Pennsylvania
Department of Human Services

Pennsylvania School-Based ACCESS Program (SBAP)
FY 2026 - 2027 Local Education Agency (LEA) Agreement to Participate
☐ Early Intervention -OR- ☐ School Age (check only one per form)

The SBAP is administered by the Department of Human Services (DHS) in cooperation with the Pennsylvania Department of Education (PDE) and is supported by the DHS 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:

- ***Enroll*** in the Medical Assistance (MA) Program as Provider Type 35 (Public School) and maintain enrollment through submission of a revalidation application every five years; **and**
- ***Review and comply*** with all State and Federal statutes and regulations applicable to enrolled providers of the Pennsylvania MA Program; **and**
- ***Review and comply*** with policies established through Pennsylvania's Medicaid State Plan and the SBAP Provider Handbook which directs participation in the SBAP; **and**
- ***Assure*** at least one representative of the LEA participates in SBAP trainings provided throughout the year by DHS and its vendor (attendance at trainings will be tracked by LEA name); **and**
- ***Participate*** in the Random Moment Time Study (RMTS) by submitting and certifying quarterly calendars and staff pool lists, maintaining at least an 85% response rate to moments and follow-up questions, maintaining participants, and submitting quarterly costs; **and**
- ***Submit*** and monitor compensable direct service claims throughout the fiscal year; **and**
- ***Complete*** an annual cost report, providing financial and other data as required, to allow for the reconciliation of interim payments received to Medicaid-allowable costs as required by the SBAP cost-based payment methodology for direct service claiming; **and**
- ***Notify*** DHS immediately if your participation status changes after this agreement is signed and complete all requirements of discontinuing participation.

Direct Service Claiming Process and Fees:
Direct service claims are submitted to Pennsylvania's Medicaid Management Information System for payment through DHS's contractor system.

All claims paid under the SBAP will be remitted to PDE and deposited into the LEA's restricted receipt account managed by the Commonwealth's Comptroller Operations.

Processing fees will be deducted from the LEA's restricted receipt account and remitted to the DHS contractor.

Dates of Service - 7/1/26 to 6/30/27	
Direct Service	$0.35/claim
Transportation	$0.18/claim

The LEA's costs for providing direct services are reconciled on an annual fiscal year basis against interim claim reimbursements received throughout the year. Final reconciliation payments/recoupments are made through the LEA's restricted receipt account.

Funds can be withdrawn by submitting a formal request to the 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.

Pennsylvania
Department of Human Services

Medicaid Administrative Claim (MAC) Process and Fees:

The purpose of the MAC is to reimburse LEAs for the provision of administrative activities that directly support the MA Program.

The LEA must receive direct service claiming reimbursement during the fiscal year to retain MAC reimbursement received.

The LEA must provide the information and data to the DHS contractor which is needed to conduct the quarterly RMTS. At the close of each quarter, the LEA must additionally provide the financial data to the DHS contractor that is required to calculate the quarterly claim.

DHS will receive 50% of the net claim after calculation of Federal Financial Participation.

The LEA will receive the remainder of the net claim less the DHS contractor's processing fee associated with administrative claiming.

The DHS 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 $482, per quarter. For example, if the LEA share is $600.00, the processing fee will be $300.00

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

As the LEA Representative for _____ (LEA name), by checking the following I affirm that:

- ☐ I have reviewed and understood my LEA's responsibilities as an enrolled MA provider and for participation in the SBAP.
- ☐ I have reviewed and understood the processing fee calculations used for Direct Service claims processing.
- ☐ I have reviewed and understood the processing fee calculations used for MAC reimbursement processing.
- ☐ My signature below is an acknowledgement that my LEA is a participant in the SBAP for the fiscal year identified. For any SBAP reimbursement, my LEA must submit the Certified Public Expenditures form documenting the LEA has expended the state share.

Signature of LEA Representative: _____

Printed Name: _____

Title: _____ Date: _____

RETURN COMPLETED FORM TO DHS VIA EMAIL TO
RA-PWSBAPforms@pa.gov