

**Pennsylvania School-Based ACCESS Program (SBAP)
Local Education Agency Agreement to Participate
FY 2024 – 2025**

The School-Based ACCESS Program (SBAP) is administered by the Department of Human Services (DHS) and its contractor, Sivic Solutions Group (SSG).

The _____ (LEA name) agrees to participate in the SBAP by signature of its authorized representative below, and acknowledges that it will:

- **Comply** with all applicable State and Federal statutes and regulations, and policies which pertain to participation in the SBAP and the Pennsylvania Medical Assistance (MA) Program; **and**
- **Assign** a representative of the LEA to participate in SBAP training designated as mandatory; **and**
- **Participate** in the Random Moment Time Study (RMTS); **and**
- **Submit** compensable direct service claims; **and**
- **Complete** annual cost reconciliation/cost settlement of direct service claiming.

Direct Service Claiming Process and Fees:

All claims paid under the SBAP will be deposited into a restricted receipt account managed by the Commonwealth's Comptroller Operations.

Monthly processing fees will be deducted from the LEA's restricted receipt account and remitted to SSG.

Dates of Service 7/1/24 to 6/30/25	
Direct Service	\$0.29/claim
Transportation	\$0.16/claim

Funds can be withdrawn by submitting PDE Form 352 (School Age) or 352 M (for EI programs) to the Pennsylvania Department of Education, Bureau of Special Education along with a brief description of the intended use of the funds. Funds must be used to enhance and supplement the special education program within the LEA.

Medicaid Administrative Claim (MAC) Process and Fees:

The LEA must receive direct service claiming reimbursement in order to receive and retain MAC reimbursement.

The LEA will provide the information and data to SSG which is needed to conduct the three (3) quarterly time studies.

The LEA will receive 25% of documented and approved administrative costs less SSG's processing fee associated with administrative claiming.

SSG's processing fee for each billable administrative claim unit submitted under the program is 50% of the LEA share, up to a maximum of \$450, per quarter. (For example, if the LEA share is \$600.00, the processing fee will be \$300.00)

DHS will receive 25% of the documented and approved administrative costs.

MAC payments are issued via direct deposit to the bank account identified by the LEA and not deposited in its restricted receipt account.

Signature of LEA Representative: _____

Printed Name: _____

Title: _____ Date: _____

Taylor Trisket
Warren County School District Board Secretary

**RETURN COMPLETED FORM TO DHS VIA
EMAIL to rdrouillar@pa.gov**