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
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 and pay rate

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

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

What Is Self-Direction?
Fast & Easy Personalized Enrollment

You can choose:

• In office by appointment
• Phone appointment
• Virtual appointment
• Mail/Fax
• DocuSign
Introducing Enrollment Packets Powered by DocuSign
Consumer/Employer Enrollment Packet Process

1. ACES$ Enrollment Specialist completes packet.
2. Tax Department applies for *EIN# *UC Code.
3. Upon receiving the EIN# and UC Code, Employer or SDA are notified.
4. A welcome packet is mailed to the Consumer/Employer.
ACES$ Enrollment Specialist 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.
## PSW Background Checks

<table>
<thead>
<tr>
<th>Initial (one-time)</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT</td>
<td>x</td>
</tr>
<tr>
<td>National Sex Offender</td>
<td>x</td>
</tr>
<tr>
<td>Illinois Department of Correction Name Search</td>
<td>x</td>
</tr>
<tr>
<td>Illinois Department of Correction Address</td>
<td>x</td>
</tr>
<tr>
<td>Private Illinois Department of Public Health</td>
<td>Private Illinois Department of Public Health</td>
</tr>
<tr>
<td>Public Illinois Department of Public Health</td>
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</tr>
<tr>
<td>Illinois Sex Offender</td>
<td>Illinois Sex Offender</td>
</tr>
<tr>
<td>Office of Inspector General – Provider Sanction</td>
<td>Office of Inspector General – Provider Sanction</td>
</tr>
<tr>
<td>CANTS</td>
<td>CANTS</td>
</tr>
<tr>
<td>Department of Aging Registry</td>
<td>Department of Aging Registry</td>
</tr>
</tbody>
</table>
Service Authorization Form

Consumer Information

Self-Directed Assistant (SDA) Information

Employer Information

Service Authorization Information

PSW Information

Rates and Hours

Signatures by Employer (and SDA if applicable)
**Waiver Type:** Adult HCBS or Children and Young Adults HCBS must be checked at the top.

**Consumer Number:** This is the 4-digit Consumer code.

**Consumer Information:** Fill in all Consumer Information, including the Consumer’s Full Name. Please do not write nicknames or abbreviated names.

**RIN Number:** The RIN Number is the Consumer’s 9-digit Medicaid ID#. This must be listed on all New Consumer authorizations.

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**Self-Directing Services:**

The Consumer/Employer is NOT using a Self-Directed Assistant > select Yes.

The Consumer IS using a Self-Directed Assistant (formerly known as Service Facilitator) > select No.
<table>
<thead>
<tr>
<th><strong>Self-Directed Assistant Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Directed Assistant Name:</td>
<td><strong>Elizabeth Blackwell</strong></td>
</tr>
<tr>
<td>Self-Directed Assistant Email:</td>
<td><strong><a href="mailto:e.Blackwell@SDAassociates.org">e.Blackwell@SDAassociates.org</a></strong></td>
</tr>
<tr>
<td>Agency:</td>
<td><strong>Self Directed Supporters Assoc.</strong></td>
</tr>
<tr>
<td>Phone Number:</td>
<td><strong>123-123-1231</strong></td>
</tr>
</tbody>
</table>

**Self-Directed Assistant Information:**
Enter the Self-Directed Assistant information (name, agency, email, and phone number).
Who is designated as the Employer:

Consumer IS ALSO the Employer > select Consumer — no need to fill out the rest of this section.

- Consumer who has a legal guardian cannot service as their own employer.
Who is designated as the Employer:

Consumer IS ALSO the Employer > select Consumer — no need to fill out the rest of this section.
  - Consumer who has a legal guardian cannot service as their own employer.

SOMEONE ELSE is the Employer for the account > select Someone Else — complete all the Employer info.
  - Use the Employer’s Full Name.
  - Please do not write nicknames or abbreviated names.

### Employer Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is designated as the Employer?</td>
<td>Consumer □</td>
</tr>
<tr>
<td>Relationship to Consumer</td>
<td>Aunt</td>
</tr>
<tr>
<td>Employer Name</td>
<td>Gwendolyn</td>
</tr>
<tr>
<td>First Name</td>
<td>Elizabeth</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Brooks</td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>244 E. Pershing Rd.</td>
</tr>
<tr>
<td>City</td>
<td>Chicago</td>
</tr>
<tr>
<td>County</td>
<td>IL</td>
</tr>
<tr>
<td>ZIP</td>
<td>60653</td>
</tr>
<tr>
<td>Employer Phone Number</td>
<td>987-654-4321</td>
</tr>
<tr>
<td>Employer Email</td>
<td><a href="mailto:gwendolyn.brooks@gmail.com">gwendolyn.brooks@gmail.com</a></td>
</tr>
</tbody>
</table>
Purpose for Authorization:
Select **New Consumer** or **Change to Services**.

- **Change to Services**:
  - Adding/Terminating workers
  - Budget changes
  - Waiver change
  - Employer change
  - Changing/stopping SDA agency
  - Termination of services

Monthly Service Start Date / Monthly Service End Date: (if applicable)
Adding an end date here **DOES NOT TERMINATE** services.
  - Only entering a termination date will terminate services.

Termination of Services:
Write the **last date of service** and **reason** for termination.
  - Additional information or paperwork may be required.
In this section: List **All Active PSWs** 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.**

**PSW Name:** Full name must be listed — avoid nicknames or abbreviated names.
**Social Security #:** ACES$ needs at least the last 4 digits of the PSW’s SSN.
**Code:**
- **Regular Hours > 55D**
- **Crisis Hours > 53C**

**Hourly Pay Rate:** List the PSW’s hourly pay rate. This is the rate the worker will be paid.

<table>
<thead>
<tr>
<th>PSW Name</th>
<th>Social Security #</th>
<th>CODE</th>
<th>Hourly Pay Rate</th>
<th>*Unit rate=</th>
<th>Hours Approved per Month</th>
<th>Maximum Monthly Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julian Earls</td>
<td>123121234</td>
<td>55D</td>
<td>$17.00</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.*
**Unit Rate:** To calculate, multiply PSW hourly rate by **107.0%**
- Please use the percentage sign.
- Standard rounding rules apply.
- The unit rate is used in the maximum monthly dollar amount calculation.

**Hours Approved per Month:** List the total number of hours the worker is authorized.
- More than one worker > write *shared.*
### Service Authorization Form

#### Service Authorization Information

<table>
<thead>
<tr>
<th>PSW Name</th>
<th>Social Security #</th>
<th>CODE</th>
<th>Hourly Pay Rate</th>
<th><em>Unit rate= Hourly Rate x 107.0% Unit Rate</em></th>
<th>Hours Approved per Month</th>
<th>Maximum Monthly Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julian Earls</td>
<td>123121234</td>
<td>55D</td>
<td>$17.00</td>
<td>$18.19</td>
<td>135.25</td>
<td>$2,523</td>
</tr>
</tbody>
</table>

*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.

**Maximum Monthly Dollar Amount:** To calculate, multiply the Hours Approved per Month by the Unit Rate.
- This is the Consumer’s total budget amount.

**Total Monthly Amount:** The sum of the maximum monthly amounts listed for the PSWs above.
- This number cannot be more than the DHS maximum budgets.
- *Keep in mind the cost of other services used, such as an SDA.*
Employer: Must be signed by the Employer.

Consumer IS the Employer for the account > they (Consumer) must sign it.

Someone Else is the Employer on the account > that person must sign it.

SDA Signature: Must be signed by the Self-Directed Assistant (SDA)

Consumer is self-directing services without SDA agency > SDA signature can be left blank.

Please Note: PSWs or POAs 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 authorized.
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.

Regular PSW Hour code is 55D.
Crisis Hour code is 53C.
• 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.
• Budgets should reflect true personal worker services provided each month.
- Writing is clear and readable
- **Consumer #** and **PSW Social #** 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
Incorrect Timesheets

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.

Missing dates and wrong year entry
Social # incomplete
Missing am/pm markers

Incorrect Timesheet

My signature certifies that I received/provided a service or item on the data 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.
Incorrect Timesheets

- 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
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
Adjust time in/out needs along with totals to bring timesheet within budget. Also, mark as Corrected and fax to the local ACES$ Illinois office.
Please make sure timesheets 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 fewer 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 account today!
Create a New Timesheet
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.
View Budget
• 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 | dpennell@mycil.org

Tasha Whiteside, Director of Illinois Operations
1-708-532-3319 | twhiteside@mycil.org
<table>
<thead>
<tr>
<th>Timesheet Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t submit timesheets with the <strong>same hours</strong> you work another job.</td>
</tr>
<tr>
<td>Don’t submit timesheets for hours the consumer is attending a <strong>Community Day Service program</strong>.</td>
</tr>
<tr>
<td>Don’t submit timesheets after the consumer <strong>has passed away</strong>.</td>
</tr>
<tr>
<td>Don’t submit timesheets with <strong>future dates</strong>.</td>
</tr>
<tr>
<td>Don’t compile <strong>pre-filled timesheets</strong>.</td>
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</tr>
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</table>
Personal Service Workers (PSWs) who use their own car to drive Consumers can be reimbursed for mileage

- Mileage related to medical appointments or day training programs is not allowed.

PSWs submit Mileage Reimbursements in ACES$ Online

- There is a $500 limit per month for mileage reimbursement.
- Mileage reimbursement funds are a part of the Consumer’s current budget which includes personal care services.
- PSWs have 90 days to enter their mileage reimbursement.
Enrolling in Mileage Reimbursement

PSWs must have completed enrollment for the Consumer to submit mileage reimbursement.

PSWs who serve Consumers on the Adult Waiver can use Mileage Reimbursement.
Mileage Reimbursement Form

**ACES$ Illinois**

**Mileage Reimbursement Form**
*(Transportation T-55)*

<table>
<thead>
<tr>
<th>Consumer Name</th>
<th>ACES$ Consumer ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSW Name</td>
<td>Last 5 Digits of Employee SSN</td>
</tr>
</tbody>
</table>

**Mileage Reimbursement Details**

- Personal Support Workers (PSW) who use their own car can be reimbursed for mileage if they meet the criteria.
- Mileage related to medical appointments or community day programs are not allowed.
- Mileage reimbursement is only for the Adult Waiver program.
- PSWs must pass all required background checks and have a PSW packet on file.
- Mileage reimbursement is submitted only online.
- There is a $500 limit per month for mileage reimbursement which comes out of the existing monthly budget.
• PSWs have 90 days to enter their mileage reimbursement.
• Mileage reimbursement must be submitted by the 10th of the month.
• Mileage reimbursement payments will be issued once a month.
• PSWs must provide a copy of their driver’s license, proof of insurance and registration.
• All mileage reimbursement must have valid, unexpired documents at the time transportation was provided and the reimbursement is submitted.

Employer Signature: ____________________________ Date: ________

PSW Signature: ____________________________ Date: ________

SUBMIT FORM TO:
ACESS Financial Management Services
2960 Baker Drive
Springfield, IL 62703
Fax: 1-217-528-9849
Email: Support@mycil.org

*Please complete and submit the attached Mileage Reimbursement Documentation Form.

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Mileage Reimbursement Form
Second Page

**Consumer Name**

**ACES$ Consumer ID**

**PSW Name**

**Last 5 Digits of Employee SSN**

**DOCUMENTATION REQUIRED:** Please include a copy of the front and back of your drivers license, vehicle registration and insurance. Additional pages may be attached if needed.

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**Proof of Auto Insurance Card**

Automobile Insurance Company
123 Main Street, Anytown, CA 54321

INSURED: JOHN DOE

POLICY NUMBER: 123-4567-8910

YR: 2019

MAKE: TOYOTA

MODEL: 4RUNNER

VIN: KU0GN85R3B012814

AGENT: JOE SMITH

PHONE: (714) 555-3285

This card must be carried in the vehicle at all times as evidence of insurance.
Initial Enrollment
PSWs provide a copy of their driver’s license, proof of insurance and registration.

Expired Documents? No Insurance on File?
All mileage reimbursements must have valid, unexpired documents at the time transportation was provided and the reimbursement is submitted.

Personal Care
Drivers who provide personal care can still be paid for personal care hours, but not for mileage reimbursements.
Employers:
When will my PSW’s documents expire?

When their PSW’s documents are soon to expire, Employers receive a red alert box on the ACES$ Online dashboard.

Driver’s License Expiration
Your PSW SMITH, JOHN Driver’s License expires in 50 days. A copy of your PSW ‘s license must be sent to avoid interruption in their payroll.

Driver’s Insurance Expiration
Your PSW SMITH, JOHN Driver’s Insurance expires in 23 days. A copy of your PSW ‘s insurance must be sent to avoid interruption in their payroll.
PSWs:
When will my documents expire?

Expiration dates appear in the ACES$ Online dashboard at all times, just below the CANTS expiration date.

Welcome, Valerie

Personal Support Worker for Department of Human Services

Your CANTS form expires on 12/20/2020. This form must be completed annually to avoid interruption in your payroll.

Your Driver’s License expires on 7/20/2020. A copy of your license must be sent to avoid interruption in your payroll.

Your Driver’s Insurance expires on 8/15/2020. A copy of your insurance must be sent to avoid interruption in your payroll.
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
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
(e.g., waiver change, program change, name change, etc.)

**Accurate PSW information** is also critical
(Social Security Number, 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.
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

Enrollment
Gabriela Garcia
Enrollment Manager
1-708-532-3319
ggarcia@mycil.org

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

Backgrounds
Haydee Eyrse
Background Manager
1-217-528-7046
hpadilla@mycil.org
Thank you!

Questions?