



Vendor, Invoice & Reimbursement Requirements

Submitting Requests

Vendor Payments

All requests for vendor payments should be sent to SDSVendor@fello.org

Compliance Documents

All compliance documents should be sent to SDSVendorCompliance@fello.org



Compliance & Tax Verification

A completed IRS Form W-9 is required for all vendors rendering services to ensure proper tax classification and reporting. The Form W-9 must be submitted by the vendor or participant team to SDSVendorCompliance@fello.org.

Services such as mileage or reimbursements do not require a Form W-9 and are not subject to tax reporting.



Requirements for Direct Support Services

As of August 15, 2026, vendors providing a direct supports service (Personal Support, Personal Supports Enhanced, Community Development Services, Respite, and Ongoing Job Supports) must be a qualified DDA agency provider.

For information on becoming a DDA agency provider, please visit the [DDA Partnering with Providers webpage](#). This page includes information and materials about the DDA provider application requirements and process.

Requirements by **Service**

1	Environmental Assessments
2	Environmental Modifications
3	Nursing Support Services
4	Support Broker Services
5	Transportation
6	Vehicle Modification
7	Assistive Technology





Environmental Assessments

The person doing the assessment must be licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland, or contract with a Division of Rehabilitation Services (DORS) approved vendor or be a DDA provider.



Environmental Modifications

The vendor providing services must:

- Be a licensed home contractor or by approved by the Division of Rehabilitation Services (DORS)
- Home Improvement License for projects where an existing home structure (such as a stair glide) is modified



Nursing Support Services

Individual nurses must hold a valid nursing license in Maryland. CPR and First Aid certifications are not required due to licensure standards.

Effective December 31, 2025, an individual registered nurse must be a DDA-approved provider.

Support Broker Services

- The employee of the vendor providing services must be on DDA's list of Certified Maryland Support Brokers.
- The person providing services must be specifically listed on the Participant Agreement.
- The following are also required:
 - Photo ID showing age of employee is 18+.
 - Criminal Background Check.
- If the Participant is under 18, a Child Protective Services Background Check.





Transportation

The employee of the vendor providing services must have a driver's license, and the vendor or employee must have auto insurance.

Commercial providers such as Uber and Lyft are not required to submit a driver's license or auto insurance.

Transportation to medical appointments does not qualify for this service.

Vehicle Modifications

Vehicle Modifications are adaptations that enable safe vehicle access and use for participants.

Vendors performing assessments and modifications will need:

- Photo ID, National or Maryland State-only Criminal background check, and CPS background check.
- Vendor must be approved by the Division of Rehabilitation Services
- VEAPA-Vehicle Equipment and Adaptation Prescription Agreement must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist (*only required if modification is done for the participant to drive*).

Assistive Technology

Individuals performing assessments for Assistive Technology must meet the following standards:

- Photo ID, National or Maryland State-only Criminal background check, and CPS background check (if working with a participant under 18 years old).
- Must have a minimum of 3 years of professional experience in adaptive rehabilitation technology in each device and service area certified. (Can provide experience through resume or references. Note RESNA or CSUN certification is not needed).
- Assistive Technology for Speech Generating Devices – vendors are required to be a license speech therapist and provide certification as a Speech-Language Pathologist. RESNA or CSUN certification is not required and is only necessary for professionals programming or training the participant to use the device.

IFDGS Requirements

Participants who self-direct their services have the option to use cost savings or unallocated funds to purchase other allowable goods and services during their plan year.

IFDGS requests must be approved by the DDA each plan year using the DDA's IFDGS request form.

Only the CCS may submit IFDGS requests for approval.

Reimbursements

At this time, Fello may reimburse team members for the following:

- Assistive Technology (subscriptions only, e.g., application subscriptions)
- Individual and Family Directed Goods and Services (IFDGS)
- Recruitment and Advertising
- Transportation (public transit, taxi, ridesharing)

Please note Assistive Technology equipment (e.g., tablets, communication devices) must be purchased directly by the FMCS.

Health Insurance Reimbursement Requirements

Participant employers may reimburse their employees' Health Insurance Premiums.

Only health insurance policies purchased directly by the employee are eligible for reimbursement. Employees must be reimbursed directly.

Eligible policies include:

- Policies purchased through the Maryland Health Connection (Marketplace), or
- Policies purchased directly from a private health insurance provider.

Health Insurance Reimbursement Requirements

Coverage for participants, spouses, children, and other dependents cannot be reimbursed.

The following plan types do not qualify for reimbursement:

- Retirement plan health policies
- Medicaid policies
- Medicare policies
- Policies provided by another employer, including those purchased by unions
- Policies provided by a former employer, including Consolidated Omnibus Budget Reconciliation Act (COBRA) policies

Note: Policies that have been previously reimbursed for employees that do not meet these standards may continue to be reimbursed during the transition period. This exception does not include supplemental plans or Medicare Plan G / Medigap.

Health Insurance Reimbursement Requirements

The following information is required for successful reimbursement each month. Our team must cross-check all documentation to verify that the individual receiving the monthly medical benefit has paid the insurance premium each month.

To complete this verification, the following details are required:

- Signed Vendor Payment Request Form listing the specific billing period of reimbursement.
- Billing summary showing the members' name and full period of reimbursement requested. It should also list the monthly premium amount and clearly identify the name of the insured individual.
- Proof or receipt of payment covering the specific billing period that clearly identifies the payer's name.
- A bank statement showing proof of payment and the name of the account holder. The statement must clearly reflect the monthly withdrawal of the premium amount and the payment method used for the transaction.
- Documentation from the insurance provider outlining enrollment and coverage effective dates, clearly listing the name of the insured individual(s).



Vendor Invoice Requirements

- Invoices must contain all the necessary information to be processed
- Vendor Payment Request Form

Vendor Payment Request Form

The Vendor Payment Request Form must be included with all payment requests.

Please ensure the information on the form and invoices match.

Vendor Payment Request Form

Please complete ALL information below and provide the required documentation to request a vendor payment for goods & services as indicated in the approved person-centered plan and budget		
Employer Name:		Dept #
Vendor/Business Name:		
Vendor Mailing Address (including Street/City/State/Zip):		
Vendor Email Address:		
Service Code/Description	Dates of Service	Amount Due
Total Amount Due for Invoice		\$ 0.00
Employer/Authorized Rep Signature:		Date:
By signing and dating above, I certify that the goods & services reflected by this Vendor Payment Request were delivered/received and are in accordance with Maryland DDA Standards. I certify that the invoice is true and accurate. False information constitutes Medicaid fraud.		
Payment Type	Invoice Requirements/Information Needed	
Vendor Invoice Requirements	An invoice or quote should be submitted with the following: • The vendor's name, address, and email • The employer's name as the recipient • The goods or services to be purchased Service invoices should reflect the <i>exact</i> dates of services with the following: • Participant name • Vendor name • The service(s) rendered as authorized in the Person-Centered Plan • Date(s) the services were rendered • Start and end times of the services each day • Number of hours/units for each day (broken down by the quarter hour) • Name of each employee who provided the service(s) • A description of tasks completed by the vendor for each time entry • Total amount charged	

Vendor Invoice Requirements

An invoice or quote must be submitted with the following:

- The vendor's name, address, and email
- The employer's name as the recipient
- The goods or services to be purchased
- Participant name
- Vendor name
- The service(s) rendered as authorized in the Person-Centered Plan
- Date(s) the services were rendered
- Rate billed per reasonable and customary standards
- Start and end times of the services each day
- Number of hours/units for each day (broken down by the quarter hour)
- Name of each employee who provided the service(s)
- A description of tasks completed by the vendor for each time entry
- Total amount charged

Submit Your Vendor Payment Request Form: SDSVendor@fello.org

IMPORTANT INFORMATION

- Vendor payments are processed in accordance with this Accounts Payable calendar. Requests for payment received after the deadline will be processed the following check dates.
- All Vendor Payment Request Forms received by Thursday at 5:00pm are processed for payment by the end of the following week.
- Accounts Payable vendor payments are processed weekly through Bill, a vendor payment software system.
- All payments are, by default, provided via live check delivered by USPS. To request direct deposit, please Open a Ticket to request an invite to create your own direct deposit profile.

12/24/25 - Request Due by 5:00pm
Due date is Wednesday because of Christmas
Check Issued: 1/5/2026

1/1/2026 - Request Due by 5:00pm
Check Issued: 1/12/2026

1/8/2026 - Request Due by 5:00pm
Check Issued: 1/20/2026
Check issued Tuesday because of Martin Luther King Day

1/15/2026 - Request Due by 5:00pm
Check Issued: 1/26/2026

1/22/2026 - Request Due by 5:00pm
Check Issued: 2/2/2026

1/29/2026 - Request Due by 5:00pm
Check Issued: 2/9/2026

2/5/2026 - Request Due by 5:00pm
Check Issued: 2/17/2026
Check issued Tuesday because of Presidents' Day

2/12/2026 - Request Due by 5:00pm
Check Issued: 2/23/2026

2/19/2026 - Request Due by 5:00pm
Check Issued: 3/2/2026

2/26/2026 - Request Due by 5:00pm
Check Issued: 3/9/2026

3/5/2026 - Request Due by 5:00pm
Check Issued: 3/16/2026

3/12/2026 - Request Due by 5:00pm
Check Issued: 3/23/2026

3/19/2026 - Request Due by 5:00pm
Check Issued: 3/30/2026

3/26/2026 - Request Due by 5:00pm
Check Issued: 4/6/2026

4/2/2026 - Request Due by 5:00pm
Check Issued: 4/13/2026

4/9/2026 - Request Due by 5:00pm
Check Issued: 4/20/2026

4/16/2026 - Request Due by 5:00pm
Check Issued: 4/27/2026

4/23/2026 - Request Due by 5:00pm
Check Issued: 5/4/2026

4/30/2026 - Request Due by 5:00pm
Check Issued: 5/11/2026

5/7/2026 - Request Due by 5:00pm
Check Issued: 5/18/2026

5/14/2026 - Request Due by 5:00pm
Check Issued: 5/26/2026
Check issued Tuesday because of Memorial Day

5/21/2026 - Request Due by 5:00pm
Check Issued: 6/1/2026

5/28/2026 - Request Due by 5:00pm
Check Issued: 6/8/2026

6/4/2026 - Request Due by 5:00pm
Check Issued: 6/15/2026

6/11/2026 - Request Due by 5:00pm
Check Issued: 6/22/2026

6/18/2026 - Request Due by 5:00pm
Check Issued: 6/29/2026

6/25/2026 - Request Due by 5:00pm
Check Issued: 7/6/2026

7/2/2026 - Request Due by 5:00pm
Check Issued: 7/13/2026

7/9/2026 - Request Due by 5:00pm
Check Issued: 7/20/2026

7/16/2026 - Request Due by 5:00pm
Check Issued: 7/27/2026

7/23/2026 - Request Due by 5:00pm
Check Issued: 8/3/2026

7/30/2026 - Request Due by 5:00pm
Check Issued: 8/10/2026

8/6/2026 - Request Due by 5:00pm
Check Issued: 8/17/2026

8/13/2026 - Request Due by 5:00pm
Check Issued: 8/24/2026

8/20/2026 - Request Due by 5:00pm
Check Issued: 8/31/2026

Best Practices

Please refer to Fello's Accounts Payable Calendar for invoice due dates and payment dates.

Best Practices

Place a customer service ticket for the status of an invoice payment or question about an invoice submission. Please do not email the vendor or compliance inboxes with inquiries. They are strictly for receipt of invoices and compliance materials.

No invoices and compliance materials should be submitted through the ticketing system. Invoices should be submitted promptly for payment. Invoices for services older than 11 months cannot be processed.

Vendors can check Bill to see the status of their payment. Please ensure your vendor has reviewed their Bill account before placing a ticket. Vendors must manage the latest direct deposit and address information on file to help keep their Bill accounts current.

Health insurance reimbursements are billed per month. Requests for reimbursement that have not yet reached the applicable calendar date are not eligible for reimbursement until the billing period has occurred. Please submit these requests once the month is over.

Questions?

