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

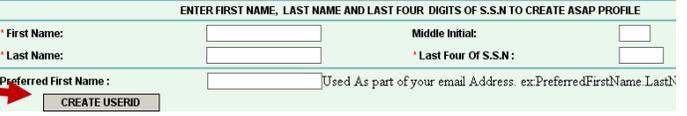
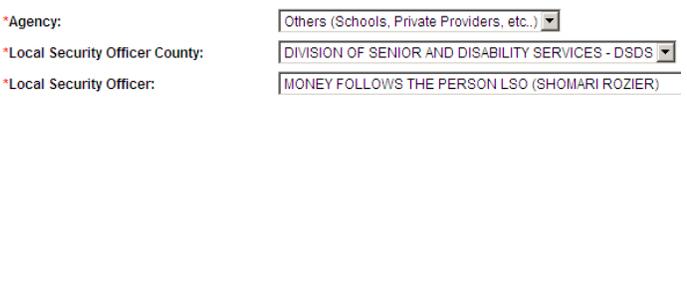
MONEY FOLLOWS THE PERSON

WEBUSERFMSMONEYFOLLOWSTHE PERSON FOR STATE EMPLOYEES

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

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

- Open Internet Browser and enter address
https://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx

| Steps | Screen Print |
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| <p>If you have not used ASAP before or do not have an ASAP profile, click the NEW USER option</p> <p>You will only need to go through the profile creations steps once.</p> <p>Please skip to Step B of documentation if you already have an ASAP Profile</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 CREATE USERID button</p> |  |
| <p>2. Make note of the User ID is assigns to you</p> |  <p>Your ASAP User ID has success is: DOEJ, and your email address is: jane.doe@youragency.mo.gov</p> |
| <p>3. Select Others (Schools, Private Providers, etc.) for Agency</p> <p>4. Choose DIVISION OF SENIOR AND DISABILITY SERVICES – DSDS for Local Security Security Officer County</p> <p>5. Choose MONEY FOLLOWS THE PERSON LSO (SHOMARI ROZIER) 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> |  |

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| <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>**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.**</p> | <div style="border: 1px solid black; padding: 5px;"> <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> </div> |
| <p>9. Click the CREATE PROFILE button</p> | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>CREATE PROFILE</p> </div> |
| <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> <div style="text-align: right;">  </div> <div style="text-align: right; margin-top: 5px;"> <p>Request Access</p> </div> |

----- Please continue to Step B on next page -----

STEP B. Submitting Money Follows the Person request in ASAP

- Open Internet Browser and enter address
https://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx

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| <p>1. Login into your ASAP profile</p> <p>**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.**</p> | |
| <p>2. Choose the 'Completing for Self' option.</p> <p>3. Click the NEXT button.</p> | |
| <p>4. Choose HEALTH APPLICATIONS for Area Type.</p> <p>5. Choose MONEY FOLLOWS THE PERSON for Health Area Type.</p> <p>6. Choose ADD ACCESS for Request Type.</p> <p>7. Choose STATE EMPLOYEES – WEBUSERFMSMONEYFOLLOWS THEPERSON for Role.</p> <p>8. Choose DEFAULT for Other Role/Report Type.</p> <p>9. Type in the Effective Date.</p> <p>10. Choose NO for Do you enter Date for Additional Agencies?</p> | |

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| <p>11. Click the 'I Agree' button.</p> <p>12. Click the 'Submit Form' button.</p> | <p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROV ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHIC 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 style="text-align: right;"> <input type="button" value="I Agree"/> <input type="button" value="Quit"/> </p> <p style="text-align: center;"> <input type="button" value="Submit Form"/> </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 style="text-align: center;"> <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:

OHD ticket: Go to the ITSD Support Page (<http://hlsharets/support/default.aspx>) and click on the Online Help Desk (OHD) link
Phone: 573.751.6388 or 1.800.347.0887
E-mail: Support@health.mo.gov