MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES–WIC PROGRAM

ASAP Instructions

WIC INVOICE, WIC LAP, WIC REPORTS, WIC BF APPLICATION, MOPHIMS, MOWINS, MOHSAIC, WIC DIRECT, MO FTP and LPHA Generic Email Account

For ASAP assistance, contact the WIC Help Desk at 800-554-2544 or email WICHelpDesk@health.mo.gov.

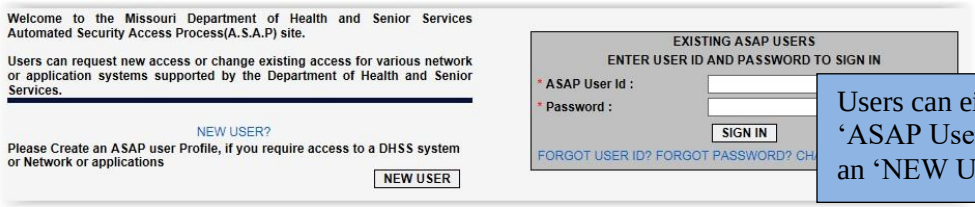
An ASAP form must be completed to request access to WIC INVOICE, WIC LAP, WIC REPORTS, WIC BF APPLICATION, MOPHIMS, MOWINS and MOHSAIC. This document provides instructions for submitting ASAP requests along with additional requests for WIC Direct and MO FTP access.

The ASAP form can be accessed on the web at:
https://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx

Contents

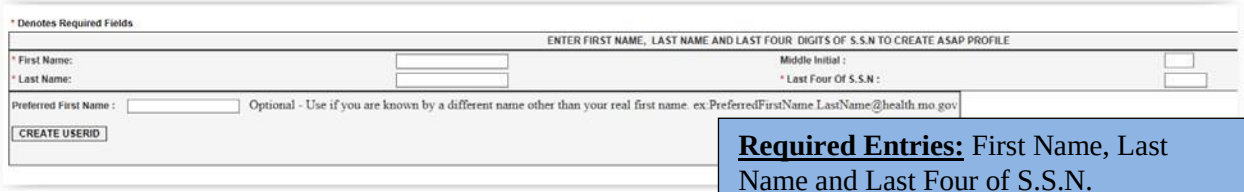
NEW USER

Step 1–Login to the Automated Security Access Process (ASAP) site.



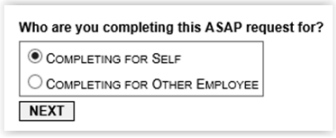
Users can either login with an existing 'ASAP User Id', or can selectto create an 'NEW USER' profile.

*A 'NEW USER' profile can be entered with the following information:

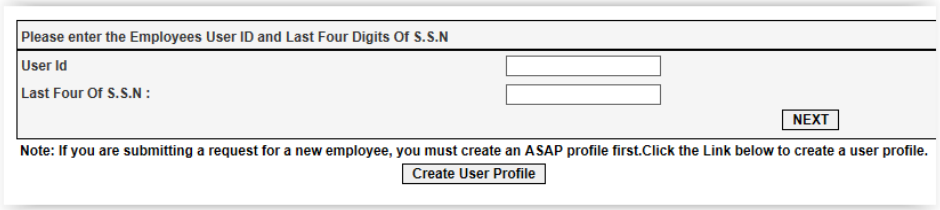


Required Entries: First Name, Last Name and Last Four of S.S.N.

Step 2–Select who you are completing the ASAP request for, and then click 'Next.'



If completing the ASAP for another employee, they must know the employees User ID and the last four digits of their social security number. If this is for a new employee follow instructions to 'Create User Profile.'



Step 3–Complete the ASAP form. More information specific to individual ASAP requests is included later in this document.

Fill in the (*) required fields, print a copy of request for your records and then 'Submit Form.'

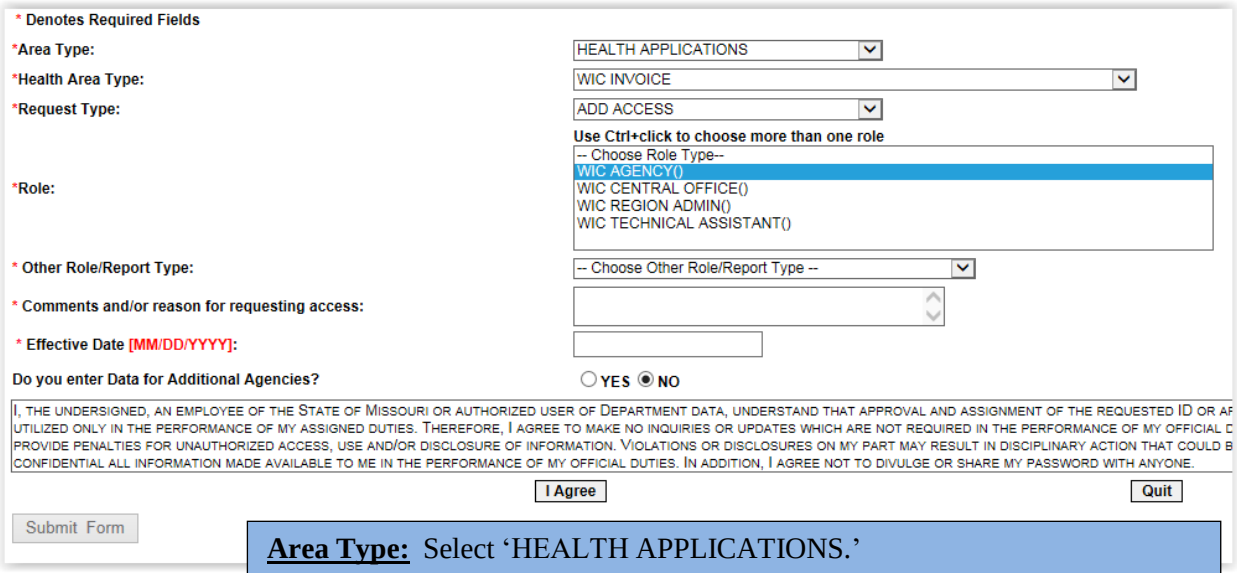
Step 4–After the form has been submitted, it will be sent to the Local Security Officer (LSO) for that agency. It will have to be approved by the LSO before it is sent to the Program Security Officer (PSO) at the state agency. Once the ASAP is approved by the PSO, it will be sent to ITSD for processing.

Step 5–Once the ASAP has been processed and approved, an email will be sent to the email address listed at the top of the ASAP form. State agency will only forward notifications to approved internal email addresses; do not list any personal email accounts such as Yahoo or Gmail.

Track all ASAP forms submitted. If a notification regarding access approval/denial is not received within seven to 10 business days, call the MOWINS Help Desk.

WIC INVOICE

To get WIC INVOICE access, the below ASAP must be submitted. To complete the ASAP, all (*) required fields must be entered.



Area Type: Select 'HEALTH APPLICATIONS.'

Health Area Type: Select 'WIC INVOICE.'

Role: Local agencies should only select 'WIC Agency.'

Other Role/Report Type: Choose your agency.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

Do you enter Data for Additional Agencies?: Y or N
If you choose yes, choose the additional county and agency from the drop down menus in the box.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

**When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS."

**When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE."

WIC LAP

To get WIC LAP access, the below ASAP must be submitted. To complete the ASAP, all (*) required fields must be entered.

Area Type: Select 'HEALTH APPLICATIONS.'

Health Area Type: Select 'WIC LAP.'

Role: Select either 'WIC Agency' or 'WIC Data Entry.' Local agency staff can have one of two roles to access the 'WIC LAP.'

WIC AGENCY: Can enter and review **all** LAP information in the LAP application.

WIC DATA ENTRY: Can enter and review LAP information in the LAP application *except* for salary and benefit information.

Other Role/Report Type: Choose your agency.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

Do you enter Data for Additional Agencies?: Y or N
If you choose yes, choose the additional county and agency from the dropdown menus in the box.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

**When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS."

**When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE."

**If user credentials existed last year, please call the ITSD Help Desk to determine if an ASAP request is needed or if the account can be reset.

WIC REPORTS

To have access to WIC REPORTS or Crystal Reports, the following ASAP must be submitted. To complete the ASAP, all (*) required fields must be entered.

Area Type: Select 'HEALTH APPLICATIONS.'

Health Area Type: Select 'WIC REPORTS.'

Role: Local agency staff should always select the first option.

Other Role/Report Type: Will always be set to NONE.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

Do you enter Data for Additional Agencies?: Y or N
If you choose yes, choose the additional county and agency from the drop down menus in the box.

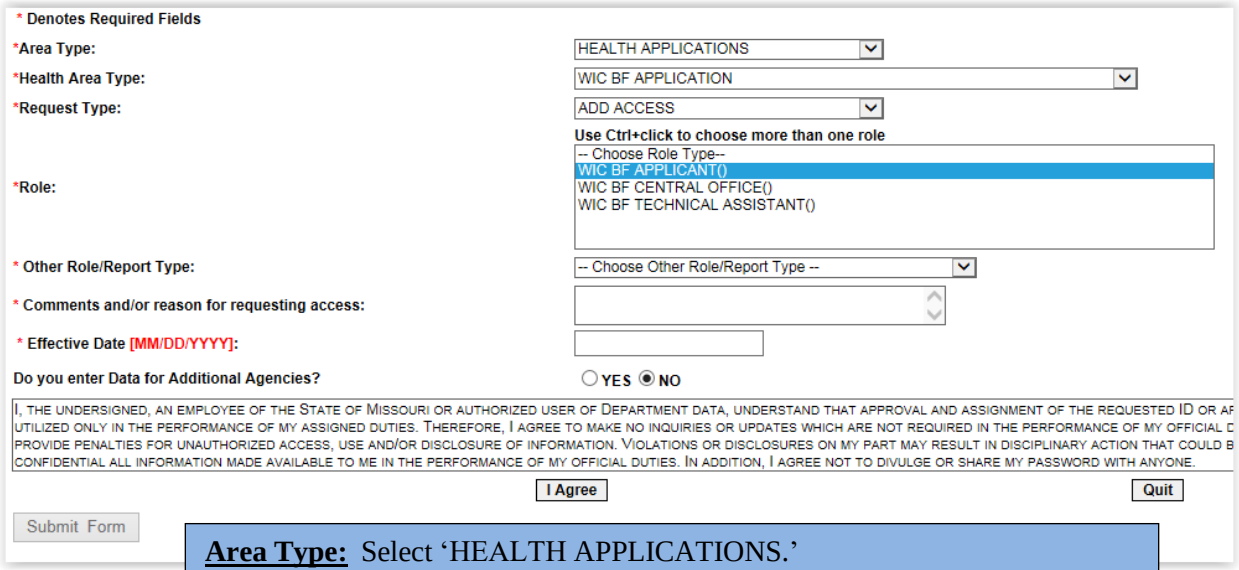
After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

**When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS."

**When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE."

WIC BF APPLICATION

To get WIC BF APPLICATION access the below ASAP must be submitted. To complete the ASAP, all (*) required fields must be entered.



Area Type: Select 'HEALTH APPLICATIONS.'

Health Area Type: Select 'WIC BF APPLICATION.'

Role: Local agency staff should always select WIC BF APPLICANT.

Other Role/Report Type: Choose your agency.

Comments and/or reason for requesting access: Enter your reason for requesting access and your role in the agency.

Effective Date: Enter in the current date.

Do you enter Data for Additional Agencies?: Y or N
If you choose yes, choose the additional county and agency from the drop down menus in the box.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

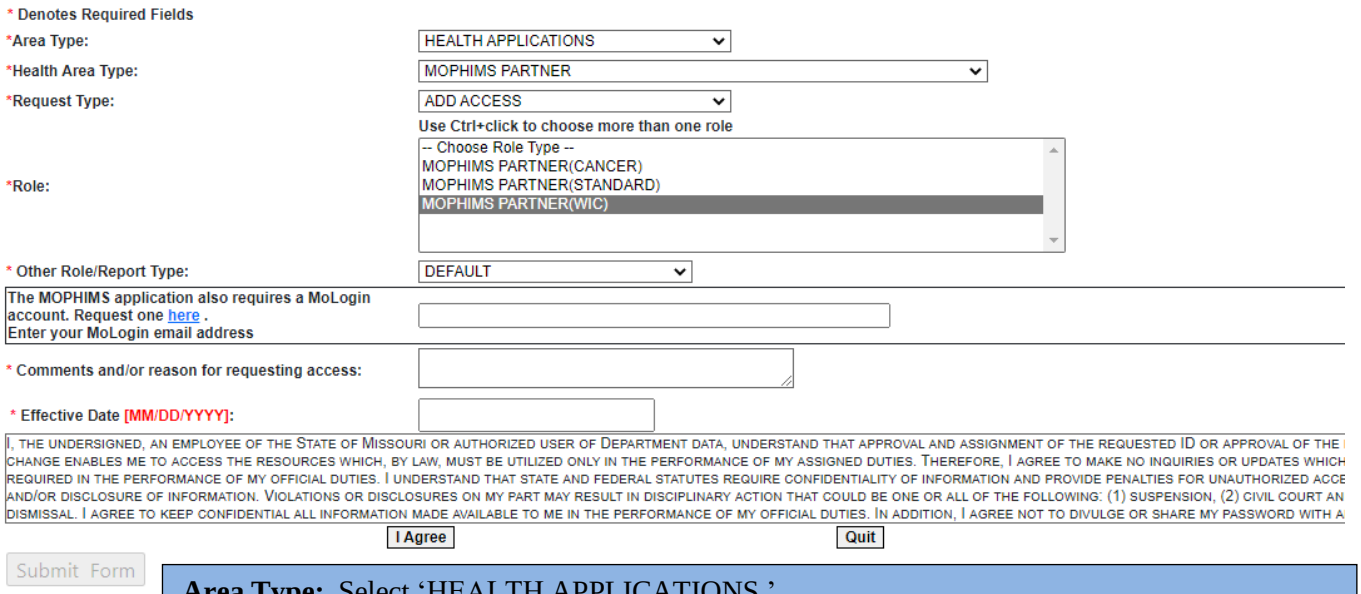
**When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS."

**When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE."

MOPHIMS

MOPHIMS Webpage and Training Resources

To get MOPHIMS access the below ASAP must be submitted. To complete the ASAP, all (*) required fields must be entered.



Area Type: Select 'HEALTH APPLICATIONS.'

Health Area Type: Select 'MOPHIMS PARTNER.'

Role: Select 'MOPHIMS PARTNER(WIC).'

Other Role/Report Type: Will always be DEFAULT.

MoLogin Email Address: Enter in your MoLogin email address.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

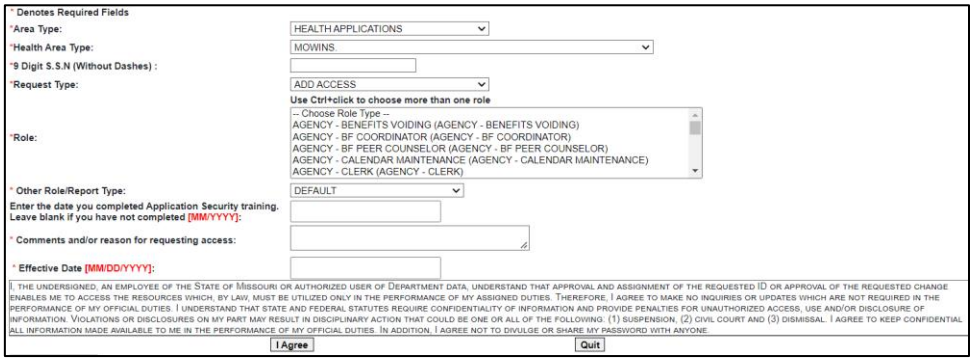
After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

**When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS."

**When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE."

MOWINS

To get MOWINS access the below ASAP must be submitted. To complete the ASAP, all (*) required fields must be entered.



Area Type: Select 'HEALTH APPLICATIONS.'

Health Area Type: Select 'MOWINS.'

Role: Descriptions of all agency roles are listed on the following page. Multiple roles can be selected by pressing control while clicking on options. Local agencies should **not** select any ofthe State options in these lists.

Other Role/Report Type: Will always be DEFAULT.

Application Security Training: Even though Application Security training is not a (*) required field, security training is required in order for the state to approve the MOWINSaccess request.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form'button.

**If requesting a new role an ASAP request must be submitted with the 'Request Type' above being set to "CHANGE ACCESS." Staff should enter notes explaining why this request is being made in the 'Comments' section and if the previous role needs to be removed.

**When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS."

**If a staff person is transferring, needing access to an additional agency or if there is a name change, an ASAP request must be submitted with the 'Request Type' above set to "OTHER OR TRANSFER." Staff should enter in notes explaining why this request is being made in the 'Comments' section and if access needs to be removed from the previous site if applicable.

MOWINS Continued

Below is a list of local agency roles and permissions specific to each role that is available in MOWINS. When determining which access is needed please refer to the following information.

AGENCY BENEFITS VOIDING: Provides the ability to void both current and future benefits. Clerks, HPA and WIC Coordinators can request this additional access.

AGENCY BF COORDINATOR: Similar access as the Peer Counselor but has further permissions to set up EBT accounts, add income information, resolve high risks and assign risks.

AGENCY CALENDAR MAINTENANCE: Role provides the ability to create calendars and resources used for scheduling agency appointments. This permission can be granted to any agency role.

AGENCY CLERK: Limited access to MOWINS, information related to health and nutrition can be viewed but not added by this role. Role can update basic demographic information, verify immunizations, add income and maintain household information.

AGENCY CPA: Grants full access to participant records for manipulation, excluding the ability to resolve high risk factors.

AGENCY FULL FOOD ADJUSTMENT ACCESS: Full permissions to the Food Adjustment Wizard in MOWINS, allows for voiding of current and future benefits, adding more formula and changing out a food item already issued. Limited to BF Coordinators, Nutrition Coordinators, Nutritionist, CPA's and Certifiers.

AGENCY HPA: Similar access as Clerk, but can add bloodwork, height/weight measurements and the ability to add and edit health information.

AGENCY NUTRITION COORDINATOR: Similar access as the Nutritionist but identifies the individual as the Nutrition Coordinator for the agency.

AGENCY NUTRITIONIST: This role includes the access for all other roles (listed in this section) in MOWINS plus additional access to resolve high risk participants.

AGENCY PEER COUNSELOR: This role grants access to manipulate alerts, appointments, breastfeeding contacts and notes, breast pump management, demographics, nutrition education and referrals.

AGENCY VIEW: Participant records can be viewed and no records can be manipulated.

AGENCY WIC CERTIFIER: Grants full access to participant records for manipulation, excluding the ability to resolve high risk factors.

AGENCY WIC COORDINATOR: Similar access as the Clerk but allows additional permissions to view Protected Alerts and Notes in MOWINS and extra permissions to System Administration module.

Please Note:

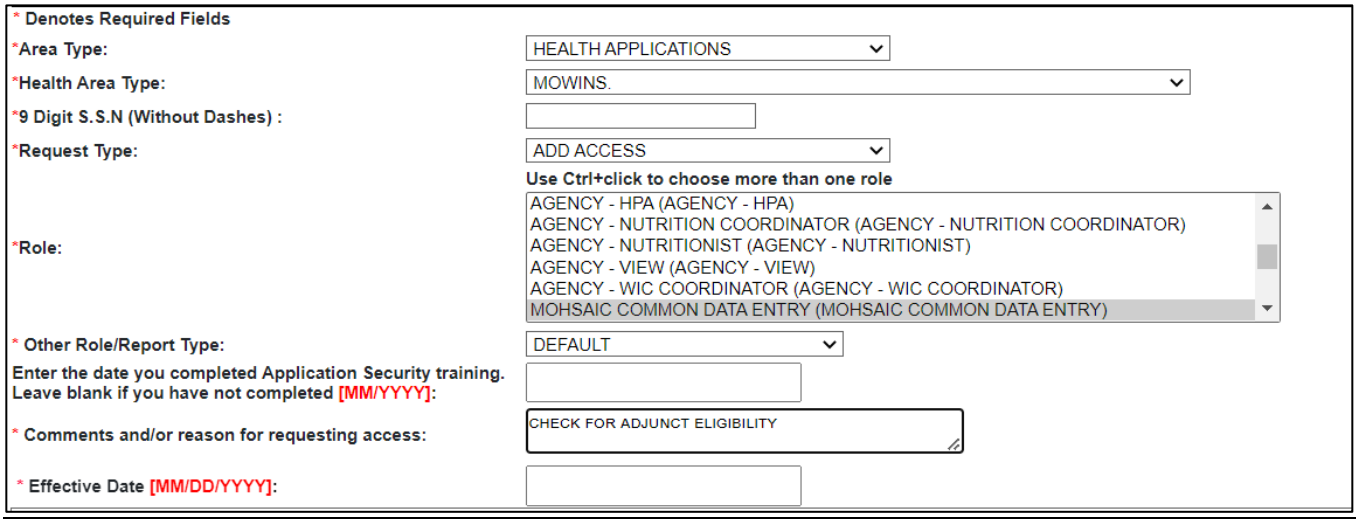
**Only the WIC Coordinator should be assigned the WIC Coordinator role.

Peer Counselors **cannot be Certifiers, Nutritionist, Nutrition Coordinators or CPAs.

All other roles labeled "STATE**" are for state agency employee use only.

MOHSAIC

To receive access to MOHSAIC to check for adjunct eligibility the below ASAP must be submitted. To complete the ASAP, all (*) required fields must be entered.



Area Type: Select 'HEALTH APPLICATIONS.'

Health Area Type: Select 'MOWINS.'

Role: Select 'MOHSAIC COMMON DATA ENTRY.'

Other Role/Report Type: Will always be 'DEFAULT.'

Application Security Training: Leave blank.

Comments and/or reason for requesting access: Enter to 'Check for adjunct eligibility.'

Effective Date: Enter in the current date.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

WIC Direct

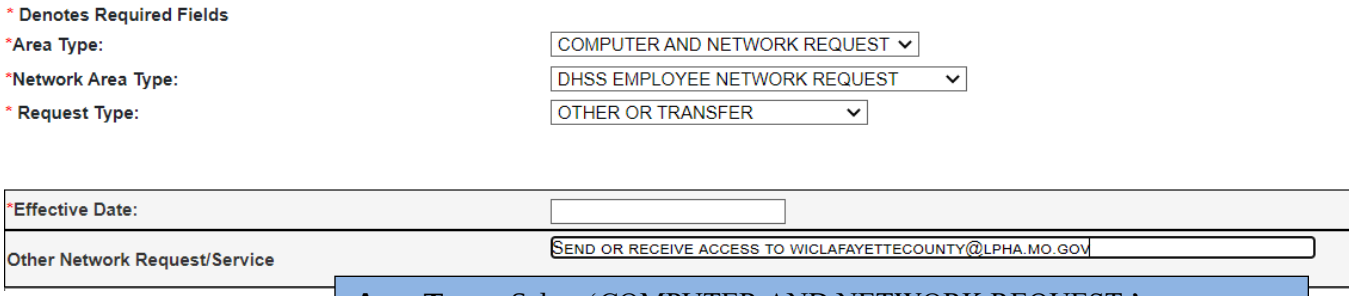
To request WIC Direct access an email can be sent to WICHelpDesk@health.mo.gov with the user's email, full name and agency. The user MUST have active MOWINS access prior to requesting WIC Direct access.

MO FTP

To request MO FTP access an email can be sent to WICHelpDesk@health.mo.gov with the user's email, full name, agency and role. Access to MO FTP is limited to WIC Coordinators, Nutrition Coordinators and some Administrators, upon request.

LPHA Generic Email Account

To request access to the LPHA generic email account used by the agency to receive online interest forms the below ASAP must be submitted. To complete the ASAP, all (*) required fields must be entered.



Area Type: Select 'COMPUTER AND NETWORK REQUEST.'

Network Area Type: Select 'DHSS EMPLOYEE NETWORK REQUEST.'

Request Type: Select 'OTHER OR TRANSFER.'

Effective Date: Enter in the current date.

Other Network Request/Service: Type in 'SEND OR RECEIVE ACCESS TO *ENTER LOCAL AGENCY GENERIC EMAIL ADDRESS'*. Image above shows Lafayette County's email account address.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.