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 ☐ 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 Agency:	Case Manager Name:
	Phone: Fax: email:

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.*

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):