
DIVISION DOCUMENT DEVELOPMENT, REVISION, & APPROVAL

Directive 1.24

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Rule: n/a

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Forms: NA

Purpose:

This directive establishes a policy and procedures for how the division creates new documents or revises existing ones. These include the proposal, development, and both internal and external approval processes. The specific procedure is determined by the document type, the responsibilities of specific division teams, and internal and external review and approval procedures determined by the division, department RACI guidelines, and the state.

Definitions:

Administrator - means a team administrator who supervises other supervisory staff and reports to an assistant division director. ([See the DSPD Organizational Chart](#) if you are unsure of who your team administrator is).

Assistant attorney general (AAG) - means an AAG for the State of Utah. The division is assigned an AAG who reports to the DHHS head AAG. In this directive, AAG means the AAG assigned to the division unless otherwise noted.

Division document (document) - Division documents include but are not limited to rules, directives, contracts, state implementation plans (SIPs), forms, training and e-learning content, legislative requests, public-facing documents, communications, and any other documents deemed necessary for review at the discretion of division executive leadership.

Division executive leadership - means collectively and individually the division director and assistant division directors.

Division management team - means collectively the division executive leadership and division administrators.

Division of Integrated Health, Office of Long-Term Services and Supports (DIH/LTSS) - is the State Medicaid Authority (SMA) for Utah Medicaid, including all HCBS 1915(c) waivers operated by the division.

Division of Services for People with Disabilities (division) - means the Department of Health and Human Services (DHHS) Division of Services for People with Disabilities.

Established document type - means document types for which there are assigned division staff who have primary responsibility over these documents. These document types include: rules; contracts; SIPs; directives, forms, and other website content; e-learning and training; legislative requests; provider manual and the USTEPS manual.

External review - means the phase of review and approval that follows internal division review. It means reviews and approvals by the AAG, section leadership, the DHHS head AAG, DHHS executive director, and any other state leaders whose approvals are required for a particular document to be finalized. DHHS RACI guidelines shall be used to determine these reviews.

Face sheet - means a cover sheet for multi-document development or revision projects that allow the division management team to review changes and track progress on the project.

Internal division review (internal review) - means the phase of review and approval that takes place within the division. It means any reviews and approvals that are done by division staff, including the division management team.

Public information officer (PIO) - means a member of the DHHS Public Affairs and Education (PAE) team. A PIO is assigned to the division. Other PIOs may be assigned as needed for specific reviews, such as Spanish language versions of documents. In this directive, PIO means the assigned division PIO.

Red-lining - means a convention for annotating changes to existing documents for external review.

Responsible, accountable, consulted, informed (RACI) - means the DHHS guidelines used to assist operational units in making accurate and timely decisions for when and who to involve in decisions, including reviews and approvals.

Responsible team - means division staff who have assigned responsibility for an established document type.

Section leadership - means collectively and individually the deputy director and assistant deputy director of the Healthcare Administration Section.

Sponsoring team - means the division staff, their supervisor, and any additional SMEs assigned by the supervisor or administrator who are assigned to or propose a document project. If the document is an established document type, the responsible team will coordinate drafting with the sponsoring team if it is a different team.

Staff - means an employee of the division.

Subject matter expert (SME) - means staff whose responsibilities and expertise align with the topics included in a document and who are assigned to contribute input on document content during the development phase of the project.

I. Policy:

1. Executive leadership, administrators, and other staff may propose a new document, or an amendment to an existing document in response to changes in law, department policies, or evolving operational needs.
2. There are established document types that have assigned division staff called the responsible team who hold the primary responsibility for those documents.
 - a. The responsible team shall coordinate the development, review and approval for those established documents.
 - b. Other types of documents will have responsibilities assigned on a case-by-case basis by the division management team.
3. All documents shall be reviewed and must receive the required approvals to ensure accuracy and compliance with policy and code. Required approvals are detailed in procedure. Documents may not be published or otherwise distributed to the public until all required approvals are in place.
4. During any review phase, whether internal or external, the comments left by reviewers must be addressed before the comment can be resolved and closed.
5. All public-facing documents are subject to DHHS Policy 06-05, including review by the PIO or another member of their team.

II. Procedure:

Initiation and development of a document project:

1. Initiation of proposal:
 - a. Division staff may be assigned by their supervisor to develop or revise a division document. Alternately, staff may propose a document project to their supervisor;
 - b. The staff's supervisor will discuss the proposal with them and include any other staff the supervisor assigns to be a part of that discussion. The supervisor, staff, and any staff assigned as SMEs are collectively called the sponsoring team in this directive;
 - c. The supervisor will next discuss the proposal, along with any changes or additional ideas, with their team administrator;
 - d. If the team administrator approves the proposal to move forward, they will discuss it with any other team administrators or other division staff whom they believe are impacted by it;
 - i. If the document is an established document type, the responsible team will begin to coordinate document development to assure compliance with other division and department policies and strategies.

- ii. If the document is not an established document type, the administrator will assign staff responsibility for coordination of document development.
 - e. At the discretion of the administrator, the assistant director over that team may also be asked to review and approve the concept of, and the need for, a new document before development begins. This requirement is only for established document types.
2. Responsible teams for established document types are as follows:
- a. **Contracts:** the responsible team is the regulatory team who will comply with DHHS 01-04 "Agreements and Procurement" and other relevant state procurement procedures;
 - b. **Division directive or form:** the responsible team is the regulatory team;
 - c. **Division training or e-learning modules:** the responsible team is the regulatory team who will comply with Directive 1.60 "Training administration";
 - d. **Legislative request:** the responsible team is the regulatory team or the finance team, depending on the type of request.
 - e. **Provider manual:** the responsible team is the regulatory team, and DIH/LTSS will maintain the manual as part of the Medicaid provider manuals set;
 - f. **Rule:** the responsible team is the regulatory team who will comply with the rulemaking process described on the Office of Administrative Rules (OAR) website, as well as in the OAR Rulewriting Manual, and in Utah code 63G-3, the "Utah Administrative Rulemaking Act";
 - g. **SIP:** the responsible team is the waiver services team who will coordinate with DIH/LTSS;
 - h. **USTEPS help manual:** the responsible team is the system integration team;
 - i. **Website content:** the responsible team is the website administration team who will follow Directive 1.59 "DSPD website administration."
3. Other documents that are not of an established document type will be developed by the sponsoring team and coordinated with other staff as assigned by the administrator.
4. At each stage of the proposal process, the reviewer shall consider:
- a. the need and rationale for a new or revised document;
 - b. confirmation that the proposed document does not already exist elsewhere or that it is not currently under development by other division staff.
5. Document development shall begin following approval of the project by the administrator or the assistant director. During development, if there is an unresolved difference of opinion over content or presentation within or between the teams, then the administrator or division management team may weigh in to resolve it.

Review and approval:

6. All reviews shall utilize Google checkboxes to record completion of the review.
 - a. Checkboxes shall be located prominently in the shared document. The reviewers are assigned the task with a deadline in Google calendar.
 - b. For AAG reviews, a separate notification shall be sent either by IM or email directly to the AAG. This is to ensure the AAG is aware that a review has been assigned to them. The AAG will use the checkbox when finished to indicate that the review is complete and approval has been granted.
7. Internal division review and approval process:
 - a. The sequence of internal approvals will follow this order:
 - i. First, the staff's supervisor will review and approve staff drafts, as applicable;
 - ii. Next, if they are different than the author, the responsible coordinating team will then review and approve, as applicable;
 - iii. Next, the administrator shall review for all document types.
 - iv. Next, with the exception of forms, miscellaneous documents, or other minor revisions as determined by the administrator, the division management team will have an opportunity to review and approve the draft. Based on the document type, the review by the division management team shall be required, optional, or at the discretion of the administrator who shall comply with the DHHS RACI guidelines:
 1. Division management team review is required for directives, SIPs, and the USTEPS help manual. The review will be submitted to the division management team with a two-week deadline and a mandatory review response;
 2. Division management team review is optional for rules, contracts, training, website content, legislative requests, and provider manuals. The review will be submitted to the division management team with a two-week deadline as an informational update. If no comments are received in that time, the document will move forward;
 3. Division management team review may be assigned at the discretion of the administrator for forms, communications, and external presentations. The administrator may decide to make the review required, optional, or that it be bypassed entirely. An administrator may add document review discussion to the division management team agenda at their discretion;
 4. For certain time-sensitive items such as legislative requests, executive leadership may determine that review by administrators is not required.

- v. Finally, division executive leadership team review and approval is required for all document types with the exception of forms. It consists of review and approval by at least one assistant division director and the division director. Forms may be assigned for executive leadership review at the discretion of the administrator of the regulatory team;
 - b. During internal review, the comments left by reviewers must be addressed by the responsible team.
 - i. The response may be short and simple, indicating that the language or change has been addressed. If an edit is accepted, then that is the response, and no further comment is necessary.
 - ii. If the reviewer's comment or edit is rejected, an explanation shall be provided as to why it was rejected before the comment is resolved.
 - c. When a reviewer checks their box, it indicates their approval and that the document is ready for the next reviewer. That reviewer will then assign the next review by adding a check box as a task for the next reviewer. If a reviewer is not satisfied with the edits, then they will not check their box until they have approved it.
 - d. Face sheet. For document development involving a new program, several related documents, or more than one team, a face sheet shall be used to coordinate the review and approval of the larger project;
 - i. If used, the face sheet shall include the following:
 - 1. The name of each document, including a link to the active draft;
 - 2. Whether each document is new document or an amendment;
 - 3. A brief description of the purpose and need for each document;
 - 4. A list of each internal and external reviewer with a task assignment checkbox for each reviewer.
 - e. With the exception of forms, time-sensitive requests, or other minor changes as determined at the discretion of the administrator, the division management team will always have a chance to review and respond to changes either through a face sheet, or on an individual document with assigned checkboxes;
 - f. For established document types, the responsible team will secure internal division approvals;
 - g. For other document types, the division management team will determine which approvals are needed, and who will secure them.
8. External document reviews and approvals will comply with the DHHS RACI tool. Responsible and accountable parties are identified below. Parties who shall be consulted or informed are identified for optional review.

- a. For established document types, the responsible team will secure external approvals, following the standard process for that document type.
 - i. External administrative rule approvals will be secured by the regulatory team through the DHHS rules coordinator in accordance with 63G-3-301, the “Utah Administrative Rulemaking Act.”
 - 1. The regulatory team will submit the internally approved rule to the DHHS rules coordinator, who is an employee of the Office of Legislative Affairs (OLA). The DHHS rules coordinator will secure required external reviews and coordinate questions and comments with the division.
 - 2. At the discretion of division executive leadership, additional reviews and approval may also be required from DIH/LTSS.
 - 3. Upon securing final approvals from the external reviewers, the DHHS rules coordinator submits the rule for final review to the Office of Administrative Rules (OAR).
 - 4. At any point during the external review process, the regulatory team may need to respond to questions, concerns, and edits returned from external reviewers. Responses will be coordinated through the administrator, division executive leaders and the AAG.
 - 5. Rules will follow the conventions set forth in the Utah Rulewriting Manual.
 - 6. The regulatory team shall work with the PIO to secure approvals and to issue communications to division stakeholders whenever a rule is published in the state bulletin for public comment.
 - ii. External approvals of contracts shall be coordinated through the regulatory team. DHHS 01-04 “Agreements and Procurement” and other applicable state procurement procedures will be followed as described and updated on the DFA Procurement and Contracts website;
 - 1. AAG review shall be followed by the section leadership review.
 - 2. The final contract review takes place within Procurement and Contract Management (PCM), an office within the DHHS Division of Finance Administration (DFA).
 - iii. External approvals of division directives and forms shall be coordinated through the regulatory team;
 - 1. As determined by division executive leadership, if the directive or form includes policy related to HCBS waivers, the regulatory team shall assure it receives DIH/LTSS review and approval. This will be demonstrated through the use of checkboxes.
 - 2. Based on RACI and at the discretion of division executive leadership, additional review and approvals may be required by the AAG or the PIO.

3. Based on RACI and at the discretion of division executive leadership, additional review and approval may be required by section leadership, or others.
- iv. External approvals of training and e-learning module content will be coordinated through the regulatory team as described in directive 1.60 “DSPD Training Administration.” As determined at the discretion of the division executive leadership team:
 1. If the training is related to HCBS waivers, the regulatory team will assure that the training receives DIH/LTSS review and approval. This will be demonstrated through the use of checkboxes;
 2. Additional AAG or PIO review may be required;
 3. Additional section leadership review and approval may be required.
- v. External approvals of website content will be coordinated through the website administration team in accordance with directive 1.59 “DSPD Website Administration” and DHHS Policy 06-05; As determined at the discretion of division executive leadership:
 1. If the content is related to HCBS waivers, the website administration team will assure that the content receives DIH/LTSS review and approval. This will be demonstrated through the use of checkboxes;
 2. Additional AAG review may be required. The PIO is already a member of the website administration team and will always review website content as part of that group;
 3. Additional section leadership review and approval may be required.
- vi. External approvals of SIPs will be coordinated by the administrator of the waiver services team. The administrator will submit the internally approved draft to DIH/LTSS for approval.
- vii. External approvals of legislative requests will be coordinated through either the regulatory or finance teams, depending on the nature and origin of the request. As determined at the discretion of division executive leadership:
 1. If the content is related to HCBS waivers, the responsible team will assure that the content receives DIH/LTSS review and approval. This will be demonstrated through the use of checkboxes.
 2. Executive leadership will assure that section leadership reviews and approves all legislative requests, except fiscal notes unless RACI guidelines require that review.
 3. Additional AAG or PIO review may be required.

viii. External approvals of provider manual content will be coordinated through the regulatory team.

1. The required approvals for this content include: section review, AAG review, DIH/LTSS review, and PIO review.
2. As determined at the discretion of division executive leadership, additional review and approval may be required by others.

- b. For all other document types including forms, directives, training content, USTEPS help manual, external presentations, and all others, division executive leadership will identify what external approvals are needed and then who will facilitate the review and approval process.
- c. For any documents that require review by both the PIO and section leadership, the PIO will secure review and approvals from section leadership, as needed.
 - i. The division PIO is available for feedback as needed at earlier stages of drafting, but the final review and approval shall follow the final internal division approvals.
- d. At each stage of external review, the comments left by reviewers must be addressed by the responsible administrator in coordination with their assistant director.
 - i. If the response is to incorporate the suggested change, the comment or edit may be resolved.
 - ii. If the reviewer's comment is rejected, an explanation will be provided as to why, before the comment is resolved.
 - iii. During the course of the external reviews, if there arises a perceived conflict in the feedback that is received from the AAG and from section leadership, division executive leadership will be responsible for resolving the discrepancy.
- e. All document types, with the exception of rules, will use red-lining to display all of the changes that have been made to the previous published version of the draft:
 - i. Changes to an existing document will be made in Google's suggesting mode in order to mark what has changed from the original.
 - ii. The draft must otherwise be clean and legible to facilitate timely review without extra effort required to read. Comments and all other marginalia shall be resolved, with one exception: at the discretion of the responsible assistant director, a comment may be left open if it requires section leadership's input to resolve.

9. Retention of new or replaced division documents:

- a. Current and amended documents for established document types will be published and stored in accordance with the usual procedure for that document type, as established in this or other directives, or other department, state and federal guidelines and code.
- b. All finalized division documents will also be stored in a shared division google drive folder (not in personal Google folders or on desktops) that can be accessed upon request.

IV. Approvals Workflow Diagram:

	Internal (division) approvals					External (DHHS) approvals				
	Author	Responsible Team	Admin	Division Management Team	Exec Leadership	Section	AAG	DIH/LTSS	PIO	Additional
Rules	Regulatory Team		Required Review	Optional Review	Required Review	1st	2nd	At executive leadership discretion	Comms for public comment	OLA, DFA, OAR
Contracts	Regulatory Team		Required Review	Optional Review	Required Review	2nd	1st	At executive leadership discretion	Comms for RFI	PCM
Directives	Regulatory Team		Required Review	Required Review	Required Review	At executive leadership discretion				
Forms	DSPD Staff/ Supervisor	Regulatory Team	Required Review	At Administrator's discretion		At executive leadership discretion				
Training (See directive 1.60)	DSPD Staff/ Supervisor	Regulatory Team	Required Review	Optional review	Required Review	At executive leadership discretion				

Website (see directive 1.59) Excludes forms	DSPD Staff/ Supervisor	Website Admin Team	Required Review	Optional review	Required Review	At executive leadership discretion			Incl. in Website Admin Team	
Legislative Requests	Research/ Finance Team		Required Review	Optional review	Required	All except Fiscal notes	At executive leadership discretion			
Comms	DSPD Staff/ Supervisor	PIO	Required Review	At Admin discretion	Required Review	PIO will obtain	At PIO or executive leadership discretion			
SIP	Services Team		Required Review	Required Review	Required Review	DIH/LTSS is responsible for securing external approvals				
Provider Manual	Regulatory Team		Required Review	Optional Review	Required Review	Required Review	Required Review	Required Review	Required Review	
USTEPS Help Manual	USTEPS Team		Required Review	Required Review	Required Review	At executive leadership discretion				
External Presentations	DSPD Staff	Supervisor	Required Review	At Admin discretion	Required Review	At executive leadership discretion				