

Federal guidelines for Augmentative and Alternative Communication Devices

UnitedHealthcare Community Plan of Arizona

Augmentative and Alternative Communications (AAC) devices are used to establish functional communication when natural speech methods are insufficient for individuals to achieve daily communication goals and meet communication needs.

To help support the care you provide to our members, we want to share federal guidelines regarding the use of these devices by UnitedHealthcare Community Plan members.



Requirements from the Americans with Disabilities Act

In accordance with the [Americans with Disabilities Act](#), UnitedHealthcare Community Plan members who use AAC devices and/or applications on cell phones or tablets must be allowed to use the equipment in all locations to allow them to communicate.

Additionally, applicable providers, such as behavioral health residential facilities and hospitals, must make available appropriate auxiliary aids and services where necessary to help ensure individuals with disabilities are able to communicate effectively. Health care professionals should consult with members/families whenever possible to determine what type of auxiliary aid is needed for effective communication. Providers are ultimately responsible for determining what type of auxiliary aid is used as long as the chosen auxiliary aid results in effective communication for the member.



Training requirements

Behavioral and physical health facilities must train staff members who are deemed “qualified professionals” to effectively communicate with the individual using the AAC device. This training is required by the ADA, which defines “qualified professional” as a speech pathologist who has experience with AAC users.



We're here to help

If you have questions about these requirements, please email UHCCPDD@uhc.com.



Privacy and safety guidelines

If there are concerns about privacy, cameras or recording apps may be disabled during a behavioral or physical health stay. Health care professionals in congregate settings should also develop individualized behavior plans in conjunction with a Board-Certified Behavior Analyst (BCBA) or other Behavioral Health Professional/Behavioral Health Technician (BHP/BHT) to address behaviors where AAC devices are misused. This will allow for cybersecurity protection to help prevent access to outsiders, and users from using the equipment for activities that may present a danger to oneself or others.

A health care professional may only replace an AAC device with an alternate communication device if an individual presents with immediate risk of harm to self or others and other reasonable interventions have failed (such as a modified behavioral plan), and the alternate communication device provides an effective means of communication. Additional monitoring with 1:1 staff may be required as part of a member's treatment plan to ensure the AAC is used safely for intended purpose of communication. Examples of low-tech alternatives include printed pictures from the individual's AAC device and laminated communication sheets.