

Form 0-2  
7/1/2022

**Private Support Coordinator  
USTEPS Access Request Form**

**User Name:** \_\_\_\_\_  
*(Please Print) First Name Middle Name Last Name*

**User Address:** \_\_\_\_\_

**User Telephone:** \_\_\_\_\_ **User Utah ID Email:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_ **CAPS Provider ID:** \_\_\_\_\_

**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 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 USTEPS's data in accordance with the policies and contract requirements issued by the Utah Department of Health and Human Services.

**Initial:**

**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)			
<input type="checkbox"/> 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

Email completed form to [usteps@utah.gov](mailto: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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DHHS CAPS User Access Form

Name:  EIN:

Email Address:  Phone #:

Work Title:  Division:

Office Location:

PLEASE CHECK ONE PROFILE FROM THE FOLLOWING:

- PURCHASE SERVICE AUTHORIZATION 1 - PayAuth1
- PURCHASE SERVICE AUTHORIZATION 2 - PayAuth2
- PAYMENT ENTRY/APPROVAL 2 - Payment
- VIEW ONLY - Adm1

ADMINISTRATIVE PROFILES - Require Finance Director & Division Budget Officer approval

- DCFS PROVIDER & PROVIDER APPROVALS - DCFSPProvider
- DSPD/JJS PROVIDER APPROVALS - ProApprov
- AGENCY ADMINISTRATION - AgAdmin
- AGENCY ADMINISTRATION 2 - AgAdmin2
- FINANCE PROCUREMENT - FinProcurement (OFO Staff)
- FINANCE ADMINISTRATION 1 - FinAdm1 (OFO Staff)
- STATE AUDITOR Date access needed- from/to \_\_\_\_\_

For Administrative Profiles Only

DIVISION BUDGET OFFICER:  DATE:

FINANCE DIRECTOR SIGNATURE:  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:

Email completed form to Division Contact

- DCFS - Jill McAfee - jrmcafee@utah.gov
- DJJS - Mark Strebel - mstrebel@utah.gov
- DSPD - Kristen Cornia - kristencornia@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:

Three types of workers may use this form to request access to USTEPS. They are:

1. A worker who currently holds the QIDP credential
2. A worker who is preparing to qualify for the QIDP credential (i.e. working under supervision)
3. A worker performs a similar / administrative function in the company (i.e. a company administrator).

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, carry a caseload, etc.

### Verification of Worker Types:

DSPD verifies and authorizes the applicant's worker type based on the requirements defined by the provider's contract.

### DHS CAPS User Access Form:

The individual who is requesting the QIDP function in USTEPS must also complete the DHS CAPS User Access Form. The ability to activate PCSP's in USTEPS includes submitting Purchased Service Authorizations (PSA's) from USTEPS to CAPS. The department requires that a specific user role (PURCHASE SERVICE AUTHORIZATION 1 - 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 - PayAuth 1" must be checked. Finally, the Form must be signed by the application ("USER SIGNATURE") and their supervisor ("SUPERVISOR SIGNATURE").