

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





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.**



Personal Support Worker (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: budgetsil@mycil.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:
Last Employer Information Below

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:

Aunt

List Employer Information Below

Employer Name:

Gwendolyn

Elizabeth

Brooks

First

Middle

Last

Address:

244 E. Pershing Rd.

City

Chicago

County

IL

ZIP

60653

Employer Phone Number :

987-654-4321

Employer Email :

gwendolyn.brooks@gmail.com

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:	<input type="checkbox"/> New Consumer	<input checked="" type="checkbox"/> Change to Services*
Monthly Service Start Date:	<input type="text" value="4/1/2022"/>	Monthly Service End Date: <input type="text"/>
Termination of Service Effective Date:	<input type="text" value="n/a"/>	Reason for Termination: <input type="text" value="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	\$ 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	<input type="text" value="Carly Consumer"/>	Date	<input type="text" value="4/1/2022"/>
SDA Signature	<input type="text"/>	Date	<input type="text"/>

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.



Registering to Use ACES\$ Online

Benefits of ACES\$ Online

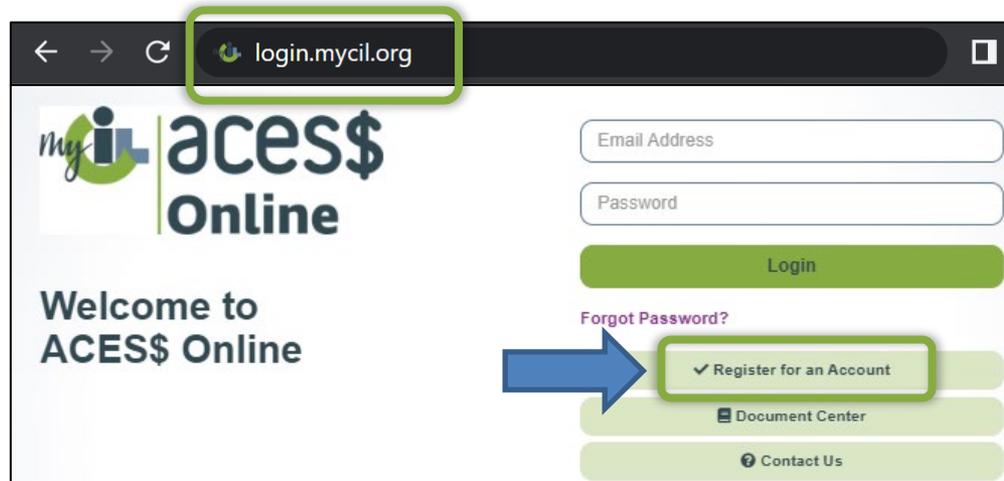
ACES\$ Online can be used to update contact information, view important announcements and see the status of your time.

Employers:

- Budget utilization (SDAs see this too)
- Notices of PSW CANTS expiration dates

PSWs:

- View how/when payments will be sent
- See CANTS expiration dates
- View full paystubs



How to Register for ACES\$ Online

Step 1: Call ACES\$ at 1-877-223-7781 for your

ACES\$ Consumer ID number.

(PSWs don't need an ID# and can skip this first step.)

Step 2: Visit login.mycil.org

Step 3: Click the **Register for an Account** button.

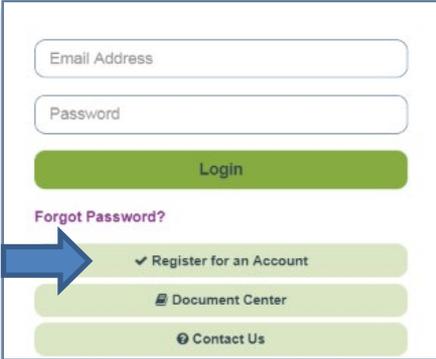
Step 4: Choose **Illinois Department of Human Services** from the “Organization” dropdown menu.

Step 5: Choose your account type from the **Account Type** dropdown menu. Employers should choose **Consumer**.

Step 6: Fill out your information using a valid email address.

Step 7: ACES\$ Online will email you a link to set your password.

Click it within 24 hours (check your Spam folder if you don't see it).



The screenshot shows a login form with two input fields: "Email Address" and "Password". Below these fields is a green "Login" button. Underneath the "Login" button is a link for "Forgot Password?". Below that is a blue arrow pointing to a green button labeled "✓ Register for an Account". Below the registration button are two more buttons: "Document Center" and "Contact Us".



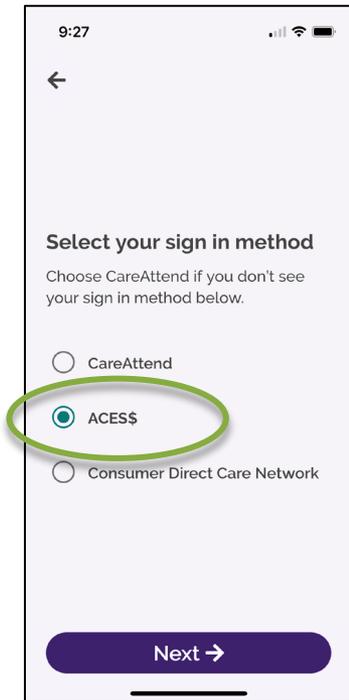
CareAttend Mobile Application – How to Register (PSW)

PSW: Open CareAttend and Tap Sign In

The first time the CareAttend application opens, PSWs will need to sign-in.

An internet connection is required to sign-in. Once a PSW is signed-in, internet is not required.

- On the first screen, tap **Sign In** at the bottom.
- On the next screen, tap **ACES\$** then tap **Next** → on the bottom.



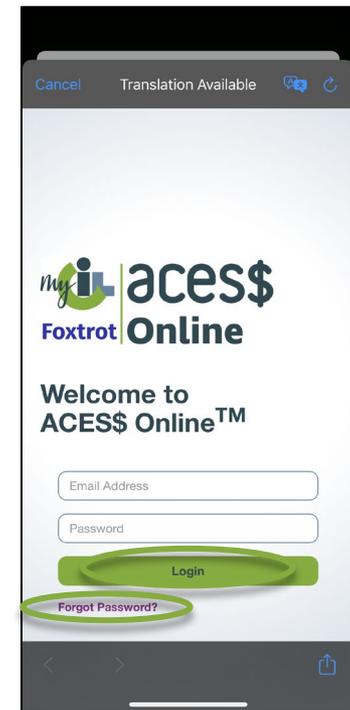
Sign In Using Your PSW ACES\$ Online Credentials

Tap **Sign In**, then **ACES\$**, then **Next**. An ACES\$ Online window appears. Sign in using your existing ACES\$ Online password.

Tap **Login** to return to the main CareAttend app.

Forgot Your Password?

You can reset your ACES\$ Online password using the **Forgot Password?** link at the bottom of the window.

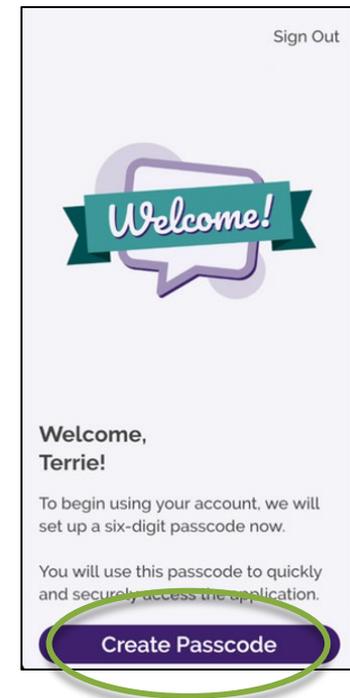


Create a Passcode and Set Permissions

Next, **create a six-digit passcode** for day-to-day use.

Tap **Create Passcode** at the bottom, then choose a passcode and enter it twice.

Once you've created your passcode, tap to give the CareAttend app the permissions it needs to run.



EVV Compliance And Exceptions

What are the EVV compliant methods of entering time?

EVV compliant methods of time entry include **live** clock in/out using the

- CareAttend App
- IVR from the Consumer's registered landline telephone.

What are the **non-EVV compliant** methods of entering time? (EVV exception)

The following methods of time entry are not EVV-compliant:

- Paper timesheets
- Edited** EVV shifts
- IVR calls that are not placed from the Consumer's registered landline
- Time entered after-the-fact (manual entry into ACES\$ Online)

EVV Exemptions

PSWs who live with the Consumer will apply for an exemption from EVV. This means time can be entered directly into ACES\$ Online.



PSW enters time in “**Enter Time**” and **saves**.
PSW **submits** time worked in the pay period to their **Employer**.

Employer logs into ACES\$ Online and goes to “**Approve/Reject Time**” to review all time pending and approves the time in the pay period.



Live-in Caregiver Attestation: EVV Exemption

Acceptable documentation of customer and PSW residence (Choose one of the following):

- Copy of current IL State Driver's License, State ID or Photo ID;
- Vehicle registration or voter registration card;
- Utility or other household bill showing name and address of customer;
- Address on federal or state income tax returns or refunds;
- Bank statement;
- Medicaid records;
- US Passport or Passport Card;
- US Military ID or US Military Dependents ID;
- US Citizen ID Card (form I-197);
- Other US Government issued ID card;
- Permanent Resident Card (Form I-551);
- Immigrant Visa (I-551 Notation);
- Employment Authorization Document (Form I-766)
- School ID Card (if an address is clearly stated on the ID card);
- Other documentation, upon Division of Developmental Disabilities (DDD) approval.

EVV Live-in Caregiver Attestation (continued)

Customer Name:	Consumer's Name: Sky Blue
Customer Recipient Identification Number (Medicaid Number):	Consumer's: Medicaid # 000000000
PSW Name	PSW's Name :Lake Blue
Last Four Digits of PSW Social Security Number (SSN)	1234
Shared Address: 123 Happy Ave Wonderful City, IL 00000	

Provider Agency/Financial Management Services (FMS) Vendor Information

Provider Agency / FMS Vendor Name:	ACCESS Financial Management Services
Medicaid Provider ID:	NPI# 1659601979

Please select only ONE box.

*****Don't forget to employers and PSWs must sign and date the form***

Signatures and Dates:

SIGNATURES	DATES
PSW: PSW SIGNATURE (Physical or Formal Electronic)	Date: REQUIRED
Customer or Authorized Representative: EMPLOYER SIGNATURE (Physical or Formal Electronic)	Date: REQUIRED

Paid Leave Act

Requirements of the Act:

Effective January 1, 2024, all provider agencies and employers in the DDD service system must be in compliance with the minimum paid leave requirements identified in the Act.

1. An employee is entitled to earn and use up to a minimum of 40 hours of paid leave during a 12-month period depending on the number of hours earned.
2. The 12-month period may be any consecutive 12-month period designated by the employer in writing at the time of hire.
3. Paid leave shall accrue at the rate of one hour of paid leave for every forty (40) hours worked up to a minimum of 40 hours of paid leave. Employees shall determine how much paid leave they need to use. Employers may set a reasonable minimum increment to use not to exceed 2 hours per day. For example, an employee wants to take 45 minutes of paid leave to run an errand. The employer may have a policy requiring them to use a minimum of 2 hours. If the employee's scheduled workday is less than 2 hours, the employee's scheduled workday shall be used to determine the amount of paid leave. In addition to the minimum increment to be used, the employer may set an incremental amount of time after the initial minimum increment. For example, paid leave may be used in increments of not less than fifteen (15) minutes after a minimum use of two (2) hours.
4. Paid leave under the Act may be taken by an employee for any reason of the employee's choosing. An employee is not required to provide an employer a reason for the leave and shall not be required to provide documentation or certification as proof or in support of the leave.
5. Employees shall be paid their hourly rate of pay for paid leave.
6. Paid leave shall begin to accrue at the start of employment or on January 1, 2024, whichever is later. Employees shall be entitled to begin using paid leave 90 days following the start of their employment or April 1, 2024, whichever is later.
7. Paid leave shall be provided upon the oral or written request of an employee in accordance with the employer's reasonable paid leave policy notification requirements. Nothing in the Act prohibits an employer from adopting a policy that establishes some parameters for taking leave, and limited reasons the employer may deny leave for operational necessity. Any such policy must be communicated to employees, applied equally to all employees, and conform with other applicable state and federal laws. The Illinois Department of Labor (IDOL) will provide more information on this topic through rulemaking.
8. Paid leave shall carry over annually to the extent not used by the employee, provided that nothing in the Act shall be construed to require an employer to provide more than 40 hours of paid leave for an employee in the 12-month period unless the employer agrees to do so.

Paid Leave Act (continued)

9. Nothing in the Act or any other Illinois law or rule shall be construed as requiring financial or other payment to an employee from an employer upon the employee's termination, resignation, retirement, or other separation from employment for paid leave accrued that has not been used.
10. Nothing in the Act or any other Illinois law or rule shall be construed as requiring financial or other reimbursements to an employee from an employer for unused paid leave at the end of the benefit year or any other time.
11. An employer subject to this Act shall make and preserve records documenting hours worked, paid leave accrued and taken, and remaining paid leave balance for each employee for a period of not less than 3 years.
12. An employer who provides any type of paid leave policy that satisfies the minimum amount of leave required by the Act is not required to modify the policy if the policy offers an employee the option, at the employee's discretion, to take paid leave for any reason.

Paid Leave Submission



ACES\$ Illinois Paid Leave Request

Email Paid Leave Request to timesheetsIL@mycil.org or fax Paid Leave Request 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	
01			AM	PM			09			AM	PM		
02			AM	PM			10			AM	PM		
03			AM	PM			11			AM	PM		
04			AM	PM			12			AM	PM		
05			AM	PM			13			AM	PM		
06			AM	PM			14			AM	PM		
07			AM	PM			15			AM	PM		
08			AM	PM						AM	PM		
TOTAL							TOTAL						

I understand my employer must approve this time off request form. I understand I can only request paid time off if I have time off available to use. I understand this time off request form must be submitted with the timesheet for the same time period. Payment for time off will not come from the consumer's monthly budget. I also understand that providing false information or hiding important facts may lead to legal consequences under State laws.



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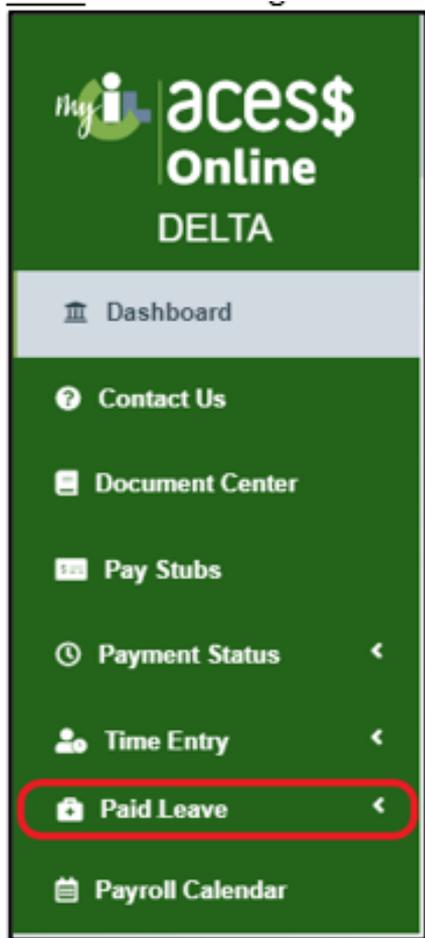
Employer/Consumer Signature

Date

Personal Service Worker Signature

Date

Paid Leave Online Submission



- The **Worker** is responsible for drafting and submitting requests for paid leave to their **Employer**.
- The **Employer** reviews and decides whether to approve or deny the **Worker's** paid leave request.
- **Workers** can access details about their accrued and utilized time both on their paycheck stubs and on ACES\$ Online.
- The same submission deadlines that apply to timesheets are also in effect for paid leave requests; these must be submitted within a 3-month timeframe.



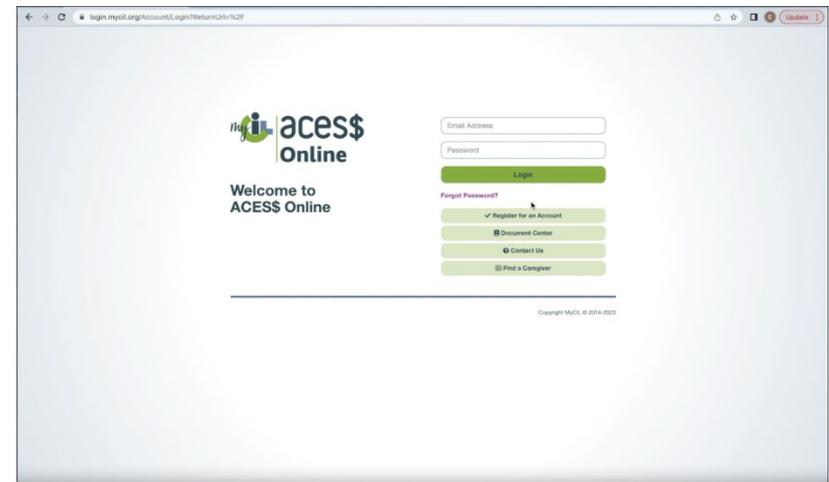
Mileage Reimbursement

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.**

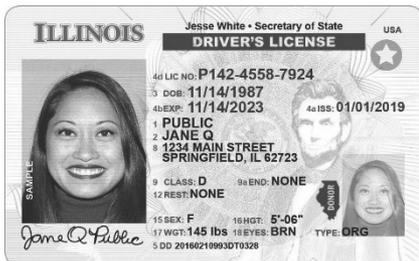


Mileage Reimbursement Form

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.



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.

2012 Illinois Registration Identification Card
Jesse White, Illinois Secretary of State

CFAD6W6Y1101 8003: 99 00 CHK1
ABC789 2EAC1000 R 0512

Vehicle Year	Vehicle Make	VIN
2005	HUMMER	SGRKH23G25H112339
Weight or GVW	Body Style	Application Type
	CARR/VAN	PASSENGER
Make	License/Rental	Unit Number
		File Number
		County
		MACON
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



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 (continued)

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 Care

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 Care

Contact Us Today!

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





Consumer Service

Helpful Contacts

Service Authorizations

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Consumer Care

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Thank you!

