



KEYSTONE
AUTISM SERVICES

Adult Community Autism Program Provider Manual

Revised January 2021

ACAP Provider Manual

Contents

1. Welcome
2. Overview of the ACAP Program
3. Referral/Billing Procedures for Medical Specialists
4. Frequent Telephone Numbers
5. Credentialing-RE-Credentialing
6. Advance Directives
7. Crisis Intervention
8. Incident Management
9. Complaints, Grievances and Fair Hearings
10. Confidentiality
11. Record Retention, Audits and Inspections
12. Service Coordination, Monitoring and Reporting Structure
13. Disease Prevention
14. Participant Request for Change of Primary Care Physician
15. Disaster and Weather Emergencies
16. Restrictive Procedures

1. Welcome

Welcome to the Keystone Autism Services Adult Community Autism Program (ACAP). This manual is a guide for in-network providers regarding ACAP services and provider expectations. As a contracted provider your services will assist ACAP with enhancing Participant functional capacity and achieving independence.

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 a model program which serves up to 200 adults with autism (called Participants) in Dauphin, Cumberland, Lancaster and Chester Counties. Growth of the program could extend to counties throughout Pennsylvania.

ACAP is an initiative of the Pennsylvania Department of Human Services, Office of Developmental Programs, Bureau of Supports for Autism and Special Populations 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 health, intellectual disabilities, and early childhood development.

KEYSTONE AUTISM SERVICES

Keystone Autism Services (KAS) is a 501 c3 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.

DISENROLLMENT PROCESS

Participants who enroll with ACAP begin services on the first day of the month. Services end effective at the end of the month they request to disenroll with ACAP.

RESOURCES AVAILABLE TO 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 and Claims Processor 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).

Front of card

ACAP PROGRAM HEALTH CARE MANAGEMENT	
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
Participant Name:	[First and Last Name]
Participant Identification Number:	#####
Participant Effective Date:	MM/DD/YYYY

Back of card

ACAP PROGRAM CLAIMS ADMINISTRATION
Please call Keystone Autism Services at 1-877-501-4715 for verification of participant coverage and claim information.
Claims should be submitted to: Keystone Autism Services P. O. Box 60274 Harrisburg, PA 17106-0274
<i>NOTICE: EMERGENCY SERVICES MAY BE RENDERED TO THE PARTICIPANT BY NON-NETWORK PROVIDERS WITHOUT PRIOR AUTHORIZATION</i>

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

Claims email address:

kasclaims@keystonehumanservices.org

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 ACAP.

Medical and Vision 1500 Claim Forms and instructions can be found at the following link here:
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf>

Dental Claim Forms and instructions can be found at the following link:
<https://www.ada.org/en/publications/cdt/ada-dental-claim-form>

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, x421

5. Credentialing – Re-credentialing

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

The provider agrees to comply with all terms outlined in the network Provider Agreement.

The Provider Agreement requires that the Provider disclose any past or pending lawsuits or litigation to KAS.

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 as they occur.

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.

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 Human Services (See Attachment A). 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, welfare 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 Fair Hearings

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 complaint is a dispute or objection regarding a network provider.

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

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 Human Services (or the Department's designee) in performance of duties related to ACAP. 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 ACAP, 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 Participants, as well as for monitoring Provider compliance with service delivery timelines.

All medical appointments will be scheduled by the Participant, a family member or the Supports Coordinator, (or advocate if applicable).

Providers must adhere to the following ACAP established timelines for service delivery:

- Authorized Services must be delivered promptly, and consistent with the needs of the Participant.
- Primary Care Provider (PCP) and Specialty Provider visits must be scheduled in a timely manner.
- Urgent medical or behavioral condition cases must be scheduled with the PCP or the Behavioral Specialist to take place within twenty-four (24) hours of the request for an appointment.
- Urgent medical cases must be scheduled with Specialists to take place within twenty-four (24) hours of referral.
- Routine appointments must be scheduled with the PCP to take place within seven (7) days of the request for an appointment.

- Routine appointments must be scheduled with a Specialist to take place within seven (7) days of referral.
- A general physical examination, including a vision test, must be conducted by the PCP annually.

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.

13. Disease Prevention

Participants and ACAP staff members receive initial and annual training on Disease Prevention, including universal precautions.

14. Participant Request for Change of Primary Care Physician

To ensure that a Participant is pleased with their choice of a Primary Care Physician, it is the responsibility of the Keystone Autism Services Supports Coordinator to initiate requests for change of Provider.

At time of enrollment, 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

Provider 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.

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 team procedures
- Restrictive teaching plans
- Token economies, reward systems, or step/level systems, group programs, and contingent rewards in adult services

- disciplinary 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 review and approval by the ACAP Treatment and Ethics Committee before implementation.
- Approved restrictions will be articulated and documented in the person's Individual Service Plan (ISP).
- 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 ACAP **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.

17. Adult Protective Services and Older Adult Protective Services

Providers must comply with the Adult Protective Services Act, 35 P.S. §§ 10210.101 – 704, and the Older Adult Protective Services Act, 35 P.S. §§ 10225.101 -10225.5102 and the regulations promulgated thereunder.

Website: www.dhs.state.pa.us

APS and OAPSA 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 information and guidelines as well as the training options provided in the links below.

APS: <https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/Adult-Protective-Services.aspx>

OAPSA: <https://www.aging.pa.gov/organization/advocacy-and-protection/Pages/Protective-Services.aspx>

The Department of Aging is responsible for oversight and implementation of the Older Adults Protective Services Act (OAPSA) for individuals over the age of 60. The passage of the protective services law reinforced Pennsylvania's commitment to:

- Provide access to services necessary to protect the health, safety and welfare of older adults (age 60+) who lack the capacity to protect themselves and who are at imminent risk of abuse, neglect, exploitation or abandonment;
- Safeguard older people's rights while providing the protective services needed;
- Provide for detection, reduction, correction or elimination of abuse, neglect, exploitation and abandonment;
- Establish a program of protective services for older adults who need them; and
- Educate the public as to the availability of services and create an awareness of the problem.

Mandatory Reporting

Mandatory reporting requirements regarding abuse, neglect, exploitation or abandonment of adults covered by the Adult Protective Services Act of 2010 and the Older Adults Protective Services Act (OAPSA), which was amended by Act 13 of 1997. See Attachment A.

ATTACHMENT A

Link to DHS guidelines: <https://www.dhs.pa.gov/about/Fraud-And-Abuse/Documents/mandatory%20guidance.pdf>



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 uses 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 at www.dhs.pa.gov under Report Abuse>Adult Protective Services.

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). Please note this hotline should only be used for reporting abuse, neglect, exploitation and abandonment. Any questions should be emailed to RA-PWAPSQuestions@pa.gov or please call 717-783-3670. Any questions requiring immediate attention outside of regular business hours should be directed to Liberty Healthcare's on call staff at 1-888-243-6561. Please note this number should only be used for emergency situations requiring immediate attention.

2. Within 48 hours of making the oral report to the hotline, the administrator or employee will fax a written report to 484-434-1590 or email the report to Liberty Healthcare at: mandatoryron@libertyhealth.com. The written report can be one of the following:
 - The mandatory reporting form found on the Department's website at www.dhs.pa.gov under Report Abuse>Adult Protective Services;
 - An administrator or employee of a nursing facility, licensed by Department of Health, may submit a PB-22 form; or
 - 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.
3. An administrator or employee of a facility will continue to follow all other required reporting and 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 also:

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 of Human Services/Adult Protective Services Division by calling the mandatory abuse reporting line at 717-265-7887 and selecting option #3. Provide the following information:
 - a. The caller's name (please spell the name) and telephone number
 - b. The name of the facility
 - c. The alleged victim's name (please spell the victim's name)
 - d. The alleged victim's date of birth
 - e. The type(s) of alleged abuse or neglect (please provide only the type of abuse or neglect, the specific details are not needed for this additional reporting step)
 - f. The date and time of the oral report to law enforcement officials.
3. Within 48 hours of making the oral report to law enforcement, the administrator or employee will send a written report to law enforcement. The written report can be one of the following:
 - The mandatory reporting form found on the Department's website at www.dhs.pa.gov under Report Abuse>Adult Protective Services;
 - An administrator or employee of a nursing facility, licensed by Department of Health, may submit a PB-22 form; or



- 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.

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-PWAPSQuestions@pa.gov, or please call 717-783-3670.

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.

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 causes 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.

Rape: A person commits rape when he or she engages in sexual intercourse with a complainant: (1) by forcible compulsion; (2) by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (3) who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring; (4) where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (5) who suffers from a mental disability which renders the complainant incapable of consent; (6) who is less than 13 years of age.

Involuntary Deviate Sexual Intercourse: A person commits involuntary deviate sexual intercourse when he or she engages in deviate sexual intercourse with a complainant: (1) by forcible compulsion [forcible compulsion includes but is not limited to compulsion resulting in another person's death, whether the death occurred before, during or after sexual intercourse]; (2) by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (3) who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring; (4) where the person has substantially impaired the complainant's

power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (5) who suffers from a mental disability which renders him or her incapable of consent; (6) who is less than 13 years of age, or (7) who is less than 16 years of age and the person is four or more years older than the complainant and the complainant and person are not married to each other.

Sexual Assault: Except as provided under the definitions relating to Rape and Involuntary Deviate Sexual Intercourse, a person commits sexual assault when that person engages in sexual intercourse or deviate sexual intercourse with a complainant without the complainant's consent.

Statutory Sexual Assault: Except as provided under the definition of Rape, a person commits statutory sexual assault when that person engages in sexual intercourse with a complainant under the age of 16 years and that person is four or more years older than the complainant and the complainant and the person are not married to each other.

Aggravated Indecent Assault: Except as provided under the definitions relating to Rape, Statutory Sexual Assault, Involuntary Deviate Sexual Intercourse, and Sexual Assault, a person who engages in penetration, however slight, of the genitals or anus of a complainant with a part of the person's body for any purpose other than good faith medical hygienic or law enforcement procedures commits aggravated indecent assault if: (1) the person does so without the complainant's consent; (2) the person does so by forcible compulsion; (3) the person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (4) the complainant is unconscious or the person knows that the complainant is unaware that the penetration is occurring; (5) the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing without the knowledge of the complainant, drugs, intoxicants or other means for the purposes of preventing resistance; (6) the complainant suffers from a mental disability which renders him or her incapable of consent; (7) the complainant is less than 13 years of age; or (8) the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.

Incest: A person commits incest if he or she knowingly marries or cohabits or has sexual intercourse with an ancestor or descendant, brother or sister of the whole or half blood or an uncle, aunt, nephew or niece of the whole blood. The relationships referred to include blood relationships without regard to legitimacy, and relationship of parent and child by adoption.

Sexual Harassment – Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. NOTE: Sexual harassment is an abuse that requires reporting to the protective services hotline; however, the APS Act makes a distinction between sexual harassment and sexual abuse—sexual abuse is considered one of the 4 serious and requires additional reporting steps to the Department of Human Services/Adult Protective Services Division and local law enforcement (see Section B beginning on page 2).