

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

REQUESTING ACCESS TO  
**ESSENCE**

(FOR LOCAL PUBLIC HEALTH AGENCIES)

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


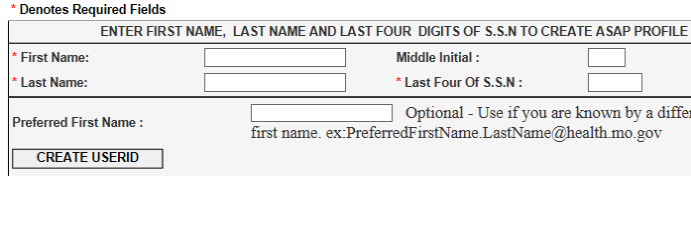
**(This step is to be completed only once per user)**

**Please read...**

- If you have an ASAP profile already and know your login credentials, please skip to Step B (submitting the request)
- If you are unsure you have an ASAP profile, here are a few steps to determine that.
  - If you already have DHSS health applications and/or DSS prod/mainframe access you mostly likely have an ASAP profile.
  - If you try to create an ASAP profile and you receive a red message indicating that first name and last name is already in use, please contact the ITSD Call Center at 800.347.0887 for assistance. This most likely means you have an ASAP profile and the call center can assist with profile updates, password resets, logging into ASAP, and/or submitting requests.

**Creating A.S.A.P User profile**




- Open Internet Browser and enter address  
[http://webapp02.dhss.mo.gov/asap\\_web/ASAPLogin.aspx](http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx)
- Click “Yes” to any security messages

Steps	Screen Print
<p>1. 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>2. Enter your <b>first name, last name, and last four digits of your SSN.</b></p> <p>Enter a <b>Preferred First Name</b>, if desired.</p> <p>Click the <b>CREATE USERID</b> button.</p>	

<p><b>Make note of your User ID.</b></p> <ol style="list-style-type: none"> <li>Choose 'LPHA (Local Public Health Agency)' for the Agency.</li> <li>Choose YOUR COUNTY for Local Security Officer County.</li> <li>Choose YOUR SECURITY OFFICER for Local Security Officer. This will be a person most likely in your office.</li> </ol>	<div style="display: flex; justify-content: space-between;"> <div> <p>*USERID:</p> <p>*Agency: LPHA (Local Public Health Agency) ▼</p> <p>*Local Security Officer County: ADAIR</p> <p>*Local Security Officer: ADAIR CO HEALTH DEPT (JAMES LEBARON) ▼</p> </div> <div style="text-align: right;"> <p><b>Your ASAP User ID has succeeded DOEJ</b> </p> </div> </div>
<ol style="list-style-type: none"> <li>Type your work street number (do not space or tab) and a drop-down list will appear. Click on your agency from the list.</li> <li>Enter your email address, phone number, and fax number.</li> </ol>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right; margin: 0;"><b>ADDRESS INFORMATION</b></p> <p>*Address Search (Type in your address starting with Street Number) <input style="width: 150px;" type="text"/> ▼</p> <hr/> <p>*Email1 <input style="width: 150px;" type="text"/></p> <p>* Phone1 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Ext <input style="width: 40px;" type="text"/></p> <p>Fax Number <input style="width: 100px;" type="text"/></p> </div>
<ol style="list-style-type: none"> <li>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.</li> </ol>	<div style="border: 1px solid black; padding: 5px;"> <p>* Password <input style="width: 100px;" type="text"/> [ Password length between 6-8 ]</p> <p>* Retype Password <input style="width: 100px;" type="text"/></p> <p>*Challenge Question <input style="width: 100px;" type="text"/> ex:What is your favorite color?</p> <p>* Challenge Response <input style="width: 100px;" type="text"/> ex:Blue</p> <p>* Retype Response <input style="width: 100px;" type="text"/></p> </div> <p><b>**If ASAP did not prompt you to create a password and challenge question/response...</b></p> <p><b>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><b>The challenge question was automatically set to What is the last four digits of your SSN?*</b></p>
<ol style="list-style-type: none"> <li>Click the CREATE PROFILE button.</li> </ol>	<div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><b>CREATE PROFILE</b></p> </div>
<ol style="list-style-type: none"> <li>You should see a message about the profile being successfully created.</li> </ol>	

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

# STEP B. Request ESSENCE access

<ol style="list-style-type: none"> <li>1. Type the <b>User ID</b> and <b>Password</b> you created in Step A.</li> <li>2. Click the <b>SIGN IN</b> button.</li> </ol> <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>	
<ol style="list-style-type: none"> <li>3. Choose the <b>'Completing for Self'</b> option. </li> <li>4. Click the <b>NEXT</b> button. </li> </ol>	<p><b>Who are you completing this ASAP request for?</b></p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> COMPLETING FOR SELF</li> <li><input type="radio"/> COMPLETING FOR OTHER EMPLOYEE</li> <li><input type="radio"/> APPROVE REQUESTS</li> <li><input type="radio"/> VACATIONS</li> </ul> <p><b>NEXT</b></p>
<ol style="list-style-type: none"> <li>5. Choose <b>'HEALTH APPLICATIONS'</b> for Area Type.</li> <li>6. Choose <b>'ESSENCE'</b> for Health Area Type.</li> <li>7. Choose <b>'ADD ACCESS'</b> for Request Type.</li> <li>8. Choose the appropriate Role. <i>*Note: LPHA stands for local public health agencies (aka county health departments).</i></li> <li>9. Choose <b>'NONE'</b> for Other Role/Report Type.</li> <li>10. Enter comments.</li> <li>11. Type in the Effective Date.</li> <li>12. Select <b>'NO'</b> for Do you enter Data for Additional Agencies?'</li> </ol>	<p><b>* Denotes Required Fields</b></p> <p><b>*Area Type:</b> HEALTH APPLICATIONS</p> <p><b>*Health Area Type:</b> ESSENCE</p> <p><b>*Request Type:</b> ADD ACCESS</p> <p><b>Use Ctrl+click to choose r</b></p> <p><b>Role:</b> -- Choose Role Type-- DHSS OR LPHA() HOSPITALS()</p> <p><b>* Other Role/Report Type:</b> NONE</p> <p><b>* Comments and/or reason for requesting access:</b> ADD COMMENTS HERE</p> <p><b>* Effective Date [MM/DD/YYYY]:</b> 00/00/0000</p> <p><b>Do you enter Data for Additional Agencies?</b> <input type="radio"/> YES <input checked="" type="radio"/> NO</p>

<p>12. Click the <b>'I Agree'</b> button.</p> <p>13. Click the <b>'Submit Form'</b> button.</p>	<p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT ASSIGNMENT OF THE REQUESTED ID OR APPROVAL OF THE REQUESTED CHANGE ENABLES ME TO ACCESS UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRY THE PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL STATUTES REQUIRE PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATION IN DISCIPLINARY ACTION THAT COULD BE ONE OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COU CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. 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>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 ITSD Call Center using one of the following methods:

Phone: 573.751.6388 or 1.800.347.0887

E-mail: Support@health.mo.gov