

Ohio Department of Mental Retardation and Developmental Disabilities

**Acuity Assessment Instrument (AAI) Override Form:
Administrative Review for the Adult Day Services Array**
SUBMIT THIS REQUEST FORM TO: aai.support@odmrdd.state.oh.us

County Name	County Board/ COG Staff Name Making the Request
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OMDRDD number (if known):	
Enrollee Last Name:	Enrollee First Name:
Guardian's Last Name:	First Name:

Group Assignment Information

Assigned AAI Group:	Requested AAI Group:
Current Waiver Span: to	Dates for New Group: to

Reason for New Group Assignment and Budget Limitation:

Submission of this form via Email implies the following statements are affirmed by the sender:

- **The instructions for the AAI override form have been followed.**
- **Responsibility for providing the local waiver matching funds to serve this individual in the new staff intensity group requested is the obligation of the requesting County Board of MR/DD.**
- **The individual/guardian, service provider(s) listed and the county board of mr/dd agree with the need to assign the new staff intensity group requested.**
- **The county board superintendent or designee has authorized the assignment of the new staff intensity ratio resulting from the group assignment requested.**

*ODMRDD will notify the individual and county board/COG, via E-mail, of its determination within 10 calendar days following receipt of a completed request. At that time, the department, in writing, shall provide the individual of his/her due process rights and responsibilities as set for the in section 5101.35 of the Ohio Revised Code. Notification will be sent to the individual or his/her legally appointed guardian, using the addresses provided on the front of this form. **To request a copy of this form in Microsoft Word format, please send your request to aai.support@odmrdd.state.oh.us .***