

**Regional Office Request for Assistance (RORA)-Instructions**

Revised August 15, 2018

Thank you for utilizing the DDSD RORA system!

DDSD created the RORA system to promote and encourage communication with external and internal partners and to provide a forum for raising concerns to DDSD. The RORA form is intended to be a helpful mechanism for informing DDSD of gaps in services and/or needs for assistance. DDSD will review all submitted RORAs in a timely fashion then strategically employ assistance as necessary.

A RORA form may be used to inform the state about a wide range of issues, including broad system level issues, issues related to a specific provider agency and/or issues related to a specific individual served.

- Examples of Individual level issues include issues related to access or timeliness of specialty services.
- Examples of Provider level issues include issues related to technical assistance.
- Examples of System level issues include issues or barriers that affect multiple providers and or regions.

**Please follow the instructions below to ensure we have all pertinent information to adequately respond to your request.**

Line #1: Indicate if the RORA is an Individual, Provider, or Systemic level issue.

- If a RORA is submitted for a Provider or Systemic issue, it is not necessary to list the names of all individuals, social security numbers, and dates of birth for all individuals who may be impacted. Rather, please describe the Provider or Systemic level issue in Box C of the RORA form.

Line #2: Indicate the Request Date, Name of the Individual, Social Security Number and Date of Birth.

Line #3: Indicate whether the individual is a Jackson Class Member or Non-Jackson Class Member, select the Type of Waiver, and select the Managed Care Organization.

- Indicate the diagnosis/condition (this section is not required, only list the diagnosis/condition if applicable to the issue).
- Type of Service and Provider Agency (ies).
- Indicate the applicable Regional Office and County.

**Box A:** Enter your (the requestor) Name, relationship to the individual, email, phone and fax number, case management agency name, individual case manager name and contact information for the individual (if applicable).

**Box B:** Check the appropriate box related to the primary concern or reason for the RORA.

**Box C:** Provide a complete description of the issue for which you are requesting assistance.

Provide information about barriers/challenges identified and chronological list of actions taken to

resolve the issue. Include dates, persons contacted, and any other information that will help us understand the efforts that have been taken. Attach supporting documentation if necessary.

You are almost done! Please send the RORA to the applicable Regional Office Director via Therap SCOMM or fax for assignment. Please see fax numbers below for each Regional Office.

Metro: 505-841-5546

NWRO: 505-863-4978

NERO: 575-758-5973

SERO: 575-624-6104

SWRO: 575-528-5194

**Here is what will happen next:**

1. Within 5 working days of receipt of the RORA, you will be contacted by the assigned Regional Office Lead letting you know that we received your request. At that time, we may ask for additional information to fully understand the issue.
2. Steps taken to address your request will be documented and you will be informed on at least a monthly basis about the status and progress of your request.
3. You will receive notice at the time of resolution and provided information about steps taken to address your request.