

WV I/DD Waiver Program – Participant Directed Goods and Service Application and Payment Request Form

To ensure timely processing, please ensure all the following are included in this application packet:			
<input type="checkbox"/> Current IPP showing the item/service requested and required need	<input type="checkbox"/> Supporting Documentation as required	<input type="checkbox"/> W9 for all new vendors	<input type="checkbox"/> Quote for cost of item or service
Participant Name		PPL ID	
Program Representative (if applicable)		Resource Consultant	
Budget Year		Case #	
Vendor Name		r ID	
Vendor Address		Vendor Phone	
Amount To Be Paid		Service Code	T2028SC
Ongoing Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Dates of Service	
Name & Address the check should be mailed to**			
Item/Service Information			
Describe the requested item/service			
What is the IPP 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			
Does this item/service support community inclusion and or/independence: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain			

** MOST ONGOING PAYMENTS ARE MAILED TO THE VENDOR AND ALL OTHERS ARE USUALLY MAILED TO THE PARTICIPANT/GUARDIAN.

WV IDD Waiver Program – Participant Directed Goods and Service Application and Payment Request Form

The purchase of this PDGS item/service supports the following: (check all that apply)				
<input type="checkbox"/> Adaptive Equipment	<input type="checkbox"/> Environmental Accessibility: Vehicle	<input type="checkbox"/> Environmental Accessibility: Home	<input type="checkbox"/> Community Living Skills	<input type="checkbox"/> Hygiene
<input type="checkbox"/> Social Skills	<input type="checkbox"/> Dental	<input type="checkbox"/> Dietary	<input type="checkbox"/> Vision	<input type="checkbox"/> Safety
<input type="checkbox"/> Physical Health and Fitness	<input type="checkbox"/> Learning- Functional Academics	<input type="checkbox"/> Positive Behavior Supports	<input type="checkbox"/> Motor Skills	<input type="checkbox"/> Receptive/Expressive Language Communication
<input type="checkbox"/> Non-Covered Durable Medical Equipment- Medicaid/Private Insurance denial is required		<input type="checkbox"/> Other Needs/Goal- Provide an Explanation:		

By signing below, I attest to the following:	
<p>The authorization for this item/service must be approved prior to purchase. Any requests for reimbursement will be denied.</p> <p>I have read the WV IDD Waiver Manual Participant Goods and Services Section: 513.16.1. and understand the PDGS Process, including that although the Service Coordinator has purchased Goods & Services for the budget year, no funds are available until this request is approved.</p> <p>I have reviewed this application, and to the best of my knowledge believe it is a completed application packet</p> <p>I will provide a receipt to PPL for the purchased item/service per WV IDD Waiver Manual, Section 513.25.2:</p> <p>Failure to comply with these responsibilities may jeopardize continuation of IDD Waiver services.</p>	
Participant/Program Rep	Date

Please submit this completed application and all other supporting documentation to your Resource Consultant prior to the expiration of your budget year. Supporting documentation may include a recommendation from a physician, therapist or other healthcare professional, article, on-line service description, Medicaid and/or private insurance denial letters, pictures or any other additional information about the item(s)/service(s) that could be used during the approval process. Only completed applications will be reviewed.

PPL Internal Review			
<input type="checkbox"/>	Additional Information Requested	Date	
<input type="checkbox"/>	Approved	Date	
<input type="checkbox"/>	Denied	Date	
<input type="checkbox"/>	Submitted To BMS for review	Date	
Notes:			
Reviewer Name		Date	