ACAP
Provider Manual

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1. Welcome

Welcome to ACAP! As a contracted provider of services you have a special place in the Adult Community Autism Program (ACAP). Through efficient and effective use of services that focus on enhancing the Participants’ functional capacity, we can achieve our program goal of offering a wide range of services and supports helping individuals be valued, fully participating contributing members of the community.

_________________________________________
Dan Rossi
Director of Provider Relations
2. Overview of ACAP

The Adult Community Autism Program

The Adult Community Autism Program (ACAP) is a comprehensive system of care for adults living with an Autism Spectrum Disorder. This program offers a wide range of services and supports helping individuals be valued, fully participating contributing members of the community. Services are tailored to the needs and preferences of each person as part of an individualized service plan.

ACAP is being developed as a model program and will initially serve 200 adults in Dauphin, Cumberland, Lancaster and Chester Counties. If the program is deemed successful in helping people lead fuller and more active lives, the program will be expanded to additional regions. It is hoped that ACAP will eventually be available throughout all counties in Pennsylvania.

ACAP is an initiative of the Pennsylvania Department of Public Welfare, Bureau of Autism Services and Keystone Autism Services, a subsidiary of Keystone Human Services. Keystone Human Services (KHS) is a nonprofit community agency that provides comprehensive systems of care in the areas of autism, mental illness, intellectual disabilities, physical disabilities, early intervention and early childhood development.

KEYSTONE AUTISM SERVICES
Keystone Autism Services is a 501 © 3 non-profit community agency and is a subsidiary of KHS. KAS was selected in a competitive bid process to develop and implement the ACAP model program.

DISENROLLMENT PROCESS
Participants who choose to disenroll from ACAP will end services the first of the month following termination notification or the first of the month of an agreed upon date if the Participant wishes to transition from the program gradually.

RESOURCES AVAILABLE TO MEDICAL PROVIDERS
Each Participant that you see in your practice will have multiple people available to discuss any concerns you may have. Each Participant will have a Supports Coordinator and a Masters level clinician assigned to them. Keystone Autism Services also employs a Director of Provider Relations who is available to assist you with any issues, concerns, and or questions as they arise regarding services, the Participant, and or KAS staff. You may access any of those individuals by calling KAS at 717-220-1465.

All Participants have an ACAP identification card (see image below).
3. Referral/Billing Procedures

Referral:
At the time of referral to a specialist, physicians are asked to notify Keystone Autism Services of the recommendation.

Billing:
Medical Claim Form
Attach an itemized physician statement or provider bill
Mail claim to:
Keystone Autism Services
P.O. Box 60274
Harrisburg, PA 17106-0274

Please Note: If an ACAP Participant maintains private insurance coverage, that insurance carrier is the Primary and should receive the physician’s invoice for services rendered. Upon denial of full or partial payment of said invoice, the physician’s office will submit the medical claim form and information as noted to Keystone Autism Services for
reimbursement through ACAP, the secondary insured. ACAP participants are not responsible for any co-pay through the ACAP program.

Vision Claim Form (see Appendix C for form and instructions)

Dental Claim Form (see Appendix D for form and instructions)

Billing Questions:
Dan Rossi, Director of Provider Relations
Phone: 717-220-1465 ext. 423
Fax: 717-220-1727
E-Mail Address: drossi@keystonehumanservices.org

Pam Nowland, Claims Processor
Phone: 717-220-1465 ext. 421
Fax: 717-220-1727
E-Mail Address: pnowland@keystonehumanservices.org

4. Frequently used Telephone Numbers
ACAP 24 Hour Phone Access: 717-220-1465 or Toll Free 1-877-501-4715

KAS Administrative Offices: 717-220-1465
Director of Provider Relations: Dan Rossi, x423
Claims Processor: Pamela Nowland, ext. x421

5. Credentialing – Re-credentialing
The Provider Agreement requires that the Provider and its employees shall be duly licensed and/or certified under applicable State and Federal laws to perform the services contracted for. Upon signature of the contract KAS will require copies of the applicable licenses for the Providers. The Provider is responsible for credentialing its employees.

KAS will verify that the minimum credentials are being met every three years. It is the Providers responsibility to follow the requirements of the contract and notify KAS of any changes in status.

6. Advance Directives
KAS will provide written information to all Participants concerning Advance Directives. Attached to this manual is the Advance Directive information we are sharing with the Participant, entitled Decide for Yourself: A Guide to Advance Health Care Directives.

7. Crisis Intervention Plan / Self-Management of Medical and Behavioral Problems
A Crisis Intervention Plan is developed when applicable. This plan can be shared with providers as needed. The Crisis Intervention Plan is used to respond to a crisis event and is intended to protect the Participant, others and valuable property. The plan will identify any precursor behaviors that lead towards a crisis and the procedures and intervention that are most effective to
de-escalate the challenging behaviors. As an ACAP Provider, you may contact KAS at any time to receive assistance with any crisis issues you are encountering with a Participant.

Program Participants, with the assistance of the ACAP clinical team assigned, will individually address the skills needed for self-management of both medical and behavioral issues that the participant may experience. Goal and outcome documentation on self-management skill development will be maintained in both the Individual Support Plan, as well as the Behavior Support Plan.

8. Incident Management

It is the obligation of KAS to respond, report and follow up on incidents as defined by the Incident Management Bulletin issued by the Department of Public Welfare. KAS staff will use an incident management system to ensure that when an incident occurs the response will be adequate to protect the health, safety and rights of the Participant. If you as an ACAP Provider witness or observe an incident involving an ACAP Participant you should alert KAS at 717-220-1465 immediately. KAS will have trained investigators who will be used to investigate incident reports when appropriate.

9. Complaints, Grievances and Appeals

The Participant has the right to file a Complaint or Grievance. KAS will offer a Complaint and Grievance process to all Participants of the ACAP Program. Any complaints or grievances filed against you as a Provider will be handled through this process. Participants will be informed about the process in their orientation.

A Grievance is a request to have KAS reconsider a decision solely concerning the medical necessity and appropriateness of a covered service. A Grievance may be filed regarding KAS’ decision to:

- Deny, in whole or part, payment for a service;
- Deny or issue an authorization of a requested service including the type or level of service in an amount, duration, or scope different from what was requested.
- Reduce, suspend, or terminate a previously authorized service; and
- Deny the requested service, but approve an alternate service

The Participant has the right to request a DHS Fair Hearing. KAS will provide the Participant with the methods for obtaining a DHS Fair Hearing, the timeframe for requesting a DHSFair Hearing after filing a Complaint or Grievance, the rules that govern representation at DHSFair Hearings, and the ability to continue to receive requested services if the Participant files a request for a DHSFair Hearing within ten (10) days of the Grievance decision to terminate or reduce currently Authorized Services.

As an ACAP Provider you can handle any problem brought to your attention by a Participant. If the Participant remains dissatisfied you may direct them to any KAS staff person.
10. Confidentiality

As a Provider you should protect all information, records and data collected in connection with ACAP from unauthorized disclosure. Except as otherwise required by law or as authorized by the Participant, access to such information shall be limited to the Participant, KAS, those that provide services to the Participant and the Department of Public Welfare (or the Department’s designee) in performance of duties related to the ACAP Program. As a Provider you will have access to information regarding guardianship, power of attorney, and release of information as needed and when requested.

11. Record Retention, Audit and Inspections

As a Provider in the ACAP Program you need to maintain records in such detail as to substantiate the services you have provided and billed for under the Program. Governmental Agencies have the right to inspect records and to have on-site access to the sites where ACAP services are provided.

KAS will conduct provider audits every three years. A standard review checklist will be utilized to ensure that records contain the mandated information.

12. Service Coordination, Monitoring and Reporting Structure

The Keystone Autism Services clinical team is responsible for coordinating medical appointments for Program Participants, as well as for monitoring Provider compliance with service delivery timelines.

All medical appointments will be scheduled by the Supports Coordinator, in cooperation with the Participant and their family members or advocate, adhering to the established timelines for service delivery:

- Assignment of a Primary Care Physician, or Specialist if required, within fourteen (14) days of enrollment into ACAP and based upon Participant choice;
- Completion of a physical exam, including vision screening, within three (3) weeks of enrollment into ACAP, unless the Participant received a physical exam within three (3) months of enrollment into ACAP;
- Completion of a physical exam, including vision screening, on an annual basis;
- Establishment of an appointment for a Participant with an urgent medical and/or behavioral need to be seen within twenty-four (24) hours of request;
- Coordination of routine medical appointments with the Primary Care Physician will be scheduled within seven (7) days of request for appointment;
- Coordination of routine medical appointment, involving a referral to meet with a Specialist, will be scheduled within seven (7) days of referral by the Primary Care Physician.

If a follow-up appointment is needed at the conclusion of a regularly scheduled appointment the Provider can schedule the future appointment(s) at that time. It is requested that the Provider notify the assigned Supports Coordinator in order to ensure coordination of services and, that if need be, a KAS employee can accompany the Participant.
13. **Disease Prevention**
Program Participants and ACAP staff members receive initial and annual training on Disease Prevention, including how and when to wash hands, sterile glove usage and universal precautions.

14. **Participant Request for Change of Primary Care Physician**
To ensure that a Program Participant is pleased with their choice of Primary Care Physician (herein referred to as PCP or Provider), it is the responsibility of the Keystone Autism Services Supports Coordinator to initiate requests for change of Provider.

At time of enrollment, Program Participants will be informed that a request for change of PCP, either initially or at any time throughout service provision, must be brought to the attention of the Supports Coordination either verbally or in writing.

15. **Disaster and Weather Emergencies**
Employees will provide adequate support and assurance of the health, safety and welfare of persons receiving services during conditions of disasters and weather emergencies that create hazardous environmental conditions.

In any disaster and/or weather emergency employees will use the Management Support System for ongoing exchange of information, guidance and leadership regarding how to prepare for and respond to disasters and weather emergencies. The Management Support System provides a management hierarchy and contains up to date information on current phone / cellular / blackberry / pager numbers.

16. **Restrictive Procedures:**
A practice that limits an individual’s movement, activity or function, interferes with an individual’s ability to acquire positive reinforcement, results in the loss of objects or activities that an individual values, or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice. This also includes any practice that limits an individual’s exercise of his/her rights (including but not limited to privacy, freedom of choice, and freedom of movement).

Any use of restrictive procedures must be reported using the Incident Management procedures (see section 8 of this manual).

Keystone Autism Services (KAS) supports individuals in the least restrictive setting possible and emphasizes Positive Behavior Change Techniques. KAS does not support the use of Seclusion and Restraint. Any service or support containing a restrictive procedure that limits an individual’s rights shall be reviewed and approved by a Treatment and Ethics (T&E) Committee prior to implementation. Services or supports that are restrictive include, but are not limited to, the following:

- Restrictive Behavior Support Plans (BSP) that may contain:
  - Restrictive team procedures
  - Restrictive teaching plans
- Token economies, reward systems, or step/level systems, group programs, and contingent rewards in adult services (Positive reinforcement supports are not considered restrictive within children’s services and as such are not subject to review by a T&E Committee)
- All disciplinary regulations or procedures (e.g. separation from peers, house rules, or other restriction(s))

There are unusual circumstances in which restrictions may be placed on personal rights.
- These circumstances require additional assurances and/or review by the Treatment and Ethics Committee before implementation.
- Approval restrictions will be articulated and documented in the person’s service plan.
- Some rights may be restricted when the exercise of those rights seriously infringes upon the rights of others or poses a significant health and/or safety risk to the person and/or others.
- A determination regarding a need for restriction of rights may be made by a mental health professional, physician or court of law
- The Behavioral Health Specialist, Behavioral Health Practitioner and/or Clinical Director may also determine the need for rights restriction in accordance with the Treatment and Ethics Committee and applicable KHS policies (e.g. Exercise of Individual Rights, Abuse), laws, regulatory and contractual agreements.
Attachment A:

Adult Protective Services (APS)
[www.dhs.state.pa.us](http://www.dhs.state.pa.us)
APS Hotline: 1-800-490-8505

The Adult Protective Service (APS) Law, APS Act 70 of 2010, was enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities. The APS Law establishes a program of protective services in order to detect, prevent, reduce and eliminate abuse, neglect, exploitation and abandonment of adults in need.

As a provider, you are also responsible for reporting abuse, neglect, exploitation or abandonment to the appropriate party(ies). All providers should review the online training provided in Attachment B and refer to the information and guidelines in Attachment C.
ATTACHMENT B

http://www.dhs.pa.gov/citizens/reportabuse/dhsadultprotectiveservices/index.htm#.VxgRXzArKUk

The link above will take you to the DHS Adult Protective Services website (see screen shot below). When you click on the link for “Webinar for Mandatory Reporters”, a MP4 (video) will download. Once the download is complete, click on the file to open and play the webinar. Below the webinar is a link to the PowerPoint that goes with the webinar.

APS Hotline: 1-800-490-8505
ATTACHMENT C

pennsylvania
DEPARTMENT OF HUMAN SERVICES

SUBJECT: Mandatory reporting requirements regarding abuse, neglect, exploitation or abandonment of adults covered by the Adult Protective Services Act of 2010

TO: Employees and administrators of facilities as defined by the Adult Protective Services Act (Act 70 of 2010). Refer to the definition section of this document to review the definition of an employee, administrator and facility.

FROM: Bureau of Human Services Licensing, Division of Adult Protective Services

PURPOSE

To notify employees and administrators of facilities (including an organization or group of people that use public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting) of the mandatory reporting requirements set forth in the Adult Protective Services (APS) Act. Forms and instructions are available on the Department’s website.

BACKGROUND

In 2010, the APS Act was implemented to provide for the protection of abused, neglected, exploited or abandoned adults. The APS Act protects residents of this Commonwealth between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities. This notice applies to individuals falling within this population only.

IMMEDIATE ACTION

An administrator or employee of a facility who observes suspected abuse, neglect, exploitation or abandonment or has reasonable cause to suspect that abuse or neglect has occurred will immediately assure the recipient’s health and safety. After assisting the recipient, an employee or administrator will follow the reporting requirements set forth in the APS Act.

REPORTING REQUIREMENTS

A. General Requirements

1. An administrator or employee who has reasonable cause to suspect that a recipient is a victim of abuse, neglect, exploitation or abandonment will immediately make an oral report to the statewide Protective Services Hotline by calling 1-800-490-8505. Once the report is made, it will be referred to the APS agency (Liberty Healthcare Corporation) for handling. Please note that this hotline should be for reporting abuse, neglect, exploitation and abandonment only. Any questions should go to RA-PWAPSQuestions@pa.gov or for those who do not have access to email, please call 717-736-7116.

Updated April 8, 2015
2. Within 48 hours of making the oral report, the administrator or employee will make a written report to Liberty Healthcare using the form prescribed by the Department. A copy of the form is attached. The form, along with instructions for its completion, may also be found on the Department’s website at http://www.dhs.state.pa.us/, under the “Report Abuse” link on the left.

3. Send the written report to Liberty Healthcare at PA-PWAPSMandatoryRon@pa.gov or fax to 484-434-1590. The following written report forms may be used in lieu of the form prescribed by the Department:

   a. An administrator or employee of a nursing facility, licensed by Department of Health, may submit a PB-22 form, via email or fax, to Liberty Healthcare.
   b. An administrator or employee may submit a Home and Community Services Information System (HCSIS) incident report (Printable Summary) or an Enterprise Incident Management (EIM) report, via email or fax, to Liberty Healthcare.

4. An administrator or employee of a facility will continue to follow all required incident management regulations, policies and procedures.

B. Additional Reporting Requirements as required by the Adult Protective Services Law

In addition to the general reporting requirements in section A, an administrator or employee who has reasonable cause to suspect that a recipient is the victim of sexual abuse, serious injury, serious bodily injury or that a death is suspicious, will:

1. Immediately make an oral report to law enforcement officials. An employee will also immediately notify the facility administrator or a designee following a report to law enforcement officials, unless such notification would jeopardize the investigation or subject the recipient to further risk.

2. Immediately make an oral report to the Department by calling the mandatory abuse reporting line at 717-265-7887 and selecting option #3. Provide the following information:

   a. The caller’s name and telephone number
   b. The name and license number (if applicable) of the facility
   c. The alleged victim’s name
   d. The alleged victim’s date of birth
   e. The type(s) of alleged abuse or neglect

3. The administrator and employee shall make a joint written report within 48 hours of making the oral report, to law enforcement officials on the form prescribed by the Department. The following written report forms may be used in lieu of the form prescribed by the Department:

Updated April 8, 2015
a. An administrator or employee of a nursing facility, licensed by Department of
Health, may submit a PB-22 form.
b. An administrator or employee may submit a HCSIS Incident report (Printable
Summary) or an EIM report.

QUESTIONS AND ADDITIONAL INFORMATION

Questions or requests for additional information regarding the Adult Protective Services program can be
sent to the following email address: RA-PWAPQuestions@pa.gov, or for those who do not have access
to email, please call 717-736-7116.

ADULT PROTECTIVE SERVICES ACT DEFINITIONS

Abandonment – The desertion of an adult by a caregiver.

Abuse – The occurrence of one or more of the following acts: (1) The infliction of injury, unreasonable
confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. (2) The
willful deprivation by a caregiver of goods or services which are necessary to maintain physical or
mental health. (3) Sexual harassment, rape or abuse as the term is defined in 23 Pa.C.S. § 6102 (relating
to definitions). The term does not include environmental factors which are beyond the control of an
adult or a caregiver, including, but not limited to, inadequate housing, furnishings, income, clothing or
medical care.

Administrator – The person responsible for the administration of a facility. The term also includes a
person responsible for employment decisions or an independent contractor.

Adult – A resident of this Commonwealth between 18 and 59 years of age who has a physical or mental
impairment that substantially limits one or more major life activities.

Agency – A local contracted provider of protective services.

Department – The Department of Human Services.

Employee – An individual who is employed by a facility. The term includes: (1) Contract employees who
have direct contact with residents or unsupervised access to their personal living quarters. (2) Persons
employed or contracted to provide care to an adult for monetary consideration in the adult’s place of
residence.

Exploitation – An act or course of conduct by a caregiver or other person against an adult or an adult’s
resources, without the informed consent of the adult or with consent obtained through
misrepresentation, coercion or threats of force that results in monetary, personal or other benefit, gain
or profit for the perpetrator or monetary or personal loss to the adult.

Updated April 8, 2015

pennsylvania
DEPARTMENT OF HUMAN SERVICES
Facility – The term includes, but is not limited to:

- Assisted Living Residence
- Domiciliary Care Home
- Home Health Care Agency or Home Care Agency
- Intermediate Care Facility for people with intellectual disability or with other related conditions
- Long-Term Care Nursing Facility
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility
- An organization or group of people that uses public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting

Neglect – The failure to provide for oneself or the failure of a caregiver to provide goods, care or services essential to avoid a clear and serious threat to the physical or mental health of an adult. The term does not include environmental factors that are beyond the control of an adult or the caregiver, including, but not limited to, inadequate housing, furnishings, income, clothing or medical care.

Recipient – An adult who receives care, services or treatment in or from a facility.

Serious Bodily Injury – injury which creates a substantial risk of death or which cause serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.

Serious Injury – An injury that causes a person severe pain; or significantly impairs a person’s physical functioning, either temporarily or permanently.

Sexual Abuse – Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

Updated April 8, 2015