School-Based ACCESS Program
Contact Information Form

LEA Full Name: ____________________________________________

☐ Early Intervention  ☐ School Age

Mailing Address: __________________________________________

Superintendent Name: ______________________________________

Superintendent Email: ______________________________________

Superintendent Address: ____________________________________

Date Submitted: ____________________________________________

Instructions:

• Submit only one form per LEA.
• Use additional pages as necessary.
• Only the LEA may request individuals outside of the LEA to receive email notifications on their behalf. For example, an IU billing “on behalf of” a district may only be given authority to receive district email communications by district staff.
• At the bottom of this form, please identify any staff you want removed from the contact list.
• Return completed form to RA-PWSBAP@pa.gov.

Name: ____________________________________________

Title: ____________________________________________

Email: ____________________________________________

Phone: ____________________________________________

Check all that apply to receive the following email notifications:

☐ Quarterly SBAP Newsletter and DHS updates  ☐ EasyTrac (Direct Service Claiming)①

☐ PCG Claiming System (Random Moment Time Study/Medicaid Administrative Claiming)①  ☐ Exception Reports (Direct Service Claiming)①

☐ Monthly Management Reports (Direct Service Claiming)①  ☐ FAI Reports

☐ e-SivicMACS (Annual Cost Reconciliation)②

①Must have a user account established with PCG - contact sbapsupport@pcgus.com to set up an account.
②Must have a user account established with SSG – contact PAsupport@sivicsolutionsgroup.com to set up an account.
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Please identify below, any staff who should be **removed** as a point of contact for SBAP:

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