

Simplified RORA Process for External Stakeholders (Data-Point Summary)

1. Link to submit a RORA - [Regional Office Request for Assistance \(RORA\) Form](#)

2. When to Submit a RORA

- Use the RORA Electronic Submission Form when you need DDS assistance, cannot resolve an issue, or need help addressing service gaps.
- Before submitting, you must complete reasonable attempts (“due diligence”) to resolve the issue (e.g., contacting team members multiple times).

3. Information Required for RORA Submission

- Person’s name and waiver type
- Provider and case management agency involved
- Person’s birth date and social security number
- Clear description of the concern or assistance needed
- Summary of attempts already made to resolve the issue

4. How DDS Reviews Your RORA

- A DDS RORA Regional Lead reviews every request. DDS determines two key data points:

Risk Category

- * Priority 1 (urgent health/safety) – DDS responds within 48 hours
- * Priority 2 (non-urgent) – DDS responds within 5 business days

Scope

- * Individual (single person issue)
- * Provider (issue with a provider’s performance or compliance)
- * Systemic (issue affecting multiple providers or regions)

5. After RORA Submission – What You Can Expect

- DDS assigns a RORA Specialist with appropriate expertise.
- You will receive acknowledgment of the RORA, RORA# and follow-up contact within:
 - 48 hours for Priority 1
 - 5 business days for Priority 2
- DDS may gather additional documents, contact the provider, or attend team meetings.

6. What DDS May Do to Resolve a RORA

Depending on the issue, DDS may:

- Provide technical assistance to the team or provider
- Request documentation or corrective action
- Conduct site visits
- Help modify the Individual Service Plan or Services & Supports Plan
- Development and monitoring of Performance Improvement Plans
- The Internal Review Committee (IRC)
 - A committee comprised of voting members from the Developmental Disabilities Supports Division (DDS), the Division of Health Improvement (DHI), and the Human Services Department (HSD). The purpose of the committee is to review performance

issues identified by any bureau or responsible party within DDS, DHI, or HSD, and to apply sanctions, if necessary, to assure compliance.

Refer serious concerns to oversight entities including:

- Division of Health Improvement (DHI) Quality Management Bureau (QMB)
- Department's Office of Internal Audits (OIA)
- Attorney General's Office (AG)
- Social Security Administration (SSA)
- Medicaid Fraud Unit (MFU)
- The Developmental Disabilities Systems Quality Improvement Committee (DDSQI)
 - Supports participants in exercising greater choice and control over the types of services and supports that are purchased within a State assigned budgetary amount. Serves the most people possible within available resources, identifies opportunities for improvement and ensures action, when indicated; and ensures that the State meets each of its statutorily required assurances to Centers for Medicare and Medicaid Services.

7. How DDS Tracks and Uses RORA Data

DDS documents all actions taken.

Data collected includes:

- Waiver type
- Providers involved (Issue relates to provider's compliance with standards)
- Identified concerns (Requires advocacy; does not involve provider compliance)
- Risk and scope category
- Data is aggregated and analyzed to identify trends, improve service systems, and inform quality improvement efforts through DDSQI.

8. RORA Closure

DDS closes a RORA when there is evidence the issue is fully resolved. You will receive an automated notification when your RORA is closed. Identifying information is not included. The RORA # will be referenced.

Closures may be disputed by contacting the DDS Regional RORA Lead.

Systemic RORAs close only after DDSQI completes all related action items.

9. Estimated Timeframes

- Assignment: within 2 business days of submission
- First contact:
 - Priority 1: within 48 hours
 - Priority 2: within 5 business day
- Resolution goal (non-systemic): within 45 calendar days