

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 Keystone Autism Services at 717-220-1465 if you are abused, neglected, exploited, or abandoned. See more information on Adult Protective Services and Older Adult Protective Services on page 7.
- To create an advance directive. See page 46 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.

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] (टिटिवाइ: 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 ခုမန္တစကား ကို ဝေၣ်ဟပါက၊ ဘာသာစကား အကူအညီ၊ အခဲဲ၊ သုၣ်အတြက ဝီစဉ္ဇေၣ်ဆၢၣ်ကူပေးပါမည့။ ဖုၣ်းနံပါတု **[717-220-1465] (TTY: 1-877-501-4715)** သုၣ် ဝေၣ်ဆၢၣ်ပါ။

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**).