


Completing your ACES\$ Service Authorization

Below are the instructions for completing each section of the ACES\$ Service Authorization (SA). **The form is separate from this guide and can be found on www.mycil.org.** All sections must be filled out accurately. If the form is not filled out completely and accurately, the SA form may not be processed. This could cause a delay in payroll for the Personal Support Worker (PSW) until the issues are resolved.

Basic Information - This section covers basic information about the account.



SUBMIT SERVICE AUTHORIZATION:
Fax: 217-528-9849 or 570-558-5570
Email: budgetslL@mycil.org

ACES\$ ILLINOIS
SERVICE AUTHORIZATION FORM

ADULT WAIVER ☐

CHILDRENS WAIVER ☐

Consumer Name : Consumer Number:
First Middle Last

Address: City County Zip

Phone Number: Social Security Number RIN Number

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

Adult Waiver or **Child Waiver** must be checked at the top. Please select the waiver the Consumer is on.

Consumer Number - This is the 4 digit Consumer code.

Fill in all **Consumer Information**. We need the Consumer's **Full Name**; please do not write nicknames or abbreviated names. The **RIN Number** is the Consumer's 9 digit Medicaid ID#. This must be listed on all New Consumer authorizations.

Self-Directing Services: If the Consumer is NOT using a Self-Directed Assistant (formerly known as a Service Facilitator) and is using the self-direction option, please select 'yes'. If the Consumer is using a Self-Directed Assistant (formerly known as Service Facilitator), please select 'no'.

Self-Directed Assistant Information - This section covers information about Self-Directed Assistance (formerly known as Service Facilitation).

Self-Directed Assistant Name:

Agency:

Self-Directed Assistant Email: Phone Number:

If the Consumer is using a **Self-Directed Assistant** (formerly known as a Service Facilitator), please list the Self-Directed Assistant here. If the Consumer is choosing to use **Self-Direction**, please leave this section blank.

Employer Demographics - This section covers all Employer Information.

Employer Information

Who is designated as the Employer?: ☐ Consumer ☐ Someone Else Relationship to Consumer:

Employer Name:

Address: City: County: ZIP:

Employer Phone Number: Employer Email:

If the Consumer is also the Employer, select **Consumer Employer**; no need to fill out the rest of the section. If someone else is the Employer for the account, select **Someone Else**. Then, complete all of the Employer information. Please use the Employer's **Full Name**; please do not write nicknames or abbreviated names.

Service Authorization Information-This section authorizes all PSWs and the budget for the Consumer.

SERVICE AUTHORIZATION INFORMATION

Purpose for Authorization: ☐ New Consumer ☐ Change to Services*

Monthly Service Start Date: Monthly Service End Date:

Termination of Service Effective Date: Reason for Termination:

PSW Name	Social Security #	CODE	Hourly Pay Rate	*Unit rate: Hourly Rate x 1.08 (8%) Unit Rate*		Hours Approved per Month	Maximum Monthly Dollar Amount
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	X	<input type="text"/>	= \$ <input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	X	<input type="text"/>	= \$ <input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	X	<input type="text"/>	= \$ <input type="text"/>
4. <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"/>

* Pay rate changes must be received by the 4th of the month to take effect for that month's payroll. Pay rate changes received after the 4th will take effect the following month.

I hereby authorize this service authorization and understand it is my responsibility to monitor and approve the provided budget for

Purpose for Authorization: For new Consumers, select **New Consumer**. For other changes, select **Change to Services**.

Monthly Service Start Date and **Monthly Service End Date** (if applicable). A Start Date of Monthly Service must always be listed. Budgets can be ongoing. If you want this to be an ongoing budget, do not add an End Date of Monthly Service. *Please note:* adding an end date to this section **DOES NOT** terminate services. Only entering a termination date will do so.

For a **Termination of Services**, please write the last date of service and reason for termination.

List all Active PSWs in this section who are to be working with the Consumer. **If a worker is not listed, they will be terminated.** If there are more than 4 workers, please use multiple pages.





Fill in all PSW columns:

- **PSW Name** - full name must be listed; please do not write nicknames or abbreviated names.
- **Social Security #** - for activation and verification purposes, we need at least the last 4 digits of the PSW's SSN.
- **Code** – for Regular Hours the code is 55D; for Crisis Hours the code is 53C.
- **Hourly Pay Rate** – list the PSW's hourly pay rate. This is the rate the worker will be paid.
- **Unit Rate** – this is calculated by multiplying the PSW's hourly pay rate by 1.08. Standard rounding rules apply. A reference chart of common pay rate/unit rate calculations is in the budgeting tips on the last page. (hourly pay rate x 1.08 = unit rate) The unit rate, NOT the pay rate, is used in the maximum monthly dollar amount calculation (see below).
- **Hours Approved per Month** - list the amount of hours the worker is authorized.
- **Maximum Monthly** – this is calculated by multiplying the hours by the unit rate. This is the Consumer's total budget amount. (hours approved per month x unit rate = maximum monthly amount)
- **Total Monthly Amount** – this is the sum of the maximum monthly amounts listed for the PSWs above. This number cannot be more than the DHS maximum budgets.

***Budgeting Tips** can be found on the last page of this guide.

Signatures - *This section has to be signed to authorize the budget.*

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.

Employer Signature		Date	
SDA Signature		Date	

NOTE: A large 'SAMPLE' watermark is overlaid on the signature lines.

The SA must be signed by the **Employer** and the **Self-Directed Assistant (SDA)**.

If the Consumer is the Employer for the account, they must sign it. If there is Someone Else as the Employer on the account, that person must sign it. **PSWs cannot sign the authorization for any reason.** If the authorization is not accurately signed, it will not be processed. This could cause a delay in payroll for the PSW until we receive a correctly signed authorization.

If Self-Directing services, an **SDA** signature is not needed.

After completing the separate ACES\$ Service Authorization form, please email directly to BudgetsIL@mycil.org or fax to 570-558-5570 or 217-528-9849 for processing.

Budgeting Tips:

DHS Budget Maximums

Waiver	Waiver is for	Notes	2022 Total	2021 Total
Child Waiver	Consumers under the age of 18.	Consumers can bill up to double the monthly allotment in one month, until they reach their yearly cap.	\$1682	\$1588
Child Budget on Adult Waiver	Consumers between the ages of 18 and 22 still attending special education classes.	On the Adult waiver, double spending is not an option.	\$1682	\$1588
Adult Budget on Adult Waiver	Consumers when they turn 22, leave school, or graduate from special education.	DHS must be notified in writing with documentation from the special education district upon completion or discontinuation of classes if that occurs before the 22nd birthday. (ACES\$ can notify DHS directly of this if you send ACES\$ the documentation)	\$2523	\$2382

- Please consider all billings when setting the budget. The above DHS totals are for all Home-Based Services (i.e. PSW services, day programs, SDA fees, etc.).
- Hours must be listed in **15 minute increments**.
Note: .25 = 15 minutes | .50 = 30 minutes | .75 = 45 minutes
- If Crisis Funding (53C) is awarded, we also need a copy of the award letter to process timesheets.
- We need all PSW pay rate changes by the 4th of the month they are to be effective to allow enough processing time.
- **CURRENT Hourly Wage/ Unit Rate conversion chart 8.0%**

Hourly Wage	Hourly Cost to You	Hourly Wage	Hourly Cost to You	Hourly Wage	Hourly Cost to You
12.00	12.96	16.75	18.09	21.50	23.22
12.25	13.23	17.00	18.36	21.75	23.49
12.50	13.50	17.25	18.63	22.00	23.76
12.75	13.77	17.50	18.90	22.25	24.03
13.00	14.04	17.75	19.17	22.50	24.30
13.25	14.31	18.00	19.44	22.75	24.57
13.50	14.58	18.25	19.71	23.00	24.84
13.75	14.85	18.50	19.98	23.25	25.11
14.00	15.12	18.75	20.25	23.50	25.38
14.25	15.39	19.00	20.52	23.75	25.65
14.50	15.66	19.25	20.79	24.00	25.92
14.75	15.93	19.50	21.06	24.25	26.19
15.00	16.20	19.75	21.33	24.50	26.46
15.25	16.47	20.00	21.60	24.75	26.73
15.50	16.74	20.25	21.87	25.00	27.00
15.75	17.01	20.50	22.14	25.25	27.27
16.00	17.28	20.75	22.41	25.50	27.54
16.25	17.55	21.00	22.68	25.75	27.81
16.50	17.82	21.25	22.95	26.00	28.08