

## 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 device 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 \$400 for eye glasses or contact lenses every 2 calendar years.
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 \$400 every two calendar years 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.

## Language Assistance Services

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call: **[717-220-1465] (TTY: 1-877-501-4715).**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **[717-220-1465] (TTY: 1-877-501-4715).**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **[717-220-1465] (телетайп: 1-877-501-4715).**

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **[717-220-1465] (TTY : 1-877-501-4715)。**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **[717-220-1465] (TTY: 1-877-501-4715).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-717-220-1465** (رقم هاتف الصم والبكم: **1-877-501-4715**).

**ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **[717-220-1465] (टिडिवाइ: 1-877-501-4715) ।**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **[717-220-1465] (TTY: 1-877-501-4715)** 번으로 전화해 주십시오.

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **[717-220-1465] (TTY: 1-877-501-4715)។**

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **[717-220-1465] (ATS : 1-877-501-4715).**

**သတိပြုရန် -** အကယုၣ် သဠုၣ် ချမန္တစကား ကို ဝေၣ်ဟပါက၊ ဘာသာစကား အကူအညီ၊ အခဲး၊ သဒ္းအတြက စီစဉ္းဆာၣ်ကူပေးပါမညု။ ဖုနးနံပါတု **[717-220-1465] (TTY: 1-877-501-4715)** သုဝိၣ် ဝေၣ်ဆုပါ။

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **[717-220-1465] (TTY: 1-877-501-4715).**

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para **[717-220-1465]** (TTY: **1-877-501-4715**).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।  
ফোন করুন **[717-220-1465]** (TTY: **1-877-501-4715**)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **[717-220-1465]** (TTY: **1-877-501-4715**).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **[717-220-1465]** (TTY: **1-877-501-4715**).