

## 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 <b>OR</b> <input type="checkbox"/> Check to be mailed directly to Employer	Vendor Address	
	Employer Address	
Service Year: ____/____/____ to ____/____/____		Amount: \$ _____
<b>Service Codes for ADW:</b>		
<input type="checkbox"/> Home Modification (S5165 U7 UK)	<input type="checkbox"/> Vehicle Modification (T2039 U8 UK)	
<b>Service Codes for IDDW:</b>		
<input type="checkbox"/> Home Modification (S5165 UG)	<input type="checkbox"/> Vehicle Modification (T2039 UG)	
<b>Service Codes for TBIW:</b>		
<input type="checkbox"/> Home Modification (S5165 U3)	<input type="checkbox"/> Vehicle Modification (T2039 U3)	
<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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Participant's home</li> <li><input type="checkbox"/> Ship-to-store at the following location:</li> </ul> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
<input type="checkbox"/> An itemized invoice/estimate MUST be attached. Payment cannot be issued to the vendor without an itemized invoice/estimate. <i>(All receipts must be submitted to the RC after purchase. Online purchases of less than \$1,000 must have an authorization in the member's budget to cover the total cost of the order. Palco can process online orders up to \$1250 for orders more than \$1,000 in advance, and once the receipt has been obtained, the difference must be returned to Palco. Palco can process online orders in excess of \$1250, but all funds over \$1,000 must be sent to Palco before the order can be processed.)</i>		

**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 the continuation of waiver services.

\_\_\_\_\_  
**Resource Consultant Name**

\_\_\_\_\_  
**Resource Consultant Signature**

\_\_\_\_\_  
**Date**

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

<p><b>Fax: 1.877.859.8757</b>  <b>Email: <a href="mailto:RCSupport@palcofirst.com">RCSupport@palcofirst.com</a></b> OR to your assigned  Resource Consultant  <b>Mail: Palco, Inc</b>  <b>Attn: WV Resource Consultant Support</b>  <b>P.O. Box 13260</b>  <b>Maumelle, AR 72113</b></p>
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