



West Virginia IDDW Payment Request Form Participant-Directed Goods and Services (PDGS)

Complete all relevant fields below for payment to a vendor for authorized services. Please allow up to five (5) business days for this form to be processed. Once processed, payment will be generated on the next payroll cycle according to the Vendor Payment Schedule. If this is the first time you are submitting a payment request, please complete a Vendor Packet, which can be found at <https://palcofirst.com/west-virginia/> under the Vendor tab.

REQUIRED INFORMATION

Participant Full Name:	Participant Palco ID
Vendor Name:	Vendor ID or FEIN
Date of Service: ____/____/____	Amount: \$_____

Type of PDGS (T2028 SC):

<input type="checkbox"/> Adaptive Equipment	<input type="checkbox"/> Non-Covered Durable Medical Equipment- Medicaid/Private Insurance (<i>denial is required OR item must be on the DME excluded list</i>)
<input type="checkbox"/> Community Living Skills	<input type="checkbox"/> Physical Health and Fitness
<input type="checkbox"/> Hygiene	<input type="checkbox"/> Positive Behavior Supports
<input type="checkbox"/> Dental	<input type="checkbox"/> Receptive/Expressive Language Communication
<input type="checkbox"/> Dietary	<input type="checkbox"/> Safety
<input type="checkbox"/> Learning-Functional Academics	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Motor Skills	<input type="checkbox"/> Vision
<input type="checkbox"/> Other: _____	

This is an online purchase, and I have provided the **exact item numbers** to Palco on the attachment.
Requested item(s) should be delivered to the following location:

- Participant's home
- Ship-to-store at the following location:

TO BE COMPLETED BY THE RESOURCE CONSULTANT

Describe the requested purchase.	
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Describe how this purchase supports community inclusion and/or independence.	
What is the IPP/Service Plan need/goal that this request supports?	
How will this item/service support health and safety needs?	
What funding sources could pay for or assist with paying for the item/service?	
<input type="checkbox"/> Attached is an itemized estimate or invoice from the vendor for the requested payment. Payment cannot be issued to the vendor without an itemized estimate or invoice. <i>(After purchase, receipt will be submitted to RC, in the case where there is a discrepancy in price RC will work with participant. If the payment issued exceeds 125% or more of the cost of the item, you must return the difference to Palco)</i>	

For payment to be made to the vendor, PDGS must be approved on the participant’s IPP. Reimbursements for PDGS will not be made to the participant. By signing below, I attest that the purchases described herein comply with program guidance. I will provide a receipt to Palco for the purchased item/service per WV IDD Waiver Manual, Section 513.25.2: Failure to comply with these responsibilities may jeopardize continuation of IDD Waiver services.

Employer Signature

Date

Resource Consultant Signature

Date

Send completed paper forms by fax, email, or mail to Palco at the address below:

Fax: 1.877.859.8757
Email: rcsupport@palcofirst.com
Mail: Palco, Inc
Attn: Enrollment
P.O. Box 242930
Little Rock, AR 72223