



# The Arc Central Chesapeake Region Self-Directed Services

Phone: 1.866.252.6871 | Fax: 1.888.272.2236

Vendor Payment Request Submittal: [FMSVendor@thearcccr.org](mailto:FMSVendor@thearcccr.org)  
Open a Customer Service Ticket: [thearcselfdirected.zendesk.co](https://thearcselfdirected.zendesk.co)

## 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: \_\_\_\_\_  Please check if this is a NEW vendor. Please review requirements below.

VENDOR MAILING ADDRESS INCLUDING STREET/CITY/STATE/ZIP: \_\_\_\_\_

VENDOR EMAIL ADDRESS: \_\_\_\_\_

SERVICE CODE/DESCRIPTION	DATES OF SERVICE	AMOUNT DUE
TOTAL AMOUNT DUE FOR INVOICE		

EMPLOYER/AUTHORIZED REP SIGNATURE: \_\_\_\_\_

BY SIGNING 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	<p>An invoice or quote should be submitted with the following:</p> <ul style="list-style-type: none"> <li>a) The vendor's name, address, and email</li> <li>b) The employer's name as the recipient</li> <li>c) The goods or services to be purchased</li> </ul> <p>Service invoices should reflect the exact dates of services with the following:</p> <ul style="list-style-type: none"> <li>d) Participant name</li> <li>e) Vendor name</li> <li>f) The service(s) rendered as authorized in the Person-Centered Plan</li> <li>g) Date(s) the services were rendered</li> <li>h) Start and end times of the services each day</li> <li>i) Number of hours/units for each day (broken down by the quarter hour)</li> <li>j) Name of each employee who provided the service(s)</li> <li>k) A description of tasks completed by the vendor for each time entry</li> <li>l) Total amount charged</li> </ul>

<p>Reimbursement Requirements</p>	<p><b>When submitting a request for reimbursement, provide the following:</b></p> <ul style="list-style-type: none"> <li>a) A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment</li> <li>b) For cash purchases, provide a cash receipt/and or withdrawal statement to support cash payment</li> <li>c) For purchases made by check, please provide a copy of the canceled check or bank statement showing the purchase. All other transaction info may be redacted</li> <li>d) For purchases made by debit/credit card, please provide a copy of the credit card receipt showing the purchase. All other transaction info may be redacted</li> <li>e) Upon initial request for health insurance reimbursements, submit the Participant’s Employee written policy to <a href="mailto:FMSVendorCompliance@thearcccr.org">FMSVendorCompliance@thearcccr.org</a> listing the maximum dollar amount allowed for each staff benefit</li> <li>f) CPR certificates must be provided as supporting documentation to show proof of certification</li> <li>g) IFGDS goods and services for each plan year must be approved by DDA prior to purchase and submission for reimbursement</li> </ul>
<p>General Requirements</p>	<p><b>Participants should review the following requirements when submitting an invoice for processing:</b></p> <ul style="list-style-type: none"> <li>a) Prior to payment, vendors must submit required documents and credentials as outlined on the <b>Vendor Requirements 2025</b> form and submit to <a href="mailto:fmsvendorcompliance@thearcccr.org">fmsvendorcompliance@thearcccr.org</a></li> <li>b) Vendors must adhere to the waiver service, billing units, and hour limitations as written in DDA’s Self-Directed Services Manual</li> <li>c) Reimbursements cannot be issued directly to the employer or their support broker</li> <li>d) Vendor addresses on the VPR and in Bill.com must match for reimbursement to be processed</li> <li>e) Invoices and vendor payment requests with discrepancies such as amounts, budget depletion, and unreadable attachments will be returned for corrections and must be resubmitted to <a href="mailto:fmsvendor@thearcccr.org">fmsvendor@thearcccr.org</a></li> <li>f) Submissions that are not revised to match the exact amounts available in the budget once depletion is identified will be returned for corrections</li> <li>g) Invoices submitted with service dates over 11 months old cannot be processed</li> <li>h) VPRs submitted without the participant’s or designated representative’s signature will be returned for correction</li> <li>i) Participants or their designated representative must be copied when submitting reimbursement request</li> </ul>

List of Service Descriptions by Name (Please select the waiver code that applies)

**The correct Service Code should be selected:**

- a) Assistive Technology
- b) BSS - Behavioral Assessment
- c) BBS - Behavioral Plan
- d) BSS - Behavioral Consultation
- e) BSS - Brief Support Implementation
- f) Community Development Services 1:1
- g) Community Development Services 2:1
- h) Day Habitation
- i) Employment Services Milestone 1; Employment Service Milestone 2; Employment Service Milestone 3
- j) Employment Service - Self Employment Development Support
- k) Employment Services - Job Development
- l) Employment Service - On Going Job Supports
- m) Employment Services - Follow Along Support
- n) Employment Services - Co-Worker Support
- o) Environmental Assessment
- p) Environmental Modification
- q) Family and Peer Mentoring Support
- r) Family Caregiver Training and Empowerment
- s) Housing Support Services
- t) Live- In Caregiver
- u) Nursing Support Services
- v) Personal Support
- w) Personal Support Enhanced
- x) Personal Support 2:1
- y) Remote Support Services
- z) Respite Care Services - Licensed Site
- aa) Respite Care Services - Hour
- bb) Supported Living
- cc) Transition Services
- dd) Transportation Orientation, Travel Training, and Taxi, Uber, Lyft
- ee) Vehicle Modification