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):       |