Department of Human Services
Division of Services for People with Disabilities
PRIVATE SUPPORT COORDINATOR – DHS CONTRACT PROVIDER/EMPLOYEE
USTEPS ACCESS REQUEST FORM

User Name: _____
(Please Print)   *First Name*   *Middle Name*   *Last Name*

User Address: _____

User Telephone: _____ **User Utah ID Email:** _____

Company Name: _____

DSPD Contact: _____ **Contract Number:** _____

STATEMENT OF UNDERSTANDING

I understand access to USTEPS is for my exclusive use as a contractor/contractor employee of the State of Utah. I understand this access is controlled by my password. I accept responsibility for maintaining the secrecy of my password and for protecting the confidentiality of information in USTEPS in accordance with the State of Utah Department of Human Services **Appropriate Use of Information Technology Resources*** and the Contract with the Department of Human Services. I understand any breach of this policy may result in corrective action.

Initial: [____]

(*Reference: http://www.hspolicy.utah.gov/ 6-Technology, 6-4 Appropriate IT use & 6-4A Addendum to Appropriate IT use.)

User Signature: _____ **Date:** _____

Authorized Contract Owner Signature: _____ **Date:** _____

Contract Owner Name (please print): _____

The contract owner is responsible for notifying the Division of Services for People with Disabilities in writing of changes made to the user's duties, company organization structure or employment status.

Requested User Functionality ("Support Coordination Only" and "Other Company Functions" are mutually exclusive):

Support Coordination Only	Other Company Functions not for QIDP or ABISC (Check only one)		
(select all that apply) QIDP [ ] ABISC [ ]	Company Admin [ ]	Service Broker [ ]	Support Coordinator Under Supervision [ ]

Email completed form to usteps@utah.gov or Fax to USTEPS @ (801) 538-4279

-For Office Use Only-

ADMINISTRATIVE APPROVAL

I have reviewed the above application request and approve access to the following USTEPS access:

[ ] **QIDP**   Signature: _____ Date: _____

    [ ] Role_QMRP   [ ] Role_Incident_Report   [ ] Role_IR_SC_All_Incident   [ ] Role_IR_Create

    [ ] Role_Pay_Approval_1   [ ] Role_IR_Read_Only   [ ] Role_IR_Investigation   [ ] Role_SC_Follow_Up

[ ] **ABISC**   Signature: _____ Date: _____

    [ ] Role_ABISC

[ ] **Company Admin**   Signature: _____ Date: _____

[ ] **Service Broker**   Signature: _____ Date: _____

[ ] **SC w/Supervision**   Signature: _____ Date: _____

USTEPS Team: _____ _____ [_____]
       Activation   *Date*   *Validation (Initial & Date)*

USTEPS Team: _____ _____ [_____]
       Inactivation   *Date*   *Validation (Initial & Date)*

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STEPS ACCESS REQUEST FORM

Form 0-2
5-1-2014

DHS CAPS User Access Form

USER INFORMATION

USER NAME:
WORK TITLE:
EMAIL ADDRESS:
PHONE NUMBER:

AGENCY:
USER EIN:

PLEASE CHECK ONE PROFILE FROM THE FOLLOWING OPTIONS

_____ PURCHASE SERVICE AUTHORIZATION 1 (Caseworkers)- PayAuth 1

_____ PURCHASE SERVICE AUTHORIZATION 2 (Caseworkers & Supervisors)- PayAuth 2

_____ PAYMENT ENTRY (Payment entry only)- PaymentOnly

_____ PAYMENT ENTRY/APPROVAL 2 (Payment Entry & Approvals Level 2-Payment

_____ VIEW ONLY-Adm1

ADMINISTRATIVE PROFILES-   All Profiles require Director of Finance approval

_____ DCFS PROVIDER & PROVIDER APPROVALS- (SAFE Helpdesk/Licensing)-DCFSProvider

_____ DSPD/JJS PROVIDER APPROVALS-ProApprov

_____ AGENCY ADMINISTRATION (FINET strings- DSPD Medicaid ID's)-AgAdmin

_____ FINANCE ADMINISTRATION 1-Payment System Helpdesk (For OFO staff only)

_____ STATE AUDITOR   Date access needed- from/to

BCMS PROFILES ONLY-   All profiles require BCM approval

_____ BCMS CONTRACT PROCESSING & PROVIDER APPROVALS (State Office staff only)

_____ BCMS CONTRACT PROCESSING

_____ BCMS PROVIDER RECORDS- BCMS Helpdesk (For OFO staff only)

_____ BCMS RATE/SETTING MANAGEMENT (For BCM staff only)

For Administrative Profiles Only
DIRECTOR OF FINANCE SIGNATURE: DATE:

For BCMS Profiles Only
LOGON NAME/ID:
WORK ADDRESS:

BCMS ACCESSS EFFECTIVE DATE:
BCM APPROVAL: DATE:

User Agreement and Approvals (All Profiles)

I request access as indicated above. I also verify that I have read, understand, and agree to comply with the Department's "Policy on the Appropriate Use of Information Technology Resources".

USER SIGNATURE: DATE:

SUPERVISOR SIGNATURE: DATE:

DIVISION COORDINATOR SIGNATURE: DATE:

Payment System Helpdesk Initial

Email completed form to Division Contract
DCFS- Navina Forsythe   nforsythe@utah.gov
DJJS- Rick Platt   rickplatt@utah.gov
DSPD- Clay Hiatt   clayhiatt@utah.gov

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Form 0-2
5-1-2014

Instructions for Completing the Form 0-2 and the CAPS User Access Forms

Form 0-2:
The purpose of this form is grant access to USTEPS for people who own or are employed by a company contracting with the Division of Services for People with Disabilities (DSPD).

Preconditions for completing the Form 0-2:
The individual requesting access to USTEPS must create a Utah ID account before they can submit this form to DSPD. The email address used to create the account must be specified on the Form 0-2's "User Utah ID Email" line. If the individual has not created their Utah ID account, then their application will be rejected until they do so.

Worker Types in USTEPS:
Two types of workers may use this form to request access to USTEPS. They are: a qualified support coordinator who holds the QIDP credential and a worker who performs a similar / lesser function in the company (i.e. a company administrator, a service broker or a support coordinator under supervision as defined by the Support Coordination contract). These types are mutually exclusive in terms of what the worker can do in USTEPS. For example, a company administrator cannot also function as a QIDP and carry a caseload.

Verification of Worker Types:
The DSPD contract unit verifies and authorizes the applicant's worker type based on the requirements defined by the Support Coordination contract and the Support Broker contract.

DHS CAPS User Access Form:
An individual is who requesting to have the QIDP function in USTEPS must also complete the DHS CAPS User Access Form. The ability to activate PCSP's in USTEPS also involves submitting Purchased Service Authorizations (PSA's) from USTEPS to CAPS. The Office of Fiscal Operations (OFO) requires that a specific user role (PURCHASE SERVICE AUTHORIZATION 1 (Caseworkers)-PayAuth 1) be given to people who can submit PSA's to CAPS's database. CAPS will physically prevent the worker from activating the PCSP until OFO has given them the "PayAuth1" role.

Required Information:
The applicant's "USER NAME", "WORK TITLE", "EMAIL ADDRESS" (as specified on the Form 0-2), "PHONE NUMBER", "AGENCY" and "USER EIN" must be filled in. The "PURCHASE SERVICE AUTHORIZATION 1 (Caseworkers)- PayAuth 1" must be checked. Finally, the Form must be signed by the application ("USER SIGNATURE") and their supervisor ("SUPERVISOR SIGNATURE").