

Form 0-8
7/30/2024

DSPD Contract Provider
USTEPS Provider Interface (UPI) Access Form

UPI User Access Form

Individual User Name: _____
(Please Print) First Name Middle Initial Last Name

Telephone#: () _____ User Email: _____
(User must register this email address with the State of Utah)

Provider Company Name: _____ Provider Caps ID: _____

Provider Address: _____

Provider Type: Provider of Community Services Private Support Coordination (SCE) Community Service Broker

STATEMENT OF UNDERSTANDING

I understand access to UPI is for my exclusive use as an owner/employee of a provider contracting with the State of Utah. I understand access is controlled by my personal ID / Password login credentials in accompaniment with the user roles marked on this form. I understand the login credentials are exclusively for my personal use. I agree to keep my login credentials secure and protected against use or exploitation by anyone else. I agree to secure and protect the confidentiality of UPI's data in accordance with the policies and contract requirements issued by the Utah Department of Health and Human Services.

Initial:

User Signature: _____ Date: _____

Provider Representative Approval Yes No Yes No
I certify this user is an employee of the provider identified above: I authorize this user to have the system roles marked below:

If this user is not an employee, please describe what their relationship is to the provider:

Provider Representative: _____
Signature Print Name Date

The contract owner/ representative is responsible for notifying the Division of Services for People with Disabilities in writing of any changes that affect the user's access to and/or role assignments within UPI.

Requested User Functionality

<p>UPI Administration (select all that apply)</p> <input type="checkbox"/> UPI (required) <input type="checkbox"/> Provider Administration <input type="checkbox"/> General Financial Info <input type="checkbox"/> Electronic Payments (E520) <input type="checkbox"/> UPI PCSP/Budget Approval (1056) <input type="checkbox"/> Provider Employee (FMS Providers Only)	<p>Incident Reporting (select only one) (Community Providers Only, No SCE Providers)</p> <input type="checkbox"/> Read Only <input type="checkbox"/> Create and Read Only (two roles)	<p>Request for Services</p> <input type="checkbox"/> Request for Services
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Email completed form to usteps@utah.gov

-For Office Use Only-

ADMINISTRATIVE APPROVAL

Role_UPI Role_1056_Approval Role_E520_Approval
 Role_Financial Role_Provider_Admin ROLE_FMS_EMPLOYEE

Incident Reporting (Non-SCE Providers Only)

Request for Services

Role_IR_Create Role_IR_Read_Only Role_RFS

USTEPS Team: _____
Activated Date Validated

USTEPS Team: _____
Inactivated / Denied Date Comments