Department of Health & Human Services | Services for People with Disabilities

GROUP SERVICES REVIEW REQUEST

Version date: May, 2026

DHHS is collecting this data so group services may be delivered safely. 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.

Instructions:

Complete this form when group services will be delivered in a certified residential (RHS, HHS, or PPS) or certified day program (DSG or DSP) setting that include:

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

Attach the completed form and submit to dspd@utah.gov using the subject line "Group Service Review Request".

Section 1. Request (to be completed by provider)

Which variance is being requested:

- ☐ Combining adults and minors in the same group.
- ☐ Combining DSPD funded and externally funded clients in the same group.

Request submitted by (name/title): _____

Provider name: _____

Submitter phone: _____ Submitter email: _____

Request submitted date: _____

Service type:

- ☐ RHS
- ☐ HHS

Individuals in the group:

Person's name	PID number	Age	DSPD funded?	Gender

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

☐ Emergency/temporary Expected duration:

☐ Long-term/ongoing

Proposed start date:

Location address:

Are you currently working with any DSPD staff to respond to an immediate health and safety need? (Examples: intake, DCFS liaison for state match agreement, civil commitment team, Emergency Services Management Committee (ESMC), waiver manager) ☐ Yes ☐ No

If Yes, list the names of staff who you have been working with:

Explain why this arrangement is being planned and how you will safeguard each individual's safety:

Have the following parties given their informed consent to this arrangement:

Individuals served in the home:

Parents/guardians (if applicable):

Professional parents/caregivers:

Support coordinators:

Describe any concerns raised by any of the parties above:

What has been done to ensure the persons proposed to live together want to live together at this location:

Describe any physical, behavioral, or mental health concerns that would make the mixing of these populations potentially unsafe, or that would inhibit their personal growth, development, or thriving in this setting:

How are you able to assure cultural needs are met?

What is your level of supervision during the provision of services?

Are any of the people served on the sex offender registry or have a known history of sexual misconduct posing risk to others in the environment: ☐ Yes ☐ No

If Yes, which client:

Is it your judgment that mixing these populations is a safe environment and positive fit for each person served:
☐ Yes ☐ No

Section 2. Review and recommendation (to be completed by DSPD)

Instructions: Review the information above and document answers to the questions below as well as your observations during the review process.

Reviewer name:

How was the review conducted (check all that apply):

- ☐ In-person/site visit
- ☐ Phone/video call
- ☐ Documentation review:
  - ☐ Group services review form only
  - ☐ 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.
  - ☐ Log notes
  - ☐ Incident reports
  - ☐ UCANS review

Review questions where applicable:

1. Were the parties aware of the request?
2. Did any parties disagree with the arrangement?
3. Did any parties have any concerns with the arrangement?
    a. If a PPS site, does the family have any hesitation about meeting the needs of each person, or their impact on each other (e.g. transportation, medical, etc.)?
4. Are there any physical, behavioral, or mental health concerns that would make the mixing of these individuals unsafe?
5. Confirm that no clients in the program are on the sex offender registry or have a known history of sexual misconduct posing risk to others in the environment.
6. Are there any Office of Licensing or Office of Service Review investigations or concerns related to this site or provider?
7. Does it appear that despite the differences in funding or age, the persons served in this environment will be successful together?

Provide a narrative on your observations and recommendations:

Review completed date:

Section 3. Decision (to be completed by the DSPD director or designee) Decision notes and comments:

- ☐ Approve
- ☐ Temporary approval. Review again by (date:)
- ☐ Deny
- ☐ Defer: return to provider requesting more information

Name/Title:

Signature:

Decision date: