

Providers are responsible to remain current on all policies, regulations, and laws related to the provision of services compensable through SBAP.

The SBAP provider handbook is updated on a periodic basis. Requests for updates to the SBAP provider handbook may be submitted to the following Resource Account address: RA-PWSBAP@pa.gov. All requests will be considered for future updates of the SBAP provider handbook.

PROCEDURES:

SBAP providers are to follow the requirements in the SBAP provider handbook. SBAP providers should refer to the updated SBAP provider handbook, dated September 2022, for participation requirements and billing procedures for MA payment for SBAP services. The updated sections are highlighted and can be viewed on the [SBAP resource page](https://www.dhs.pa.gov/providers/Providers/Pages/School-Based-ACCESS-Program.aspx) at the following link: <https://www.dhs.pa.gov/providers/Providers/Pages/School-Based-ACCESS-Program.aspx>.

ATTACHMENT:

Pennsylvania Department of Human Services, School-Based ACCESS Program Handbook, September 2022

8.3.c July-September Quarter

Because most LEAs are not operating or providing services in the summer months, a time study will not be conducted in the quarter from July to September. An average of the prior three quarters time study results will be used to calculate a claim for the summer months.

This is consistent with the May 2003 Medicaid School-Based Administrative Claiming Guide: *“...the results of the time studies performed during the regular school year would be applied to allocate the associated salary costs paid during the summer. In general, this is acceptable if administrative activities are not actually performed during the summer break, but salaries (reflecting activities performed during the regular school year) are prorated over the year and paid during the summer break.” (page 42)*

8.3.d LEA Quarterly Calendars/Shifts and Staff Pool Lists

Dates that the LEA will be in session will be determined quarterly by the SBAP Coordinator. LEAs will review and certify their calendars each quarter to determine the dates the LEA pays for its staff to work and those dates will be included in the sample. LEAs that fail to certify their calendars before the quarterly deadlines will be required to use DHS’ Lot 1 contractor’s default calendar.

As a best practice, LEAs should identify the latest start time and earliest end time within the district when determining their calendars.

LEAs must use shifts to ensure that individuals on the staff pool lists can be selected to receive a moment at any time during their working hours. Additionally, LEAs can utilize shifts on their calendars for service providers, such as an itinerant OT, who work specific days/times (e.g., Monday and Wednesday from 9:00am to 11:30am). Shifts should represent actual working/paid hours for everyone on the staff pool list. In times when it is not possible to exactly identify when a participant works in a shift, the LEA should always choose the earliest possible start time and latest end time. An unlimited number of shifts can be entered and used on the LEA’s calendar to address these varied work schedules.

For each active quarter, LEAs will be provided with a date on which they must submit and certify their calendars/shifts and staff rosters, which is approximately one month prior to the start of the time study quarter. No changes or additions are made after the sample is drawn and created, in order to maintain a verifiable, statistically valid sample.

8.3.e Moment Generation

Moments are generated for the entire three-month quarterly period prior to the start of the quarter. Each selected moment is defined as a specific one-minute unit and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the documentation submitted by the selected participant. The statewide sample comprises all LEAs that participate in the SBAP; each LEA may have its own work/non-work days (defined by the calendar of the LEA) and work hours.

Time study participants are notified via e-mail of their requirement to participate in the time study and of their sampled moment. Throughout this entire process, the LEA SBAP Coordinators have real-time access in the online system to view their sampled staff, the dates/times of their sampled staff's moments, and whether or not the moment has been completed.

8.3.f Valid Moments

Valid moments are completed moments that have been received by DHS' Lot 1 contractor and have been determined to be complete and accurate. All documentation of sampled moments must be returned within five working days, as identified by the LEA's certified calendar, after the sampled date. Documentation of moments not received within the required time frame cannot be used in the calculation.

Non-returned moments are moments not returned by the LEA. If the staff for whom the moment was intended is no longer employed by the LEA but the position that staff person was in has been filled, the moment is to be completed by the replacement staff person. If the position remains vacant, a notation of such is made on the moment and DHS' Lot 1 contractor marks the moment "invalid."

8.3.g Moment Follow-Up Questions

It is important for each selected participant to provide sufficient detail to describe the activity that occurred during the selected moment. In a situation where insufficient information is provided to determine the appropriate activity code, DHS' Lot 1 contractor may contact the selected participant and request submission of additional information. Once the information is received, the moment is coded and included in the final time study percentage calculation. If no additional information is received, the moment may be coded as non-MA.

8.4 RMTS Participants

The purpose of the statewide time study is to identify the proportion of direct service and administrative time allowable and reimbursable under MA. Staff performing MA-related activities in an LEA seeking reimbursement are required to participate in the statewide time study using the approved RMTS methodology. This information is used for direct service cost reporting to enable the state to conduct a cost settlement at the end of the fiscal year for the SBAP. The administrative time study results are applied to the allowable administrative costs of the participating LEAs to calculate the quarterly MAC.

All LEAs that participate in the SBAP are required to be in the time study and identify allowable costs within a given LEA. Staff members and contractors who perform direct service and administrative activities are required to participate in a quarterly time study.

Costs can only be claimed for an individual employee or contractor included on the staff pool lists, and for only the quarter(s) for which the individual is listed. Therefore, only positions included on the staff pool lists for potential RMTS sampling can have costs included in the cost pools for administrative and direct service claiming purposes.

Staff pool lists will be updated quarterly to reflect staff changes at the LEA level. If a staff person leaves the LEA and the position is then filled during the quarter, the LEA must update the contact information associated with that position in DHS' Lot 1 contractor's system. In the event that a new position is created, or a LEA did not include a position on the staff pool list created at the beginning of the quarter, it cannot add the staff person/position until the next quarter.

The two universes of time study participants and associated cost pools are mutually exclusive.

The following categories of staff have been identified as appropriate participants for the time study. Additions to the list may be made depending upon job duties. The decision and approval to include additional staff will be made on a case-by-case basis.

8.4.a Direct Service Cost Pool

The following services and rendering providers may be included in the Direct Service Cost Pool:

- Nursing Services that are provided by a licensed registered nurse, licensed practical nurse, or licensed certified registered nurse practitioner.
- Nurse Practitioner Services that are provided by a licensed certified registered nurse practitioner
- Occupational Therapy Services that are provided by or under the supervision of a licensed occupational therapist.

- Orientation, Mobility and Vision Services that are provided by an orientation and mobility specialist.
- Personal Care Services that are provided by a personal care assistant.
- Physical Therapy Services that are provided by or under the supervision of a licensed physical therapist.
- Physician Services that are provided by a currently licensed doctor of medicine or currently licensed doctor of osteopathy.
- Psychological, Social Work, and Counseling Services that are provided by a licensed psychologist, school psychologist, licensed psychiatrist, licensed social worker, licensed professional counselor, or licensed family and marriage therapist.
- Speech, Language and Hearing Services that are provided by a licensed speech pathologist, licensed audiologist, or a teacher of the hearing impaired.

Only qualified providers, as defined in Section 3, are permitted to be listed on the Direct Service Cost Pool.

8.4.b Administrative Service Providers Cost Pool

The Administrative Service Providers Cost Pool includes LEA staff that do not provide allowable direct service, but who perform activities that support direct services. The following staff may be included in the time study:

- School Administrators, including principals and assistant principals
- State Certified Counselor
- Non-certified Psychologist/Psychologist Interns
- Non-certified Social Worker
- Psychologist Intern
- Special Education Administrator
- School Bilingual Assistant
- Speech-Language Pathologist (Non-Masters Level and Non-Licensed)
- Program Specialist
- SBAP Coordinator
- Supervisors of persons providing direct service
- Transportation Coordinator
- Other groups/individuals that may be identified by the LEA

Providers included in the Administrative Service Provider Pool cannot be included in the Direct Service Cost Pool. **There is to be no duplication of staff or services in the two cost pools.** A claim for a direct service cannot be submitted for reimbursement when provided by an individual in the Administrative Service Provider Pool.

Staff listed under the Direct Service Cost Pool, or the Administrative Service Providers Cost Pool are not automatically included in the time study. The LEA must determine whether the job position is less than 100% Medicaid funded. Staff that are 100% federally funded will be excluded from the time study as none of their costs are reimbursable. Staff members that are partially federally funded may be included in the time study; however, any costs that are included in the cost pool must be net of all federal sources.

The administration of the time study is identical for each of the cost pools.

8.4.c Staff Pool Lists

Before the statewide sample is generated, each LEA must submit a staff pool list and certify that all staff included on the list are appropriate for inclusion in the time study. Staff deemed inappropriate during review of time study quarters will be removed from the time study and excluded from claims.

If a staff person leaves the LEA in the middle of the quarter and the position is filled during the quarter, the LEA must update the contact information associated with that position in DHS' Lot 1 contractor's system. In the event that a new position is created, or a LEA does not include an existing position on the staff pool list created at the beginning of the quarter and used to generate the statewide sample, the LEA must wait until the next quarter to add that staff person/position.

Allowable staff must be listed on an approved staff pool list prior to the time study quarter. If an allowable staff person is not listed on the staff pool list, costs cannot be claimed for the position.

The SBAP Coordinator will assign staff to a specific job category in one of the two cost pools and DHS' Lot 1 contractor will use the LEA's certified staff list for each cost pool to generate the statewide sample for each pool. DHS' Lot 1 contractor does not add staff, delete vacancies or create the cost pool list for any LEA. The cost pools and staff within those pools are completed directly by the LEA's SBAP Coordinator. DHS' Lot 1 contractor will summarize the individual LEA cost pool lists into a statewide cost pool that is used to generate the sample for the given sample period.

LEA personnel who participate in the time study must be assigned to job categories that describe their job function. If a category includes a limited mix of job functions and titles, the functional (or working) job title must be listed beside each person's name.

8.5 RMTS Compliance

The time study must have a statewide response rate of at least 85% to be compliant. If the statewide compliance rate is not met, all non-returned moments are coded as *non-MA time and included in the overall quarterly time study results*. If the statewide compliance rate is reached, no action will be taken with those non-returned moments, and they will be dropped from the overall quarterly time study results.

To assist in reaching the statewide compliance rate, LEAs are monitored to ensure they are properly returning sample moments. As much information as possible to explain why the non-returned moments were unanswered is gathered from the SBAP Coordinators and/or participants. LEAs should individually strive for a 100% response rate each quarter.

If the statewide response rate is less than 90%, DHS may send warning letters and impose sanctions on individual LEAs that fail to reach a satisfactory response rate. After receiving a warning letter, LEAs in default in subsequent quarters will not be allowed to claim and will not be able to participate in administrative claiming for the remainder of that fiscal year. If such a penalty is imposed, the LEA is required to return any payments received for that fiscal year under the SBAP.

8.6 RMTS Documentation and Recordkeeping Requirements

Documentation of sampled moments must be sufficient to provide answers to six questions needed for accurate coding:

1. Were you working during your sampled moment?
2. Who was with you?
3. What were you doing?
4. Why were you doing this activity?
5. Is this activity regarding a Special Education student?
6. Is the service you provided part of the child's IEP?

Each sampled participant must complete the six questions above for each moment in which they were selected. After answering the six questions, the sampled participant certifies the accuracy of their response prior to submission.

The LEA must certify that all RMTS participants hold the necessary provider qualifications to bill MA for their services and maintain documentation of licensures or credentials.

All participating LEAs are required to maintain documentation supporting the RMTS results, which are used in the MA claim. Each LEA is required to maintain the following documents:

- A Direct Service Cost Pool list of eligible individuals, including job categories and licensures/credentials;
- An Administrative Service Provider Only Cost Pool of eligible individuals, including job categories;
- Any financial data used to develop the administrative claim and/or cost report and a copy of the completed cost report.

LEAs are required to comply with all state and federal laws regarding record retention.

SECTION 9 – COST ALLOCATION FACTORS

9.1 Federal Medical Assistance Percentage (FMAP) Rate

The federal government pays states for a specified percentage of program expenditures called the Federal Medical Assistance Percentage (FMAP). The FMAP varies by state based on criteria such as per capita income. The FMAP is adjusted each federal fiscal year (Oct 1-Sept 30) and the minimum rate is 50%. The FMAP is published annually in the [Federal Register](#) and archived by the [U.S. Department of Health and Human Services](#).

9.2 Individualized Education Program (IEP) Ratio

LEAs are required to provide an IEP Ratio on their annual cost reports. When applied, this LEA-specific IEP Ratio discounts the allowable costs associated with the Direct Service cost pool by the percentage of IEP Medicaid students.

Using the December 1 Count Report, LEAs are required to report the total number of **all special education students** with a health-related service(s) in their IEP. This number is the denominator of the IEP ratio. The numerator is the total number of **Medicaid eligible special education students** with a health-related service(s) in their IEP. Both the numerator and denominator are calculated as of December 1 of the fiscal year. For example, student data and eligibility from December 1, **2022** would be used to determine the IEP ratios for the FY **2022-2023** cost settlement. All participating LEAs are required to maintain documentation supporting both the numerator and the denominator of the reported IEP ratios, including the names and birthdates of students.

$$\frac{\text{Total number of Medicaid Eligible Special Education Students With a Health-Related service in their IEP}}{\text{Total Number of All Special Education Students With a Health-Related Service in their IEP}} = \text{IEP Ratio}$$

Note: Failure to maintain documentation supporting the reported IEP ratio, when determined during an audit or oversight and monitoring, will result in the recoupment of all SBAP payments received for that fiscal year, to include interim payments, payments resulting from cost settlement, and MAC payments.

9.3 Medicaid Eligibility Rate (MER)

Costs associated with several MA administrative activities performed by the LEAs are adjusted by the LEA Medicaid Eligibility Rate (MER). The MER reduces these costs to the amount for services specific to MA-eligible individuals. The numerator of the MER is the total number of MA-eligible students in the LEA and the denominator is the total number of students enrolled in the LEA. The MER for the MAC program is calculated on an annual basis by DHS' Lot 1 contractor.

9.4 Unrestricted Indirect Cost Rate (UICR)

Indirect costs are calculated consistent with [45 CFR Part 75](#).

UICRs are applied during the cost settlement process each year to determine the amount of allowable indirect costs for each LEA participating in the SBAP.

The UICRs are LEA-specific, developed and **certified** by the Pennsylvania Department of Education (PDE), and are **updated annually**. LEAs must follow PDE's instructions to complete the Indirect Cost section of the Annual Financial Report (AFR) and provide the required information **each year** in order to receive an approved UICR. Per PDE, the AFR is to be completed each year by October 31. PDE provides information about how to complete the [Annual Financial Report](#) on its website.

UICRs are *applied* in the fiscal year in which they are **certified and posted by PDE, at which time the UICRs are *applied* to the cost settlement of the prior fiscal year that is underway at that time.** Therefore, an AFR submitted by the **10/31/2022** deadline where an unrestricted rate has been requested by the LEA and certified by PDE, results in a UICR to be applied during the **2022-2023** fiscal year.

LEA-specific UICRs approved and certified by PDE must be received by DHS no later than February 15 of the next year, or else the LEA will not receive indirect costs in quarterly MAC claims or the Cost Settlement process.

The chart below shows the fiscal years impacted by the calculation and application of the UICR.

PDE AFR / UICR			SBAP Application of UICR	
Data Year	Year AFR is Submitted Requesting Rate	Year Rate is Posted	Cost Settlement Year UICR is Applied to	Year Cost Settlement is Conducted
20-21	21-22	22-23	21-22	22-23
21-22	22-23	23-24	22-23	23-24
22-23	23-24	24-25	23-24	24-25
23-24	24-25	25-26	24-25	25-26

SECTION 10 – COST CERTIFICATION/CERTIFIED PUBLIC EXPENDITURES (CPE)

LEAs will only be reimbursed the federal share of any administrative and direct service claiming. The Chief Financial Officer, Chief Executive Officer, Executive Director, Superintendent, Business Manager or other individual designated as the financial contact by the LEA will be required to certify the LEA's total actual incurred allowable costs and expenditures, including federal and non-federal share, and the availability of necessary public matching funds. The certification statement, or Certified Public Expenditures (CPE), will be included as part of the annual cost report and with each quarterly MAC claim (See Appendix D).

LEAs will be required to maintain documentation that substantiates the certified funds used for administrative and direct service claiming. Failure to appropriately document the certified funds will result in non-payment.

SECTION 11 – FINANCIAL REPORTING COMPLIANCE REQUIREMENTS

11.1 Financial Data

The financial data reported (salaries, benefits, supplies, purchased services, and other expenditures) must be based on actual detailed expenditure reports generated by the LEA payroll and financial systems. This includes data related to any benefits paid by the LEA for the employee, such as health insurance, retirement contributions, and travel or training benefits. Payroll and financial system data must be applied using generally accepted governmental accounting standards and principles or applicable administrative rules.

The expenditures accumulated must correlate to the claiming period. The quarterly financial data to be included in the calculation of the MAC claim are to be based on actual expenditures incurred during the quarter (cash-based accounting). The annual financial data to be included in the calculation of the annual cost report for the cost reconciliation process must be completed using accrual-based accounting. Due to the differences in accounting methodologies mentioned above, costs entered for the quarterly reports will not roll over into the annual cost report.

The only costs that will be included are those that meet reporting requirements and that are from eligible categories. [2 CFR 200.420-476](#) specifically defines the types of costs: direct costs, indirect costs and allocable costs that can be included in the program, and provides principles to be applied in establishing the allocability or unallocability of certain items of cost. These principles apply whether a cost is treated as direct or indirect.

11.2 Unallowable Costs

Costs that may not be included for claiming are:

- Direct costs related to staff that are not identified as eligible time study participants (i.e., costs related to non-special education teachers, cafeteria, transportation, and all other non-school-based administrative areas)
- Costs that are paid with 100 percent federal funds
- Any costs that have already been fully paid by other revenue sources (state/federal, recoveries, etc.)

11.3 Revenue Offset

Expenditures included in the administrative claim are often funded with several sources of revenue. Some of these revenue sources require that expenditures be offset, or reduced, prior to determining the federal share reimbursable by MA. These “recognized” revenue sources requiring an offset of expenditures are:

- Federal funds (both directly received by the district and pass through from state or local agencies).
- State expenditures that have been matched with federal funds (including fee-for-service). Both the state and federal share must be used in the offset of expenditures.
- Third party recoveries and other insurance recoveries.

APPENDIX A – LEA AGREEMENT SAMPLE



**Pennsylvania School-Based Access Program (SBAP)
Local Education Agency Agreement to Participate
[FY 20xx – 20xx]**

The School-Based ACCESS Program (SBAP) is administered by the Department of Human Services (DHS) and its contractors, [Commonwealth’s Lot 1 Contractor] and [Commonwealth’s Lot 2 Contractor].

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 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 [Commonwealth’s Lot 1 Contractor].

Dates of Service [7/1/xx to 6/30/xx]	
Direct Service	[\$0.xx/claim]
Transportation	[\$0.xx/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 [Commonwealth’s Lot 1 Contractor] which is needed to conduct the three (3) quarterly time studies.

The LEA will receive 25% of documented and approved administrative costs less [Commonwealth’s Lot 1 Contractor]’s processing fee associated with administrative claiming.

[Commonwealth’s Lot 1 Contractor]’s processing fee for each billable administrative claim unit submitted under the program is 50% of the LEA share, up to a maximum of \$540, 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: _____

**RETURN COMPLETED FORM TO [Commonwealth’s Lot 1 Contractor] VIA
FAX [(xxx) xxx-xxxx] OR EMAIL [Commonwealth’s Lot 1 Contractor]**

**APPENDIX B – MA PROVIDER AGREEMENT
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

Provider Agreement for Outpatient Providers

This Agreement, made by and between the Department of Human Services (hereinafter the “Department”) and

(hereinafter the “Provider”) sets forth the terms and conditions governing participation in the Medical Assistance Program. The parties to this Agreement, intending to be legally bound, agree as follows:

1. The provider agrees to comply with all applicable State and Federal statutes and regulations, and policies which pertain to participation in the Pennsylvania Medical Assistance Program.
2. The provider agrees to keep any records necessary to disclose the extent of services the provider furnishes to recipients.
3. The provider agrees upon request, to furnish to the Department, the United States Department of Health and Human Services, the Medicaid Fraud Control Unit, any other authorized governmental agencies and the designee of any of the foregoing, any information maintained under paragraph (A) above and any information regarding payments claimed by the provider for furnishing services under the Pennsylvania Medical Assistance Program.
4. The provider agrees to comply with the disclosure requirements specified in 42 CFR, Part 455, Subpart B (relating to Disclosure of Information by Providers and Fiscal Agents), or any amendments thereto.
5. The provider agrees that it will submit within 35 days of the date of request by the Department or the United States Department of Health and Human Services Secretary full and complete information about the following:
 - A. the ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
 - B. any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date of the request.
6. The provider agrees that it will allow the Centers for Medicare and Medicaid Services, its agents and its contractor and the Department to conduct unannounced on-site inspections of any and all of its locations, including locations where services are provided.
7. The provider agrees that it will consent to criminal background checks, including fingerprinting, of individuals with an ownership interest in the provider, and will provide to the Department any information needed for the Department to conduct a background check of the provider and its owners.
8. The provider agrees that upon written request from the Department it will disclose the identity of any person who has an ownership or control interest in the provider or is an agent or managing employee of the provider that has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI (CHIP).

9. The provider agrees that if there is any change in the ownership or control of the provider, it will submit updated disclosure information to the Department within 35 days of the change in ownership or control of the provider.

10. This agreement shall continue in effect unless and until it is terminated by either the provider or the Department. Either the provider or the Department may terminate this agreement, without cause, upon thirty days prior notice to the other. The provider’s participation in the Pennsylvania Medical Assistance Program may also be terminated by the Department, with cause, as set forth in applicable Federal and State law and regulations.

PROVIDER ELIGIBILITY AGREEMENT

I have reviewed the information in this enrollment application and affirm on behalf of the provider seeking to enroll in the Pennsylvania Medical Assistance Program that the information submitted in or with this application is true, accurate and complete.

I understand that the provider is responsible for notifying the Department of Human Services if any information included in this enrollment application changes or if the provider becomes aware that any of the information is not true, accurate or complete.

I understand that any false statements or omissions may be subject to prosecution under applicable state or federal law, including 18 Pa. C.S. § 4904, relating to any unsworn falsifications to authorities

I understand that knowingly and willfully providing incomplete or false information in this application may result in the denial of enrollment or termination of the provider from the Pennsylvania Medical Assistance Program.

**(Provider – Original Signature)
(Owner or Authorized Agent)**

(Date)

(Name – Please Type or Print)

APPENDIX C – PDE 352 GUIDELINES AND FORM

PDE-352 Guidelines

School-Based ACCESS Program

Funds that are reimbursed from the federal Medicaid School-Based ACCESS Program (SBAP) for direct health-related services are kept in Local Education Agency (LEA) specific accounts at the Pennsylvania Department of Education (PDE). To receive these funds, each LEA must complete form PDE-352 and submit it to the Bureau of Special Education (BSE) along with a short narrative explaining what the funds will be used for and how they will expand or enhance special education programs. The chief administrative officer must sign this form. Funds may be used to support the education of any special education student, not only those who are Medicaid eligible. Once the funds have been approved for disbursement, PDE-352 is sent to the Comptroller's office for processing. Funds are transferred to the LEA's local bank account approximately two months after the request is received by BSE. Narratives are filed along with copies of the PDE-352. Digital copies of form PDE-352 should be submitted by email to RA-EDSBAPFUNDING@pa.gov.

Do not send copies of invoices or purchase orders. Provide a general description of the items or services purchased and their effect on the special education program. If possible, bundle several small requests and submit on one form. It is more cost effective to process two or three large requests per year per school district than ten or twelve small ones. **The Comptroller's office will not process requests that are under \$1,000.00.**

There are several restrictions on the use of ACCESS funds. They must be used within the special education program. They may not be used to supplant professional positions that the LEA has been supporting. They may not be transferred to the district general fund and used outside the special education program. The following list of acceptable uses of ACCESS money is a sampling.

Allowable School-Based ACCESS Expenditures

**(Digital Form PDE-352 should be submitted by email to RA-EDSBAPFUNDING@pa.gov)
Personnel**

New professional special education positions (teachers, therapists)- salaries and benefits

Special Education classroom instructional aides-salaries and benefits

Personal Care aides-salaries and benefits

School Based ACCESS Program coordinators-salaries and benefits

Nurses-salaries/benefits for percentage of time spent with special education students

Clerical support staff for ACCESS record keeping-salaries and benefits

Clerical support staff for the special education program for the time spent in direct student support (typing, filing, mailing of IEPs, ERs, Invitations to IEP meetings)
-salaries and benefits.

Substitutes for special education classes for teachers attending IEP meetings or trainings

ACCESS Program Costs

Copiers

Computers

Paper Supplies

Equipment Maintenance

FAX machine

Printers

File Cabinets

Internet access for purposes of accessing web-based systems; e.g. SBAP Billing program and IEP writer program

Training

CPR and First Aid Training

Conferences and Workshops for Special Educators and Administrators

Inclusion Conferences and Workshops for Regular Educators

Parent Training for Special Education

Manuals or other materials required for training programs

Property

Student computers

Staff computers when they are used for writing IEPs, ERs, lesson or treatment plans, or record keeping

Specialized furniture for students

Treatment room furniture

Furniture needed for computer use

Televisions and VCRs (with closed caption capability)

Portable stair climbers

Wheelchairs

Computer networking

Swimming pool lifts

Therapy equipment

Contracted Services

Psychological testing

Specialized transportation outside the regular school transportation system

Training for staff

Community based program costs

Maintenance contracts on computers, copiers, etc.

Transportation

Refitting specialized buses with car seats, seat belts, etc.

Specialized buses for special education transportation

Supplies

Personal care supplies for special education students

Health room supplies for special education students

Paper supplies needed for School Based ACCESS Program, IEPs, ERs, or other student specific documents

Student and Curriculum Specific

Field trips that are tied to the curriculum

Speakers and programs brought into the school

Programs above the ESY provided by the district such as swimming lessons, additional community-based programs

Tests

Books

Software

Workbooks

Adaptive feeding equipment

IEP writer programs and support/training needed for implementation

Instructional materials

Teacher manuals

Tuition which is the result of a settlement agreement.

[PDE-352 Available Here](#) (excel format)

For additional reimbursement information, please contact:

Pennsylvania Department of Education-Bureau of Special Education

333 Market Street | Harrisburg, PA 17126-0333

Phone: 717-783-6913 | Fax: 717-783-6139

RA-EDSBAPFUNDING@pa.gov | www.education.pa.gov

APPENDIX D – CPE FORM

Certification of Public Expenditures for State of Pennsylvania Annual SBAP Medicaid Cost Report

LEA Name: School Name

National Provider Identification (NPI): xxxxxxxxxxx

Medicaid Provider Number: xxxxxxxxxxx-xxxx

The undersigned certifies that this statement of expenditures is allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act (the Act), and in accordance with all procedures, instruction and guidance issued by the single state agency and in effect during the state fiscal year. **Complete Section II and sign and date below. The form must be submitted with your claim.**

HEREBY CERTIFY that for the reporting period: _____

Section I:

- 1. Total Expenditures _____
- 2. Total Medicaid Expenditures _____
- 3. Medicaid Interim Payments _____
- 4. Medicaid Cost Settlement _____

Section II:

LEA Financial Account Code

The expenditures identified above as the match for the Federal funds received from Medicaid are drawn from the following approved local account(s):

Fund	Function	Object
_____ -	_____ -	_____
_____ -	_____ -	_____
_____ -	_____ -	_____
_____ -	_____ -	_____

Please note that if you need additional space, you may include additional account information on a separate sheet attached to this document.

**CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER
INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION**

**CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER
FEDERAL AND/OR STATE LAW.**

1. All expenditures presented should be allowable in accordance with Federal and State Plan Amendment agreement requirements.
2. I have examined this statement, the accompanying supported exhibits, the allocation of expenses and services, and the worksheets for the above indicated reporting period and to the best of my knowledge and believe they are true and correct statements prepared from our books and records in accordance with applicable instructions.
3. The expenditures included in this statement are based on the actual cost recorded expenditures.
4. The required amount of state and/or local funds were available and used to pay for total computable allowable expenditures included in this statement, and such state and/or local funds were in accordance with all applicable Federal requirements for the non-Federal share match of expenditures, including that the funds were not Federal funds in origin, or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claimed expenditures were not used to meet matching requirements under other Federally funded programs.
5. Federal matching funds are being claimed on this report in accordance with the cost report instructions provided by the Pennsylvania Department of Human Services effective for the above indicated reporting period.
6. I am the officer authorized by the referenced government agency to submit this form and I have made a good faith effort to assure that all information reported is true and accurate.
7. I understand that this information will be used as a basis for claims for Federal funds, and possibly state funds, and that a falsification and concealment of a material fact may be prosecuted under Federal or state civil or criminal law.

Signature of Signer (CEO, CFO, or Superintendent)	Title of Signer
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Printed/Typed Name of Signer	Date
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Address of Signer
(street or P.O. Box, city, state, 5-digit zip)

Contact Phone Number	Fax Number
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Email Address

APPENDIX E – LEA PARTICIPATION FLOWCHART

