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.

Request Date: ☐

☐ Individual Level ☐ Provider Level ☐ Systemic Level

Name of Individual: ☐ SS#: ☐ DOB: ☐

Waiver Type: ☐ DD Waiver ☐ Mi Via Waiver ☐ Supports Waiver (Agency Based)
☐ State General Fund ☐ Medically Fragile Waiver ☐ Supports Waiver (Participant Directed)

Jackson Status: ☐ Jackson ☐ Non-Jackson

Managed Care Organization: ☐ Blue Cross Blue Shield ☐ Presbyterian ☐ Western Sky Community Care

Diagnosis/Condition: ☐
Type of Service & Provider Agency (ies): ☐
Regional Office: ☐ County: ☐

Box A – Contact Information:	
Submitted By (Name):	E-mail:
Title or Relationship to Individual:	Phone: Fax:
Case Management/Consultant/Community Support Agency:	Case Manager/Consultant Name:
	Phone: Fax: E-mail:

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	☐ Human Rights Rights Super Committee (HRCSC) Referral	

***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.*

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):