



## 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	Medicaid ID
Vendor Name:			Vendor ID or FEIN
<input type="checkbox"/> Check to be mailed directly to vendor <b>OR</b> <input type="checkbox"/> Check to be mailed directly to Employer	Vendor Address		
	Employer Address		
Date of Service: ____/____/____		Amount: \$_____	
Type of PDGS (T2028 SC):			
<input type="checkbox"/> Adaptive Equipment	<input type="checkbox"/> Sensory		
<input type="checkbox"/> Dental	<input type="checkbox"/> Safety		
<input type="checkbox"/> Health	<input type="checkbox"/> Therapy		
<input type="checkbox"/> Independence	<input type="checkbox"/> Vision		
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> This is an online purchase, and I have provided the <b>exact item numbers</b> to Palco on the attachment. Requested item(s) should be delivered to the following location: <input type="checkbox"/> Participant's home <input type="checkbox"/> Ship-to-store at the following location: _____ _____			
<input type="checkbox"/> An itemized invoice/estimate <b>MUST</b> be attached. Payment cannot be issued to the vendor without an itemized invoice/estimate. <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>			

TO BE COMPLETED BY THE RESOURCE CONSULTANT	
Describe the requested purchase.	
How will item/service improve independence/community inclusion?	
What IPP/Service Plan goal/need does the item/service meet?	
How will this item/service support health and safety?	
Are there any other funding sources available to pay for the item/service?	

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.

\_\_\_\_\_  
**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](mailto: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**