



KEYSTONE
AUTISM SERVICES

**Adult Community Autism Program
(ACAP)**

Participant Handbook

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Section – 1

Welcome

Welcome to the Keystone Autism Services Adult Community Autism Program

Welcome to the Keystone Autism Services Adult Community Autism Program. Please review this Handbook carefully and keep it after you finish reviewing it. It includes useful information about the Adult Community Autism Program (ACAP).

If you have any questions about this Handbook or ACAP, call your Supports Coordinator.

What Is ACAP?

ACAP is a home and community-based managed care program that provides physical, behavioral, and community services to adults with an Autism Spectrum Disorder (ASD). ACAP helps adults with an ASD diagnosis participate in their communities in the way that they want to, based upon their identified needs.

Role of Keystone Autism Services

Keystone Autism Services (KAS) is responsible for making sure you are healthy and safe, you are happy with the services you are getting, and you get the services you need.

Role of the Bureau of Supports for Autism and Special Populations

Pennsylvania's Bureau of Supports for Autism and Special Populations (BSASP) is responsible for managing ACAP. This is done in many ways. BSASP staff:

- Send out applications for ACAP and check whether an applicant is eligible for ACAP.
- Talk to some participants each year to check if they are receiving the services included in their Individual Support Plan (ISP).
- Monitor KAS to make sure KAS is providing the services KAS is supposed to provide.
- Occasionally make changes to ACAP and to the policies KAS and participants must follow.

Member Identification Cards

The following image is an example of an ACAP identification card that you should give to your provider when you have an appointment.

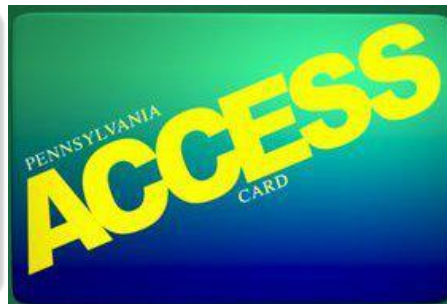
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| <p>ACAP PROGRAM HEALTH CARE MANAGEMENT</p> <hr/> <p>Program Name: ACAP Service Provider: Keystone Autism Services Service Provider Phone Number: 717-220-1465 Service Provider Contact Person: Dan Rossi, Director of Provider Relations Pam Nowland, Claims Processing</p> <p>Participant Name: [First and Last Name] Participant Identification Number: ##### Participant Effective Date: MM/DD/YYYY</p> | <p>ACAP PROGRAM CLAIMS ADMINISTRATION</p> <p>Please call Keystone Autism Services at 1-877-501-4715 for verification of participant coverage and claim information.</p> <p>Claims should be submitted to: Keystone Autism Services P. O. Box 60274 Harrisburg, PA 17106-0274</p> <p>NOTICE: EMERGENCY SERVICES MAY BE RENDERED TO THE PARTICIPANT BY NON-NETWORK PROVIDERS WITHOUT PRIOR AUTHORIZATION</p> |
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The front of the ACAP card, which is on the left, includes your Participant identification number. This is the same number as your Medical Assistance identification number. The Participant effective date is the date that you enrolled with ACAP and began to receive your services.

The back of the ACAP card is on the right. It includes the same information for everyone who is enrolled in ACAP. Providers can use the toll-free number if they have questions about insurance coverage, claims submissions, and the provider network.

If your ACAP card is lost or stolen, please contact your Supports Coordinator for a new card. Your services will continue while you wait for your new card.

You will also get an ACCESS or EBT card. You will need to present this card along with your ACAP card at all appointments. If you lose your ACCESS card, call your County Assistance Office (CAO). The phone number for the CAO is listed below under the **Important Contact Information** section. You will receive one of the following two cards.



Until you get your ACAP card, use your ACCESS card for the services you get through ACAP.

Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure whom to call, please contact KAS for help at 1-877-501-4715 or 717-220-1465.

Emergencies

Please see [page 31](#) for more information about emergency services. If you have an emergency, you can get help by calling the nearest emergency department, calling 911, or contacting your local ambulance service.

Crisis

If you are at risk of causing serious harm to yourself or others, call the KAS crisis line at 1-877-501-4715 or 717-220-1465 and ask to speak to a Behavioral Specialist. If you call Monday through Friday between 5:00 pm and 8:00 am or on the weekends, you will be connected to an answering service and can ask to speak to the on-call Behavioral Specialist about your crisis event.

Important Contact Information – At a Glance

| Name | Contact Information: Phone and Website | Support Provided |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pennsylvania Department of Human Services | | |
| Office of Medical Assistance Programs | 1-888-466-2787 | Ask for help with physical health services and medications that are not covered by ACAP. |
| Office of Mental Health and Substance Abuse Services | 1-877-356-5355 | Ask for help with mental health and substance abuse services and behavioral health drug benefits. |
| Department of Human Services Pharmacy Questions | 1-800-537-8862 Option #1 http://www.dhs.pa.gov/provider/pharmacieservices/provider/pharmacypriorauthorization/generalrequirements/ | Ask for help with getting your medication or call for prior authorizations of medications. |
| COMPASS | www.compass.state.pa.us myCOMPASS PA mobile app for smart phones 1-800-692-7462 1-800-451-5886 (TTY/TTD) | COMPASS is a tool that can be used to apply for many health and human service programs and can be used to change your personal information for Medical Assistance eligibility. |
| Statewide Customer Services Center | 1- 877-395-8930 | Call to report changes to your personal information for eligibility for programs such as Medical Assistance, Cash Assistance, SNAP, LIHEAP, or Long Term Living Services. |
| Fraud and Abuse Reporting Hotline, | 1-844-347-8477 (toll free) | Report participant or provider fraud or abuse in the Medical Assistance |

| | | |
|-----------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Department of Human Services | | Program. See page 21 of this handbook for more information. |
| <u>Adult Protective Services, and Older Adult Protective Services</u> | 1-800-490-8505, | Call to report suspected abuse, neglect, exploitation, or abandonment of you or an adult over age 60 or an adult between age 18 and 59 who has a physical or mental disability. |
| ChildLine | 1-800-932-0313 | Call to report suspected child abuse or general child well-being concerns. |
| County Assistance Offices | | |
| Chester County | 1-888-814-4698 610-466-1000 | Call for help with getting services for you and your family. |
| Cumberland County | 1-800-269-0173 717-240-2700 | |
| Dauphin County | 1-800-788-5616 717-787-2324 | |
| Lancaster County | 717-299-7411 | |
| Legal Aid | | |
| Chester County Legal Aid of Southeastern Pennsylvania | 1-877-429-5994 (800) 326-9177 | Call if you need free legal aid help. |
| Cumberland County MidPenn Legal Services | 1-800-822-5288 (800) 326-9177 | |
| Dauphin County MidPenn Legal Services | 1-800-932-0356 (800) 326-9177 | |
| Lancaster County MidPenn Legal Services | 1-800-732-0025 (717) 299-0971 | |
| Other Important Phone Numbers | | |
| National Suicide Prevention Lifeline | 1-800-273-8255 | Call for 24/7, free and confidential support if you or someone you know is in distress or in crisis. |
| Poison Control | 1-800-222-1222 | Call to speak to an expert about what to do if you or someone you know may be poisoned. |

Advocacy and Support Groups

For information on autism advocacy and support groups, please contact The ASERT Collaborative (ASERT = Autism Services, Education, Resources and Training).

- Visit www.PAutism.org
- Call 1-877-231-4244
- Email in English to info@PAutism.org

- Email in Spanish to ASERTespanol@PAautism.org

If you need help with contacting ASERT or finding an autism advocacy or support group, please ask your ACAP Team.

Communication Services

KAS can provide this Handbook and other information you need in languages other than English at no cost to you. KAS can also provide your Handbook and other information you need in other formats such as compact disc, Braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact your Supports Coordinator to ask for any help you need. Depending on the information you need, it may take up to 5 business days for KAS to send you the information.

KAS will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call your Supports Coordinator who will connect you with the interpreter service that meets your needs. For TTY services, please use the free 711 telecommunication relay service from the Federal Communications Commission (FCC). In Pennsylvania, Hamilton Relay provides this service. Just dial 711 and you or the person calling you will be connected with a Communication Assistant that will help you with your call (see below for more detailed instructions). There are no time limits on the length of a call and Hamilton Relay is always available for a call. All relay calls are confidential. There are no records of calls and calls are not recorded.

Instructions for how PA Relay TTY works can be found here:
http://www.hamiltonrelay.com/state_711_relay/how_it_works/tty.html.

Additional information can be found at the following websites:

- FCC TTY General Overview and Information:
http://www.hamiltonrelay.com/state_711_relay/state.html
- 711 User Guide Information:
<http://transition.fcc.gov/cgb/consumerfacts/711.pdf>
- FCC Disability Rights Office for TTY related customer service:
202-418-2517 or 202 418-1468
- Pennsylvania Public Utility Commission for information on PA Relay 711 Services:
http://www.puc.state.pa.us/consumer_info/telecommunications/pa_relay_services.aspx
- PA Relay Call Me Cards (gives callers information on how to reach you using a TTY):
http://www.hamiltonrelay.com/downloads/state_callme_card_pdfs/pa_callme_cards.pdf

If your primary care provider (PCP) or other provider cannot provide an interpreter for your appointment, KAS will provide one for you. Call your Supports Coordinator if you need an interpreter for an appointment.

Enrollment in ACAP

Staying Eligible for Medical Assistance

In order to get services in ACAP, you need to stay eligible for Medical Assistance. You will get paperwork and/or a phone call about renewing your eligibility for Medical Assistance. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call your Supports Coordinator or your CAO.

MA-51 Medical Evaluation Form

To continue getting services in ACAP, you must have a Pennsylvania-licensed physician complete an MA-51 Medical Evaluation form every year. The MA-51 form is used to confirm your diagnosis of autism. It also confirms that you continue to need the level of care required to be eligible for ACAP.

- Your Supports Coordinator will send a reminder letter to you about 60 days before the MA-51 form is due.
- Your Supports Coordinator will remind you that the MA-51 form needs to be completed. Your Supports Coordinator can also help you schedule an appointment with your doctor.
- The MA-51 form **MUST** be submitted to your Supports Coordinator on time. Your reminder letter will include a due date for your MA-51. Pay attention to the due date. If you do not submit a completed MA-51 by the due date, you will be given one-additional month to have the form completed. If you again fail to submit a completed MA-51, you will be given 30 additional days to submit a completed form. During that time, you will only be allowed to get medical services. If you do not submit a completed MA-51 by the due date identified, you will be disenrolled from ACAP.

If you have questions about completing the MA-51 form, ask your Supports Coordinator for help.

Changes in the Household

Call your CAO and your Supports Coordinator if there are any changes to your household.

For example:

- Someone in your household is pregnant or has a baby
- Your address or phone number changes
- You or a family member who lives with you gets other health insurance
- You or a family member who lives with you gets very sick or becomes disabled
- A family member moves in or out of your household
- There is a death in your family

Remember that it is important to call your CAO and your Supports Coordinator right away if you have any changes in your household because the change could affect your benefits.

What Happens If I Move?

If you move out of Cumberland, Dauphin, Lancaster, or Chester County, you will no longer be able to get services through ACAP. You may be eligible to transfer to the Adult Autism Waiver if you remain in Pennsylvania. If you move from one county where you can get your services through ACAP to another county where you can get services through ACAP (for example, Cumberland to Dauphin) you can still receive your services through ACAP. You should contact your CAO and your Supports Coordinator if you move.

If you move out of state, you will no longer be able to get services through ACAP. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Benefits

There are a few reasons why you may lose your benefits completely.

They include:

- Your Medical Assistance ends for any reason.
- You go to a nursing home outside of Pennsylvania.
- You have committed Medical Assistance fraud and have finished all appeals.
- You go to prison.

There are also reasons why you may no longer be able receive services through ACAP.

They include:

- You lied about information that was used to decide if you were eligible to enroll in ACAP.
- You leave the ACAP Service Area (Cumberland, Dauphin, Lancaster, or Chester County) for more than 30 days in a row (unless you made special arrangements with your ACAP Team).
- You enroll in a home- and community-based waiver or a Medical Assistance managed care organization.
- Your actions make it impossible for KAS to provide you or others with needed services.
- You misuse or try to misuse your Medical Assistance identification card to get ACAP services for someone else.
- You are admitted to an Institution for Mental Diseases for more than 10 days.
- You do not submit a completed MA-51 annually.
- You have failed to do the following:

- Participate in the yearly assessments
- Participate in your yearly ISP meeting
- Complete yearly requirements
- Allow a Supports Coordinator to visit your home at least once per year

If you can no longer receive services through ACAP, you will get a letter telling you the last day you can get your services through ACAP. You will be told what program could provide services to you after your disenrollment from ACAP and how you can get these services. If you disagree with the decision that you can no longer receive services through ACAP, you can file a Complaint. See [page 48](#) for more information on Complaints.

Can I Decide To Stop Receiving Services From ACAP?

You can choose to no longer receive services through ACAP at any time for any reason. If you no longer want to get your services through ACAP, you should tell KAS. You will then get a letter telling you the last day you can get your services through ACAP. You will also be told who could provide services to you after your disenrollment from ACAP and how you can get these services.

Information About Providers

KAS's provider directory has information about the providers in KAS's network. The provider directory is located online here:

<https://www.keystonehumanservices.org/assets/documents/autism-services/Network-Provider-Directory.pdf>. You may call your Supports Coordinator to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call you Supports Coordinator to get help finding a provider. The provider directory includes the following information about network providers:

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The provider's credentials and board certifications
- The specialty of and services offered by the provider
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

*The information in the printed provider directory may change. You can call your Supports Coordinator to check if the information in the provider directory is correct. KAS updates both the printed and online provider directory monthly with any changes. KAS also has both a printed and online version of the provider directory in a larger 18 text font.

If you are unsure if your current providers are part of KAS's network, you can ask them or your Supports Coordinator. If they are not part of KAS's network and you would like to continue to receive services from them, call your Supports Coordinator. KAS will try to add your provider to KAS's network.

Picking your Primary Care Physician (PCP)

Your PCP is the doctor or doctors' group who provides and works with your other health care providers to make sure you get the health care services you need. Your PCP refers you to specialists you need and keeps track of the care you get by all of your providers.

A PCP may be a family doctor, a general practice doctor, or an internist (internal medicine doctor). You may also pick a certified registered nurse practitioner (CRNP) as a PCP. A CRNP works under the direction of a doctor and can do many of the same things a doctor can do such as prescribing medicine and diagnosing illnesses.

Some doctors have other medical professionals who may see you and provide care and treatment under the supervision of your PCP.

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

If you have Medicare or other health insurance, you can stay with the PCP you have now even if your PCP is not in KAS's network. If you do not have Medicare or other health insurance, your PCP must be in KAS's network.

If you have special needs, you can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in KAS's network.

Your Supports Coordinator can help you pick your first PCP with ACAP. If you do not pick a PCP within 14 days of when you enrolled in ACAP, KAS will pick your PCP for you.

Changing Your PCP

If you want to change your PCP for any reason, call your Supports Coordinator to ask for a new PCP. If you need help finding a new PCP, you can go to <https://www.keystonehumanservices.org/assets/documents/autism-services/Network-Provider-Directory.pdf>, which includes a provider directory, or ask your Supports Coordinator

to send you a printed provider directory.

Office Visits

Making an Appointment with Your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call your Supports Coordinator.

If you do not have your ACAP card by the time of your appointment, take your ACCESS card with you. You should also contact your Supports Coordinator because your Supports Coordinator may be able to help you get your ACAP card in time for your appointment.

Appointment Standards

ACAP providers should meet the following appointment standards:

- Your PCP should see you within 7 days of when you call for a routine appointment and your specialist should see you within 7 days of referral to the specialist.
- If you have an urgent medical or behavioral condition, your PCP or the Behavioral Specialist should see you within 24 hours of when you call for an appointment and your other specialists should see you within 24 hours of referral to the specialist.
- If you have an emergency, the provider must see you immediately or refer you to an emergency room.

Referrals

A referral is when your PCP sends you to a specialist. A specialist is a doctor (or a doctor's group), or a CRNP who focuses his or her practice on treating one disease or medical condition or a specific part of the body. If you go to a specialist without a referral from your PCP, you may have to pay the bill. If KAS denies your referral, you may file a Complaint or Grievance about this decision. Please see Section 7, "Complaints, Grievances, and Fair Hearings," for more information.

If KAS does not have at least 2 specialists in your area and you do not want to see the one specialist in your area, KAS will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact KAS to let KAS know you want to see an out-of-network specialist and get approval from KAS before you see the specialist.

Your PCP will help you make the appointment with the specialist. The PCP and the specialist will work with you and with each other to make sure you get the health care you need.

Sometimes you may have a special medical condition where you need to see the specialist often. When your PCP refers you for several visits to a specialist, this is called a standing

referral.

For a list of specialists in KAS's network, please see the provider directory on our website at <https://www.keystonehumanservices.org/assets/documents/autism-services/Network-Provider-Directory.pdf> or call your Supports Coordinator to ask for a printed provider directory.

Self-Referral

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the service. If you do not have Medicare or other health insurance, you must use an ACAP network provider unless KAS approves an out-of-network provider.

The following services do not require referral from your PCP:

- Prenatal visits
- Routine obstetric (OB) care
- Routine gynecological (GYN) care
- Routine family planning services (may see out-of-network provider without approval)
- Routine dental services
- Routine eye exams
- Emergency services

You do not need a referral from your PCP for behavioral health services. You can call your Supports Coordinator for more information.

After Hours Care

You can call your PCP for non-emergency medical problems 24 hours a day, 7 days a week. On-call health care professionals will help you with any care and treatment you need.

Participant Engagement

Suggesting Changes to Policies and Services

KAS would like to hear from you about ways to make your experience better. If you have suggestions for how to make the program better or how to deliver services differently, please contact your Supports Coordinator. Your Supports Coordinator can help you share your suggestions with KAS.

Member Advisory Committee

KAS has a Member Advisory Committee that includes ACAP participants and family members; network providers representing the scope of services provided by ACAP; representatives from the religious, law, and ethics communities; and KAS employees. The Committee provides advice to KAS about the experiences and needs of members like you. For more information

about the Committee, please call 717-220-1465 or 1-877-501-4715 (toll free) or visit their website at <https://www.keystonehumanservices.org/autism-services/>.

Section – 2

Rights and Responsibilities

Participant Rights and Responsibilities

KAS and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a participant in ACAP, you have the following rights and responsibilities:

Participant Rights

You have the right:

- To be treated with respect, recognizing your dignity and need for privacy, by KAS staff and network providers.
- To get information in a way that you can easily understand and find when you need it.
- To get information that you can easily understand about ACAP, its services, and the doctors and other providers that treat you.
- To pick the network providers that you want to treat you.
- To get emergency services when you need them from any provider without KAS's approval.
- To get information that you can easily understand and to talk to your providers about your treatment options, risks of treatment, and tests that may be self-administered without any interference from KAS.
- To make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
- To talk with providers in confidence and to have your health care information and records kept confidential.
- To see and get a copy of your records kept by KAS and BSASP and to ask for changes or corrections to your records.
- To ask for a second opinion.
- To file a Grievance if you disagree with KAS's decision that a service is not medically necessary for you.
- To file a Complaint if you are unhappy about the care or treatment you have received.
- To ask for a DHS Fair Hearing.
- To request to transfer to the Adult Autism Waiver at any time.
- To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
- To get information about services that ACAP or a provider does not cover because of moral or religious objections and about how to get those services.
- To exercise your rights without it negatively affecting the way DHS, KAS, and network providers, treat you.
- To not be abused, neglected, exploited, or abandoned and to be able to report to

_____ if you are abused, neglected, exploited, or abandoned. See more information on Adult Protective Services and Older Adult Protective Services on page [xx].

- To create an advance directive. See page x for more information.
- To access your medical records and request that they be amended or corrected in accordance with Federal and State laws.
- To make recommendations about the rights and responsibilities of KAS's participants.

Participant Responsibilities

Participants need to work with their providers of services. KAS needs your help so that you get the services and supports you need.

These are the things you should do:

- Provide, to the extent you can, information needed by your providers.
- Follow instructions and guidelines given by your providers.
- Be involved in decisions about your health care and treatment.
- Work with your providers to create and carry out your treatment plans.
- Tell your providers what you want and need.
- Learn about ACAP coverage, including all covered and non-covered benefits and limits.
- Use only network providers unless KAS approves an out-of-network provider or you have Medicare.
- Get a referral from your PCP to see a specialist.
- Respect other patients, provider staff, and provider workers.
- Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality

KAS must protect the privacy of your protected health information (PHI). KAS must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you so that KAS can pay your providers. It also includes sharing your PHI with DHS. This information is included in KAS's Notice of Privacy Practices. To get a copy of KAS's Notice of Privacy Practices, please call your Supports Coordinator or visit KAS's website at https://www.keystonehumanservices.org/assets/documents/hipaa/Notice-of-Privacy-Practices-KAS-PA_Sept-2013-Update.pdf.

Co-payments, Co-insurance, Deductible

A co-payment is a set amount you pay for some covered services and is usually only a small amount. Co-insurance is a percentage of the cost you pay for a covered service. A deductible is the amount you pay for health care services before your private insurance begins to pay. Providers should bill KAS for co-payments, co-insurance or deductibles instead of charging you at your appointment.

You cannot be denied a service if you are not able to pay a co-payment at that time.

If a provider charged you for a co-payment or deductible and you believe you should not have to pay, you can contact your health insurance company about the co-payment requirements for your plan. If you do not have other insurance and you believe that a provider charged you for a co-payment or deductible you should not have to pay, you can contact your Supports Coordinator or the Director of Provider Relations for help in resolving the issue with the provider.

Room and Board

If you receive Residential Habilitation services, you will need to pay for the cost of your housing and food (known as room and board). If you get Supplemental Security Income (SSI), you must pay 72% of your SSI payment to KAS for room and board for the days that you receive Residential Habilitation services. If you get SSI and State Supplementary Payment (SSP), you must pay 72% of your SSI payment and SSP to KAS for room and board for the days that you receive Residential Habilitation services. You and KAS must both sign a Room and Board contract.

Billing Information

Providers in KAS's network may not bill you for medically necessary services that ACAP covers. Even if your provider has not received payment for the full amount of his or her charge from KAS, the provider may not bill you. This is called balance billing.

When Can a Provider Bill Me?

Providers may bill you if:

- You received services from an out-of-network provider without approval from KAS and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received services that are not covered by ACAP and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received a service from a provider that is not enrolled in the Medical Assistance Program.

What Do I Do if I Get a Bill?

If you get a bill from a KAS network provider and you think the provider should not have billed you, you can contact your Supports Coordinator and provide him or her with the original bill or a copy of the bill for review by KAS. You can also call KAS Provider Relations at 717-220-1465, x421 or x423.

If you get a bill from a provider for one of the above reasons that a provider is allowed to bill you, you should pay the bill or call the provider.

Third-Party Liability

You may have Medicare or other health insurance. Medicare and your other health insurance is your primary insurance. This other insurance is known as “third party liability” or TPL. Having other insurance does not affect your Medical Assistance eligibility. In most cases, your Medicare or other health insurance will pay your PCP or other provider before KAS pays. KAS can only be billed for your co-payment, co-insurance and deductible.

You must tell both your CAO and your Supports Coordinator if you have Medicare or other health insurance. When you go to a provider you must tell the provider about all forms of medical insurance you have and show the provider your Medicare card or other insurance card, ACCESS or EBT card, and your ACAP card. This helps make sure your health care bills are paid timely and correctly. When you go to a pharmacy, you should show your Medicare, health insurance card, and ACCESS or EBT card instead of your ACAP card because ACAP does not cover prescription drug costs.

Coordination of Benefits

If you have Medicare and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in KAS’s network. You also do not have to get prior authorization from KAS or referrals from your Medicare PCP to see a specialist. KAS can be billed for the co-payment, co-insurance or deductible that Medicare does not pay.

If you need a service that is not covered by Medicare but is covered by ACAP, you must get the service from a KAS network provider. All ACAP rules, such as prior authorization and specialist referrals, apply to these services.

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in the network of your other insurance. You need to follow the rules of your other health insurance, such as prior authorization and specialist referrals. KAS can be billed for the co-payment, co-insurance or deductible that your other health insurance does not pay.

If you need a service that is not covered by your other insurance, you must get the service from a KAS network provider. All ACAP rules, such as prior authorization and specialist referrals, apply to these services.

Reporting Fraud or Abuse

If you think that someone is using your or another participant's ACAP card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call KAS at 1-877-501-4715 or 717-220-1465. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

How Do I Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud you can call KAS at 1-877-501-4715 or 717-220-1465. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

Section 3 – Services

Covered Services

The chart below lists services that are covered by ACAP when the services are medically necessary. Some of the services have limits, need a referral from your PCP, or require prior authorization by KAS.

| Service | Brief Description | PCP Referral Required | ACAP Prior Authorization Required | Limits |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|------------------------------|
| Assistive technology | An item or piece of equipment that you can use to help you communicate or do things yourself. | | ✓ | \$10,000 over your lifetime. |
| Audiologists services | Medical services which provide help with hearing loss, balance, prevention of hearing loss, and hearing aids. | ✓ | ✓ | |
| Career planning services | Helps you identify a career direction and come up with a plan for getting a job that pays at least minimum wage. | | ✓ | |
| Certified registered nurse practitioner services | Health care services provided by an advanced-practiced registered nurse. Can also include primary care. | ✓ | | |
| Chiropractor's services | Services from a doctor who emphasizes the body's ability to heal itself, which often involves spinal manipulation, exercise, and stretching. | ✓ | ✓ | |
| Community transition services | Payment for one-time expenses, such as security deposits, moving expenses, and household goods, if you move from an institution to your own home, apartment, or other living arrangement. | | ✓ | |
| Counseling (group and individual) | Services from a mental health professional which can help you resolve personal, social, or psychological problems. | | ✓ | |

| Service | Brief Description | PCP Referral Required | ACAP Prior Authorization Required | Limits |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-------------------------------------------------------------|
| Day habilitation | Help with learning, keeping, and improving skills needed for you to live independently in a community, including help with activities of daily living and instrumental activities of daily living. | | ✓ | |
| Dentist's services: preventative and routine | Medical services from a licensed doctor that include diagnosing and preventing diseases, disorders, and conditions related to teeth. This doctor also encourages oral hygiene and healthy gums. Routine services include normal cavity fillings, repair of fillings and follow-up visits as a result of a preventative visit. | | | Two visits per year for exams, cleanings and x-rays |
| Dentist's services: non-routine | Medical services from a licensed doctor that are in addition to two preventative visits per year and routine dental services. Examples are crowns, special cavity fillings, oral surgery, root canal, endodontists services, periodontist services, or anesthesia for routine or non-routine services. | | ✓ | Orthodontic and cosmetic services are not covered services. |
| Family support | Counseling and training for your family and informal supports (such as friends or neighbors) to help develop and keep healthy relationships in order to help you meet the goals in your ISP. | | ✓ | |
| Health promotion and disease prevention services | Services which encourage you to choose healthy behaviors and make choices that reduce the risk of stress and chronic disease. | | ✓ | |
| Home Health Services | Health care or supportive care provided by a professional caregiver in your home. | ✓ | ✓ | |

| Service | Brief Description | PCP Referral Required | ACAP Prior Authorization Required | Limits |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-------------------------------------------------------------|
| Home modifications- | Physical changes to your home, such as ramps or grab bars, to make your home safe and allow you to be more independent in your home. | | ✓ | \$20,000 over a 5-year consecutive period in the same home. |
| Homemaker/chore services | Homemaker services help you maintain your home and include cleaning services, meal preparation, and general household care. Chore services help you keep your home clean and in a safe condition through services such as washing floors, windows, or walls; repairing loose rugs or tiles; and helping you learn how to organize your home. | | ✓ | |
| Hospice services | Home care that provides treatment if you are terminally ill to manage pain and physical symptoms and provide supportive care. | ✓ | ✓ | |
| Intermediate care facility services | A health facility that provides medically related services for a variety of medical conditions, but without the care of a hospital/nursing home. | ✓ | | |
| Medical supplies and durable medical equipment | A medical item or devise that can be used in your home or any setting where normal life activities occur and is generally not used unless you have an illness or injury. | ✓ | ✓ | |
| Mental health crisis intervention services | Services which provide immediate, short term help to individuals who experience emotional, mental, or behavioral emergencies. No prior authorization is needed for emergency services. | | | |

| Service | Brief Description | PCP Referral Required | ACAP Prior Authorization Required | Limits |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|--------|
| Non-emergency medical transportation to services covered under the Medical Assistance Program | Transportation services to regularly scheduled doctors' appointments and other medically related needs which are not urgent. | | ✓ | |
| Non-medical transportation | Helps you travel to your services, and if other transportation is not available, to other services and activities included in your ISP. | | ✓ | |
| Nursing facility services | A facility that provides medically necessary services from nurses, therapists (physical/ occupational/ speech), but is not considered a hospital. | ✓ | ✓ | |
| Nutritional consultation- | Helps you, your family, or caregiver plan meals that meet your nutritional needs and avoid any problem foods | | ✓ | |
| Obstetrics and gynecological services | Medical services from a licensed doctor that include an annual gynecological exam and PAP test. | | ✓ Annual gynecological exam or PAP test do not require prior authorization. | |
| Occupational therapy | Includes evaluating your skills and helps you recover from physical and mental illness by changing daily activities so that you can perform them. | | ✓ | |
| Ophthalmologist specialty services | Specialty services provided by a licensed eye care doctor. | ✓ | ✓ | |

| Service | Brief Description | PCP Referral Required | ACAP Prior Authorization Required | Limits |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------|----------------------------------------------------------------------|
| Optometrists and ophthalmologist services: annual | Services provided annually by a licensed eye care doctor. Includes annual eye exam, annual contact lens exam (if separate), eyeglasses, and contact lenses. | | | Limit of \$200 for eye glasses or contact lenses in a calendar year. |
| Outpatient psychiatric clinic services | Mental health, substance abuse, and community mental health services provided at a non-residential facility or office. | ✓ | ✓ | |
| Personal assistance services | Hands-on help for activities of daily living such as eating, bathing, dressing, and toileting. | | ✓ | |
| Physical/mobility therapy | Includes evaluation and treatment of you to limit or prevent disability after an injury or illness. | ✓ | ✓ | |
| Physician services (other than PCP) | Medical specialists you will be referred to by your PCP, including emergency services. | ✓ | ✓ Emergency services do not require prior authorization. | |
| Podiatrists services | The medical care and treatment of the foot. | ✓ | ✓ | |
| Primary care physician (PCP) | A doctor or doctor's group who provides and works with your other health care providers to make sure you get the health care services you need. | | | |
| Prosthetic eyes and other eye appliances | Services which provide an artificial eye, glass eyes, or ocular prosthesis which replaces an absent natural eye. | ✓ | ✓ | |

| Service | Brief Description | PCP Referral Required | ACAP Prior Authorization Required | Limits |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|--------|
| Residential habilitation | Services delivered in a provider-owned or operated setting where you live. Services include community integration, nighttime help, and personal assistance services to help with activities of daily living and instrumental activities of daily living. Services help you get the skills needed to be as independent as possible and fully participate in community life. | | ✓ | |
| Respiratory services | Services which employ scientific principles to identify, treat, and prevent acute or chronic dysfunction of the lungs. | ✓ | ✓ | |
| Respite | Short-term service to help you when your unpaid caregiver is temporarily unavailable to provide support. | | ✓ | |
| Specialized skill development services | Teaches you skills to help with challenges you may have because of limited social skills, rigid thinking, difficulty interpreting cues, limited communication skills, or other reasons. | | ✓ | |
| Speech/Language therapy | Evaluation, treatment, support, and care for difficulties with communication. | | ✓ | |
| Supported employment services | Services that help you keep a job where you are self-employed or employed in a competitive, integrated job, which is a job that pays at least minimum wage and includes people without disabilities doing the same or similar work. | | ✓ | |
| Supports coordination | Service provided by your Supports Coordinator, including helping to develop an ISP to meet your needs. | | ✓ | |

| Service | Brief Description | PCP Referral Required | ACAP Prior Authorization Required | Limits |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------|
| Targeted case management services | Services that help you access medical and social services you need, promote your well-being, and ensure you have freedom of choice of services and providers. | | ✓ | |
| Transitional work services | Provides opportunities for you to work with other people with disabilities and support for transition to competitive, integrated employment, which is a job that pays at least minimum wage and includes people without disabilities doing the same or similar work. | | ✓ | |
| Vehicle modification services | Physical changes to a car or van that is your main form of transportation in order to accommodate your special needs. | | ✓ | \$10,000 over a 5-year period. The 5-year period begins with the first use of vehicle modification services. |
| Visiting nurse services | A nurse who visits and treats you in your home that works for an agency. Visiting nurse services require a physician order. | | ✓ | |

Services That Are Not Covered

Listed below are the services that ACAP does not cover. These services are covered under Medical Assistance (fee-for-service). If you need one of the below services, show your provider your ACCESS card.

- Medications
- Experimental medical procedures, medicines, and equipment
- Inpatient hospital facility services
- Ambulatory surgical center services
- Renal dialysis services
- X-ray clinic services

- Laboratory services

If you have any questions about whether or not ACAP covers a service for you, please call your Supports Coordinator or the Director of Provider Relations at (717) 220-1465 x423.

Second Opinions

You have the right to ask for a second opinion if you are not sure about any medical treatment, service, or non-emergency surgery that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost.

Call your Supports Coordinator to ask for the name of another KAS network provider to get a second opinion. If there are not any other providers in KAS's network, you may ask KAS for approval to get a second opinion from an out-of-network provider.

What Is Prior Authorization?

Some services or items need approval from KAS before you can get the service. This is called prior authorization. For services that need prior authorization, KAS decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to KAS for approval before you get the service.

What Does Medically Necessary Mean?

“Medically necessary” means that a service, item, or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability.
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury or disability.
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities of someone of the same age.
- It will help you live in the community, meet your goals, and be able to live and work where you want to.

If you need any help understanding when a service, or item is medically necessary or would like more information, please call your Supports Coordinator.

How to Ask for Prior Authorization

If you need to request prior authorization for a service or item, you should contact your Supports Coordinator or your Behavioral Specialist (BS).

When will I Receive a Decision?

KAS will review the request to prior authorize the service or item and the information you or your provider submitted in support of the request. KAS will tell you of its decision within 5 days of the date KAS received the request if KAS has enough information to decide if the service or item is medically necessary.

If KAS does not have enough information to decide the request, KAS must tell your provider within 3 days of receiving the request that KAS needs more information to decide the request and allow 7 days for the provider to give KAS more information. KAS will tell you KAS's decision within 2 business days after KAS receives the additional information.

You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

What If I Receive a Denial Notice?

If KAS denies a request for a service or item or does not approve it as requested, you can file a Grievance or a Complaint. See Section 7, "Complaints, Grievances, and Fair Hearings" for detailed information on Complaints and Grievances.

Additional Descriptions of Services

Dental Care Services

ACAP covers some dental benefits. ACAP covers medical services from a licensed doctor that include diagnosing and preventing diseases, disorders, and conditions related to teeth. Dental services also include encouraging good oral hygiene and healthy gums. Preventative services include two visits per year for exams, teeth cleanings and x-rays. Routine dental services include cavity fillings, repair of fillings and follow-up visits as a result of issues discovered during a preventative visit. ACAP also covers crowns, oral surgery, root canal, endodontist services, periodontist services, and anesthesia for routine or non-routine services if the services are prior authorized.

Emergency Services

Emergency services are services needed to treat or evaluate an emergency medical condition. An emergency medical condition is an injury or illness that is so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. If you have an emergency medical condition, go to the nearest emergency room, or dial 911. You do **not** have to get approval from KAS to get emergency services and you may use any hospital or other setting for emergency care.

Ask the hospital or other setting where you are getting emergency care to call KAS at 717-220-1465 or 1-877-501-4715 (toll free) as soon as possible so that KAS knows that you needed emergency services. You should also call your Supports Coordinator to report your emergency.

Below are some examples of emergency medical conditions. If you are unsure if your condition requires emergency services, call 911.

Emergency medical conditions

- Heart attack
- Chest pain
- Severe bleeding
- Intense pain
- Unconsciousness
- Poisoning

Urgent Care

ACAP covers urgent care for an illness, injury, or condition that if not treated within 24 hours, could rapidly become a crisis or an emergency medical condition. This is when you need attention from a doctor, but not in the emergency room.

If you need urgent care, but you are not sure if it is an emergency, call your PCP or KAS's 24-hour line at 717-220-1465 first. Your PCP or the KAS representative will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic.

If you have any questions during normal business hours (Monday-Friday 8am-5pm), please call your Supports Coordinator or Behavioral Specialist. If you are calling outside of normal business hours, call your Behavioral Specialist at 717-220-1465.

Vision Care Services

ACAP covers some vision services. ACAP will pay up to \$200 per calendar year for contacts or glasses in addition to the cost of an annual eye exam and contact lens exam (if separate). ACAP does not cover elective or specialty services (for example scratch resistant lenses, glare coating for lenses, vision therapy) unless the services are medically necessary and recommended by a qualified provider.

Durable Medical Equipment and Medical Supplies

ACAP covers Durable Medical Equipment (DME) and medical supplies. DME is a medical item or

device that can be used many times in your home or in any setting where normal life activities occur and is generally not used unless a person has an illness or injury. Medical supplies are usually disposable and are used for a medical purpose. Some of these items need prior authorization, and your physician must order them. DME suppliers must be in KAS's network.

Examples of DME include:

- CPAP (Continuous Positive Airway Pressure) machine
- Oxygen tanks
- Artificial body parts
- Foot and shoe supports
- Wheelchairs
- Crutches
- Walkers
- Splints
- Special medical beds

Examples of medical supplies include:

- Diabetic supplies (such as syringes, test strips)
- Gauze pads
- Dressing tape
- Incontinence supplies (such a pull ups, briefs, underpads)

If you have any questions about DME or medical supplies, or for a list of network suppliers, please call your Supports Coordinator or the Director of Provider Relations at (717) 220-1465 x423.

Preventive Services

Preventive services are covered for you. Preventive services help keep you healthy. Preventive services include more than just seeing your PCP once a year for a check-up. Preventive services also include immunizations (shots), lab tests, and other tests or screenings that let you and your PCP know if you are healthy or have any health problems. Visit your PCP for preventive services. He or she will guide your health care according to the latest recommendations for care. If you have questions about whether a service is a preventive service, call your Supports Coordinator.

Women can also go to a participating OB/GYN for their yearly Pap test and pelvic exam, and to get a prescription for a mammogram.

Physical Exam

Unless you had a physical exam by your PCP within the 3 months before you enrolled in ACAP, you must have a physical exam by your PCP within 3 weeks of enrolling in ACAP. You should

also have a physical exam by your PCP at least once a year. This will help your PCP find any problems that you may not know about. Your PCP may order tests based on your health history, age, and sex. Your PCP will also check if you are up to date on immunizations and preventive services to help keep you healthy.

If you are unsure about whether or not you are up to date with your health care needs, please call your PCP or your Supports Coordinator. Your Supports Coordinator can also help you make an appointment with your PCP.

Career Planning Services

Career planning services help you identify a career direction and come up with a plan for getting a job at or above the minimum wage. This service includes job finding and vocational assessment. Job finding services help you find a job that is also done by people without disabilities that pays minimum wage or more. Vocational assessment is used to develop a plan (called a Vocational Profile) to identify a career direction that meets your goals, needs, and abilities and will result in a job that is also done by people without disabilities that pays at least minimum wage. It is also used to help you if you want to be self-employed.

Specialized Skill Development Services

Specialized skill development services can teach you skills to help with challenges you may have because of limited social skills, rigid thinking, difficulty interpreting cues, limited communication skills, or other reasons. This service has three levels of support: behavioral specialist services, systematic skill building services, and community support services. Behavioral specialist services can help you with behaviors that are a problem for you and may make it hard for you to be active in the community or live at home. Systematic skill building services can help you learn skills that will increase your independence and participation in the community, including cooking, using public transportation, or keeping your home neat. Community support services help you learn, keep, and improve skills needed to live in the community, including communication, socialization, self-direction, and self-help skills.

Section 4 –

**Out-of-Network
and
Out-of-Plan Services**

Out-of-Network Providers

An out-of-network provider is a provider that does not have a contract with KAS to provide services to ACAP participants. There may be a time when you need to use a provider that is not in KAS's network. If this happens, you can ask your PCP to help you. Your PCP can contact KAS to ask that you be allowed to go to an out-of-network provider. KAS will check to see if there is another provider in your area that can give you the same type of care you or your PCP believes you need. If KAS cannot give you a choice of at least 2 providers in your area, KAS will cover medically necessary services provided by the out-of-network provider.

Getting Care While Outside of ACAP's Service Area

If you are outside of ACAP's service area and have a medical or behavioral health emergency, go to the nearest emergency room or call 911. For emergency medical or behavioral health conditions, you do not have to get approval from KAS to get care. If you need to be admitted to the hospital, you should let your PCP know. You should also ask the hospital to call KAS 717-220-1465 or 1-877-501-4715 (toll free)) as soon as possible to let KAS know about the emergency.

If you need care for a non-emergency condition while outside of the service area, call your PCP who will help you to get the most appropriate care.

ACAP will not pay for services received outside of the United States and its territories.

Out-of-Plan Services

You may be eligible to get services other than those provided by ACAP. Below are some services that are available but are not covered by ACAP. If you would like help in getting these services, please call your Supports Coordinator.

Women, Infants, and Children Program

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants and children under age 5, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information, visit the WIC website at www.pawic.com.

Domestic Violence Crisis and Prevention

Domestic violence is a pattern of behavior where one person tries to gain power or control over another person in a family or intimate relationship.

There are many different types of domestic violence. Some examples include:

- Emotional abuse
- Physical violence
- Stalking
- Sexual violence
- Financial abuse
- Verbal abuse
- Elder abuse
- Intimate partner violence later in life
- Intimate partner abuse
- Domestic Violence in the LGBTQ+ Community

There are many different names used to talk about domestic violence. It can be called: abuse; domestic violence; battery; intimate partner violence; or family, spousal, relationship or dating violence.

If any of these things are happening to you, or have happened, or you are afraid of your partner, you may be in an abusive relationship.

Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:

[National Domestic Violence Hotline](#)

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY)

[Pennsylvania Coalition Against Domestic Violence](#)

The services provided to domestic violence victims include: crisis intervention; counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

1-800-932-4632 (in Pennsylvania)

1-800-537-2238 (national)

Sexual Violence and Rape Crisis

Sexual violence includes any type of unwanted sexual contact, words or actions of a sexual nature that is against a person's will. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include:

- Rape
- Sexual assault
- Incest
- Child sexual assault
- Date and acquaintance rape
- Grabbing or groping
- Sexting without permission
- Ritual abuse
- Commercial sexual exploitation (for example: prostitution)
- Sexual harassment
- Anti-LGBTQ+ bullying
- Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy)
- Forced participation in the production of pornography

Survivors of sexual violence can have physical, mental or emotional reactions to the experience. A survivor of sexual violence may feel alone, scared, ashamed, and fear that no one will believe them. Healing can take time, but healing can happen.

Where to get help:

Pennsylvania rape crisis centers serve all adults and children. Services include

- Free and confidential crisis counseling 24 hours a day.
- Services for a survivor's family, friends, partners or spouses.
- Information and referrals to other services in your area and prevention education programs.

Call 1-888-772-7227 or visit the link below to reach your local rape crisis center.

[Pennsylvania Coalition Against Rape \(www.pcar.org/\)](http://www.pcar.org/)

You can also contact KAS at (717) 220-1465

Medicare Part D

If you have Medicare, KAS can help you to sign up for Medicare Part D to help pay for your prescription drugs. Some Medicare Part D plans have no co-payments for prescription drugs. For more information or for help signing up for Medicare Part D, call Medicare at 1-800-MEDICARE (1-800-633-4227 or TTY 1-877-486-2048) or your Supports Coordinator.

**Section 5 –
Individual Support Plan (ISP)**

Who Can Be on My ACAP Team?

Your ACAP Team will help you develop your ISP, meet your personal goals, and live life as independently as you wish. KAS staff will be part of your ACAP Team. You may choose the members of your ACAP Team in addition to KAS staff. Your ACAP Team should include important people in your life. Examples include your family, your friends, your doctors, your counselors, or any other key person in your life.

Below is a list of KAS staff that may be on your ACAP Team.

Supports Coordinator (SC): Works with you to make sure that you get the services you need that are in your ISP and coordinates these services with you and your ACAP Team. See [page 42](#) for more information on the role of a Supports Coordinator.

Community Support Professional (CSP): Meets with you in your home and community to work with you on your goals.

Skill Building Specialist (SBS): Writes a plan about how to teach you new skills such as learning to cook or use public transportation like a bus, so you can live more independently. Your SBS works with everyone who supports you, including your friends and family, to make sure your needs are met.

Behavioral Specialist (BS): Works with you and your ACAP Team on your goals. Your Behavioral Specialist helps you with any behavior you may want to work on, like managing your feelings and overcoming anxiety about trying new things.

Clinical Services Coordinator (CSC): Schedules your services including community support, supported employment, and non-medical transportation services.

Job Developer (JD): Works with you on employment, volunteer, or educational goals.

Behavioral Health Practitioner-Team Leader (TL): Makes sure everyone on your ACAP Team is working together to help you meet your goals.

Clinical Director: Works with everyone to make sure all participants' goals are being met.

Associate Clinical Director for Family Support (ACD): Works with the Clinical Director to make sure all participants' goals are being met. The ACD also may meet with you or your family to talk about things that are going well or not going well and help find ways to make things better.

Director of Provider Relations: Works with your Supports Coordinator to help find providers that can provide your services. Helps you find providers in KAS's network and helps providers that are not in KAS's network join the network.

Medical Claims Processor: Works with your Supports Coordinator as needed to help you with bills related to ACAP services you may receive.

Residential Habilitation Program Director (if you live in an ACAP Residential home): Works with you and the rest of your team to support you in your home.

Residential Habilitation Service Director (if you live in an ACAP Residential home): Works with your Program Director and your team to support you in your home.

What Is the Role of My Supports Coordinator?

As a participant in ACAP, you will be assigned a Supports Coordinator. Your Supports Coordinator's job is to find, coordinate, and monitor the supports and services you need and are listed in your ISP. Your Supports Coordinator does this by working with you; with someone else that you choose to help you, if you choose someone; and with providers of your supports and services. Your Supports Coordinator makes sure that you are healthy and safe and that the supports and services you receive are helping you the way they are supposed to help you. If you have questions or concerns about your providers, including the way your services are delivered, you should tell your Supports Coordinator.

What Is an Individual Support Plan?

An ISP is a written plan of your goals, objectives, and services. During the development of your ISP, information will be collected to help your ACAP Team understand your needs and plan for your services. Your ISP includes the services and supports that will best help you reach your goals. You are responsible for working towards the goals in your ISP. It also includes information that is useful for people who provide services to you.

Your Supports Coordinator will assist you with the process of developing your ISP. Your ISP is developed using a "person-centered" approach.

Your ISP will use language that you can understand. It will also include any special help or arrangements needed as a result of your beliefs or culture.

What Is Person-Centered Planning?

All ISPs are developed using person-centered planning. Person-centered planning focuses on your interests and what you do well rather than on things you cannot do. It means that your ISP will be designed just for you and will be different from anyone else's plan. Person-centered planning is a way for you to say what is important to you. Person-centered planning is used because an ISP that does not have what you like and think is important will not be very good at helping you become more independent.

Even if you have a guardian, your preferences and needs should be the focus of the service planning process. You should contribute to the person-centered planning process and decide what services you want as much as you can.

What Is the ISP Planning Process?

Every year before the ISP is updated, a Behavioral Specialist will conduct assessments to help your ACAP Team understand your needs, what is working well for you, and how your services need to be changed. The assessments include:

Scales of Independent Behavior-Revised (SIB-R)- The SIB-R is completed in person and used to assess your strengths and needs in several areas. The SIB-R looks at the following areas:

- Motor Skills
- Social Interactions and Communication Skills
- Personal Living Skills
- Community Living Skills

Parental Stress Scale (PSS)- The PSS is optional and may be filled out by your parent or close family member (not husband, wife, boyfriend, girlfriend) then returned to a Behavioral Specialist. The PSS evaluates the amount of stress a parent or close family member feels and helps the team to see what ACAP services might be helping you or will help to lower family stress.

Quality of Life Questionnaire (QOL.Q)- The QOL.Q is completed in person with you and measures your quality of life. It is also used each year to see if your life is improving due to the ACAP services you are receiving. It helps your team focus on your strengths and goals as well as understand what supports you may need.

You are responsible for participating in required assessments. You need to find time to meet so the assessments can be done, and you should always answer the questions as honestly and completely as you can.

After all the assessments are done, your ACAP Team will meet to develop the ISP. The team meeting will be at a time and place that is easy for you to attend. If you want, you can lead the planning process with the help of your Supports Coordinator. At the end of the ISP meeting, your team will summarize what was discussed and planned. You will sign if you agree or disagree with the plan. If you do not agree with the plan, you should tell your Supports Coordinator why you do not agree. You and your ACAP Team can keep working together until you reach an agreement.

Your ACAP Team will use the information from your ISP meeting to write or update your ISP. All of the services in your ISP must be approved before they can start or continue. KAS will provide you and your team a copy of the approved ISP.

The ISP is usually written for a year of services. It is reviewed at least once every 3 months or whenever you request that updates be made to the plan. During the review of your ISP, you and your team can decide to keep your goals and services the same or change them. Your ACAP Team may meet more often to decide whether services need to be changed to better support you.

You are responsible for participating in ISP meetings with your ACAP Team every year. You should participate as actively as you can because the services listed in your ISP will be provided to help you meet your needs.

Health and Safety Questionnaire - The Health and Safety Questionnaire is a tool that helps you and your team identify the important information to be included in your Individual Support Plan (ISP). This information is used to develop an ISP, find resources, and to help you ~~set~~ develop skills so that you and your family remain healthy and safe.

How Do I Schedule Services?

Once your services are approved, the Clinical Services Coordinator in your county will work with your Behavioral Specialist to create a schedule for your services. The schedule will include days and hours for community support services and non-medical transportation services that are similar from week to week. If you need to change the schedule for your community support services or non-medical transportation services, you should let your Clinical Services Coordinator or Behavioral Specialist know a minimum of 5 days before the change is needed so they can schedule the services you need. A change to your schedule is defined as a difference of 30 minutes or more from your regular schedule.

If you have an unexpected change to your schedule, KAS will change your schedule for services if it does not result in other ACAP participants being unable to receive their services. Your Clinical Services Coordinator or Behavioral Specialist will tell you and your ACAP Team your new schedule.

If you have a work schedule that changes from week to week, you are responsible for telling your Clinical Services Coordinator or Behavioral Specialist your work schedule as soon as you receive your schedule. They will make any needed changes to your scheduled services.

KAS is open Monday through Friday, 8:00 AM to 5:00 PM. If you have a change in your schedule or transportation when KAS is not open and need to let KAS know before the next business day, please call KAS at 1-877-501-4714 (toll free) or 717-220-1465. You can speak to the Behavioral Specialist on-call.

If you are not available at the start of your scheduled services, the KAS staff member will try to get in touch with you. If they cannot get in touch with you, they will leave after 15 minutes. If you repeatedly do not show up for scheduled services or you cancel with less than 24 hours advance notice for non-emergency reasons, an ACAP Team meeting will be held to determine if

you should continue to receive the service.

What Should I Do To Make Sure That I Get the Services I Need?

You are responsible for cooperating with KAS staff and your service providers. This includes:

- Answering calls or returning calls from KAS staff and providers.
- Keeping your appointments with KAS staff and providers.
- If you are unable to keep your appointment with KAS staff or a provider, calling to cancel with as much notice as possible.
- If you cancel your appointment with KAS staff or a provider, rescheduling the appointment. You should tell KAS staff or the provider another time when you can meet.

Tell your ACAP Team if you are having a problem with KAS staff or providers. You should treat KAS staff and your providers with respect. You and the people you live with should not yell at, curse, or threaten KAS staff or providers.

**Section 6 –
Advance Directives**

Advance Directives

There are 2 types of Advance Directives: Living Wills and Health Care Powers of Attorney. These allow your wishes to be respected if you are unable to decide or speak for yourself. If you have either a Living Will or a Health Care Power of Attorney, you should give it to your PCP, other providers, and a trusted family member or friend so that they know your wishes.

If the laws regarding advance directives are changed, KAS will tell you in writing what the change is within 90 days of the change. For information on KAS's policies on advance directives, contact your Supports Coordinator.

Living Wills

A Living Will is a written document you create. It states what medical care you do, and do not, want to get if you cannot tell your doctor or other providers the type of care you want. Your doctor must have a copy and must decide that you are unable to make decisions for yourself for a Living Will to be used. You may revoke or change a Living Will at any time.

Health Care Power of Attorney

A Health Care Power of Attorney is also called a Durable Power of Attorney. A Health Care or Durable Power of Attorney is a document in which you give someone else the power to make medical treatment decisions for you if you are physically or mentally unable to make them yourself. It also states what must happen for the Power of Attorney to take effect. To create a Health Care Power of Attorney, you may but do not have to get legal help. You may contact your Supports Coordinator for more information or direction to resources near you.

What to Do If a Provider Does Not Follow an Advance Directive

Providers do not have to follow your advance directive if they disagree with it as a matter of conscience. If your PCP or other provider does not want to follow your advance directive, KAS will help you find a provider that will carry out your wishes. Call your Supports Coordinator if you need help finding a new provider.

If a provider does not follow your advance directive, you may file a Complaint. Please see [page 47](#) in Section 7 of the Handbook, "Complaints, Grievances, and Fair Hearings," for information on how to file a Complaint.

Section 7 –

Complaints, Grievances, and Fair Hearings

Complaints, Grievances, and Fair Hearings

If a provider or KAS does something that you are unhappy about or do not agree with, you can tell KAS or the Department of Human Services what you are unhappy about or that you disagree with what the provider or KAS has done. This section describes what you can do and what will happen.

Complaints

What Is a Complaint?

A Complaint is when you tell KAS that you are unhappy with ACAP or your provider or do not agree with a decision by KAS.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that KAS has approved.
- KAS involuntarily disenrolled you from ACAP.

What Can I Do Before I File a Complaint?

Before you file a Complaint with KAS if you want to, you can call KAS's Complaint and Grievance Department and ask the Complaint and Grievance Department to investigate the issue or problem and try to fix it. The Complaint and Grievance Department will let you know what happened within 7 days of you telling your issue or problem to the Complaint and Grievance Department. You can ask for a written copy of the resolution. If the Complaint and Grievance Department cannot fix the issue or problem, you can file a Complaint. You do not need to ask the Complaint and Grievance Department to investigate the issue or problem and try to fix it before you file a Complaint.

Complaint Process

What Should I Do If I Have a Complaint?

To file a Complaint:

- Call KAS at 717-220-1465 or 1-877-501-4715 (toll free) and tell KAS your Complaint
- Fax your Complaint to KAS at 1-717-220-1727
- Email your Complaint to KAS at kascomplaintgrievance@keystonehumanservices.org
- Write down your Complaint and send it to KAS or hand deliver it to KAS at the following address:

3700 Vartan Way
Harrisburg, PA 17110
Attention: Complaint and Grievance Department

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

When Should I File a Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within **60 days of getting a notice** telling you that

- KAS has decided that you cannot get a service or item you want because it is not a covered service or item.
- KAS will not pay a provider for a service or item you got.
- KAS did not tell you its decision about a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance.
- KAS has denied your request to disagree with KAS's decision that you have to pay your provider.

You must file a Complaint **within 60 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

* Your PCP must see you within 7 days of when you call for a routine appointment and your specialist must see you within 7 days of referral to the specialist.

* If you have an urgent medical or behavioral condition, your PCP or a Behavioral Specialist must see you within 24 hours of when you call for an appointment and your other specialists must see you within 24 hours of referral to the specialist.

* If you have an emergency, the provider must see you immediately or refer you to an emergency room.

You may file all other Complaints at any time.

What Happens After I File a Complaint?

After you file your Complaint, you will get a letter from KAS telling you that KAS has received your Complaint, and about the First Level Complaint review process.

You may ask KAS to see any information KAS has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to KAS at the following address:

3700 Vartan Way
Harrisburg, PA 17110
Attention: Complaint and Grievance Department

You may attend the Complaint review if you want to attend it. KAS will tell you the location, date, and time of the Complaint review at least 10 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least 1 person who does not work for KAS, will meet to decide your Complaint. The KAS staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, either a licensed doctor or a professional with autism experience will be on the committee.

KAS will mail you a notice within 30 days from the date you filed your Complaint to tell you the decision on your Complaint. The notice will also tell you what to do if you do not like the decision.

If you need more information about help during the Complaint process, see [page 54](#).

What to Do to Continue Getting Services

If you have been getting a service or item that is being reduced, changed or denied and you file a Complaint verbally, or that is hand-delivered, faxed, emailed, or postmarked within 10 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

If you get a letter telling you that you have been involuntarily disenrolled from ACAP and you file a Complaint verbally, or that is hand-delivered, faxed, emailed, or postmarked within 10 days of the date on the letter telling you that you have been involuntarily disenrolled from ACAP, you will continue to get services through ACAP until your Complaint is decided.

What If I Do Not Like KAS's Decision?

You may ask for a Fair Hearing if the Complaint is about one of the following:

- KAS's decision that you cannot get a service or item you want because it is not a covered service or item.
- KAS's decision to not pay a provider for a service or item you got.
- KAS's failure to decide a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance.
- You not getting a service or item within the time by which you should have received it.

- KAS's decision to deny your request to disagree with KAS's decision that you have to pay a provider.
- KAS's decision to involuntarily disenroll you.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the Complaint decision. For information about Fair Hearings, see [page 55](#).

Grievances

What Is a Grievance?

When KAS denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a notice telling you KAS's decision.

A Grievance is when you tell KAS you disagree with KAS's decision.

What Should I Do If I Have a Grievance?

To file a Grievance:

- Call KAS at 717-220-1465 or 1-877-501-4715 (toll free) and tell KAS your Grievance
- Fax your Grievance to KAS at 1-717-220-1727
- Email your Grievance to KAS at kascomplaintgrievance@keystonehumanservices.org
- Write down your Grievance and send it to KAS or hand deliver it to KAS at the following address:

3700 Vartan Way
Harrisburg, PA 17110
Attention: Complaint and Grievance Department

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When Should I File a Grievance?

You must file a Grievance within **60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service or item for you.

What Happens After I File a Grievance?

After you file your Grievance, you will get a letter from KAS telling you that KAS has received your Grievance, and about the Grievance review process.

You may ask KAS to see any information that KAS used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to KAS at the following address:

3700 Vartan Way
Harrisburg, PA 17110
Attention: Complaint and Grievance Department

You may attend the Grievance review if you want to attend it. KAS will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by telephone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including either a licensed doctor or a professional with autism experience and at least 1 person who does not work for KAS, will meet to decide your Grievance. The KAS staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. KAS will mail you a notice within 30 days from the date you filed your Grievance to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see [page 54](#).

What to Do to Continue Getting Services

If you have been getting services or items that are being reduced, changed or denied and you file a Grievance verbally, or that is hand-delivered, faxed, emailed, or postmarked within 10 days of the date on the notice telling you that the service or item you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

What If I Do Not Like KAS's Decision?

You may ask for a Fair Hearing. You must ask for a Fair Hearing from the Department of Human Services **within 120 days of the date on the notice** telling you the Grievance decision. For information about Fair Hearings, see [page 55](#).

Expedited Complaints and Grievances

What Can I Do If My Health Is at Immediate Risk?

If your provider believes that waiting 30 days to get a decision about your Complaint or Grievance could harm your health, you or your provider may ask that your Complaint or

Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask KAS for an early decision by calling KAS at 717-220-1465 or 1-877-501-4715 (toll free), faxing a letter to 717-220-1727, or sending an email to kascomplaintgrievance@keystonehumanservices.org.
- Your provider should fax a signed letter to 717-220-1727 within 72 hours of your request for an early decision that explains why KAS taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

If KAS does not receive a letter from your doctor or dentist and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, KAS will decide your Complaint or Grievance in the usual time frame of 30 days from when KAS first got your Complaint or Grievance.

What Happens After I File an Expedited Complaint or Grievance?

A committee of 2 or more people, including at least 1 person who is a licensed doctor or a professional with autism experience, will meet to decide your Complaint or Grievance. The KAS staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint or Grievance about.

You may attend the expedited Complaint or Grievance review if you want to attend it. You can attend the review in person but may have to appear by phone or by videoconference because KAS has a short amount of time to decide the expedited Complaint or Grievance. If you decide that you do not want to attend the Complaint or Grievance review, it will not affect the decision.

KAS will tell you the decision about your Complaint or Grievance within 72 hours from when KAS gets your request for an early decision, unless you ask KAS to take more time to decide your Complaint or Grievance. You can ask KAS to take up to 14 more days to decide your Complaint or Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not agree with the Expedited Complaint or Grievance decision, you may ask for an expedited Fair Hearing by the Department of Human Services.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the expedited Complaint or Grievance decision.

What Kind of Help Can I Have with the Complaint and Grievance Processes?

If you need help filing your Complaint or Grievance, a staff member of KAS will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell KAS, in writing, the name of that person and how KAS can reach him or her.

You or the person you choose to represent you may ask KAS to see any information KAS has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call KAS's toll-free telephone number at 1-877-501-4715 if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office or call the Pennsylvania Health Law Project at 1-800-274-3258.

| Local Legal Aid Offices | |
|-------------------------------------------------------|----------------------------------|
| Chester County Legal Aid of Southeastern Pennsylvania | 1-877-429-5994 (800) 326-9177 |
| Cumberland County MidPenn Legal Services | 1-800-822-5288 (800) 326-9177 |
| Dauphin County MidPenn Legal Services | 1-800-932-0356 (800) 326-9177 |
| Lancaster County MidPenn Legal Services | 1-800-732-0025 (717) 299-0971 |

Persons Whose Primary Language Is Not English

If you ask for language services, KAS will provide the services at no cost to you.

Persons with Disabilities

KAS will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters;
- Providing information submitted by KAS at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

Department of Human Services Fair Hearing

In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something KAS did or did not do. These hearings are called “Fair Hearings.” You can ask for a Fair Hearing after KAS decides your Complaint or decides your Grievance.

What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked within **120 days from the date on the notice** telling you KAS’s decision on your Complaint or Grievance about the following:

- The denial of a service or item you want because it is not a covered service or item.
- The denial of payment to a provider for a service or item you got, and the provider can bill you for the service or item.
- KAS’s failure to decide a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance.
- The denial of your request to disagree with KAS’s decision that you have to pay your provider.
- The denial of a service or item decrease of a service or item, or approval of a service or item different from the service or item you requested because it was not medically necessary.
- You’re not getting a service or item within the time by which you should have received a service or item.
- KAS’s decision to involuntarily disenroll you.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that KAS failed to decide a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance.

How Do I Ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing.

Your request for a Fair Hearing needs to include the following information:

- Your (the participant’s) name and date of birth;

- A telephone number where you can be reached during the day;
- Whether you want to have the Fair Hearing in person or by telephone;
- The reason(s) you are asking for a Fair Hearing; and
- A copy of any letter you received about the issue you are asking for a Fair Hearing about.

You must send your request for a Fair Hearing to the following address:

Department of Human Services
 Adult Community Autism Program
 Complaint, Grievance and Fair Hearings
 P.O. Box 2675
 Harrisburg, Pennsylvania 17105-2675

Or fax it to: 717-265-7761

Or email it to: RA-acap@pa.gov

What Happens After I Ask for a Fair Hearing?

You will get a letter from the Department of Human Services’ Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing. You **MUST** participate in the Fair Hearing.

KAS will also go to your Fair Hearing to explain why KAS made the decision or explain what happened.

You may ask KAS to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

You may call KAS at 717-220-1465 or 1-877-501-4715 (toll free) if you need help or have questions about Fair Hearings, you can contact your local legal aid office or call the Pennsylvania Health Law Project at 1-800-274-3258.

| Local Legal Aid Offices | |
|-------------------------------------------------------|----------------------------------|
| Chester County Legal Aid of Southeastern Pennsylvania | 1-877-429-5994 (800) 326-9177 |
| Cumberland County MidPenn Legal Services | 1-800-822-5288 (800) 326-9177 |
| Dauphin County MidPenn | 1-800-932-0356 |

| | |
|------------------------|----------------|
| Legal Services | (800) 326-9177 |
| Lancaster County | 1-800-732-0025 |
| MidPenn Legal Services | (717) 299-0971 |

When Will the Fair Hearing Be Decided?

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with KAS, not including the number of days between the date on the written notice of KAS’s Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because KAS did not tell you its decision about a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with KAS, not including the number of days between the date on the notice telling you that KAS failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-800-798-2339 to ask for your services.

What to Do to Continue Getting Services

If you have been getting a service or item that is being reduced, changed or denied and you ask for a Fair Hearing and your request is hand-delivered or postmarked within 10 days of the date on the notice telling you KAS’s Complaint or Grievance decision, the service or item will continue until a decision is made.

If you filed a Complaint because KAS decided to disenroll you and you disagree with KAS’s Complaint decision and you ask for a Fair Hearing and your request is hand-delivered or postmarked within 10 days of date on the Complaint decision, you will continue to get services through ACAP until a decision is made.

Expedited Fair Hearing

What Can I Do If My Health Is at Immediate Risk?

If your provider believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an

expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-866-539-7689 (choose Option 2 for ACAP) or by faxing a letter to 717-265-7761. Your provider must fax a signed letter to 717-265-7761 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your provider does not send a letter, your provider must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within 3 business days after you asked for a Fair Hearing.

If your provider does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled, and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.