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 <u>outside of the LEA</u> 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 **<u>removed</u>** 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

☐ PCG Claiming System (Random Moment Time Study/Medicaid Administrative Claiming)①

☐ Monthly Management Reports (Direct Service Claiming)①

☐ EasyTrac (Direct Service Claiming)①

☐ Exception 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 <u>removed</u> as a point of contact for SBAP:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____