

## SELF-DIRECTION PAYMENT REQUEST FORM (PRF)

The requested item and amount must be approved in your Support Plan and Budget. DO NOT use your own money to pay vendors. Conduent-FMA CANNOT reimburse you.  
**Initial PRFs must be submitted for payment within ninety (90) days from date of service to meet timely filing requirements. Initial PRFs submitted past ninety (90) days from date of service will deny for failure to meet Medicaid timely-filing requirements.**

*ATTACH A VENDOR COST QUOTE OR VALID INVOICE WITH THIS PAYMENT REQUEST FORM*

Conduent, Inc.  
P.O. Box 27460  
Albuquerque, NM 87125

Phone: 1-866-916-0310  
FAX: 1-866-302-6787

<b>Is this a correction to a PRIOR PRF?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Print Member/Participant Name	
Member/Participant Medicaid Card Number	
Approved Budget Period	
Waiver Service Procedure Code/Modifier	
Describe Item Being Purchased	
Full Payment Amount (including all taxes)	
Is the item being purchased an EMOD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Environmental Modifications (EMOD) Only	<input type="checkbox"/> First Installment <input type="checkbox"/> Second Installment <input type="checkbox"/> Job Completed
Request Date (within budget to be paid)	
Print Name of Person Authorized to Sign the PRF	
Signature of Person Authorized to Sign the PRF	_____ Date of Signature

**BY SIGNING THE PRF, I ATTEST THAT I AM THE PERSON AUTHORIZED TO SIGN THE PRF. IF I AM THE PARTICIPANT, I ATTEST THAT I DO NOT HAVE A PLENARY OR LIMITED GUARDIANSHIP OR CONSERVATORSHIP OVER FINANCIAL MATTERS. IF I AM THE PARTICIPANT'S EMPLOYER OF RECORD (EOR) AND/OR AUTHORIZED REPRESENTATIVE, I ATTEST THAT I DO NOT RECEIVE PAYMENT FOR PROVIDING SELF-DIRECTED SERVICES TO THE PARTICIPANT. I ATTEST THAT I HAVE NOT PROVIDED THIS DOCUMENT PRE-SIGNED TO A VENDOR.**

Payee Name (Vendor Name)	Vendor Federal Tax ID#	
Address Line 1		
Address Line 2		
City	State	Zip

**CHECKS WILL BE MAILED TO THE PERSON AUTHORIZED TO SIGN THE PRF**

## **INSTRUCTIONS FOR COMPLETING THE PAYMENT REQUEST FORM (PRF)**

The PRF is used by both the Centennial Care Self-Directed Community Benefits Program (SDCB) and the Mi Via Program. Instructions 1 through 6 below apply to both programs:

1. "Request Date" and purchase must be within date of current approved Self-Direction budget
  - a. The "request date" may be the current date unless:
    - i. Purchase of a Prepaid Cell Phone Service – Request Date must include the month the service will be used
2. Approved Budget Period are the dates of the approved Self-Direction Budget
3. The "Waiver Service Procedure Code and Modifier" field must be filled in correctly
4. The request **MUST BE APPROVED** on the SSP and Budget
5. Payment amount must include price of good or service and all applicable taxes
6. Submit a cost quote or valid invoice with this payment request form
7. The PRF must be signed and dated by the person authorized to sign the document, see below for who is authorized to sign. A PRF may not be signed prior to the delivery of services and a blank, signed PRF should never be provided to a service provider.

### **WHO IS AUTHORIZED TO SIGN THE PRF?**

#### **SDCB Program:**

- 1) If the SDCB member has an EOR, the EOR is the only person authorized to sign the PRF. The member may also be their own EOR.

#### **Mi Via Program:**

- 1) If the Mi Via participant has an EOR, the EOR is the person authorized to sign the PRF. The participant may be their own EOR.
- 2) A Mi Via participant is not required to have an EOR if all of his/her providers are vendors. If the participant selects to have an authorized signer, instead of an EOR, then only the person identified on the Authorization to Sign PRFs if no EOR form is authorized to sign the PRF.