

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

Form 0-2
8-1-2021

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 <input type="checkbox"/> ABISC <input type="checkbox"/> UCANS <input type="checkbox"/>	Company Admin <input type="checkbox"/>	Service Broker <input type="checkbox"/>	Support Coordinator Under Supervision <input type="checkbox"/>

Email completed form to usteps@utah.gov

-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

UCANS Signature: _____ Date: _____
 Role_UCANS

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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DHS CAPS User Access Form

Form Revised 11/17/2011

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 ACCESSSS 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

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").