AUTOMATED SECURITY ACCESS PROCESSING MANUAL FOR LOCAL PUBLIC HEALTH AGENCIES (LPHA)

OVERVIEW:

Welcome to the Missouri Department of Health and Senior Services Automated Security Access Processing (A.S.A.P) application.

LPHA employees can request new access or change existing access for lpha email account, health applications, and prod/mainframe that are supported by the Department of Health and Senior Services.

MANUAL:

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LESSON 1 – NEW LPHA EMPLOYEE

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Creating an ASAP profile - This step is to be completed only <u>once</u> per employee. ASAP profiles are never deleted and can be updated if an employee returns, moves to another agency, or has a name change.

Please read...

- If employee already has an ASAP profile and knows their login credentials, please skip this step.
- If employee is unsure that they have an ASAP profile, here are a few steps to determine that.
 - If employee already has an LPHA email account, DHSS health applications and/or DSS prod/mainframe access they mostly likely have an ASAP profile. An employee could even have a profile due to past employment with another State Department, LPHA, or Private Provider (hospitals, clinics, childcare, nursing homes,...)
 - If employee tries to create an ASAP profile and receives a red message indicating that first name and last name is already in use they may already an ASAP profile but sometimes its due to common first and last name combinations. If employee is confident they do not have a profile, in the preferred name field they can enter their first and middle name (no space) and it should allow them to continue.
- If assistance is needed, please contact the ITSD Call Center at 800.347.0887. The call center can assist
 with profile updates, password resets, logging into ASAP, and/or submitting requests.

ASAP link - https://healthapps.dhss.mo.gov/asap_web/ASAPLogin.aspx

Steps	Screen Print
If employee has not used ASAP before or do not have an ASAP profile, click NEW USER	DEPARTMENT OF HEALTH AND SENIOR SERVICES a.s.a.p automated security access processing
Employee will only need to go through creating an ASAP profile one time	Welcome to the Missouri Department of Health and Senior Services Automated Security Access Process(A.S.A.P) site. Users can request new access or change existing access for various network or application systems supported by the Department of Health and Senior Services. NEW USER? Please Create an ASAP user Profile, If you require access to a DHSS system or Network or applications
Enter First Name, Last Name, and Last Four Digits of S.S.N.	* Asterisk Denotes Required Field * First Name:
Preferred First Name (optional)	Middle Initial :
Click CREATE USERID	* Last Name:
	* Last Four Of S.S.N:
	Preferred First Name :
	CREATE USERID

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Make note of the user id that was generated	TOUR ASAP USER ID has successfu	ny been generate	ea. tour User ID IS:		
Select LPHA (Local Public Health Agency) for	* Agency:		LPHA (Local Public Health Agency)		
Agency	* Local Security Officer County:		Choose A Local Security Officer County		
Choose the COUNTY the local public health agency is in for Local Security Officer County	* Local Security Officer:		Choose A Local Security Officer		
Choose the LSO at the local public health agency for Local Security Officer					
Begin typing the first part of the LPHAs address	Address Search Clear (Type in your address starting with Street Number)		Address Search		
(do not space or tab) and click Address Search	Selected Address:	12345678910			
A list will populate and select the LPHA from the list	County. City: Sate: Zip Code:	Select Select Select Select	NAME COUNTY (
Enter Email account. If employee will be	*Email1				
requesting a lpha email account, enter	* Phone1	Ext			
Instrame.iastrame@ipha.mo.gov	Fax Number				
Enter Phone Number					
Enter Fax Number (optional)					
Enter a Password	Password	Should contain at I	least one letter, one number, one special character, and be 10 or more characters in length.		
Deter Bernard	Retype Password				
Retype Password	Challenge Question ex:What is your favorite color?				
Type in a Challenge Question	Retype Response				
	Effective Date MM/DD/YYYY				
I ype in the answer to the challenge question (in the Retype Response field)	CREATE PROFILE				
Enter an Effective Date (the start of employment)	If ASAP did not prompt employee They automatically default to	to create a pass	sword and challenge question.		
Click CREATE PROFILE	Password: first initial of first name, first initial of last name, last four digits of social security number, and four # signs.				
	Challeng Question: What is the I	ast four digits of	SSN?		
Employee should receive a message that profile	PROFILE SUCCESSFULLY CREATED.				
was successfully created. Make note of User ID	Your ASAP User ID has successfully been generated. Your User ID is:				
Employee can click Request Access to submit					
requests for LPHA email account, DHSS Health	R	equest Acces	S		
Applications, and/or DSS prod/mainframe					

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LESSON 2 – DEPARTING LPHA EMPLOYEE

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Local Security Officers (LSOs) should follow this step when an employee has left the LPHA, and all access needs	s to
be deactivated	

LSO enter their own ASAP credentials (ASAP User ID &	EXISTING ASAP USERS ENTER USER ID AND PASSWORD TO SIGN IN			
Password)	* ASAP User Id :			
Click SIGN IN	* Password :			
		SIGN IN		
Click Completing for Other	Who are you completing this ASAP re-	quest for?		
Employee				
	OAPPROVE REQUESTS			
	Ovacations			
	NEXT			
Enter the employee's user id and	Please enter the Employees User ID a	and Last Four Digits Of S.S.N		
last four digits of SSN	User Id	*		
	Last Four Of S.S.N :	*		
	NEXT			
Confirm that the correct employees	You are F BUREAU PRIMARY	Requesting Access Form for ADRESS CITY STATE ZIP POSTAL		
profile populates and click NEXT	Party Carlo Marcola Party	NETT.		
Area Type: COMPUTER AND	*Area Type:	COMPUTER AND NETWORK REQUEST		
NETWORK REQUEST	*Network Area Type:	LPHA REQUEST		
Network Area Type: LPHA REQUEST	* Request Type:	DELETE SOME ACCESS V		
Request Type: DELETE SOME	*Effective Date:			
ACESS	*Action Type:	LPHA_EMAIL		
Effective Date: Date that access should be deactivated				
Action Type: LPHA_EMAIL				
Click I Agree	THE UNDERSIGNED, AN EMPLOYEE OF THE S' REQUESTED ID OR APPROVAL OF THE REQUES	TATE OF MISSOURI OR AUTHORIZED USEF		
Click Submit Form	ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE STATE AND FEDERAL STATUTES REQUIRE CONFIDENTIALITY OF INFORMATION AND P INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY . COURT AND (3) DISMISSAL. I AGREE TO KEEP CONFIDENTIAL ALL INFORMATION MADE AVAIL TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.			
	Submit Form	IAgree		
LSO should receive a successful	You have successfully completed	your request form.Press the button below to view a printer friendly copy		
message. The printer friendly copy	of your request for your records. Please do not send the print copy for Request process.			
is for LSUs records only. ITSD will not need a conv	Printer Friendly Copy			
not need a copy.	The request will route to the L	SOs approval queue and once approved a work ticket will be		
	generated. The LSO may rec	eive an email to confirm deletion for employee, please reply.		

LESSON 3 – UPDATING AN ASAP PROFILE

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Location and/or Name changes

Steps	Screen Print				
This step should be completed by the employee as it requires the ASAP user	EXISTING ASAP USERS ENTER USER ID AND PASSWORD TO SIGN IN				
id and password.	* ASAP Liser Id :				
	* Password :				
		SIGN	IN		
	FORGOT USER ID? FORGOT PASSWORD? CHANGE USER PROFILE?				
Enter User ID and Password		E	NTER USER ID AND PASSWORD TO CHANGE PROFILE		
	User ID:				
Click SIGN IN	Password:				
	SIGN IN				
Name Change	* Asterisk Denotes Required Field				
<u>Name onange</u>	* First Name:				
Enter new last name in the Last Name	Middle Initial:				
and Email fields	* Last Name:				
	Preferred Name (optional):				
	Note to DHSS Employees: Changes to	any part of your	name may change your e		
	COUNTY	I	BUREAU/SECTION		
	Change				
	* Email:				
	*Phone:				
	Fax Number:				
	* Password:				
		Should contain a	: least one letter, one number, one spec 10 or more characters in length		
	* Retype Password:				
	* Challenge Question ex:What is your fa	avorite color?	WHAT IS THE LAST F		
Enter Effective Date (date employee	*Challenge Response ex:Blue		••••		
would like last name changed)	*Retype Response				
	* Effective Date MM/DD/YYYY				
	UPDATE				
Employee should receive a successful message.	Profile Successfully Updated	Request Access			
Click Request Access to submit requests to have LPHA email account, health applications, and/or DSS prod/mainframe access updated. In the comments, please make sure to note the former and new last names					

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			Revised. 00-2	21-2024		
Location Change ONLY	* Asterisk Denotes Required Field					
	* First Name:					
Only complete this area if your LPHA	Middle Initial:					
location has changed.	* Last Name:					
	Preferred Name (optional):					
Click Change	Note to DHSS Employees: Ch	t of your name i	may change your er			
onex onlinge						
	COL	UNTY	BUREAU	SECTION		
Select LPHA (Local Public Health Agency) for Agency	Change					
Begin typing the first part of the LPHAs	*Agency:	LPHA (Local Public H	lealth Agency))	
address (do not space or tab) and click	* Address Search		Clear	ADDRESS II	VEORMATION	
Address Search. A list will populate	(Type in your address starting with Street Numb	per)			A	ddress Search
and select the LPHA from the list	Selected Address: Address:	ADAIR COUNTY HEALTH DEPARTM	IENT			
Select the COUNTY the local public	County: City:	ADAIR - 001 KIRKSVILLE				
health agency is in for Local Security	State: MC Zip Code: 635010000					
Officer County	Local Security Officer County/Division:		Choose A Loc	al Security Officer Division/County		
Select the LSO at the local public health	Local Security Officer Choose A Local Security Officer					
agency for Local Security Officer						
	· Francik					
Opuale EMAIL and FIONE	* Email:					
	*Phone:					
	Fax Number:					
	* Password:		•••••			
			Should contain at lea character, and be 10	ist one letter, one number, one special or more characters in length.		
	* Retype Password:		•••••			
	* Challenge Question ex:Wh	at is your favori	te color?	WHAT IS THE LAST FOL	JR DIGITS OF YOUR	SSN?
	*Challenge Response ex:Blue	e		••••		
Enter Effective Date	*Retype Response					
	* Effective Date MM/DD/YYYY					
Click UPDATE						
Employee should receive a successful message.	Profile Successfully Updated	d Request Ac	cess			
Click Request Access to submit requests to have LPHA email account, health applications, and/or DSS prod/mainframe access updated. In comments, please make note of the former and new local public health agencies.						