Wisconsin Department of Health Services

PPS Training
revised 11/2011

Getting Access to Program Participation System (PPS)

Access to the Program Participation System (PPS)

- WAMS ID
- PPS New Access Request

Steps to get access to PPS

- Create a WAMS ID
  using the following link: https://PPS.wisconsin.gov/

- Request Access

Note: If you have access to other systems that use WAMS, such as HSRS, FSIA or CARES you will not need to create a new ID. You will use the same WAMS ID for all systems.

Wisconsin Web Access Management System (WAMS)

❖ Wisconsin's Web Access Management System allows authorized individuals to access State internet applications using one ID and password.

❖ You **MUST** have a WAMS ID to use PPS. You must provide a valid, unique e-mail address to self-register for a WAMS account.

❖ You may already have a WAMS account if you use other state systems.

❖ Users must submit their own WAMS IDs to the State before they can be setup in the system.

To create a WAMS ID

- From the Gateway Page click on the WAMS link.

At the WAMS Home Page click on the Self Registration Link.

Self Registration Page

At the bottom of this page you will need to **accept** the Wisconsin Web Access Management System User Acceptance Agreement by clicking on the accept button

After accepting the agreement, fill in the self-registration form and click the SUBMIT button at the bottom of the page.

Top of Page

Bottom of Page

Self-Registration

State of **WISCONSIN**

Logout Help FAQ

Self-Registration
* Indicates Required Field

Profile Information

First Name	*
Middle Initial	
Last Name	*
Suffix	e.g., JR, SR, I, II, III
E-Mail	* e.g., username@host.do
Phone #	

❖ You will then be prompted to fill out a Self Registration Form to create your WAMS ID

Account Information

Your User ID must be between 5-20 characters and **CAN** be a combination of letters and numbers. Your Password must be between 7-20 characters and **MUST** contain a combination of letters and either numbers or special characters (except the @ sign). User IDs and Passwords are case sensitive.

User ID	*
Password	*
Re-enter Password	*

Account Recovery

Compose a question and answer for account recovery. Guidelines.

| Secret Question | * |
| Answer to Secret Question | * |

Submit

Be sure to read all the requirements for acceptable User IDs and Passwords
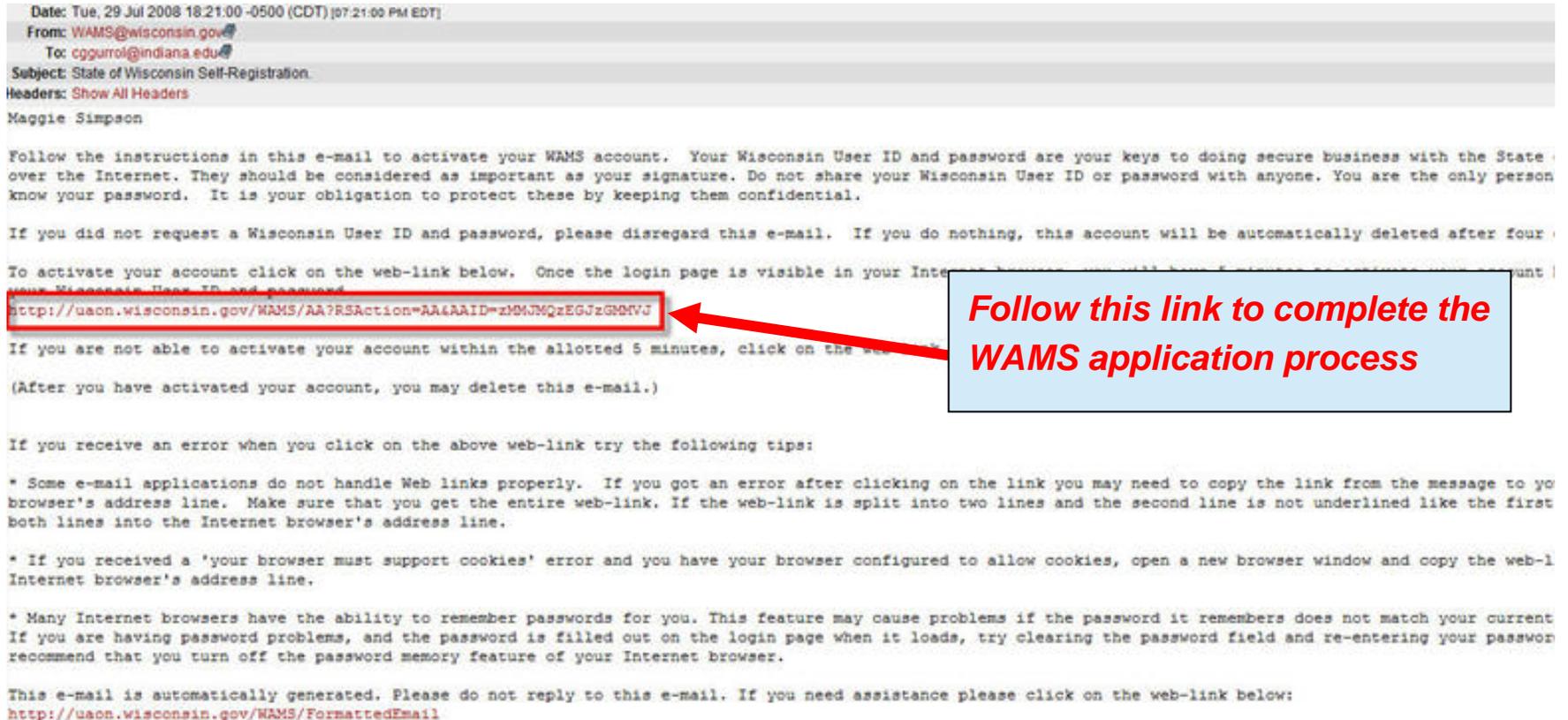
Account Recovery, if you forget your password

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Active WAMS account

- After submitting your WAMS ID request you will receive an email to the email address you provided from WAMS@wisconsin.gov. Follow the directions in the email to activate your WAMS account.
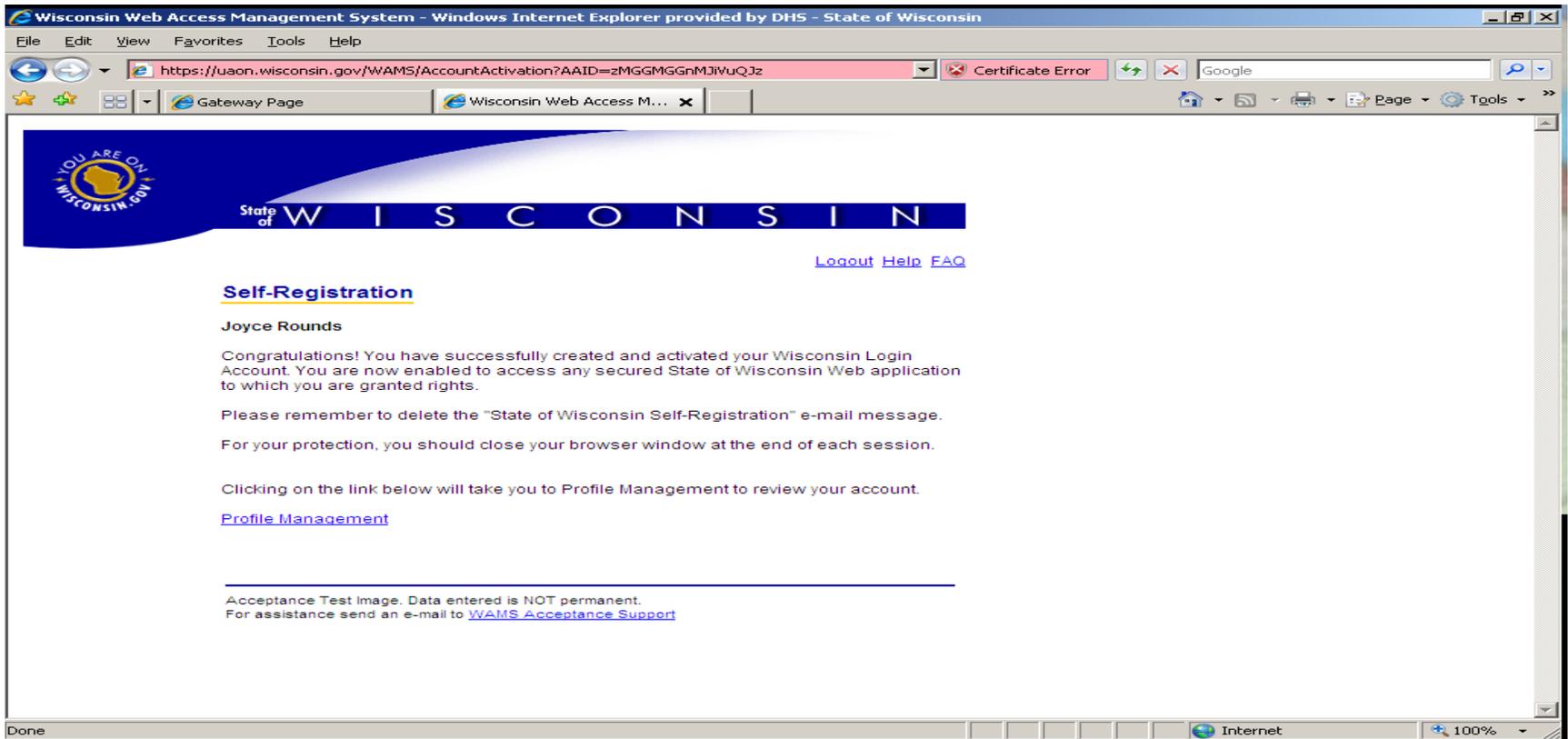
Go to WAMS Email

Date: Tue, 29 Jul 2008 18:21:00 -0500 (CDT) [07:21:00 PM EDT]
From: WAMS@wisconsin.gov
To: cggurrol@indiana.edu
Subject: State of Wisconsin Self-Registration.
Headers: Show All Headers

Maggie Simpson

Follow the instructions in this e-mail to activate your WAMS account. Your Wisconsin User ID and password are your keys to doing secure business with the State over the Internet. They should be considered as important as your signature. Do not share your Wisconsin User ID or password with anyone. You are the only person know your password. It is your obligation to protect these by keeping them confidential.

If you did not request a Wisconsin User ID and password, please disregard this e-mail. If you do nothing, this account will be automatically deleted after four

To activate your account click on the web-link below. Once the login page is visible in your Inte___ ___ _____ ____ ____
____ _____ ____ __ ___ _____

http://uaon.wisconsin.gov/WAMS/AA?RSAction=AA&AAID=zMMJMQzEGJzGMMVJ

If you are not able to activate your account within the allotted 5 minutes, click on the ___ ____

(After you have activated your account, you may delete this e-mail.)

If you receive an error when you click on the above web-link try the following tips:

* Some e-mail applications do not handle Web links properly. If you got an error after clicking on the link you may need to copy the link from the message to yo browser's address line. Make sure that you get the entire web-link. If the web-link is split into two lines and the second line is not underlined like the first both lines into the Internet browser's address line.

* If you received a 'your browser must support cookies' error and you have your browser configured to allow cookies, open a new browser window and copy the web-l Internet browser's address line.

* Many Internet browsers have the ability to remember passwords for you. This feature may cause problems if the password it remembers does not match your current If you are having password problems, and the password is filled out on the login page when it loads, try clearing the password field and re-entering your passwor recommend that you turn off the password memory feature of your Internet browser.

This e-mail is automatically generated. Please do not reply to this e-mail. If you need assistance please click on the web-link below:
http://uaon.wisconsin.gov/WAMS/FormattedEmail

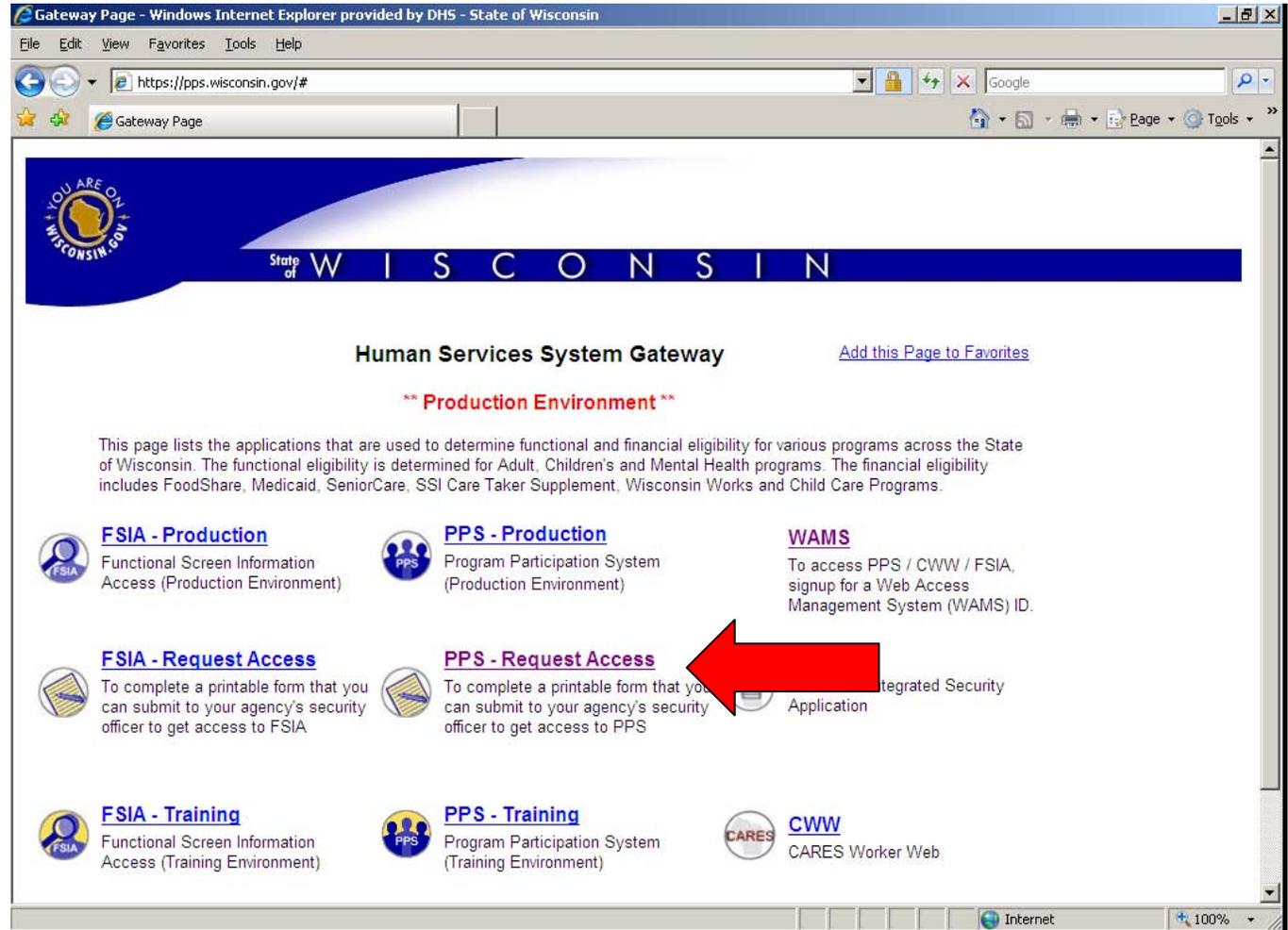*Follow this link to complete the WAMS application process*

❖ After you click on this link, you will be routed to a login screen and be prompted to enter your new WAMS ID and password to finish the WAMS registration process and activate your account.

When you are successful in activating your account you will see the page below.

To request access to PPS

- From the Gateway Page click on the PPS-Request Access Link.

Enter you WAMS ID and Password

Following the directions at the bottom of the form, fill in the Access Request Form, submit the request, print the form, get appropriate signatures, and fax it to the State Security Officer.

Follow directions at the bottom of the form.

☐ Mental Health Reporting Full Access
☐ AODA Reporting Full Access

Note: Disabled profiles are unavailable at this time.

* Denotes required field.

[SUBMIT]   [CLEAR]

Instructions

If you are assigned to more than one agency, then you must fill out a separate form for each agency to which you are assigned

1. Check the appropriate box to activate, delete, or change a User ID. Only one box should be checked. For Effective Date, enter the date the User's ID is to be activated, deleted, or changed.

2. Fill in the same User ID entered on the Wisconsin Self-registration Process screen in which the User registered for network level access to the Program Participation System. This form is to request a system/application level User ID for the Program Participation System.

3. Enter the User's Name.

4. Enter the User's Mother's Maiden Name.

5. Enter the User's Daytime Phone Number.

6. Enter the User's Supervisor's Name.

7. Enter the User's Supervisor's Phone Number.

8. Enter the User's Profile.

9. The User should enter their Signature in this field.

10. The User's Supervisor should enter their Signature in this field.

11. The State Security Officer should enter their Signature in this field.

Print Form

File Edit View Favorites Tools Help

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICE

Print

Please print this form and return to the State Security Officer, fax number is 608-267-2437

PROGRAM PARTICIPATION SYSTEM WEB ACCESS REQUEST

1. Please check one of the following :

   X Activate User ID for access to Program Participation System
   -- Delete User ID for access to Program Participation System
   -- Change (Profile, User Name, SSN)

Effective Date: 11/07/2011

Please fill in the following information (All items MUST be completed):

User Information	
2. User ID (from Wisconsin Self-registration Process) redrobin	**3. User Name (Last, First, MI)** robin, red
4. Mother's Maiden Name smith	**5. User's Phone Number** (111) 111-1111 Ext

Agency Information	
6. Agency Name (Please do not abbreviate.) DHS	
7. Agency Supervisor Name Mir Qader	**8. Supervisor's Phone Number** (111) 111-1111 Ext
9. Profiles State User Profile	

Done   Internet   100%

Get signatures and send to State Security Officer

Effective Date: 11/07/2011

Please fill in the following information (All items MUST be completed):

User Information	
2. User ID (from Wisconsin Self-registration Process) redrobin	**3. User Name (Last, First, MI)** robin, red
4. Mother's Maiden Name smith	**5. User's Phone Number** (111) 111-1111 Ext

Agency Information	
6. Agency Name (Please do not abbreviate.) DHS	
7. Agency Supervisor Name Mir Qader	**8. Supervisor's Phone Number** (111) 111-1111 Ext
9. Profiles State User Profile	

Use of this logon and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The User's signature on this form constitutes acceptance of responsibility for compliance with §49.32(10), §49.32(10m), §49.81, §49.83, §943.70(2) and with DHFS policy (attached to new logon approvals).

10. User Signature :	**Date Signed :**
11. Supervisor Signature:	**Date Signed :**

12. State Security Officer Signature :	**Date Signed :**

Access to PPS

- Contacts
  - SOS Desk
  - Hours: Monday through Friday

    8:00 – 11:30 AM

    12:30 - 4:00 PM

    (you may leave voice mail at other times

    and someone will return your call)

    - E-mail: DHSSOSHelp@wisconsin.gov
    - Phone: (608) 266-9198
    - Fax: (608) 267-2437