Developmental Disabilities Supports Division (DDSD) Regional Office Request for Assistance – RORA

This is not an incident report form. Submission of this form does not constitute reporting as required by regulation.

Individual Level  Provider Level  Systemic Level

Request Date:       Name of Individual:       SS#:      -     -      DOB:

Jackson Class Member  Non-Jackson Class Member  DD Waiver  SGF  Mi Via Waiver

Managed Care Organization:  Blue Cross Blue Shield  Molina  Presbyterian  United Healthcare

Diagnosis/Condition:

Type of Service & Provider Agency (ies):

Regional Office:       County:

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| **Box A – Contact Information:** | |
| Submitted By (Name): | E-mail: |
| Title or Relationship to Individual: | Phone:       Fax: |
| Case Management Agency: | Case Manager Name: |
| Phone:       Fax:       email: |

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| **Box B – Check Appropriate Box Related to Primary Concern:** |
| Budget/Billing Individual Service Plan Meaningful Day/Customized  Community Supports |
| Failure to provide Documentation ISP/QA needed Supported Employment |
| Freedom of Choice Training Nursing |
| Guardianship Speech Language Pathologist\* Transition |
| Health Care Planning (HCP, MERP, CARMP issues) Other |
| Durable Medical Equipment (DME)\* Behavioral Support\* Medical Specialists\* |
| Assistive Technology Devices (including Augmentative Communication)\* Medical Supplies\* |
| Physical Therapy\* Occupational Therapist\* Dental\* |
| Quality of care/services |
| ***\*For Specialty Services, Applicable Timelines:*** *DME & Assistive Technology/Augmentative Communication devices: 150 days; DME repair/modification 60 days; Therapy assessments begin within 30 days of receipt of the FOC or 90 days of the need identified. Medical Specialist’s appointments scheduled within 14 calendar days.* |
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| **Box C – Issue/ Problem/Request**: Provide description of issue to include the date identified. Include identified barriers and chronological list of actions taken to resolve this issue (attach supporting documentation): |