

Form 0-8  
7/1/2022

DSPD Contract Provider  
USTEPS User 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 with 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 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 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Representative 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

<p align="center"><b>UPI Administration</b> (select all that apply)</p> <p><input type="checkbox"/> UPI (required)      <input type="checkbox"/> Provider Administration</p> <p><input type="checkbox"/> General Financial Info      <input type="checkbox"/> Electronic Payments (E520)</p> <p><input type="checkbox"/> UPI PCSP/Budget Approval (1056)</p>	<p align="center"><b>Incident Reporting</b> (select only one) (Community Providers Only, No SCE Providers)</p> <p><input type="checkbox"/> Read Only</p> <p><input type="checkbox"/> Create and Read Only (two roles)</p>	<p align="center"><b>Request for Services</b></p> <p><input type="checkbox"/> Request for Services</p>
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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 UPI access:

UPI

Role\_UPI       Role\_1056\_Approval       Role\_E520\_Approval  
 Role\_Financial       Role\_Provider\_Admin

Incident Reporting (Non-SCE Providers Only)

Role\_IR\_Create       Role\_IR\_Read\_Only

Request for Services

Role\_RFS

USTEPS Team: \_\_\_\_\_ Activation \_\_\_\_\_ Date \_\_\_\_\_  Validation (Initial & Date)

USTEPS Team: \_\_\_\_\_ Inactivation \_\_\_\_\_ Date \_\_\_\_\_  Validation (Initial & Date)