

Welcome to

ACES\$ Illinois





Who We Are

ACES\$ Financial Management Services

- Is the largest financial management services provider that is also a non-profit Center for Independent Living
- Provides a Consumer-directed payroll management solution for people on Medicaid waivers and their personal support workers (PSWs)
- Serves programs in Illinois, Pennsylvania, Virginia, Wyoming and Washington



What Is Self-Direction?

The Consumer (the Employer) has the freedom to:

- Recruit, hire, train and manage their own PSWs
- Decide the services they need to live their best independent life
- Determine their PSWs' schedule

ACES\$, the FMS provider, takes care of payroll details:

- Processing timesheets and paying the PSWs
- Withholding and filing federal and state employment taxes



Enrollment

The Award Letter Tells Us:

- Who the Consumer is
- Which waiver (children or adults)
- The monthly maximum budget
- The effective date



Enrollment

Pending Award Letter: What Happens Now?

- An ACES\$ Enrollment Agent reviews “Transfer Files”
- Director of Operations contacts Department of Human Services Division of Developmental Disabilities



Enrollment

Fast & Easy Personalized Enrollment

Consumer/Employer can choose:

- In-person
- Online (with phone support, as needed)
- Mail/Fax (with phone support, as needed)

In-person enrollment and training guarantees:

- Paperwork is completed correctly the first time
- The rest of the process is swift, efficient and less overwhelming



Enrollment

Agency Enrollment Support

Some agencies have expressed they would like to continue to do enrollments.

In these scenarios, we will train them on our paperwork and forms.



Enrollment

Employer/Consumer Enrollment Packet Process

**ACES\$
Enrollment
Agent
completes
packet.**

**Tax
Department
applies for
*EIN#
*UC Code.**

**Upon receiving
the EIN# and UC
Code, Employer
or SDA are
notified.**

**A welcome
packet is mailed
to the
Consumer/
Employer.**



Enrollment

PSW Enrollment Packet Process

ACES\$ Enrollment Agent completes packet.

Fingerprinting documents are sent to the PSW. The PSW has 10 days to comply.

Results can take 10 to 15 business days, longer if there's a criminal history.

PSW start date is based on clear background checks and Medicaid eligibility check.



Service Authorizations (SA)

Used to authorize changes, such as:

- Update to Monthly Budget
- Termination of Services
- Self Direction Assistants Switch
- PSW Changes *
- Employer Changes *

*additional information or paperwork may be required

Submitting Service Authorizations:

- Scan and email to **budgetsIL@mycil.org**
- If scanning is not possible, fax to 570-558-5570



ALWAYS SELECT WAIVER TYPE

ACCESS ILLINOIS SERVICE AUTHORIZATION FORM

ADULT WAIVER

CHILDRENS WAIVER

FAX: 217-528-9849 or 570-558-5570
EMAIL: budgetsll@mycil.org

Consumer Information

Consumer Number: Purpose for Authorization: New Consumer Change to Services

Monthly Service Start Date: Monthly Service End Date:

Termination of Service Effective Date:

CONSUMER INFORMATION

Consumer Name:
First Middle Last

Address:
City County Zip

Phone Number: Social Security Number: RIN Number:

SELF DIRECTION

Select YES if not using SDA (FKA service facilitator)

Select NO if using SDA

Self Directing Services: Yes No *If no, please fill out Self-Directed Assistant Section Below*

Self-Directed Assistant Information

SDA INFORMATION

Must match signature

Self-Directed Assistant Name: EMAIL:

Self-Directed Assistant Agency: Phone Number:

Employer Information

EMPLOYER INFORMATION

Must match signature

Who is designated as the Employer?: Consumer Someone Else Relationship to Consumer:
List Employer information Below

Employer Name:
First Middle Last

Address:
City County ZIP

Employer Phone Number: Employer Email:

Service Authorization Details

PSW/Budget Information

All columns must be filled in. If more than 4 PSWs use multiple pages (all must be dated and signed)

PSW Name	Social Security #	CODE	Hourly Pay Rate	*Unit rate= Hourly Rate x 1.1 (10%) Unit Rate*	Hours Approved per Month	Maximum Monthly Dollar Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> X	<input type="text"/>	= \$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> X	<input type="text"/>	= \$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> X	<input type="text"/>	= \$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> X	<input type="text"/>	= \$ <input type="text"/>
Total Monthly Amount						= \$ <input type="text"/>

EMPLOYER SIGNATURE

Must match Employer above

Consumer or Employer Signature: Date:

I hereby authorize this service authorization and understand it is my responsibility to monitor and approve the provided budget for the individual consumer's service plan and monthly service maximum. I fully understand that failure to comply with the provided budget could result in the interruption of payroll for the direct support worker(s) until over budget issues are fully resolved.

SDA SIGNATURE

Must match SDA above

SDA Signature: Date:

ACCESS USE ONLY

Date Received: Date Processed: Staff Initials:



Service Authorizations (SA)

All budgets must be dated to start on the 1st of the month.

- Exceptions: New Consumer authorizations and crisis hours (Crisis authorizations should be dated to match the crisis award letter).

SAs with hourly pay rate changes must be submitted by the 4th of the month they are to be effective.

- This allows for sufficient processing time. If it is received after the 4th, we cannot guarantee the new rate will be effective for the intended month.

List all active PSWs on the SA.

- If a PSW is not listed on the SA (or is given '0' hours on the SA), they will be terminated.

PSWs cannot sign SAs for any reason.



Service Authorizations (SA)

- New consumer authorizations **must have the 9 digit Medicaid RIN# listed.**
- Regular PSW Hour code is **55D.**
- Crisis Hour code is **53C.**
- If sending a termination SA, please notate on the SA the reason for the termination (i.e. no longer using SDA, PSW termination, no longer using ACES\$).



Budget

- When calculating budgets, **standard rounding rules apply.**
- **We only process budgets in 15 minute increments.**
 - **.25** = 15 minutes | **.50** = 30 minutes | **.75** =45 minutes
 - If it is not in that format, we round **down** to the nearest quarter hour.
- If PSW hours are to be shared and not combined, **MARK 'SHARED HOURS'** on the SA.
 - Otherwise if it is within the DHS budget parameters, hours will be **added** to get the total budget amount.



Timesheets



ACCESS Illinois Timesheet

Email timesheet to timesheetsIL@mycil.org or fax timesheet to 1-877-808-7014

Start of Payroll Period				/ 01 /		End of Payroll Period				/ 15 /	
Consumer Number		Consumer Name				PSW 5 Last Digits of SSN		PSW Name			
DATE	TIME IN		TIME OUT		TOTAL	DATE	TIME IN		TIME OUT		TOTAL
1	AM	PM	AM	PM		9	AM	PM	AM	PM	
2	AM	PM	AM	PM		10	AM	PM	AM	PM	
3	AM	PM	AM	PM		11	AM	PM	AM	PM	
4	AM	PM	AM	PM		12	AM	PM	AM	PM	
5	AM	PM	AM	PM		13	AM	PM	AM	PM	
6	AM	PM	AM	PM		14	AM	PM	AM	PM	
7	AM	PM	AM	PM		15	AM	PM	AM	PM	
8	AM	PM	AM	PM			AM	PM	AM	PM	
TOTAL						TOTAL					

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.



26754

Employer/Consumer Signature

DATE

Personal Service Worker Signature

DATE



Timesheets



ACES\$ Illinois Timesheet

Email timesheet to timesheetsL@mycil.org or fax timesheet to 1-877-808-7014

Start of Payroll Period				<input type="text"/> / <input type="text"/> 16 / <input type="text"/>	End of Payroll Period				<input type="text"/> / <input type="text"/> / <input type="text"/>						
Consumer Number		Consumer Name			PSW 5 Last Digits of SSN		PSW Name								
DATE	TIME IN		TIME OUT		TOTAL		DATE	TIME IN		TIME OUT		TOTAL			
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	28	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	29	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	30	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
TOTAL						<input type="text"/>	<input type="text"/>	TOTAL						<input type="text"/>	<input type="text"/>

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.



Employer/Consumer Signature

DATE

Personal Service Worker Signature

DATE



Timesheets

Correct Timesheet



ACCESS: Avenues to Consumer Employer Services & Support
 Email Timesheets to timesheets@mycil.org or Fax Timesheet Toll Free at: (877) 808 - 7014

Start of Payroll Period <u>05 / 16 / 16</u>				End of Payroll Period <u>05 / 31 / 16</u>			
Consumer Number: <u>A123</u>		Consumer Name: <u>John Smith</u>		PSW 5 Last Digits of SSN: <u>12345</u>		PSW Name: <u>Mary Smith</u>	
DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL
16	8:00	4:00	8.00	24			
17				25	12:00	4:30	4.50
18	6:15	10:00	3.75	26	8:00	10:00	2.00
19				27	1:00	9:15	8.25
20	3:00	1:00	16.00	28			
21				29			
22				30			
23				31			
TOTAL			<u>021.75</u>	TOTAL			<u>14.75</u>

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

 5-31-16
  5-28-16
 Employer/Consumer Signature DATE Personal Service Worker Signature DATE

- Writing is clear and readable
- Cons# and PSW Soc# are correct
- Pay period is correct and matches form used
- Includes both signatures
- Time in/out are in 15 min increments and totals in fraction format
- Includes daily and weekly totals



Timesheets

Incorrect Timesheet

Military Time

Entry past midnight*

Entries that have too many numbers in time slot

Signature missing

* Time that goes past midnight needs to be recorded on the following day.



ACES\$: Avenues to Consumer Employer Services & Support
 Email Timesheets to timesheets@accessfea.org or Fax Timesheet Toll Free at: (877) 808 - 7014

Start of Payroll Period				End of Payroll Period			
DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL
16	8:00	16:00	8.00	24			
17				25	5:00	8:00	3.00
18	5:00	7:00	8.00	26	5:00	8:00	3.00
19				27	5:00	8:00	3.00
20	12:00	03:00	7.00	28			
21				29	6:00	10:00	4.00
22	12:00	03:00	7.00	30			
23				31			
TOTAL				TOTAL			

Missing dates and wrong year entry

Social # incomplete

Missing am/pm markers

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.



Employer/Consumer Signature

DATE

Mary Smith
 Personal Service Worker Signature

5-31-16
 DATE



Timesheets

Incorrect Timesheet

ACES\$: Avenues to Consumer Employer Services & Support
 Email Timesheets to timesheets@avcill.org or Fax Timesheet Toll Free at: (877) 808 - 7014

Start of Payroll Period 05/06/31 End of Payroll Period 05/31/16

Consumer Number 4923 Consumer Name John Smith PSW 5 Last Digits of SEN 12345 PSW Name _____

DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL
1 16	3:00 AM	7:00 PM	4 hrs	9 24	2:00 PM	2:50 PM	0.50
2 17				10 25			
3 18				11 26	8:47 AM	10:52 PM	
4 19	9:00 AM	00:00 PM	00.00	12 27			
5 20				13 28			
6 21				14 29			
7 22				15 30	XX	XX	XX
8 23				31	XX	XX	XX
TOTAL				TOTAL			

My signature certifies that I received/provided a service or item on the date listed above. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

28754 John Smith 5-31-16
 Employer/Consumer Signature DATE Personal Service Worker Signature DATE

Consumer code starts with a number

Timesheet form and dates don't match

Year on start date incorrect and numbers are written over

Time out says 2:50 instead of 2:30

Incorrect time in/out, needs to be in 15 minute increments

Spaces filled in where no hours worked

PSW signature and name both missing



Timesheets

- **Additional hours**
Please mark the timesheet “Additional Hours” near the top. Additional hours cannot overlap hours that have already been processed.
- **Crisis hours**
Need to be on a separate time sheet marked “Crisis”
- **PSW with more than one timesheet for a pay period**
Please mark them in some manner so we know there is more than one timesheet for that pay period.
- **Corrections for over-budget timesheets**
Time in/out needs to be adjusted along with totals to bring timesheet within budget. Also needs to be marked “Corrected” and faxed to the local ACES\$ Illinois office



Timesheets

Please make sure time sheets are in good readable format

- Images/pictures need to be document-quality without background images or shadows. Shadows can cause the timesheet to be unreadable once it is in our system.
- Timesheets that have been copied multiple times and written over can cause the system to read the numbers incorrectly. This can cause a timesheet to total more or less hours than wanted.
- Timesheets that are scanned and emailed to timesheets@mycil.org must be sent as an attachment. Embedded timesheets in the email will not be processed.

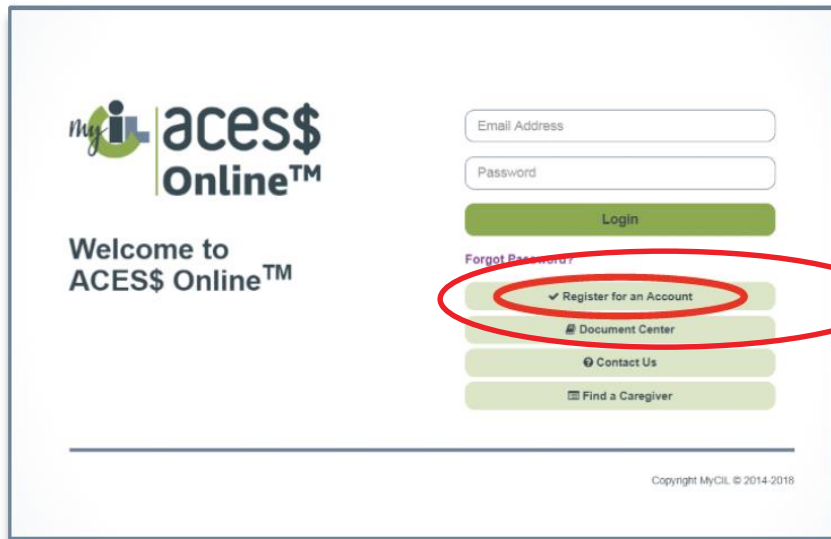


With our user-friendly FMS portal page, you can:

- Enjoy faster timesheet processing
- See your budget and timesheets in real time
- Receive instant notifications of potential issues before they become problems



Register for Your ACES\$ Online™ Account



Go to ACES\$ Online™ by typing **login.mycil.org** into your browser

Choose “Register for an Account”



Register for Your ACES\$ Online™ Account

Account Registration

Organization

-- Select an organization --

-- Select an organization --

Illinois Department of Human Services

Colorado Health Care Policy and Financing

Maryland Department of Aging

Georgia Department of Behavioral Health & Developmental Disabilities

Oklahoma Department of Human Services OK

Virginia Department of Medical Assistance Services

Washington State Department of Social and Health Services

Wyoming Department of Health Division of Healthcare Financing & Behavioral Health Division

Choose **Illinois Department of Human Services** from the “Organization” dropdown menu.



Register for Your ACES\$ Online™ Account

Account Registration

Organization: Illinois Department of Human Services

Account Type: -- Select an account type --
Personal Support Worker
Consumer
Self Direction Assistant

Choose your account type from the “Account Type” dropdown menu.



Complete each section of the registration form.

aces\$ Online™

Welcome to ACES\$ Online™
Center for Independent Living

[Login](#)

[Contact Us](#)

Account Registration

Organization: Illinois Department of Human Services

Account Type: Consumer

Consumer First Name:

Consumer Last Name:

Email:

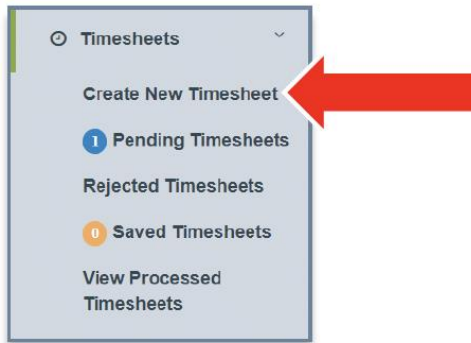
Confirm Email:

Phone Number:

Cell Phone Number:



Create a New Timesheet



Consumer: CONSUMER, CLAIRE - F000 Personal Support Worker: WORKER, WENDY

Pay Period: 1/1/2019 - 1/16/2019 Template: Select Timesheet Template

Apply Template Delete Template

Timesheet Details

Consumer: CLAIRE CONSUMER Pay Period: 1/1/2019 - 1/15/2019

Personal Support Worker: WENDY WORKER

Date of Service	Time In 1	Time Out 1	Time In 2	Time Out 2	Time In 3	Time Out 3	Time In 4	Time Out 4	Pay Rate	Total Hours	Total Amount
1/1/2019 (Tuesday)	--:--	--:--	--:--	--:--	--:--	--:--	--:--	--:--	\$ 10.00	0.00	\$ 0.00
1/2/2019 (Wednesday)	--:--	--:--	--:--	--:--	--:--	--:--	--:--	--:--	\$ 10.00	0.00	\$ 0.00
1/3/2019 (Thursday)	--:--	--:--	--:--	--:--	--:--	--:--	--:--	--:--	\$ 10.00	0.00	\$ 0.00



Enter the “time in” and the “time out” for each day.
The hours worked will automatically add up for each row
and total at the bottom of the timesheet.

Date of Service	Time In 1	Time Out 1	Time In 2	Time Out 2	Time In 3	Time Out 3	Time In 4	Time Out 4	Pay Rate	Total Hours	Total Amount
1/1/2019 (Tuesday)	<div style="border: 2px solid red; padding: 2px;"> ✓ -- 12:00 AM 12:15 AM 12:30 AM 12:45 AM 1:00 AM 1:15 AM 1:30 AM </div>	--	--	--	--	--	--	--	\$ 10.00	0.00	\$ 0.00
1/2/2019 (Wednesday)	--	--	--	--	--	--	--	--	\$ 10.00	0.00	\$ 0.00
1/3/2019 (Thursday)	--	--	--	--	--	--	--	--	\$ 10.00	0.00	\$ 0.00



View Budget

Welcome Claire Consumer [Log out](#) [My Account](#) [Help](#)

Monthly Budget Selection

December 2018

Consumer: CLARE CONSUMER - 14000

YTD Amounts reflect fiscal year totals

In an effort to Go Green, we are offering Online Budget Statements. If you prefer to have a paper copy mailed to you, please uncheck the box. [Save](#)

Category	Value
Starting Balance	2742.30
Amount Used	1029.60
Current Balance	1712.70
Budget Amount YTD	21938.40
Budget Amount Used YTD	8033.85
Current Balance YTD	13904.55



- Account Set Up
- Timesheet History
- Online or Faxed Timesheets
- Consumers' Budgets
- Forms
- Calendar

**For assistance with ACES\$ Online™
please contact:**

David Pennell, Manager of Consumer Care
1-217-528-7046 or dpennell@mycil.org

Tasha Whiteside, Director of Illinois Operations
1-708-532-3319 or twhiteside@mycil.org



Billing

Common Billing Rejections

- Name mismatch with Medicaid
- Individual is in CILA program
- Individual is enrolled in DRS program
- Individual SSN is not authorized for program
- Individual is not enrolled in Medicaid



Billing

How to Prevent Rejected Billing

When filling out your service authorization form, please be sure it is legible and accurate (Social Security Number and Medicaid RIN#).

Please inform us of any changes to your services immediately (i.e. waiver change, program change, name change, etc.)

Accurate PSW information is also critical – SS#, start date, termination date, new or additional PSW.



Consumer Service

Why We've Been Voted #1 for Customer Service in States We Serve With More Than One FMS Provider

- When you call ACES\$ Illinois, you talk to a knowledgeable member of our Springfield or Tinley Park team — not a call center.
- We develop personal relationships with those we serve.
- Our in-state locations are ADA compliant and accessible via transit lines.
- We offer our services in both English and Spanish. Our language line offers additional translations



Consumer Service

Contact Us Today!

1-877-223-7781 | support@mycil.org



Consumer Service

Helpful Contacts

Service Authorizations

Melissa Rossmell, Budget Supervisor

1-570-344-7211 | mrossmell@mycil.org

Tax Department

Michelle Barton, Tax Supervisor

1-570-344-7211 | mbarton@mycil.org

Billing Department

Deborah Kosydar, Staff Accountant

1-570-344-7211 | dkosydar@mycil.org

Payroll Department

Kathy Ruane, Payroll Supervisor

1-570-344-7211 | kruane@mycil.org

Thank you!

Questions?

