

# Ohio Department of Developmental Disabilities

**Acuity Assessment Instrument (AAI) Override Form:  
Administrative Review for the Adult Day Services Array**  
**SUBMIT THIS REQUEST FORM TO: [IDS.Support@dodd.ohio.gov](mailto:IDS.Support@dodd.ohio.gov)**

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

### Group Assignment Information

<b>Assigned AAI Group:</b>	<b>Requested AAI Group:</b>
<b>Current Waiver Span:</b> <b>to</b>	<b>Dates for New Group:</b> <b>to</b>

### 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 DD.**
- **The individual/guardian, service provider(s) listed and the county board of 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.**

*ODODD 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 [IDS.Support@dodd.ohio.gov](mailto:IDS.Support@dodd.ohio.gov) .***