

GROUP SERVICES REVIEW REQUEST

Version date: Dec. 2025

PRIVACY STATEMENT: DHHS is collecting this data so group services may be delivered. This personal data will only be used by DHHS, and if needed, by individuals or parties contracted with DHHS. This data is part of record series 15376.

NOTE: If the group service is being provided in a site that is licensed through the DHHS Office of Licensing, the Contractor shall request a variance through their Division of Licensing and Background Clearance (“DLBC”) provider portal.”

INSTRUCTIONS: Complete this form when group services will be delivered that include:

1. a combination of adults and minors in the same group; or
2. a combination of DSPD funded and non-DSPD funded individuals in the same group

Attach the completed form and submit to dspdcontracts@utah.gov. Please include; “Group Service Review” in the email subject line.

SECTION 1: Request to be completed by provider.

Purpose of this request:

Combining adults and minors in the same group.

Combining DSPD funded and externally funded Persons in the same group.

Request submitted by (name/title):

Request submitted date:

Names and ages of all individuals in the group:

Person’s name	Age	DSPD funded?		PID number
		Yes	No	
1.		Yes	No	
2.		Yes	No	
3.		Yes	No	
4.		Yes	No	
5.		Yes	No	
6.		Yes	No	

Service type:

RHS

HHS

PPS

DSG/DSP

Other:

How long will this group be served in the same program?

Emergency/temporary

Long-term/ongoing

Expected duration:

Proposed start date:

Location address:

Provider name:

Explanation/comments:

SECTION 2: Review and recommendation to be completed by DSPD.

The division should interview all applicable parties to make a determination. Interviews should be held with applicable guardians and the Persons affected by the request.

Background questions:

1. Are you aware of this request being made by the provider?
2. Do you support the change?
3. Do you have any concerns with the requested arrangement?
4. Is there anything I should know about prior to reviewing this request?

Health and safety:

A health and safety determination should be made during the course of review. The following questions should be answered by division staff:

1. Is the environment free from health and safety dangers specific to the needs of each Person?
2. Are there any physical, behavioral, or mental health concerns that would make the mixing of these populations unsafe?
3. Confirm that no Persons in the program are on the sex offender registry or have a known history of sexual misconduct posing risk to others in the environment.
4. Does it appear that despite the differences in funding or age, the Persons served in this environment will be successful together?

Questions for host home and professional parents:

1. Do you feel adequately prepared to provide services to all proposed Persons in your home environment? Or, do you have any hesitations or concerns about meeting the needs of each Person, or their impact on each other?
2. What training and support do you receive from the provider? Is it adequate to meet the needs of each Person? Or, what else could help and support you?
3. Are you able to meet the individual needs of each Person (transportation, medical, etc.)?
4. What are your backup plans if you have an emergency?
5. How do you address burnout?

Documentation review:

Office of Licensing has confirmed no outstanding investigations or concerns related to this site.

Office of Service Review has confirmed no outstanding investigations or concerns related to this provider.

Person-Centered Support Plan for each individual in the home.

Behavior Support Plan (if applicable) for each individual in the home.

Rights Modification Review (if applicable) for each individual in the home.

Provide a narrative on your recommendations:

Recommendation completed by:

Recommendation completed date:

SECTION 3: The division or designee must sign and approve/deny the request.

Decision notes and comments:

Approve

Temporary approval only. Additional review required within 30 days and no later than (date):

Deny

Name/Title:

Signature:

Decision date: