

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
REGIONAL OFFICE REQUEST FOR INTERVENTION (RORI) INSTRUCTIONS
 REVISED 8-25-08

Demographic Information:

DATE: Fill in the date the report is submitted to the Regional Office. (Required Field)

NAME OF INDIVIDUAL: Use the full first and last name of the individual receiving services (name on records, not nickname). (Required Field)

S.S. #: The nine digit Social Security Number of the person receiving services.

DATE OF BIRTH (DOB): Insert individual's date of birth (Required Field).

DESIGNATION: Place a check mark in the box noting if the individual is or is not a Jackson Class Member or if they are a participant in the Medically Fragile Waiver, State General Fund Services or Mi Via Waiver.

INSURANCE: If the individual has private insurance, note the name of the company. If they have Medicaid, note if it is Fee for Service (FFS) or a Salud provider (Lovelace, Molina or Presbyterian).

DIAGNOSIS/CONDITION: For issues that are related to health and specialty services, please briefly note the diagnosis or conditions that are related to this need.

SERVICES/AGENCIES: Note the provider agencies that supply services to this individual. List only the agencies and services that are pertinent to this need.

REGIONAL OFFICE: Note the DDS region in which services are provided. (Required Field)

COUNTY: Fill in the name of the county of residence for the individual.

Box A - Contact Information - Provide the following information:

- The name and title or role of the person submitting the request. (Required Field)
- Note role on team or relationship to the individual under "Title or Relationship to Individual:" (physical therapist, guardian, sister, etc.)
- The telephone number, fax and e-mail address of the person making the request. (Required Field)
- The name of the case management agency serving the individual.
- The name of the individual's case manager and all contact information.

NEW REQUIREMENT!

Box B – Notification of Out of Home Placement:

Effective 9-1-08 DDS requires providers to notify their Regional Office of out of home placements for certain individuals served through DDS. Such notification must be submitted not later than one business day following admission to the out of home setting. (Advanced notice of out of home placement is appreciated when possible.)

NOTIFICATION CRITERIA:

Required Notification	Optional Notification
<ul style="list-style-type: none"> • Adults on the DD Waiver receiving either community living or community inclusion services • Jackson Class Members on the DD Waiver or in an ICF/MR regardless of which services they receive 	<ul style="list-style-type: none"> • Children • Adults on the DD Waiver who do not received community living or community inclusion who are not Jackson class members. • Individuals participating in Mi Via or Medically Fragile Waivers • Individuals served through State General Funds

- The party responsible for submitting this notification for adults served on the DDW is listed according to the following hierarchy:
 1. Residential Provider
 2. Day Services Provider
 3. Case Manager
- If the individual is hospitalized for either physical or mental health reasons, check the “Hospital” box and insert the name of the hospital to which the individual was admitted. (This includes the Behavioral Health Institute in Las Vegas New Mexico which is considered a hospital.)
- If the individual is admitted to a Nursing Home or Rehabilitation Facility, check the “Nursing Facility” box and insert the name of the facility.
- If the out of home placement is to another location, check “Other” box and indicate whether they were placed in an ICF/MR, jail, out-of-state – or specify other location.
- Insert the address of the location they have been admitted.
- Insert date of admission.
- Insert date provider notified case manager of the admission – put n/a if the case manager is the one submitting the notification.
- Insert the reason the person was admitted – including diagnosis if known for hospital and nursing facility admissions.
- Indicate whether the provider agency is providing staff assistance in the hospital, nursing home or other facility during this stay by checking yes or no as appropriate.

Box C – Information Related to the primary concern:

- Mark the box that matches the reason for the request. Use the “other” category if needed.

Specialty Services:

- Identify what Specialty Service is a concern. Specialty services are defined as Assistive Technology including Augmentative Communication devices; Behavioral Support; Durable Medical Equipment (DME) ; Occupational Therapy; Physical Therapy; Speech Language Pathology; Medical Specialists (physicians, dentists) or Medical Supplies. Indicate the type of medical specialty that is needed.

Specialty Services Timelines:

- DME and Assistive Technology devices, including Augmentative Communication Devices should be approved or denied within 7 days after the insurance company receives a clean request. The item should be received within 150 days of insurance company approval.
- Repairs or modification to DME are required to be complete within 60 days from date of request to the DME provider.
- Therapy assessments should begin within 30 days of receipt of the FOC by the therapy provider and be complete no later than 90 days of the need being identified by the team.
- If an appointment with the medical specialist requires a referral, the appointment must be scheduled (booked - not seen) with the specialist no later than 14 calendar days after the referral is obtained from the PCP. If no referral is needed, the appointment must be scheduled (booked - not seen) with the specialist within 14 calendar days after the need was identified.

Box D – Issue/Problem or Request:

This section must be completed if a Primary Concern is identified in Box C. It is not required for Notification of Out of Home Placement from Box B – but may be used if needed to elaborate regarding concerns about the out of home placement circumstances.

- **Note the date the problem was *initially* identified.**
- Please provide a concise description of the problem.
- Identify the barrier(s) to resolving this problem.
- List the actions that have been taken by the case manager and others to address this issue.

- Please list these activities in chronological order. Include exact dates, persons contacted, and any other information that will help us to understand the efforts that have been taken and to assist you to solve this problem.

Submission:

Fax or email the form with the individual's demographic information, Boxes A, B or C and D completed to the appropriate Regional Office Manager. If using email you must password protect the Request for Regional Office Intervention Form as an attachment and then give the Regional Office Manager the password via voice mail or in a SEPARATE email message!

- Metro: Kathleen Linnehan, 841-5500; Fax: 841-5546; Email: kathleen.linnehan@state.nm.us
- North West: Crystal Wright, 863-9937; Fax: 863-4978; Email: crystal.wright@state.nm.us
- North East: Charlene Cain, 758-5934; Fax: 758-5973; Email: charlene.cain@state.nm.us
- South West: Scott Doan, 528-5180; Fax: 528-5194; Email: scott.doan@state.nm.us
- South East: Jon Hellebust, 624-6100; Fax: 624-6104; Email: jon.hellebust@state.nm.us

DDSD REGIONAL OFFICE INSTRUCTIONS

Database entries:

- Respond appropriately if the reported situation places an individual in immediate jeopardy.
- If request is not urgent, complete **database entries and begin resolution** within five working days. If resolution will take longer, contact the sender to verify receipt of and action on the request.
- List steps taken and all contacts made, including contacting the case manager if someone other than the case manager made the report.
- Indicate if a referral to DHI or other state agency is needed and when made. Include name of contact and any comments regarding action taken.
- Keep referral source, case manager and the Regional Office manager informed of the status and progress at least monthly.
- **Once the issue is resolved, send notice of resolution to the sender and the case manager.**
- For out of placement notification – follow relevant DDSD protocols for post-hospitalization follow up, nursing home interface with PASRR, etc.
- Make note of identified systemic barriers that need to be raised with senior management.
- Regional Office Manager makes final determination as to when the RORI is “closed”.