

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 OR <input type="checkbox"/> Check to be mailed directly to Employer	Vendor Address	
	Employer Address	
Service Year: ____/____/____ to ____/____/____		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 exact item numbers 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 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?	
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 Name

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 13260
Maumelle, AR 72113