

West Virginia Payment Request Form Environmental Accessibility Adaptations (EAA)

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 ID	Medicaid ID
Vendor Name:		Vendor ID or FEIN
<input type="checkbox"/> Check to be mailed directly to vendor OR <input type="checkbox"/> Check to be mailed directly to Employer	Vendor Address	
	Employer Address	
Date of Service: ____/____/____	Amount: \$_____	
Service Codes for ADW:		
<input type="checkbox"/> Home Modification (S5165 U7 UK)	<input type="checkbox"/> Vehicle Modification (T2039 U8 UK)	
Service Codes for IDDW:		
<input type="checkbox"/> Home Modification (S5165 UG)	<input type="checkbox"/> Vehicle Modification (T2039 UG)	
Service Codes for TBIW:		
<input type="checkbox"/> Home Modification (S5165 U3)	<input type="checkbox"/> Vehicle Modification (T2039 U3)	
<input type="checkbox"/> An itemized invoice/estimate MUST be attached. Payment cannot be issued to the vendor without an itemized invoice/estimate.		
TO BE COMPLETED BY THE RESOURCE CONSULTANT		
Describe the requested purchase.		
How will item/service improve independence/community inclusion?		
How will this item/service support health/safety?		
Are there any other funding sources available to pay for item/service?		



For payment to be made to the vendor, EAA must be approved on the member's Service Plan. Reimbursements for EAA cannot be made to the member. By signing below, I attest that the purchases described herein comply with program guidance. Failure to comply with these responsibilities may jeopardize continuation of waiver services.

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 OR to your assigned
Resource Consultant
Mail: Palco, Inc
Attn: WV Resource Consultant Support
P.O. Box 242930
Little Rock, AR 72223