

**Alabama Department of Mental Health
Division of Developmental Disabilities Services
Regional Community Services**

REQUEST FOR REGIONAL ACTION

DATE: _____

TO: RCS Director/Designee

FROM: (Staff completing form): _____
Agency: _____

I. TYPE REQUEST:

_____ Individual

_____ Programmatic (may include in-service training, assistance with program development/expansion, etc.)

ADIDIS #: _____

II. INDIVIDUAL'S NAME: _____ **DOB:** _____

ADDRESS: _____

PHONE: _____

III. ASSISTANCE REQUESTED: (Check as appropriate)

_____ Information/Referral: _____

_____ Nursing Consultation

_____ Behavioral Consultation; referral to Comprehensive Support Team (attach summary of previous intervention, CST referral packet)

_____ Programmatic request for expansion of services (specify service type, number of individuals projected to serve, source of funding)

_____ Inservice Training – Topic: _____

_____ Add or update on Waiting List

CURRENTLY ON WAITING LIST? _____ Yes _____ No

_____ New Waiver Enrollment Request: _____ IDW _____ LAH

_____ Add additional service(s) or change existing service(s) for person already receiving waiver services (attach explanation of need for change[s])

_____ Other: _____

(over)

Name: _____

IV. REASON FOR REQUEST:
(attach additional sheets if needed)

IQ Level: _____ **ICAP Score:** _____

Active Waiver Enrollment: _____ ID _____ LAH

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(For Regional Office Use)

Date Received: _____

Follow-up Actions/Comments:

RCS Director/Designee

Date

For waiver requests

MSIQ Screen review date: _____ **Status:** _____ **Certifying Agency:** _____

Waiver list ranking as of: _____ **Statewide Rank #:** _____ **Crit Score:** _____
(Date)

CSD Action: _____ **Date:** _____

Cc: RCS Director RCS File Liaison Provider(s) _____

**Regional Community Services
REQUEST FOR REGIONAL ACTION (RFA) FORM – Instructions**

Each Regional Community Services Office will act in an advisory capacity to providers of ID Services by providing consultation, oversight and technical assistance. A person will be assigned in each Regional Office to be responsible for coordinating receipt and follow-up of all technical assistance requests. Assistance may be provided in accessing resources, obtaining information, training coordination and implementation, service development and consultation as needed for review of crisis/emergency situations.

Community providers who need programmatic consultation/assistance from a Regional Community Services office will complete the Request for Regional Action Form and submit it to the RCS Director/designee. Case Managers will submit RFAs for individual requests. One (1) form per person is to be completed. Requests will be dated upon receipt in the Regional Community Services Office. The RCS Director/Designee or assigned specialist will review the request and indicate action taken and/or needed follow-up instructions/recommendations, including the need for additional information.

Upon review/completion of requests, copies of the form are distributed to appropriate RCS staff, individual record and community provider(s). Notification of disposition may be completed in Notes in the Alabama Division of Intellectual Disabilities Information System (ADIDIS).