

A CONVERSATION WITH



We can be independent when we do it together.

Agenda

- Enrollment
- Live-in Caregiver Exemption
- Child Abuse Neglect Tracking System-CANTS
- Electronic Visit Verification
 - CareAttend –Mobile app
 - Interactive Voice Response – IVR
- ACES\$ Online
- Paid Leave
- Questions



ACES\$ Financial Management Services

Part of the Northeast Pennsylvania Center for Independent Living known as (MyCIL).

A Participant–directed payroll management solution for Medicaid recipients and their Caregivers.

Serving programs in Illinois, Pennsylvania, Wyoming and Washington.



aces\$

**FINANCIAL
MANAGEMENT
SERVICES**

Fiscal Employer Agent Model

A Fiscal Employer Agent (F/EA) is an organization that helps individuals who receive government-funded home care services manage the financial and employment responsibilities of hiring caregivers.

The person receiving services (or their guardian) is still the legal employer, but the F/EA handles many of the administrative tasks.



WHAT DOES A FISCAL EMPLOYER AGENT DO?

- Processes payroll for caregivers (Personal Support Workers, or PSWs)
- Withholds and pays taxes (federal, state, Social Security, Medicare)
- Submits billing to Medicaid or the state
- Tracks service authorizations and budgets
- Issues W-2 forms to workers
- Ensures compliance with labor and Medicaid rules
- Maintains employment records

Key Terms & Roles



Consumer

- Pulled from PUNS
- Approved to HBS-Homes Based Waiver Program
- Receives the services

PUNS is a database of Illinois children, adolescents, and adults with developmental disabilities who want or need developmental disability services. The PUNS database helps the Division of Developmental Disabilities (DDD) identify and plan for services.

Employer

- Appointed by guardian
- Hires and trains workers, sets their pay rate, approves hours and oversees workers
- Needs to be over 18 years old
- Guardian or appointed by guardian
- Consumer cannot be employer if they have guardianship

Key Terms & Roles

Personal Support Worker (PSW)

- Hired by the employer to provide services to the consumer
- Needs to be over 18 years old
- Must have a valid ID and eligible to work in the US
- Passed all required background checks
- A parent can be PSW as long as consumer is 18 years or older

Self Directed Assistant (SDA)

- Agency hired by the family to assist with HBS paperwork



Key Terms & Roles

Service Authorization

A form completed by the employer (and SDA, if hired) and submitted to ACES\$ that outlines what dollars of the consumer budget will be used for PSW and mileage services.



Enrollment Process

Getting Started

ACCESS ILLINOIS
FINANCIAL MANAGEMENT SERVICES
GOVERNMENT SERVICE AUTHORIZATION
Form: 2/13 (2016) REVISED BY: 2/13-6338-0278
Email: Enrollment@mycil.org

SERVICE AUTHORIZATION FORM

Water Type: Adult HCBS Children and Young Adults HCBS

Consumer Name: _____
Phone Number: _____
Email Address: _____
Social Security Number: _____
SN Number: _____

Self-Directed Assistant Name: _____
Self-Directed Assistant Email: _____
Agency: _____
Phone Number: _____

Who is designated as the Employer? Consumer Someone Else

Employer Name: _____
Employer Phone Number: _____
Employer Email: _____
Relationship to Consumer: _____

Purpose for Authorization: New Consumer Change to Service?

Monthly Service Start Date: _____
Monthly Service End Date: _____

Item Name	SN	CODE	Rate	Agreement/Workload	Workload
A.					
B.					
C.					
D.					
E.					
F.					

Termination of Service Effective Date: _____
Reason for Termination: _____

SDA Signature: _____ Date: _____
Date Received: _____ ACCESS USE ONLY
Staff Initials and Date Processed: _____

Illinois Department of Human Services,
Division of Developmental Disabilities
Children and Adult Medicaid Waivers
Home-Based Services Program

**EMPLOYER
ENROLLMENT PACKET**

Mail or Fax Enrollment Packets To
Program Fiscal/Employer Agent:

ACCESS
FINANCIAL MANAGEMENT SERVICES
ACCESS Financial Management Services Illinois
2960 Baker Drive, Springfield, IL 62703
FAX: 1 (217) 528-9849
EMAIL:
To securely email your packet, please send a request to
the Enrollment department at: enrollment@mycil.org

QUESTIONS? CONTACT ACCESS!
Participant Care Hotline: 1-877-222-7781 please select option #2
EMAIL: enrollment@mycil.org
www.mycil.org

Illinois Department of Human Services,
Division of Developmental Disabilities
Children and Adult Medicaid Waivers
Home-Based Services Program

**EMPLOYEE/
PERSONAL SUPPORT
WORKER
ENROLLMENT PACKET**

Mail or Fax Enrollment Packets To
Program Fiscal/Employer Agent:

ACCESS
FINANCIAL MANAGEMENT SERVICES
ACCESS Financial Management Services Illinois
2960 Baker Drive Springfield, IL 62703
FAX: 1 (217) 528-9849
EMAIL:
To securely email your packet, please send a request to
the Enrollment department at: enrollment@mycil.org

QUESTIONS? CONTACT ACCESS!
Consumer Care Hotline: 1-877-222-7781 please select option #2
EMAIL: enrollment@mycil.org
www.mycil.org

Employer Packet

- Appointed employer completes

Personal Support Worker Packet (PSW-Employee)

- PSW and employer complete

Service Authorization

- Employer and SDA (if one is hired) complete

Enrollment Process

How to Complete Packets

Docubee Express Online packets

The Easiest and Fastest Way!

- <https://go.mycil.org/ILEmployeeEnrollment>
- <https://go.mycil.org/ILEmployerEnrollment>

Email to enrollmentsil@mycil.org

- First email ACES\$ to request a secure email
- Then attach the packet from within a secure email provider

In office enrollments

- Schedule enrollment with one of our Enrollment Specialists

Fax to 217-528-9849



Enrollment Process

Employer Packets

Complete Employer Packet (15 pages), signatures and dates

Contact Information form

1. * Name of consumer matches the award letter.
2. * Complete full address.
3. * Employer legal name.
4. * SSNs for both the consumer & employer.

Include award letter of consumer when sending the packet

Received at ACES\$

1. Assigned to enrollment specialist for review.
2. If complete, will send to our employer records department to obtain EIN-Employer Identification and UI-Unemployment Insurance Numbers.
3. Once these numbers are successfully obtained, the employer is now approved.
4. Welcome information is emailed to the employer.

*

CONSUMER INFORMATION

Consumer Legal Name
 Consumer Phone Number
 Consumer Date of Birth Gender F M
 Consumer Social Security Number
 Consumer Address
 Consumer Email
 Effective Date of Home-Based Award
 Waiver Type: (Check One) Adult HCBS Children and Young Adult HCBS

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

Employer Information

Please complete all Employer information, regardless if Consumer is Employer.
 Note: If a consumer is not their own guardian, they cannot serve as their own employer.

Employer Legal Name
 Employer Social Security Number Employer Date of Birth
 Employer 18 years of age or older? Yes No
 Employer Mailing Address
 City State Zip
 Employer Physical Address
 City State Zip

Enrollment Process

Employee Packets

Complete the entire packet by both the Employer and PSW (22 pages)

Contact Information Form

1. *Enter legal name, middle name can be abbreviated.
2. *PSW is required to have an email address (cannot be same as Employer)

Received at ACES\$

1. Assigned to enrollment specialist for review.
2. If complete, begin required background checks (8 total), 2 that the PSW is required to do themselves are with IDPH-IL Department of Public Health and DCFS.
3. Fingerprint form will be mailed to PSW, can be emailed upon request of the PSW (verbal or written).
4. After fingerprint results are received, the PSW will be emailed instructions to authorize the DCFS background check.
5. Once results from DCFS are received, a start date will be issued to the PSW.
6. Email to the Employer and SDA will be sent with the start date for the PSW.

Illinois DHS, Division of Developmental Disabilities
Children and Adult Medicaid Waivers, Home-Based Services Program
Contact Information Form
Please provide the following contact information for ACES\$ to ensure your enrollment is completed as efficiently as possible.

Consumer Information * Indicates a required field

Consumer Legal Name *

Consumer Date of Birth * Consumer Email

Consumer Address * Street

City State Zip

Consumer Phone Number * Gender

Effective Date of Home Based

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

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

Employer Information
Please complete all Employer information, regardless if Consumer is Employer.
Note: If a consumer is not their own guardian, they cannot serve as their own employer.

Employer Legal Name *

Employer Date of Birth * Employer 18 years of age or older Yes No

Employer Address * Street

City State Zip

Employer Phone Number

Employer Email *

Employee Information

Employee Legal Name *

Employee Phone Number *

Employee Mailing Address *

City State Zip

Employee Physical Address *

City State Zip

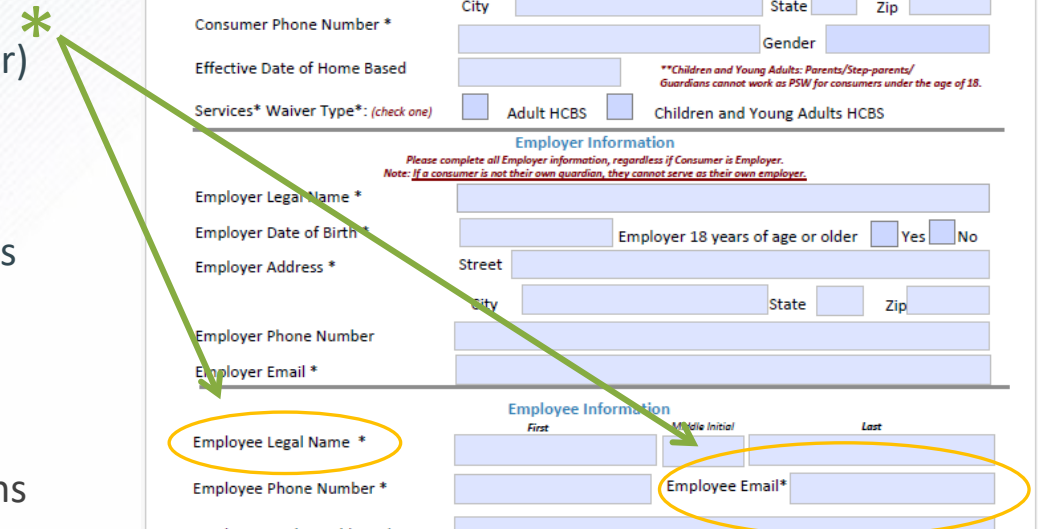
Employee County * Employee SSN*

Employee Date of Birth* Is the Employee 18 years of age or older? * Yes No

Is the Employee guardian of the consumer? * Yes No

Is the Employee spouse of the consumer? * Yes No

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Enrollment Process

Background Checks

1. IDPH - IL Department of Public Health
Public Site
2. IDPH - IL Department of Public Health*
Private Site
Determines if PSW needs to be fingerprinted or is already registered
3. National Sex Offender
4. IL Sex Offender*
5. OIG - Office of Inspector
Healthcare Fraud
HFS Sanctions*
Exclusions Database
6. IL Department of Corrections
By Name
7. IL Department of Corrections
By Zip Code
8. DCFS - Department of
Children Family Services*

*** = Initial and Annual**

Enrollment Process

DCFS Background Check

IL Department of Public Health

- Fingerprint results are received
- ACES\$:
 - Enters PSW information in DCFS portal
 - Notifies PSW by email regarding DCFS requirement and to expect email from DCFS.CFS689BackgroundCheck@illinois.gov
 - Will make 3 attempts weekly to PSW as a follow up if PSW has not completed their authorization
- PSW completes authorization
- ACES\$:
 - Receives results from DCFS
 - Emails employer and/or SDA



**PSW email address
is required in PSW Packet**



Enrollment Process Activation

Service Authorization Required for Activation

- Employer and/or SDA (if one is hired) complete
- Can include with Enrollment packet, but Is not required to process the packet
- Can submit once a start date is issued for the PSW
- The Service Authorization can be submitted prior to the issued start date of the PSW.

ACES\$ ILLINOIS SERVICE AUTHORIZATION FORM

myi access\$ FINANCIAL MANAGEMENT SERVICES

SUBMIT SERVICE AUTHORIZATION: Fax: 217-528-9849 or 570-558-5570 Email: budgets1@mycil.org

Waiver Type* (check one) Adult HCBS Children and Young Adults HCBS* *Children and Young Adults: Parents/Step-parents/Guardians cannot work as PSW for consumers under the age of 18.

Consumer Name: _____ Consumer Number: _____

Phone Number: _____ RIN Number: _____

Email Address: _____ Social Security Number: _____

Self-Directed Assistant Name: _____ Self-Directing Services: Yes No

Self-Directed Assistant Email: _____ Agency: _____

Who is designated as the Employer?: Consumer Someone Else Fill Employer Information Below Relationship to Consumer: _____

Employer Name: _____ Employer Phone Number: _____ Employer Email: _____

Purpose for Authorization: New Consumer Change to Services*

Monthly Service Start Date: _____ Monthly Service End Date: _____

PSW Name	SSN	CODE	Hourly Pay Wage	Cost to You* Cost to You = Hourly Wage x 1.02	Approved Hours per Month	Maximum Monthly Dollar Amount
1. _____	_____	_____	\$ _____	\$ _____	X _____	= \$ _____
2. _____	_____	_____	\$ _____	\$ _____	X _____	= \$ _____
3. _____	_____	_____	\$ _____	\$ _____	X _____	= \$ _____
4. _____	_____	_____	\$ _____	\$ _____	X _____	= \$ _____
5. _____	_____	_____	\$ _____	\$ _____	X _____	= \$ _____
6. _____	_____	_____	\$ _____	\$ _____	X _____	= \$ _____
7. _____	_____	_____	\$ _____	\$ _____	X _____	= \$ _____
8. _____	_____	_____	\$ _____	\$ _____	X _____	= \$ _____

Termination of Service Effective Date: _____ Reason for Termination: _____

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 personal support worker(s) until over budget issues are fully resolved.

Employer Signature: _____ Date: _____

SDA Signature: _____ Date: _____

Date Received: _____ Date: _____

ACCESS USE ONLY
Staff Initials and Date Processed: _____

Enrollment Process

Common Issues

Incomplete Packets, Missing:

- Forms
- Information
 - Signatures, dates, SSN or outdated forms

Missing Award Letter or Pending Award Letter

Failing to Complete Background Checks:

- Fingerprints
- DCFS

Name mis-matches

- Discrepancies with name entered on packet versus what appears on the ID/Award Letter

Employer already has an existing EIN with IRS

PSW has a disqualifying offense on Background checks

Live-in Caregiver Exemption

State of Illinois
Department of Human Services - Division of Developmental Disabilities
ELECTRONIC VISIT VERIFICATION (EVV) - LIVE-IN CAREGIVER ATTESTATION

The Federal 21st Century CURES Act requires all state Medicaid agencies to implement Electronic Visit Verification (EVV), a web-based system that ensures people receive their authorized Medicaid services and documenting the precise time services begin and end. Federal law requires that EVV be implemented for all Medicaid members receiving services under the Medicaid program.

To be eligible for IDHS-DDD's EVV Live-In Caregiver exemption, a PSW must be an individual care provider under a state Medicaid program and must be a U.S. Department of Labor (EOP Sheet #79B) Live-In Domestic Service Worker (LDS) or meet the live-in caregiver requirements, either permanent or temporary, as defined in the U.S. Department of Labor (EOP Sheet #79B) Live-In Domestic Service Worker (LDS) definition of permanent and extended period of time are provided.

In Illinois, a PSW's EVV Live-In Caregiver Attestation Form is a Management Services (FMS) entity, also known as ACES\$, by U.S. Department of Labor (EOP Sheet #79B) Live-In Domestic Service Worker (LDS) definitions of permanent and extended period of time are provided. review of documentation supporting the customer and PSW definitions of permanent and extended period of time are provided. or ACES\$ to ensure the EVV Live-In Status Attestation Form- Acceptable documentation of customer and PSW residence:

- Copy of current IL State Driver's License, State ID
- Vehicle registration or voter registration card;
- Utility or other household bill showing name and address on file;
- Bank statements;
- Medicaid records;
- Mail from medical service providers when the address on file is clearly stated;
- School ID Card (if an address is clearly stated);
- Other documentation, upon Division of Developmental Disabilities review.

By signing the attached EVV Live-In Caregiver Attestation Form, the PSW certifies that the information provided is true and accurate. A PSW is an individual care provider who provides care to a customer under a state Medicaid program. A PSW resides on the customer's premises seven days per week and the customer's premises for five days per week. A PSW resides on the customer's premises for five days per week and the customer's premises for five days per week. This form is to be used for termination of a PSW's EVV Live-In Caregiver Exemption when the customer and customer no longer meet the requirements for the EVV Live-In Caregiver Exemption.

Please note that falsifying or misrepresenting information on this form could result in termination of enrollment from the applicable program (FMS) and/or the case could be turned over to the Illinois State Police for investigation for fraud. Additionally, the customer could lose their right to self-direct services and be required to use Agency-Based PSW services.

As stated above, please note that this form is to be used for termination of a PSW's EVV Live-In Caregiver Exemption when the customer and customer no longer meet the requirements for the EVV Live-In Caregiver Exemption.

IL402-1450 (R-11-23) EVV Live-In Caregiver Attestation Form
Printed by the Authority of the State of Illinois

Customer and Personal Support Worker (PSW) Information:

Customer Name:	
Customer Recipient Identification Number (Medicaid Number):	
PSW Name:	
Last Four Digits of PSW Social Security Number (SSN):	
Shared Address:	

Provider Agency/Financial Management Services (FMS) Vendor Information:

Provider Agency / FMS Vendor Name:	
Medicaid Provider ID:	

To be eligible for IDHS-DDD's EVV Live-In Caregiver exemption, a direct caregiver must meet either of the definitions as set forth in the U.S. Department of Labor (EOP Sheet #79B) Live-In Domestic Service Workers Under the Fair Labor Standards Act. Please select the status below that applies to the direct caregiver:

I declare that I am an individual care provider receiving payments under a qualifying state Medicaid program as defined in [IS notice 2014-7](#) for care I provide to a customer living in the PSW's home.

Live-In Permanently: I permanently reside on the same premises as the customer to whom I provide services by living, working, and sleeping on the premises seven days per week, and I have no home of my own.

Live-In for Extended Periods of Time: I reside on the same premises as the customer to whom I provide services for an extended period of time by living, working, and sleeping on the premises for at least five days (120 hours) per week, OR I spend less than 120 hours per week working and sleeping on premises, but I consistently spend five consecutive days or nights residing on premises.

Termination: I am terminating my Live-In Caregiver Exemption because the living arrangement between myself and the customer no longer meets the Live-In Caregiver definition.

By signing this document, I attest that, to the best of my knowledge, the information on this form is true and accurate. I understand that falsifying information may result in disenrollment from the applicable program, termination of PSW employment, and recoupment of PSW payments and/or the case could be turned over to the Illinois State Police Medicaid Fraud Control Unit (SPMFCU) to further investigate for fraud. Additionally, the customer could lose their right to self-direct services and be required to use Agency-Based PSW services.

Once this form is completed, signed and dated, submit it to your PSW Agency/ACES\$ for processing and approval.

SIGNATURES		DATES	
PSW:		Date:	
Employer of Record (EOR):		Date:	
		Effective Date:	

FOR OFFICIAL USE ONLY: _____ Page 2 of 2

IL402-1450 (R-11-23) EVV Live-In Caregiver Attestation Form
Printed by the Authority of the State of Illinois -0- copies

- The EVV Live-in Caregiver Attestation managed by ACES\$ through collection of the signed form and supporting documents and reviewed annually.
- A PSW funded through IDHS-DDD's waiver must use CareAttend unless an approved Live-in Caregiver Attestation form is on file, in order to meet federal and state requirements.
- Training is always available on the ACES\$ website for SDAs, PSWs, and EORs under Illinois, EVV Resources.

Live-In Caregiver Attestation Form

How to Complete the Form

Consumer and Personal Support Worker (PSW) Information

Customer and Personal Support Worker (PSW) Information:	
Customer Name:	REQUIRED - Consumer Name
Customer Recipient Identification Number (Medicaid Number):	Consumer's Medicaid Number, if known. If not, leave blank.
PSW Name	REQUIRED
Last Four Digits of PSW Social Security Number (SSN)	REQUIRED
Shared Address:	REQUIRED

Required fields include:

- Consumer Name
- Consumer's Medicaid Number
- PSW Name
- Last 4 digits of PSW SSN
- Shared Address – **Must Match**

Live-In Caregiver Attestation Form

How to Complete the Form

Provider Agency/Financial Management Services (FMS) Vendor Information	
Provider Agency / FMS Vendor Name:	ACES\$, Can leave blank
Medicaid Provider ID:	This is ACES\$'s information. NPI # 1659601979

Provider Agency/ FMS Vendor Name:

Can read as ACES\$ or ACES\$ Financial Management Services OR this can be left blank.

Medicaid Provider ID:

This is ACES\$'s information (as listed above) or this can be left blank.

Live-In Caregiver Attestation Form

How to Complete the Form

Live-in Caregiver Checkboxes

Four Checkbox Options - Only **ONE** box must be checked

- **Box 1** – Consumer lives in the PSW’s home.
- **Box 2** – PSW lives in the Consumer’s home.
- **Box 3** – PSW spends more than 120 hours or 5 days living, working, and sleeping on the premises. Please note must have proof of share address.
- **Box 4** – PSW and Consumer no longer live together. This terminates the Live-in Caregiver Exemption.

I declare that I am an individual care provider receiving payments under a qualifying state plan defined in [IRS notice 2014-7](#) for care I provide to a customer living in the PSW's home

Live-In Permanently: I permanently reside on the same premises as the customer to whom I provide care, living, working, and sleeping on the premises seven days per week, and I have no home elsewhere.

Live-In for Extended Periods of Time: I reside on the same premises as the customer to whom I provide care for an extended period of time by living, working, and sleeping on the premises for at least 120 hours or 5 days per week, **OR** I spend less than 120 hours per week working and sleeping on premises, but for more than 90 consecutive days or nights residing on premises.

Live-In Caregiver Attestation Form

How to Complete the Form

By signing this document, I attest that, to the best of my knowledge, the information on this form is true and accurate. I understand that falsifying information may result in disenrollment from the applicable program, termination of PSW employment, suspension of PSW payments and/or the case could be turned over to the Illinois State Police Medicaid Fraud Control Unit (MFCU) to further investigate for fraud. Additionally, the customer could lose their right to self-direct services and be required to use Agency-Based PSW services.

Once this form is completed, signed and dated, submit it to your PSW Agency/ACES\$ for processing and approval.

Signatures and Dates:

SIGNATURES	DATES
PSW:	Date:
Employer of Record (EOR):	Date:
FOR OFFICIAL USE ONLY:	Effective Date:

Signature and Date is required for approval by the PSW and EOR



Required Live-in Caregiver Exemption Documentation



The form must include **two approved documents**:

- A document showing the **PSW address**
- A document showing the **Consumer address**

*** Must be a shared address**

Requirements:

- Documents must be **within the last 3 months**
- Documents must not be **expired**

Live-in Caregiver Exemption Final Checklist



Before submitting, make sure:

- ✓ All fields are completed
- ✓ One checkbox is selected
- ✓ Two supporting documents are attached
- ✓ Documents are within **3 months**
- ✓ Documents are **not expired**



CANTS Background



Key Terms & Roles

CANTS

Stands for the **Child Abuse and Neglect Tracking System**. It is a confidential registry that tracks reports of suspected child abuse or neglect and the outcomes of those investigations.

DCFS

Department of Children and Family Services (DCFS) - the state agency responsible for child welfare and protection. DCFS maintains and operates CANTS.

ACES\$ Financial Management Services

Fiscal Agent - Maintains results of background checks for hired PSWs.

ACES\$ is *not* the Employer of the PSW.

CANTS Background

DHS DDD mandates that all PSWs in the Home-Based Services Waiver program must have a CANTS background check before employment and annually thereafter

Additional Illinois backgrounds run annually

- Dept of Public Health
- Health Care Worker Registry
- State Police Offender Registry
- Health and Family Service Office of Inspector General Providers Sanctions



CANTS Background

Annual



PSWs will receive an email the week before their *annual month due date* from DCFS.CFS689BackgroundsCheck@illinois.gov



From: Dcfs.CFS689BackgroundCheck@illinois.gov <Dcfs.CFS689BackgroundCheck@illinois.gov>
Sent: Wednesday, November 5, 2025 8:02 AM
To: PSW Name <youreemail@gmail.com>
Subject: Account Creation and Authorization Required for a DCFS Background Check, requested by ACES\$.

Helpful Tips:



- Ensure ACES\$ has your updated email address
 - Visit ACES\$ Online at login.mycil.org to update your info
- Stay alert for emails from ACES\$ and the Department of Children and Family Services
 - Check your spam/junk folders


CANTS Background

Annual



How to Download the EVV CareAttend App

ACES\$ Illinois MyCIL.org
EVV CareAttend App: How to Download



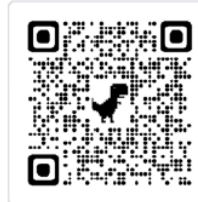

Download the CareAttend Electronic Visit Verification (EVV) Mobile App

CareAttend is a free app published by CellTrak. It is compatible with a wide range of Apple and Android devices.

To Get the CareAttend App

Step 1: Open your device's Camera app and use the camera to view the appropriate QR code for your device.
Step 2: Wait with the code in your camera's field of view until a link appears.
Step 3: Tap the link to open the CareAttend page in your device's app store.

Download for Apple Devices **Download for Android Devices**



To Get the CareAttend App Without Using a QR Code

Step 1: Open your device's app store
Step 2: Search for CareAttend
Step 3: Tap Get or Install to download the app to your mobile device

ACES\$ Illinois
www.mycil.org • 1-877-223-7781 • SupportIL@mycil.org

EVV CareAttend App - How to Register

ACES\$ Illinois
www.mycil.org • 1-877-223-7781 • SupportIL@mycil.org

ACES\$ Illinois
EVV CareAttend App: How to Register

MyCIL.org



CareAttend Registration

Step 1. Open the CareAttend App

Step 2. Tap Sign In to begin the registration process.

Step 3. Choose ACES\$ as the sign-in method. Tap Next.

Step 4. An ACES\$ Online login screen appears. Log in to ACES\$ Online using your existing email address and password.

After entering your credentials, CareAttend continues with its setup process. *This is the only time you need to log in using your ACES\$ Online credentials.*

For future convenience, the next step is to **create a six-digit passcode** for unlocking the App.

If your device supports fingerprint or face unlocking, it can be enabled now or later in settings.

Step 5. Enable permissions:

- **Location Services (required)** to record the location of services provided.
- **Motion Access (optional)** to save battery. This may be declined.

Once the permissions are granted, CareAttend one-time registration is complete!

Quick Tips


ACES\$ Online
Before registering the CareAttend App, you must have registered in the ACES\$ Online portal. If you do not have an ACES\$ Online account, create one by going to login.Mycil.org
(Please see *How to Register for ACES\$ Online Portal User Guide.*)

GPS
CellTrak uses GPS to determine location for Electronic Visit Verification. This info is captured only at the times of clock in and clock out.
GPS must be enabled for EVV compliance.




Detailed Instructions
For more detailed instructions, visit www.mycil.org/resources/il-evv



Roles, Responsibilities and Timesheet Quick Tips



ACES\$ Illinois Roles, Responsibilities & Timesheet Quick Tips

Roles and Responsibilities


	EMPLOYEE	EMPLOYER
CareAttend EVV Mobile App	Downloads and registers the CareAttend app to their device Clocks in/out for each shift in the CareAttend app	Approves shifts in the CareAttend app at the end of the shift
EVV-IVR (Interactive Voice Response) EVV using landline phone	Calls the EVV-IVR phone number to clock in/out from the Consumer's registered landline phone	
ACES\$ Online Portal	Edits shifts when necessary Submits/edits shifts for EOR approval Self-rejects shifts if needed	Approves/rejects shifts in the ACES\$ Online portal

Timesheet Quick Tips

Timesheet Creation
At the end of a pay period, all accepted Electronic Visit Verification (EVV) shifts convert to an electronic timesheet.

Timesheet Payment Status
If the timesheet is approved to be paid, the timesheet status is POSTED. Upcoming payroll information is visible on the ACES\$ Online portal dashboard.

Timesheet Errors and Corrections
If there is an issue or error within the timesheet, the status is KICKOUT. The Employee edits shifts per the Employer's direction in ACES\$ Online under *Edit EVV Shifts*. Once edits are complete, the Employee submits to the Employer for approval. The Employer can approve or reject the shifts in ACES\$ Online under *Pending EVV Visits*.



ACES\$ Illinois
www.mycil.org • 1-877-223-7781 • SupportIL@mycil.org

ACCESS Online Features



ACES\$ Online Exemption Expiration

Desktop view:

IL Live-In Exemption Expirations
Be sure to reapply for the Live-In Exemption before it expires to avoid mandatory EVV-compliance.
Without a valid EVV Live-In Exemption, all shifts entered directly into ACES\$ Online will be exceptions.

To reapply, click [HERE](#)

PSW/Consumer	Valid Dates
Lucy Flower / B111	5/16/2025 - 5/15/2026
Lucy Flower / B111	10/16/2024 - 10/15/2025

IL Live-In Exemption Expirations
Be sure to reapply for the Live-In Exemption before it expires to avoid mandatory EW-compliance.
Without a valid EW Live-In Exemption, all shifts entered directly into ACES\$ Online will be exceptions.

To reapply, click [HERE](#)

PSW/Consumer	Valid Dates
Lucy Flower / B111	2/1/2025 - 1/31/2026
Lucy Flower / B111	7/16/2024 - 7/15/2025
Lucy Flower / A123	2/7/2025 - 2/6/2026

Since Lucy only has one POR app on file for consumer A123, only the one line will appear in the grid.

- The PSW/Employer View displays the PSW's name and Consumer Code, along with POR expiration dates.
- Entries are grouped by PSW name and Consumer Code and sorted by POR expiration date (ascending).
- If a consumer has multiple PSWs, each PSW appears as a separate entry.
- Each PSW–Consumer pair will show up to the two most recent POR expiration dates.

ACES\$ Online Dashboard

Welcome, Virginia Henderson

Personal Support Worker for Department of Human Services
Your CANTS form expires on 5/31/2026. This form must be completed annually to avoid interruption in your payroll.

Username: vhenderson@example.com
IVR User ID: 123456

[Change Password](#) | [My Account](#) | [Log Out](#)

Text Size: [A](#) | [A](#) | [A](#)

Payroll Information

Client Name	Pay Period	Service Type	Check Date	Check Amount	Method
Washington, Booker	9/16/2025 - 9/30/2025	Attendant Services	10/10/2025	\$1,383.38	Direct Deposit
Washington, Booker	9/1/2025 - 9/15/2025	Attendant Services	9/26/2025	\$1,388.80	Direct Deposit
Washington, Booker	8/16/2025 - 8/31/2025	Attendant Services	9/12/2025	\$1,383.38	Direct Deposit
Washington, Booker	8/1/2025 - 8/15/2025	Attendant Services	8/29/2025	\$1,388.80	Direct Deposit

Paid Leave Information

Employer Name	PL Balance	PL Used Hours
Washington, Booker	40	0

Paystubs

Are you a worker applying for a loan or need verification of income? Workers can view and download pay stubs by selecting Pay Stubs in the left side menu. As a reminder, ACES\$ is not the employer. Employment verification or questionnaires should be completed by the employer.

View Pay Stubs
View and search Personal Support Worker pay stubs.

Payment Status
View Payment Status.

Time Entry
Manage Time Entry.

Manage Paid Leave
Manage Paid Leave.

From the dashboard users can review:

- Payroll and paystub information
- Payment status
- Paid Leave

PSW Pay Stub Report

Filters & Search


Enter Search Criteria:

Consumer:

Personal Support Worker:

Year:

Pay Period:




Personal Support Worker Pay Stub Report

Personal Support Worker ID:	99999ABDCDE	Check No.:	1827498
Personal Support Worker Name:	Henderson, Virginia	Period End:	9/30/2025

Earnings	Rate	Hours	Curr. Amount	Code	YTD Amount
Full Exemption	\$21.70	63.75	\$1,383.38	Wages 6	\$21,183.37

Taxes	Current Amount	Deduction Code	Current Amount

Current Totals	
Earnings	\$1,383.38
Deductions	\$0.00
Taxes	\$0.00



Paid Leave



Paid Leave for All Workers Act

What is Paid Leave(PL)?

The State of Illinois approved the Paid Leave Program for employees beginning January 1, 2024.



Paid Leave: Accruals and Maximums

- Employees (PSWs) accrue **one** (1) hour of Paid Leave for every 40 hours worked.
 - Hours worked can be regular hours or Crisis services.
 - Hours can be spread across multiple pay periods.
- A maximum of 40 hours can be **accrued** in a fiscal year.
 - The fiscal year is always July 1st – June 30th.
- An employee (PSW) begins accruing on their first day of employment, and they are eligible to use Paid Leave starting at the 90-day mark.
- A maximum of 40 hours can be **used** in a fiscal year.
- Paid Leave rolls over, but the 40 hours in a fiscal year **limit** applies regardless of when time is accrued.

Paid Leave 90-Day Timeframe

- All PSWs are eligible to use PL after 90 day of Employment.
- All Employers must comply with Paid Leave requirements.

When can PSWs use PL?

PSWs can use their PL any time after the initial 90 days of employment.



When Paid Leave Should and Should Not Be Used

How Paid Leave should be used:

- PSWs can use PL for any reason. (sick, appointment, vacation, etc.)
- The PSW is not required to provide the employer with a reason for the leave.

Paid Leave should NOT be used:

- When the PSW did work.
- To pay out ahead of time.

The employer cannot approve time before it is accrued.



Consumer Care at ACES\$

What does the ACES\$ Consumer Care Department do?

- The Consumer Care Department is responsible for answering questions and resolving issues.
- If you need help with something and aren't sure who to turn to, our Consumer Care Specialists can guide you!
- The Consumer Care Department answers incoming calls to our toll-free number (877-223-7781) and emails sent to Support@mycil.org.

Frequently Asked Questions

- Did you receive my timesheet?
- How do I set up direct deposit or change the account I'm using for direct deposit?
- I'm the Employer of Record. What account type do I select when registering in ACES\$ Online?
- I submitted a timesheet late. When will I receive payment?
- What is overtime and who is exempt from overtime?
- Why do I not have incoming taxes withheld from my checks?
- How do I update my address or other contact information?

Helpful tips and best practices



- If approved for the EVV Live-in Caregiver Exemption, use ACES\$ Online to submit time.
- Submit time to ACES\$ before the due date.
- If approved for paper timesheets, send timesheets only to the fax number or email address printed on the timesheet. Avoid sending duplicate copies.
- Use ACES\$ Online to confirm if a timesheet was received and processed.
- Use ACES\$ Online to obtain copies of paycheck stubs and view Paid Leave balances.
- If a new Service Authorization was submitted to increase the monthly PSW budget, wait until the budget amount for the month has updated in ACES\$ Online before submitting the extra hours for the month.
- Remember that ACES\$ is not the Employer of Record for the Personal Support Worker.

Questions?



We can be **independent** when we do it **together**.

www.mycil.org

Thank You!

Providing Participant-directed FMS Since 1995

