

AUTOMATED SECURITY ACCESS PROCESSING  
(A.S.A.P)

# MONEY FOLLOWS THE PERSON

WEBUSERFMSMONEYFOLLOWSPERSONCILS FOR NON STATE USERS

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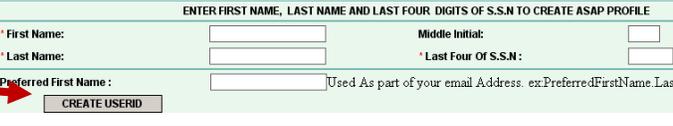
# STEP A. Creating A.S.A.P User profile

(This step is to be completed only once per user)

## Creating A.S.A.P User profile

### Step-by-step

- Open Internet Browser and enter address [https://webapp02.dhss.mo.gov/asap\\_web/ASAPLogin.aspx](https://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx)

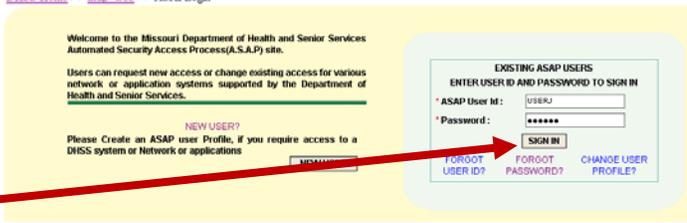
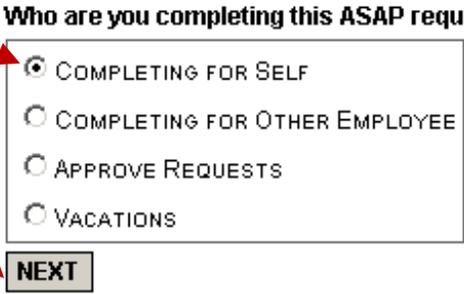
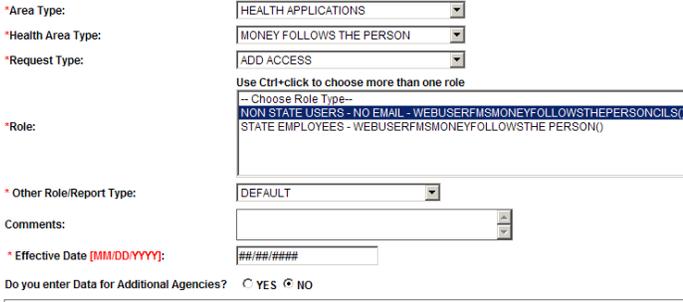
Steps	Screen Print
<p>If you have not used ASAP before or do not have an ASAP profile, click the <b>NEW USER</b> option</p> <p>You will only need to go through the profile creations steps once.</p>	
<p>1. Enter your first name, last name and last four of S.S.N. Also enter a Preferred First Name if desired</p> <p>Click the <b>CREATE USERID</b> button.</p>	
<p>2. Make note of the User ID is assigns to you</p>	
<p>3. Select <b>Others (Schools, Private Providers, etc.)</b> for Agency</p> <p>4. Choose <b>DIVISION OF SENIOR AND DISABILITY SERVICES – DSDS</b> for Local Security Officer County</p> <p>5. Choose <b>MONEY FOLLOWS THE PERSON LSO (SHOMARI ROZIER)</b> for Local Security Officer</p>	
<p>6. Type your work street number, it will provide a drop-down list. Click your address</p>	

<p>7. Enter your email address, phone number, and fax number</p>	<p>*Email1 <input type="text"/></p> <p>*Phone1 <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/></p> <p>Fax Number <input type="text"/></p>
<p>8. Enter a password                  Retype your password                  Enter a challenge question. This should be a question only you know the answer too.                  Type the response or answer to the challenge question                  Retype the response or answer to the challenge questions</p> <p><b>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</b></p>	<p>* Password <input type="text"/> [ Password length between 6-8 ]</p> <p>* Retype Password <input type="text"/></p> <p>* Challenge Question <input type="text"/> ex:What is your favorite color?</p> <p>* Challenge Response <input type="text"/> ex:Blue</p> <p>* Retype Response <input type="text"/></p>
<p>9. Click the CREATE PROFILE button</p>	<p style="text-align: center;"><b>CREATE PROFILE</b></p>
<p>10. You should see a message about the profile being successfully created. Make note of your User ID</p>	<p>PROFILE SUCCESSFULLY CREATED.                  Your ASAP User ID has successfully been generated. Your User ID is: USERL </p> <p style="text-align: right;"><a href="#">Request Access</a></p>

----- **STEP B starts on next page** -----

# STEP B. Request Active Directory Account

- Open Internet Browser and enter address  
[https://webapp02.dhss.mo.gov/asap\\_web/ASAPLogin.aspx](https://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx)

<p>1. Type the <b>User ID</b> and <b>Password</b> you created in Step A.</p> <p><b>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</b></p> <p>2. Click the <b>SIGN IN</b> button.</p>	
<p>3. Choose the <b>'Completing for Self'</b> option.</p> <p>4. Click the <b>NEXT</b> button.</p>	
<p>5. Choose <b>HEALTH APPLICATIONS</b> for Area Type.</p> <p>6. Choose <b>MONEY FOLLOWS THE PERSON</b> for Health Area Type.</p> <p>7. Choose <b>ADD ACCESS</b> for Request Type.</p> <p>8. Choose <b>NON STATE USERS - NO EMAIL - WEBUSERFMSMONEYFOLLOWS THEPERSONCILS</b> for Role.</p> <p>9. Choose <b>DEFAULT</b> for Other Role/Report Type.</p> <p>10. Type in the Effective Date.</p> <p>11. Choose <b>NO</b> for Do you enter Date for Additional Agencies?</p>	

<p>12. Click the 'I Agree' button.</p> <p>13. Click the 'Submit Form' button.</p>	<p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICI PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPL ONE OR ALL OF THE FOLLOWING: (1) SUSPENTION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.</p> <p><input type="button" value="Submit Form"/> <input type="button" value="I Agree"/> <input type="button" value="Quit"/></p>
<p>A message should appear stating the request was successfully completed.</p> <p>Print a copy of the form for your records.</p>	<p>You have successfully completed your request form. Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process.</p> <p><input type="button" value="Printer Friendly Copy"/> <input type="button" value="FILL OUT ANOTHER ACCESS FORM"/></p>

If you experience any problems or have questions while using the ASAP system, please notify the DHSS ITSD Support Center using one of the following methods:

Phone: 573.751.6388 or 1.800.347.0887

E-mail: [Support@health.mo.gov](mailto:Support@health.mo.gov)