



NEW HAMPSHIRE MEDICAID

Form #288-SG
12/2024

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) AIDS SAFEGUARDING PLAN

A safeguarding plan outlines where the AAC equipment will typically be used, describes the steps that will be taken to keep the device safe and in good working order while at these locations, and identifies the person(s) responsible for keeping the equipment safe while at each location. Please complete this form annually by October 31st, and submit by mail or by fax to:

Medicaid Medical Services
129 Pleasant Street, Concord, NH 03301
Fax: 603-314-8101/Email: ServiceAuthorizationFFS@dhhs.nh.gov

Medicaid Recipient's Name: _____ **Device:** _____

	A description of how the device will be kept safe while at this location	The name, title, and phone number of person responsible for the device while it is at this location
At the recipient's home		
While the device is being transported to/from the home (e.g., on the bus)		
While the device is being transported within a location (e.g., at school, or within the community)		
In the classroom, at work, or in a similar environment		
While mounted on the recipient's wheelchair (if applicable)		

Signatures and contact information of the recipient or the recipient's parent or guardian, and the person(s) responsible for downloading and synchronizing/backing-up software applications and programming, installing and updating virus protection (if applicable), and coordinating this safeguarding plan:

_____	_____	_____
Signature and title	Phone number	Date
_____	_____	_____
Signature and title	Phone number	Date
_____	_____	_____
Signature of Recipient or Parent/Guardian	Phone number	Date