

DHS CAPS User Access Form

Form Revised 11/17/2011

USER INFORMATION

USER NAME:
WORK TITLE:
EMAIL ADDRESS:
PHONE NUMBER:

AGENCY:
USER EIN:

PLEASE CHECK ONE PROFILE FROM THE FOLLOWING OPTIONS

- PURCHASE SERVICE AUTHORIZATION 1 (Caseworkers)-PayAuth1
- PURCHASE SERVICE AUTHORIZATION 2 (Caseworkers & Supervisors)-PayAuth2
- PAYMENT ENTRY (Payment entry only)-PaymentOnly
- PAYMENT ENTRY/APPROVAL 2 (Payment Entry & Approvals Level 2-Payment
- VIEW ONLY-Adm1

ADMINISTRATIVE PROFILES- All Profiles require Director of Finance approval

- DCFS PROVIDER & PROVIDER APPROVALS- (SAFE Helpdesk/Licensing)-DCFSPROVIDER
- DSPD/JJS PROVIDER APPROVALS-ProApprov
- AGENCY ADMINISTRATION (FINET strings- DSPD Medicaid ID's)-AgAdmin
- FINANCE ADMINISTRATION 1-Payment System Helpdesk (For OFO staff only)
- STATE AUDITOR Date access needed- from/to

BCMS PROFILES ONLY- All profiles require BCM approval

- BCMS CONTRACT PROCESSING & PROVIDER APPROVALS (State Office staff only)
- BCMS CONTRACT PROCESSING
- BCMS PROVIDER RECORDS- BCMS Helpdesk (For OFO staff only)
- BCMS RATE/SETTING MANAGEMENT (For BCM staff only)

For Administrative Profiles Only

DIRECTOR OF FINANCE SIGNATURE DATE

For BCMS Profiles Only

LOGON NAME/ID:
WORK ADDRESS:

BCM APPROVAL: BCMS ACCESS EFFECTIVE DATE:
 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:

Payment System Helpdesk Initial

Email completed form to Division Contact
DCFS- Navina Forsythe nforsythe@utah.gov
DJJS- Rick Platt rickplatt@utah.gov
DSPD- Clay Hiatt clayhiatt@utah.gov