

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 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

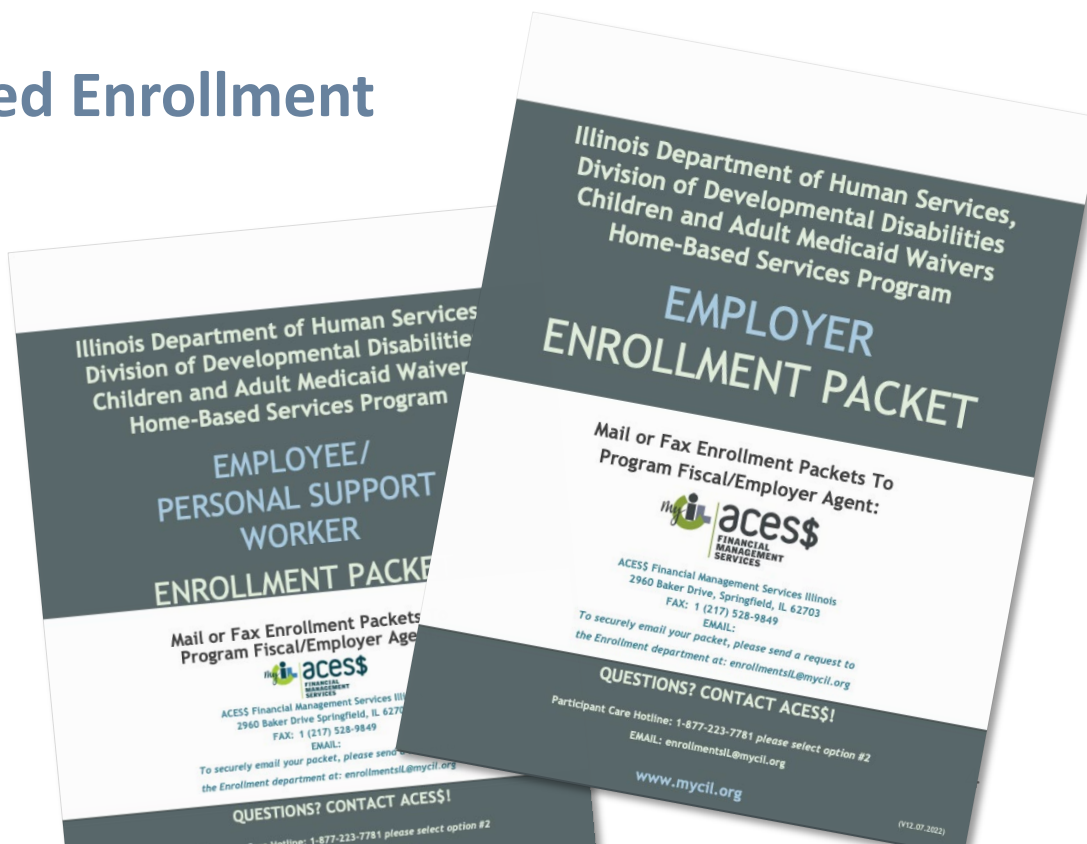


Enrollment

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

Consumer/Employer Enrollment Packet Process

**ACES\$
Enrollment
Specialist
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.**



PSW Enrollment

PSW Enrollment Packet Process

**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

Initial (one-time)	Annual
IMPACT	x
National Sex Offender	x
Illinois Department of Correction Name Search	x
Illinois Department of Correction Address	x
Private Illinois Department of Public Health	Private Illinois Department of Public Health
Public Illinois Department of Public Health	Public Illinois Department of Public Health
Illinois Sex Offender	Illinois Sex Offender
Office of Inspector General – Provider Sanction	Office of Inspector General – Provider Sanction
CANTS	CANTS
Department of Aging Registry	Department of Aging Registry



Service Authorization Form

myi access
FINANCIAL MANAGEMENT SERVICES

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

ACCESS ILLINOIS
SERVICE AUTHORIZATION FORM

CONSUMER INFORMATION ** Children and Young Adults: Parents/Step parents/Guardians cannot work as PSW for consumers under the age of 18.

Waiver Type*: Adult HCBS Children and Young Adults HCBS

Consumer Name: Consumer Number:

Address:

Phone Number: Social Security Number RIN Number

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

Self-Directed Assistant Information

Self-Directed Assistant Name: Agency:

Self-Directed Assistant Email: Phone Number:

Employer Information

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

Employer Name:

Address:

Employer Phone Number: Employer Email:

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 107.0% Unit Rate*	Hours Approved per Month	Maximum Monthly Dollar Amount
1.	<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"/>	X <input type="text"/>	= \$ <input type="text"/>
3.	<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"/>	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 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

ACCESS USE ONLY

Date Received: Date Processed: Staff Initials:

Consumer Information

Self-Directed Assistant (SDA) Information

Employer Information

Service Authorization Information PSW Information Rates and Hours

Signatures by Employer (and SDA if applicable)



Service Authorization Form Consumer Information

CONSUMER INFORMATION

Waiver Type*: (check one) Adult HCBS Children and Young Adults HCBS

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*

** Children and Young Adults: Parents/Step-parents/Guardians cannot work as PSW for consumers under the age of 18.

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.

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**.



Service Authorization Form Self-Directed Assistant (SDA) Information

Self-Directed Assistant Information

Self-Directed Assistant Name:

Elizabeth Blackwell

Agency:

Self Directed Supporters Assoc.

Self-Directed Assistant Email:

e.Blackwell@SDAassociates.org

Phone Number:

123-123-1231

Self-Directed Assistant Information:

Enter the Self-Directed Assistant information (name, agency, email, and phone number).



Service Authorization Form Employer Information

Employer Information

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 :

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**.



Service Authorization Form Employer Information

Employer Information

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 :

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.



Service Authorization Form

Service Authorization Information

SERVICE AUTHORIZATION INFORMATION

Purpose for Authorization:

New Consumer

Change to Services*

Monthly Service Start Date:

4/1/2022

Monthly Service End Date:

Termination of Service Effective Date:

n/a

Reason for Termination:

n/a

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.



Service Authorization Form

Service Authorization Information

	PSW Name	Social Security #	CODE	Hourly Pay Rate	*Unit rate= Hourly Rate x 107.0% Unit Rate*		Hours Approved per Month	= \$	Maximum Monthly Dollar Amount	
1.	Julian Earls	123121234	55D	\$ 17.00	\$	X		= \$		
2.				\$	\$	X		= \$		
3.				\$	\$	X		= \$		
4.				\$	\$	X		= \$		
								Total Monthly Amount	= \$	

** 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.*

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.



Service Authorization Form

Service Authorization Information

	PSW Name	Social Security #	CODE	Hourly Pay Rate	*Unit rate= Hourly Rate x 107.0% Unit Rate*		Hours Approved per Month	=	Maximum Monthly Dollar Amount	
1.	Julian Earls	123121234	55D	\$ 17.00	\$ 18.19	X	135.25	=	\$	
2.				\$	\$	X		=	\$	
3.				\$	\$	X		=	\$	
4.				\$	\$	X		=	\$	
								Total Monthly Amount	=	\$

** 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

PSW Name	Social Security #	CODE	Hourly Pay Rate	*Unit rate= Hourly Rate x 107.0% Unit Rate*		Hours Approved per Month	Maximum Monthly Dollar Amount
1. Julian Earls	123121234	55D	\$ 17.00	\$ 18.19	X	135.25	= \$ 2,523
2.			\$	\$	X		= \$
3.			\$	\$	X		= \$
4.			\$	\$	X		= \$
Total Monthly Amount							= \$

** 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.**



Service Authorization Form Signatures

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

ACCESS USE ONLY					
Date Received:	<input type="text"/>	Date Processed:	<input type="text"/>	Staff Initials:	<input type="text"/>

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 authorization.



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.

Regular PSW Hour code is 55D.

Crisis Hour code is 53C.



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.
- Budgets should reflect true personal worker services provided each month.



Correct Timesheets

Correct Timesheet

aces\$ FINANCIAL MANAGEMENT SERVICES
ACES\$: 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 05 / 16 / 16 End of Payroll Period 05 / 31 / 16

Consumer Number: A123 Consumer Name: John Smith PSW S Last Digits of SSN: 12345 PSW Name: Mary Smith

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>

- 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**

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



Incorrect 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\$ FINANCIAL MANAGEMENT SERVICES

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

Start of Payroll Period 05/16/16 End of Payroll Period / / 2016

Consumer Number A1123 Consumer Name John Smith PSW 5 Last Digits of SSN / 345 DCSW Name Mary Smith

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

18864 _____ DATE _____
 Employer/Consumer Signature

Mary Smith 5-31-16
 Personal Service Worker Signature DATE

Missing dates and wrong year entry

Social # incomplete

Missing am/pm markers



Incorrect Timesheets

Incorrect Timesheet

i access
FEDERAL MANAGEMENT SERVICES

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

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

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

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

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.



Timesheets

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



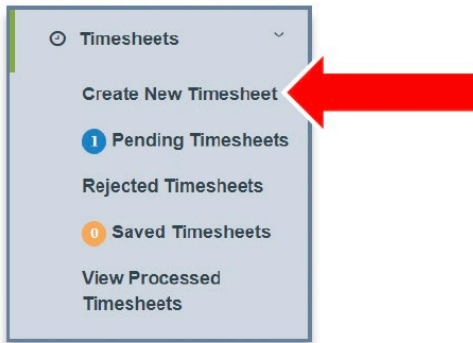
account today!



Register Your Account



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 </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

Category	Starting Balance	Amount Used	Current Balance
December Monthly Budget	2742.30	1029.60	1712.70
Fiscal Year Budget	21938.40	8033.85	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 | dpennell@mycil.org

Tasha Whiteside, Director of Illinois Operations

1-708-532-3319 | twhiteside@mycil.org



Timesheet Don'ts

Don't submit timesheets
with the **same hours** you work another job.

Don't submit timesheets for hours the consumer is
attending a **Community Day Service program**.

Don't submit timesheets
after the consumer **has passed away**.

Don't submit timesheets
with **future dates**.

Don't
compile **pre-filled timesheets**.



Timesheet Don'ts when using ACES\$ Online

Don't submit timesheets
with the **same hours** you work another job.

Don't submit timesheets for hours the consumer is
attending a **Community Day Service program**.

Don't submit timesheets
after the consumer **has passed away**.

Don't submit timesheets
with ~~future dates~~.

Don't
compile ~~pre-filled timesheets~~



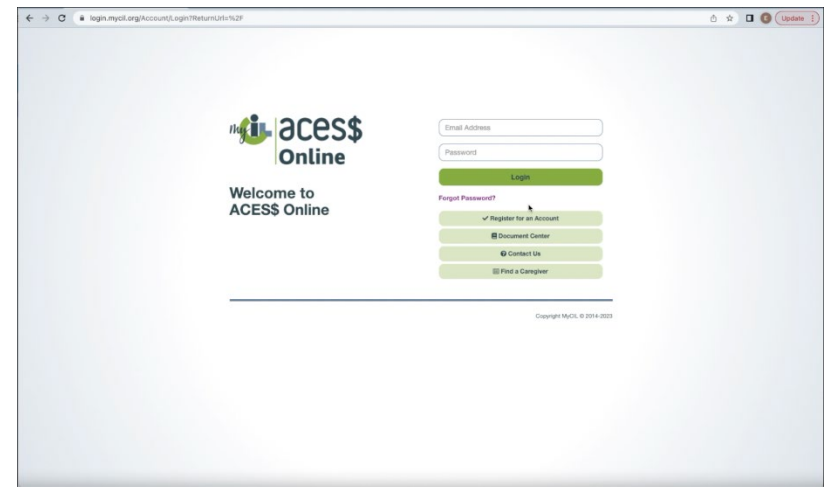
Mileage Reimbursement

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

First Page



ACES\$ Illinois Mileage Reimbursement Form (Transportation T-55)

Consumer Name	<input type="text"/>	ACES\$ Consumer ID	<input type="text"/>
PSW Name	<input type="text"/>	Last 5 Digits of Employee SSN	<input type="text"/>

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.



Mileage Reimbursement Form

First Page (Continued)

- 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:
ACES\$ 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.**

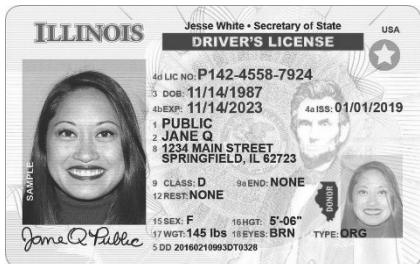


Mileage Reimbursement Form

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.



2012 Illinois Registration Identification Card

Jesse White, Illinois Secretary of State

CFAD6W6Y11 01 8003 99 00 CHK1
ABC789 2EAC1000 R 0512

Vehicle Year	Vehicle Make	VIN
2005	HUMMER	SGRKH23G25H112320
Weight or GVW	Body Style	Application Type
	CARR/VAN	PASSENGER
Action (Lease/Rental)	Unit Number	File Number
		County
Driver's License Number(s) or FEIN(s)	Expiration Date	
8640-6197-0250	MAY 31, 2012	
	Plate Number	
	ABC789	
Renewal Fee Use		
99.00		

JOSEPH BORRELLO

1740 W ARSENAL RD
DECATUR IL 62521

Registration ID: 0916 6483 PIN: 4050

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.



Mileage Reimbursement Driver's License, Registration and 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**.



Mileage Reimbursement Driver's License, Registration and Insurance

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.



Mileage Reimbursement Driver's License, Registration and Insurance

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.



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
(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.



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

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?

