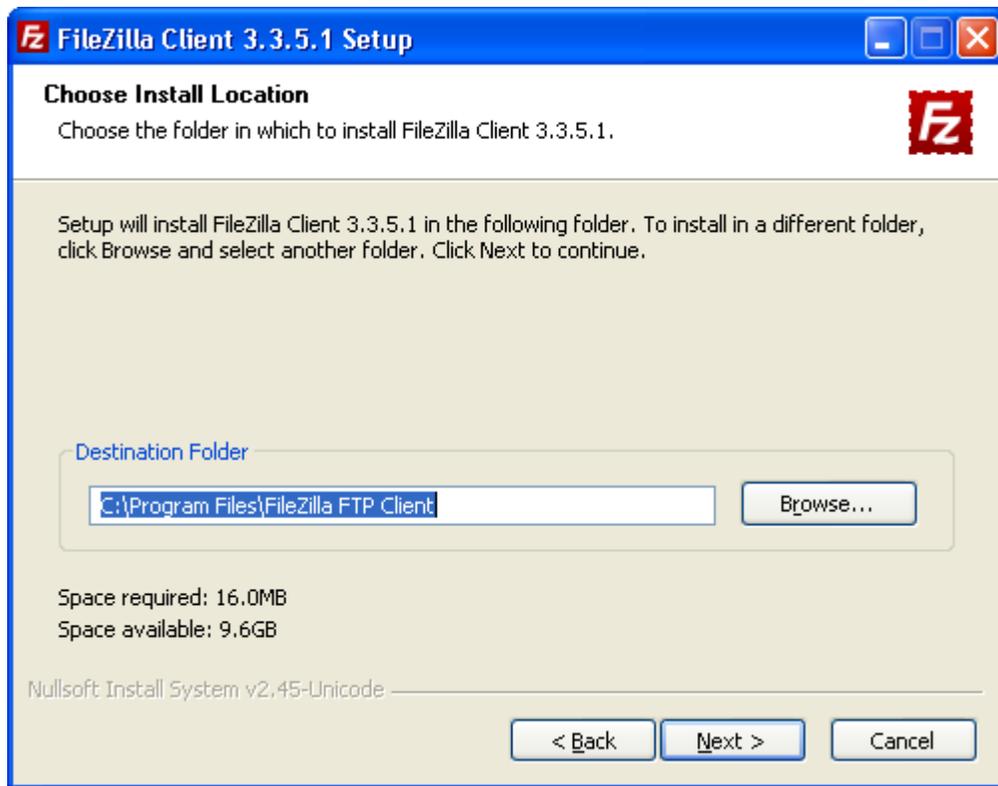
FileZilla Client 3.3.5.1 Setup

License Agreement
Please review the license terms before installing FileZilla Client 3.3.5.1.

Press Page Down to see the rest of the agreement.

GNU GENERAL PUBLIC LICENSE
Version 2, June 1991

Copyright (C) 1989, 1991 Free Software Foundation, Inc.
    59 Temple Place, Suite 330, Boston, MA 02111-1307 USA
Everyone is permitted to copy and distribute verbatim copies
of this license document, but changing it is not allowed.

Preamble

The licenses for most software are designed to take away your

If you accept the terms of the agreement, click I Agree to continue. You must accept the
agreement to install FileZilla Client 3.3.5.1.

Nullsoft Install System v2.45-Unicode

[I Agree]   [Cancel]

4) Click the I Agree button
5) Click Next to allow Anyone who uses this computer (all users)
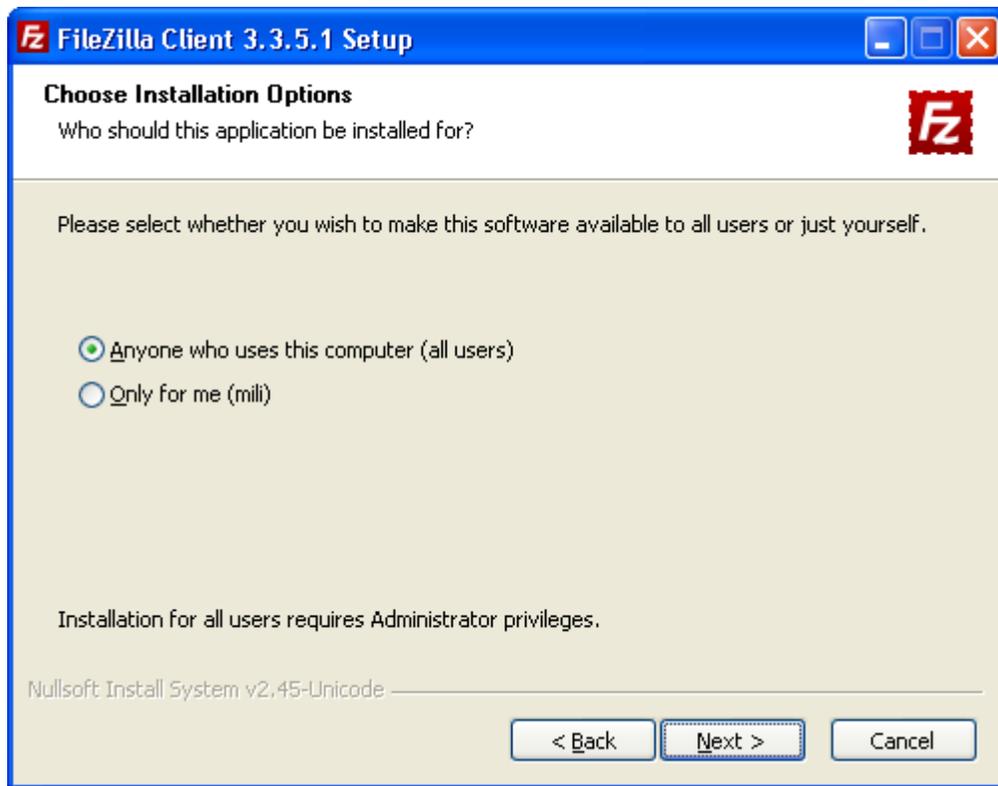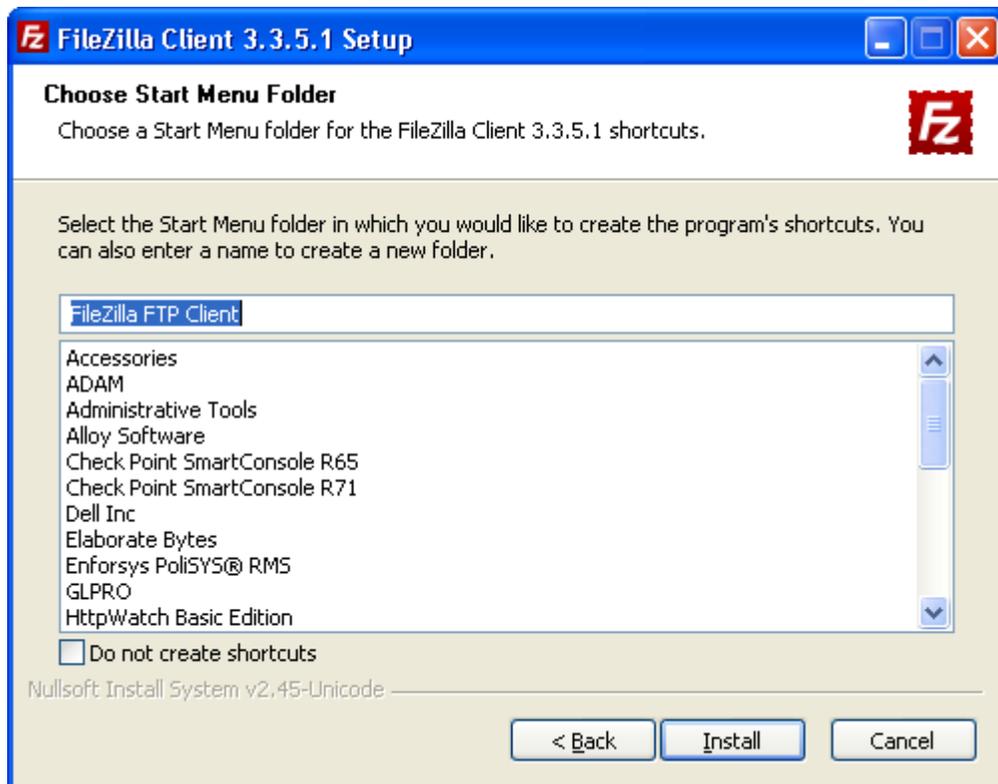
6) Make sure all checkboxes are checked and click Next
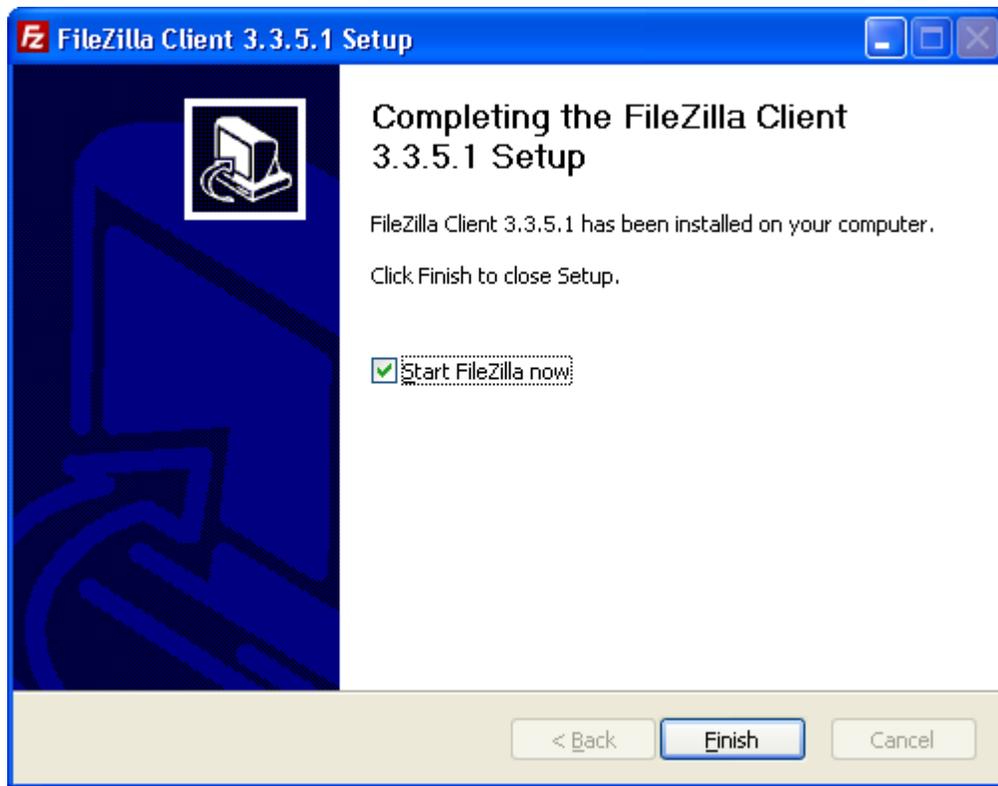
7) Click Next to use the default Destination Folder

8) Click Install

FileZilla Client 3.3.5.1 Setup

Choose Start Menu Folder

Choose a Start Menu folder for the FileZilla Client 3.3.5.1 shortcuts.

Select the Start Menu folder in which you would like to create the program's shortcuts. You can also enter a name to create a new folder.

FileZilla FTP Client

Accessories
ADAM
Administrative Tools
Alloy Software
Check Point SmartConsole R65
Check Point SmartConsole R71
Dell Inc
Elaborate Bytes
Enforsys PoliSYS® RMS
GLPRO
HttpWatch Basic Edition

☐ Do not create shortcuts

Nullsoft Install System v2.45-Unicode

< Back   Install   Cancel

9) Click Finish to launch the program

Determining User Name and Password

<u>Agencies</u>

If you have submitted a System User Application and it has been processed please use the following convention to determine your User Name and Password:

On the application – you indicated the following as your name:

First Name: **John**   Middle Initial: **S**   Last Name: **Doe**

Last 4 digits of SSN: **1234**

Your User ID = 1st Initial + Middle Initial + Last Name = **jsdoe**

The User ID Field is not Case Sensitive (No Capital Letters Needed)

Password = Last Name (1st letter is Captial) + last 4 digits of SSN = **Doe1234**

For the Password Field, the first letter of the last name must be capitalized and the rest must be lower case.

State Staff

State Staff who have applied for access to the FTPS system will be designated the same user name and password for the system that they currently use to access their DHS email account. When completing the application please indicate your user name (password not needed) that you use to log into your computer in place of last 4 digits of your social security number.

Configuring FileZilla

How to establish connection to the DHS FTPS site

Know the difference about Explicit SSL and Implicit SSL

Explicit SSL uses an explicit command (such as AUTH SSL or AUTH TLS) to ask a FTP Server initiating a secure control connection. The FTP server must support AUTH, PBSZ, and such kinds of commands.

Implicit SSL uses SSL socket to connect to the FTP server from the beginning. Today, most FTP servers can support this mode.

Pre-requisites:

- FTP Client that supports FTP over Implicit TLS/SSL (ex: FileZilla or AnyClient)

- Permission to access the FTP site (Contact: Michael.Li@dhs.state.nj.us)

Note: This document is based on the FileZilla client. You can download this software from http://filezilla-project.org/download.php?type=client

Enter credentials for quick connection:

Launch the FileZilla program and enter the credentials

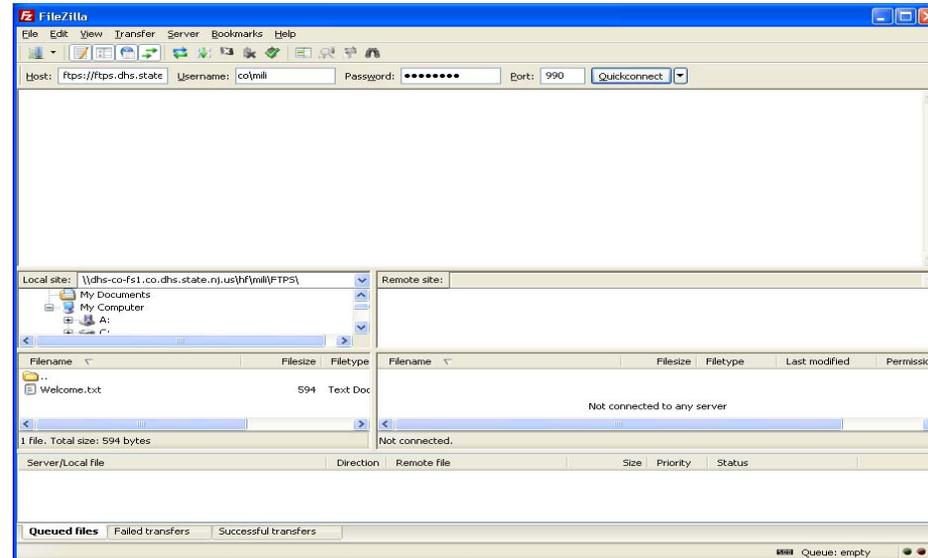**Host:** ftps.dhs.state.nj.us

Username: Refer to Page 8 of this manual
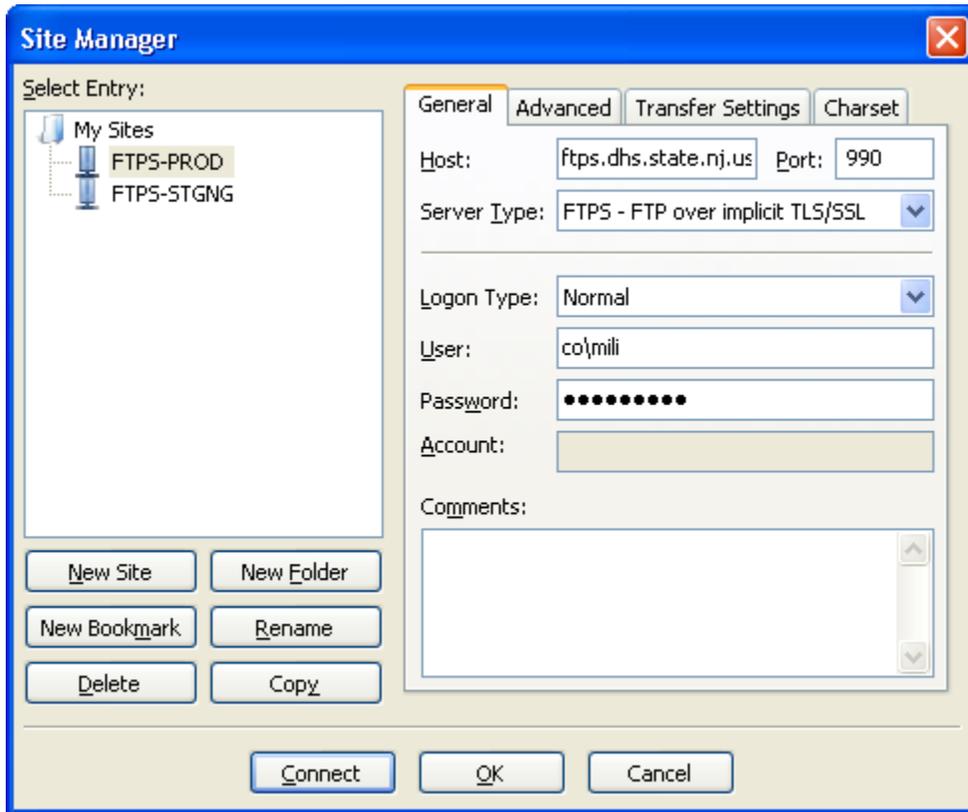
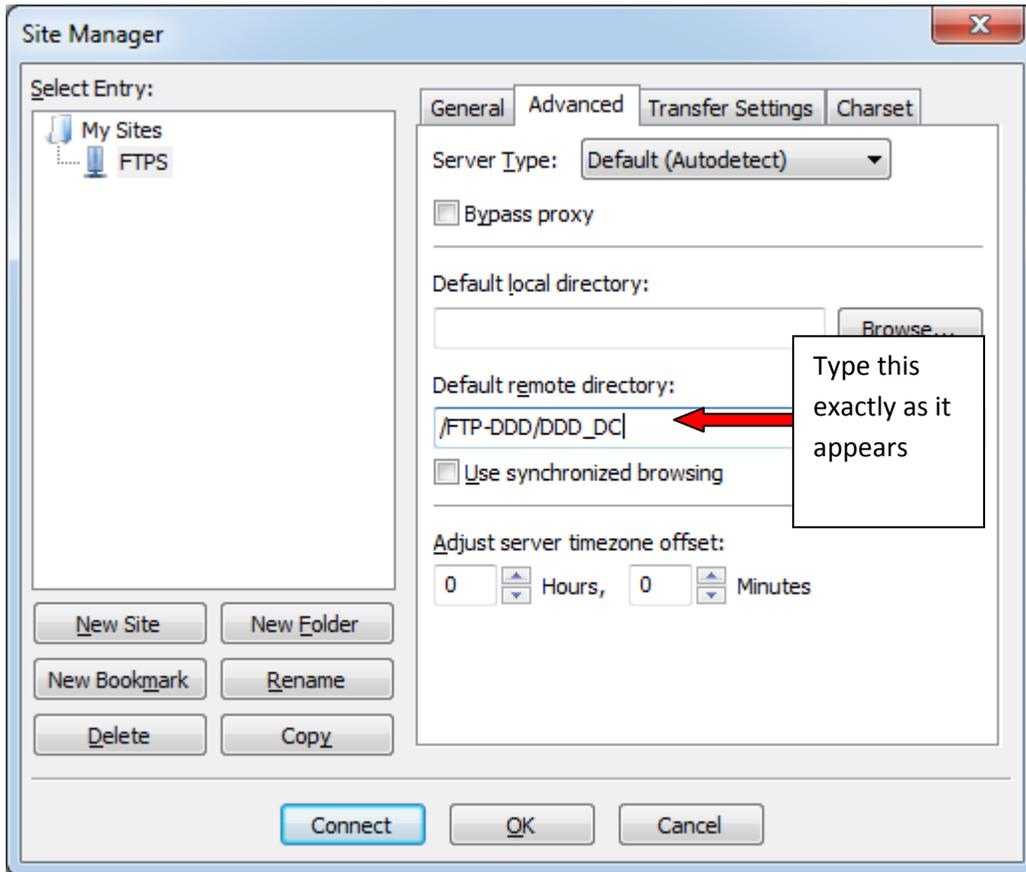**Password:** Refer to Page 8 of this manual

Port: 990

OR setup connection profile:

1. Bring up the Site Manger from File→Site Manger
2. Populate your login credentials for connection. Ex. User Name jsdoe; Password: Doe1234 (Please ignore the CO\ prefix).
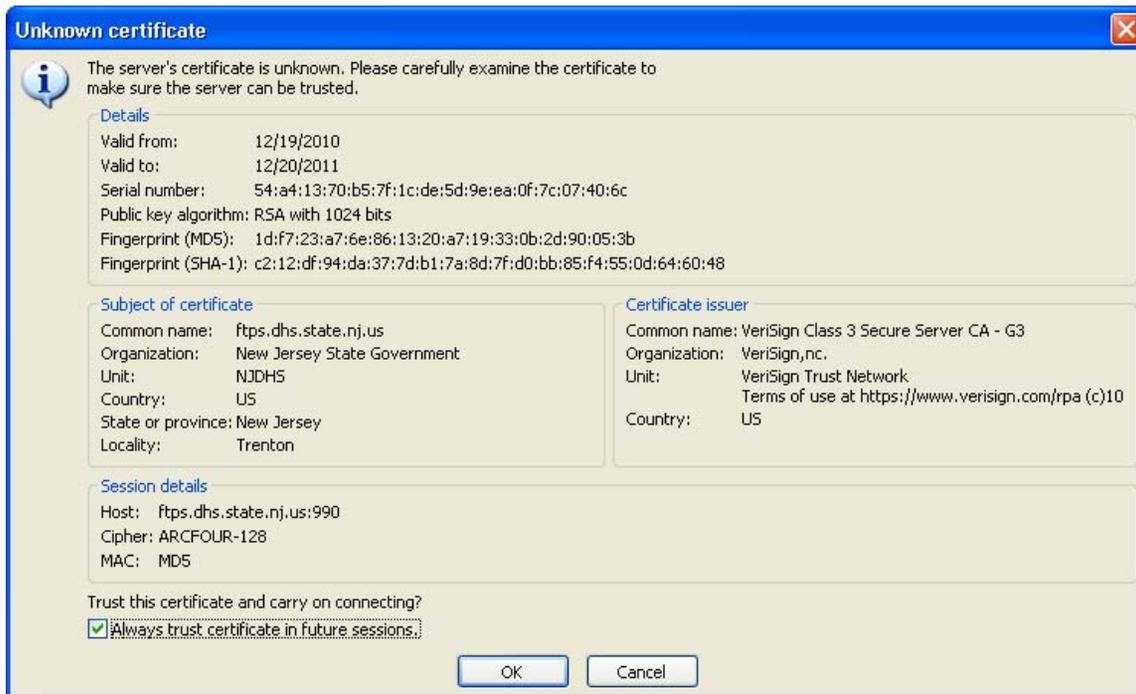
3. Select Server Type to FTPS-FTP over implicit TLS/SSL

4. Click on the Advanced tab
5. Enter a default local directory on your PC for FTP file transfer
6. Enter the Default Remote Directory */FTP-DDD/DDD_DC* as indicated below
7. Click Connect to save and establish connection to the FTP server

Site Manager

Select Entry:

- My Sites
  - FTPS

| General | Advanced | Transfer Settings | Charset |

Server Type: Default (Autodetect)

☐ Bypass proxy

Default local directory:

[   ]   Browse...

Default remote directory:

[/FTP-DDD/DDD_DC] ← Type this exactly as it appears

☐ Use synchronized browsing

Adjust server timezone offset:

0 ▲▼ Hours, 0 ▲▼ Minutes

New Site   New Folder

New Bookmark   Rename

Delete   Copy

Connect   OK   Cancel

The FileZilla client, by design, shows the web site security certificate with any connection attempt. Normally, applications don't do this with validated certificates. The certificate information displays like this:


Unknown certificate

The server's certificate is unknown. Please carefully examine the certificate to make sure the server can be trusted.

Details

Valid from: 12/19/2010
Valid to: 12/20/2011
Serial number: 54:a4:13:70:b5:7f:1c:de:5d:9e:ea:0f:7c:07:40:6c
Public key algorithm: RSA with 1024 bits
Fingerprint (MD5):   1d:f7:23:a7:6e:86:13:20:a7:19:33:0b:2d:90:05:3b
Fingerprint (SHA-1): c2:12:df:94:da:37:7d:b1:7a:8d:7f:d0:bb:85:f4:55:0d:64:60:48

Subject of certificate

Common name: ftps.dhs.state.nj.us
Organization: New Jersey State Government
Unit: NJDHS
Country: US
State or province: New Jersey
Locality: Trenton

Certificate issuer

Common name: VeriSign Class 3 Secure Server CA - G3
Organization: VeriSign,nc.
Unit: VeriSign Trust Network
               Terms of use at https://www.verisign.com/rpa (c)10
Country: US

Session details

Host: ftps.dhs.state.nj.us:990
Cipher: ARCFOUR-128
MAC: MD5

Trust this certificate and carry on connecting?
☑ Always trust certificate in future sessions.

[OK]   [Cancel]

To ignore this certificate warning for all future connections, check the box "Always trust certificate in future sessions" and click OK.

To Transfer File: Select your destination folder (the location where the file will be transferred) by double clicking it. Then select and double click the file from your source folder to transfer it over to the destination folder.

Note: From the screen below, the "Local Site" window is showing your PC drives and the "Remote Site" is showing the FTP share folders.
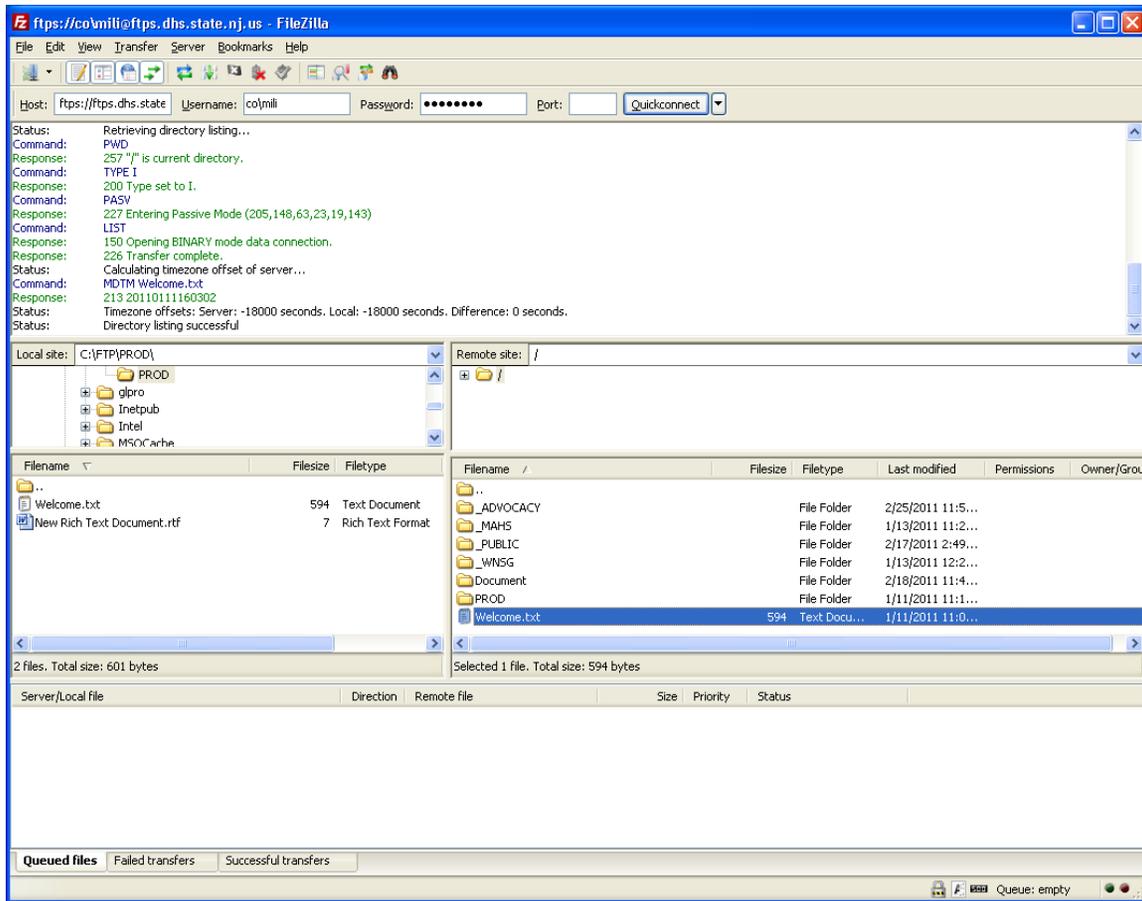
To process a file transfer in the queue, select and right click on the file and then select "Process Queue" from the pop-up menu or use the green arrow button on the top menu
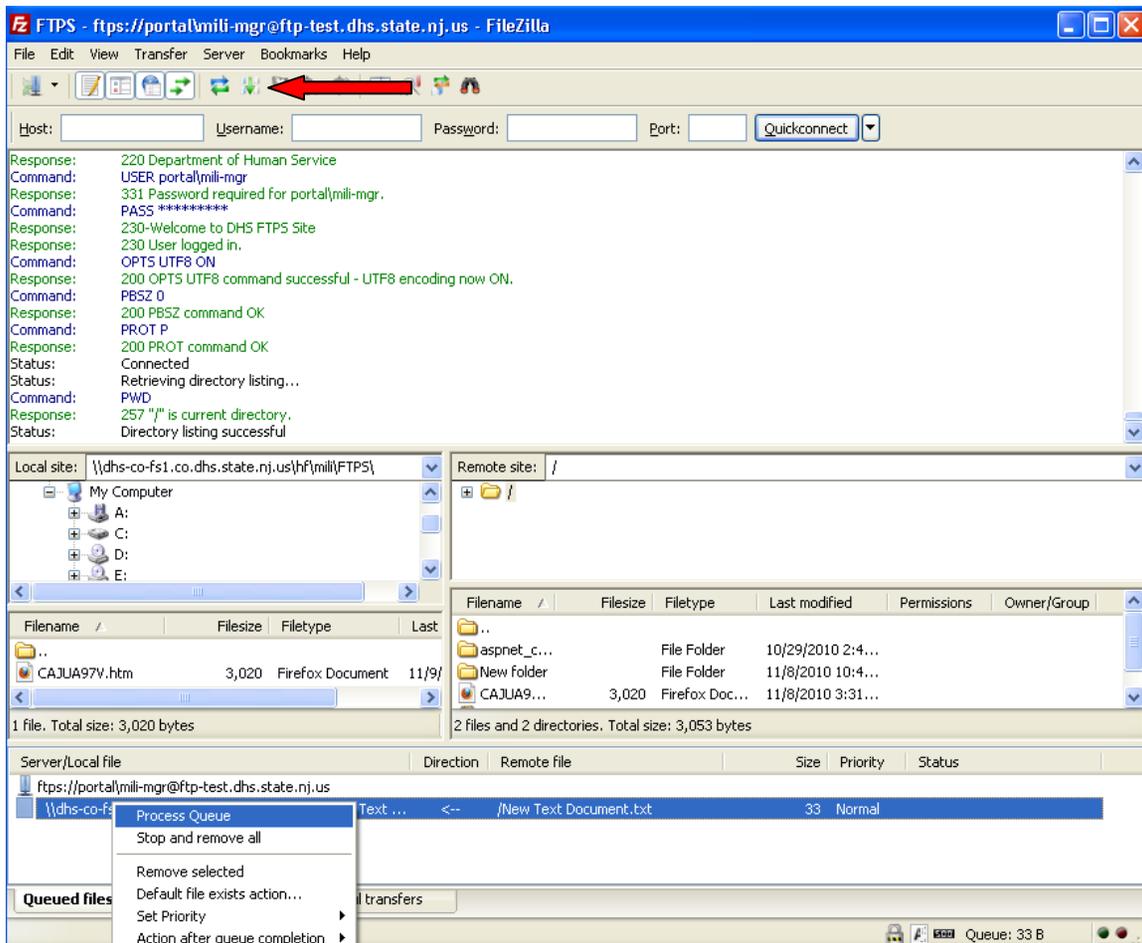
Support Contact

Primary:

Michael Li

Michael.Li@dhs.state.nj.us

(609) 984-5551

Getting Started

Once a user logs into the system it will bring them to the below directory. (If this is not the directory you see, log off, then refer to page 11 of this manual and fill in the *Default Remote Directory* as written. After you have done this log back in).
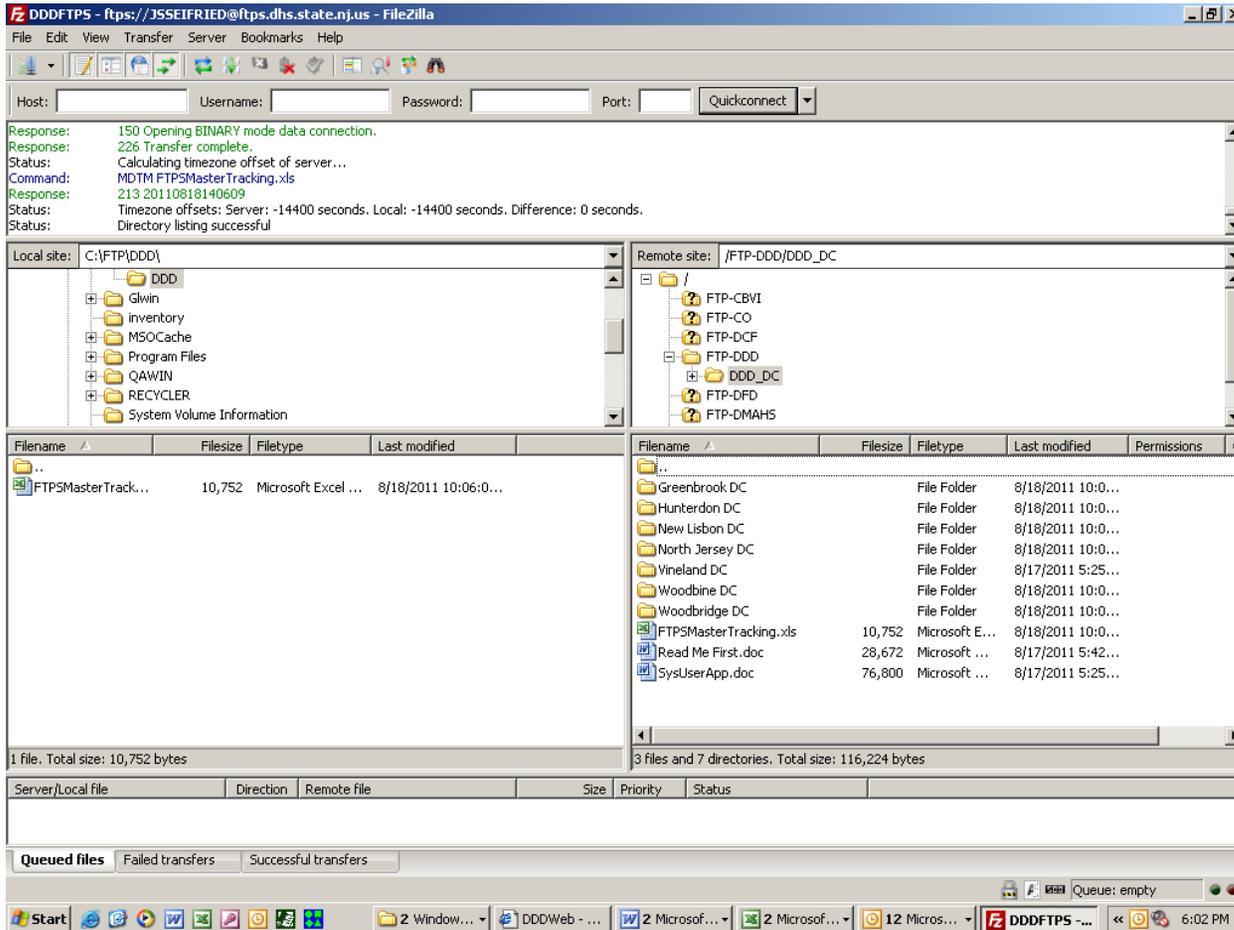
There will be a folder for each DC where the individual client files will be located.

Users should first download and open the Read Me First file for directions.

Users will be directed to download and review the FTPSMasterTracking.xls file.

This is a key file which will guide the user in determining:

1. Whether the individual(s) have identified an agency or not

    a. If a No is indicated then the grouping is still searching for an agency to work with

    b. If a Yes is indicated then the group is currently working with an agency and there is no need for a proposal to be submitted *(The file will be updated to reflect and changes in this status so please review often)*

2. The number of individuals in the housemate grouping

3. The housemate groupings number

4. Identifier for the individual

5. Number of files on the FTPS

6. The individual's Self Care, Behavioral and Medical DDRT Score

7. The individual's up to Budget

8. The geographic preference for the group

9. The name and contact information for the Transitional Case Manager (TCM)

10. The date by which proposals are needed

11. The date by which placement is needed

Agencies should review the material and if interested contact the TCM listed for further information.

Instructions for using the FTPS System

1. Select and download the FTPMasterTracking.xls file onto your computer
2. Open the file for review
   a. A group of individuals is only eligible for placement if the 'Agency Identified for Group' field states **'No'**
   b. Ensure your agency:
      i. Is qualified for the medical and behavioral levels of ALL housemates
      ii. Has an approved Policy and Procedure Manual
      iii. Will provide service in requested county
      iv. Can submit proposal by indicated Proposals Due By date
      v. Can accommodate placement by Placement Required By date
   c. If your agency finds a group of individuals it wishes to learn more about:
      i. Write down Group Number, DC Name, Identifier and Number of Files on Server for each individual in the housemate group
      ii. Open the folder of the name of the Developmental Center where the individual resides
      iii. Locate and Download all files beginning with the 4 or 6 digit identifier for each individual
      iv. Review files
      v. If interested, contact the Transition Case Manager (TCM) referenced on the sheet to set up record reviews and meetings with individual(s) and staff
      vi. Submit proposal to TCM by date indicated

Please Note:

- First floor housing will be required for all residents unless explicitly indicated otherwise
- If an individual uses specialized equipment (Oversized wheelchairs, hospital beds, etc..) the agency will need to obtain the dimensions of the equipment prior to acquiring a home. This is to ensure that hallways are wide enough, etc…
- Agencies will be required to maintain the Essential Lifestyle Plan (ELP) for the individual after their discharge from the DC. As a result, agencies should start to have their staff trained on Person Centered Thinking and ELP
- The up to budget for each individual must cover all services related to them (Ex. Residential and day services; Housing, etc…)
- When writing proposals, the agency should verify with the TCM whether the person will be utilizing Division of Vocational Rehabilitation Services, Medical Day Services or any other day service not paid for by the Division. If the person will be using such a service, $30,000 must still be backed out of the budget so it is in reserve should the person need a Division funded day service in the future.
- Agencies must have the ability to develop housing and obtain licensing within the timeframe for each group of individuals
- Groups of individuals are non-negotiable. An agency must commit to serving each individual in the group – not part of the group.
- Agencies will be required to completed the following documents that will serve as the Proposal (These can be found in the Proposal Templates Folder – Agencies should use the individual's group number and initials as the identifier for the person in all documents, not the name of the individual. This will allow for the information to be emailed to the Division when completed without a violation of HIPAA) for the group and individual:
  - Program Description – This will serve as the proposal for the group. Your agency will not need to consult your program developer for review unless it is the selected agency for the group/individual. This is in place of the previous narrative that was required. Please do not use the names of individuals in this. Only use identifiers such as initials.
  - Residential Services Summary – This is the proposal for the individual's residential services. Please do not use the individual's name. The Group Number and Initials of the individual will serve as the identifier.
  - Day Services Summary – This is the proposal for the individual's day services. Please do not use the individual's name. The Group Number and Initials of the individual will serve as the identifier.
  - Budget Form
    - Complete one budget for the entire home. Ex. If it is a group of 4 people you will submit one budget. Start up is permitted. 1 month operating and two months staffing.
    - Complete one budget for each individual's day service. No start up is permitted for day services.
    - Ensure that the total cost between both budgets does not exceed the DDRT for the individual/group.
  - MFP Budget Sheet – Fill this out for eligible items. Ensure it is not duplicated in the start up for the home.
  - Submit all of the above by the proposal due date.

Appendix

State of New Jersey
Department of Human Services – Division of Developmental Disabilities
Community User Application Form

Systems Username and Password Application

Agency Name		Federal ID #	
Address 1			
Address 2			
City, State, Zip			
CEO Name		CEO Telephone and Extension	

First Name		Middle Initial		Last Name		Last 4 Digits of SS#	
Telephone and Extension		Unique E-Mail				If DDD Employee, Provide User Name used to log into your computer	

Disclosure on Confidentiality and Protected Health Information

I understand that as a representative of _____, as a provider of services to clients under the direction of the New Jersey Department of Human Services, Division of Developmental Disabilities (Division), that the Agency and its employees are bound by N.J.S.A 30: 4-24.3 Confidentiality of Client Records, P.L. 104-191 Health Insurance Portability and Accountability Act, N.J.A.C 10:41 Records Confidentiality and Access to Client, Division, and Provider Records, and any other applicable state or federal law or regulation. To ensure the protection of these records the Agency will be responsible for immediately notifying the Division in the event that the employee is terminated, leaves the Agency, or for any reason no longer serves in the capacity where accessing this information is a part of their job duties, so that the Division can remove that employee as a user of all DDD applications. The Agency and its employee further recognizes that unauthorized access to any DDD site requiring authentication is strictly forbidden. The Agency and its employee agree to use DDD applications only for authorized purposes with the understanding that confidentiality of client information and Protected Health Information is of the utmost importance. The Agency and its employee agree not to use a code, access a file or retrieve any stored information other than where explicitly authorized. The Agency and its employee understand that all information stored in, transmitted or received through this site is explicitly for the purpose of providing quality services and care to clients and it is to be used that end. The Agency and its employee further understand that representatives of the Department are authorized to monitor the use of the site to ensure that it is being used in a manner consistent with the Department's policies and interests.

_____   _____
Applicant Signature   Date

_____   _____
CEO Signature   Date

Requesting Access to: FTPS System _____

One form with <u>original signature</u> must be completed and submitted for each applicant.   All fields are required. Incomplete forms will not be accepted. Mail completed forms to:

DDD
P.O. Box 726
Trenton, New Jersey 08625-0726
Attention: Olmstead Unit