Bridge User Guide

Post Eligibility Treatment of Income (PETI)

Version 6.0

July 2019

COLORADO
Department of Health Care
Policy & Financing

HCPF

The Bridge, CBMS, and the Colorado interChange: An Overview

This module addresses a specific task or process regarding electronic Prior Authorization creation and maintenance. Below is an overview of the various systems and interfaces that work together to support the work of Prior Authorization creation, approval, and maintenance, as well as claims payment.

The Colorado interChange and the CBMS

The Colorado interChange is the claims payment system for the Department of Health Care Policy & Financing. It is sometimes referred to as the Medicaid Management Information System (MMIS). The Colorado interChange is maintained by our fiscal agent, DXC Technology (DXC). The Colorado interChange also manages provider enrollment to Health First Colorado (Colorado's Medicaid Program) and Child Health Plans Plus (CHP+). The Colorado interChange also contains member eligibility information which is uploaded nightly from the Colorado Benefits Management System (CBMS).

Prior Authorizations and the Prior Authorization Subsystem of interChange

A finalized Prior Authorization Request (PAR) in the Colorado interChange is required for services billed by qualified Home and Community Based Services (HCBS) providers to be paid. All finalized PARs are stored in the Prior Authorization subsystem of the Colorado interChange. Finalized PARs in the Prior Authorization subsystem have Colorado interChange PAR numbers and serve as the PAR of record when claims are billed. Members must have continuous eligibility during the certification span of the Prior Authorization for claims to pay.

The Bridge

The Bridge is the case management interface where HCBS PARs are initiated and transmitted into the Prior Authorization Subsystem. The Bridge is also where aspects of members' service plans and other data related to members' HCBS are maintained. Designed and maintained by DXC, it is a subsystem of the Colorado interChange. The Bridge reflects the eligibility information maintained in the interChange. The Bridge pushes information to the Prior Authorization Subsystem nightly. Discrepancies between the information reflected in each system could cause claim denials. The information in the Prior Authorization Subsystem dictates whether a claim pays or denies.

Helpful Contact Information

<table>
<tr><th colspan="2">Case Management Contacts</th></tr>
<tr><th>Contact</th><th>Reason</th></tr>
<tr><td>HCPF_BPA-CBMS-Mismatch@state.co.us</td><td>Correction of eligibility-related issues preventing PAR processing. Include all relevant CBMS Screenshots.</td></tr>
<tr><td>ccmhelpdesk@dxc.com</td><td>First Point of contact for systems bugs and barriers to PAR processing not related to member ineligibility. Only for use by case managers. Allow five business days for a response from DXC before emailing again. Should resolution not be reached, contact joanne.svenningsen@state.co.us. Include the Contact Tracking Number (CTN) with all communications.</td></tr>
<tr><td>commit_helpdesk@dxc.com</td><td>Bridge Password resets and Bridge login errors.</td></tr>
<tr><td>lthhpars@hcpf.state.co.us</td><td>All Long-Term Home Health PARs, including revisions.</td></tr>
<tr><td>HCPF_OCLSystemApplications@state.co.us</td><td>Activate/Revoke Bridge access for case managers.</td></tr>
<tr><td colspan="2">All contacts above are for case managers only – DO NOT share with providers.
Inquiries to these contacts from providers will go unanswered.
Providers must contact the DXC call center at 1-844-235-2387</td></tr>
</table>

PETI (Post Eligibility Treatment of Income):

Purpose/Summary:

The PETI (Post Eligibility Treatment of Income) Worksheet panel in the Bridge is designed to calculate the member's portion of the payment as well as the amount Medicaid will pay for Alternative Care Facility (T2031) and Supported Living Program (T2033) services. The user can print this form if needed. The PETI worksheet is currently necessary for members receiving care in an Alternative Care Facility (T2031) and enrolled in the Elderly Blind and Disabled (EBD) or Community Mental Health Supports (CMHS) waivers, as well as members receiving the Supported Living Program (T2033) service on the Brain Injury (BI) waiver.

Table of Contents:

The Bridge Instructions:

Section 1 – PETI Process Flow:

Here is an example of a Decision Tree that case managers can use to determine if a PETI Worksheet must be completed/revised.

PETI Process Flowchart (New and Revised PARs)

Is Member enrolled in EBD or CMHS waiver and requires ACF (T2031) service or enrolled in BI waiver and requires SLP (T2033) service?

No → PETI worksheet not required. Create PPA, select 'Save', select 'Check Limits', and select 'Submit'.

Yes → Create PETI worksheet, select 'Calculate' and select 'Save'.

Create PPA line item, verify the PETI rate loaded correctly from PETI worksheet, select 'Save', select 'Check Limits' and select 'Submit'.

Any change in member's Income or services (PPA) required?

No → No action required.

Yes → Revise PETI worksheet to update the end date (Old PETI worksheet). Click 'Save'. Add a new PETI worksheet for the remaining time span. Select 'Calculate' and select 'Save'.

Repeat → Revise the existing PPA line item so the end date matches the end date of the old PETI worksheet. Create a new line item for the remaining time span to match the date span of the new PETI worksheet. Save PPA, select 'Check limits', and select 'Submit'.

Section 2 – How to Create a PETI Worksheet in the Bridge:

1. To begin, login to the Colorado Medicaid Program interChange.
2. Type in the **User name** and **Password** and click **Sign In**.
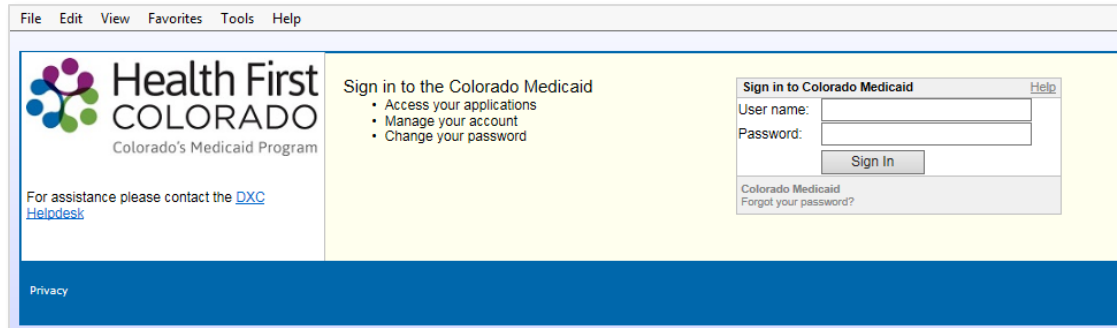
3. A list of applications that the user can select from appears.
4. Select '**Production InterChange**'. The screen will then navigate to the interChange application.

5. Once logged in, open the **Client Search** sub menu from **Bridge** by choosing:
   Main Menu → Bridge → Client Search.
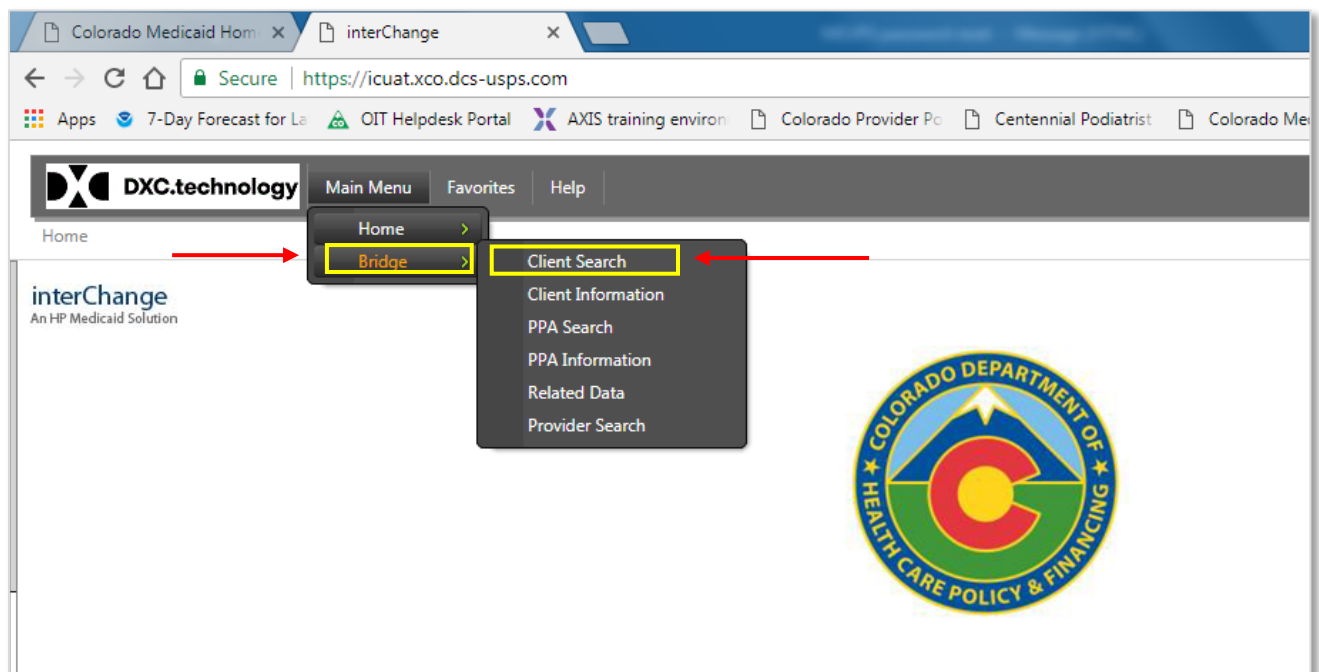
In the **Client Search** panel, Enter the desired **Client ID** and click **Search**.
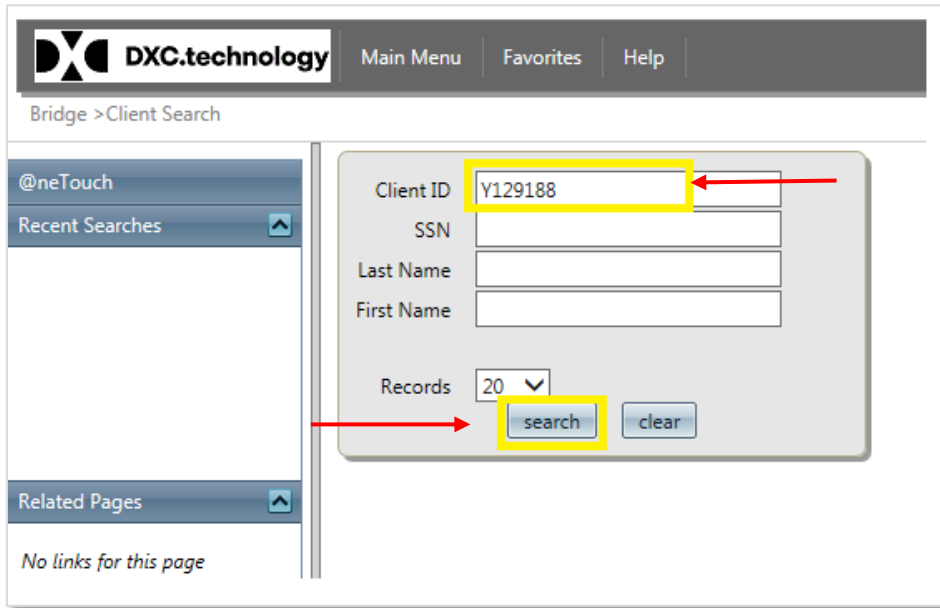
(Or) use the **Quick search** option along the left pane by selecting the **Client Information** submenu (**Main Menu → Bridge → Client Information**) as shown below.
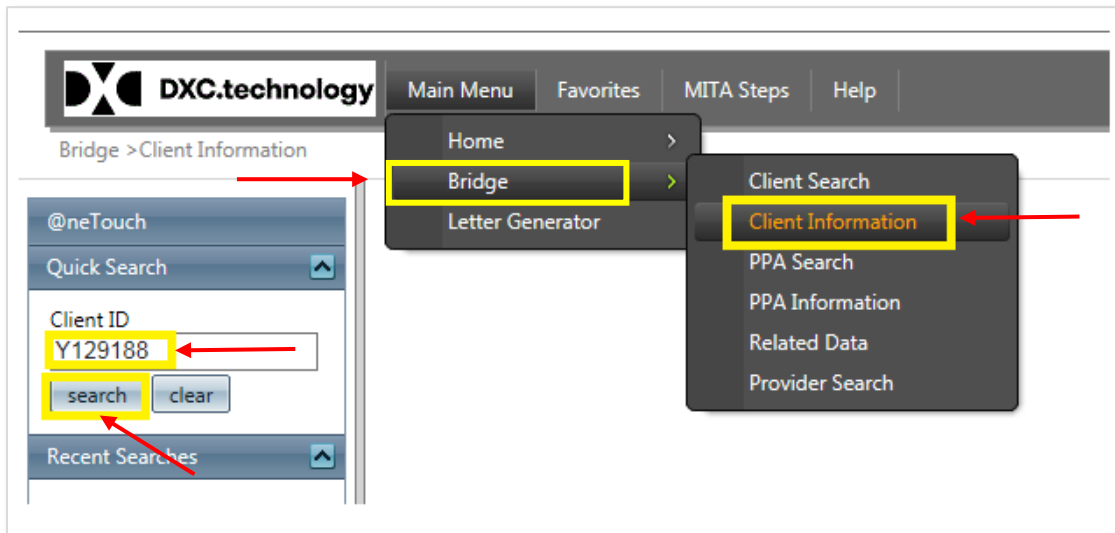
6. The **Client Information** panel will be displayed. Under the **Client Information** panel, the user will find panels that contain member information. The user will be able to enter and save information necessary to creating a PPA within the Bridge.

   Go to the **PETI** tab and click **Add** button in the bottom of the screen as shown below. If the PETI tab is not visible, please follow the instructions in step seven (7) to make the PETI tab visible.
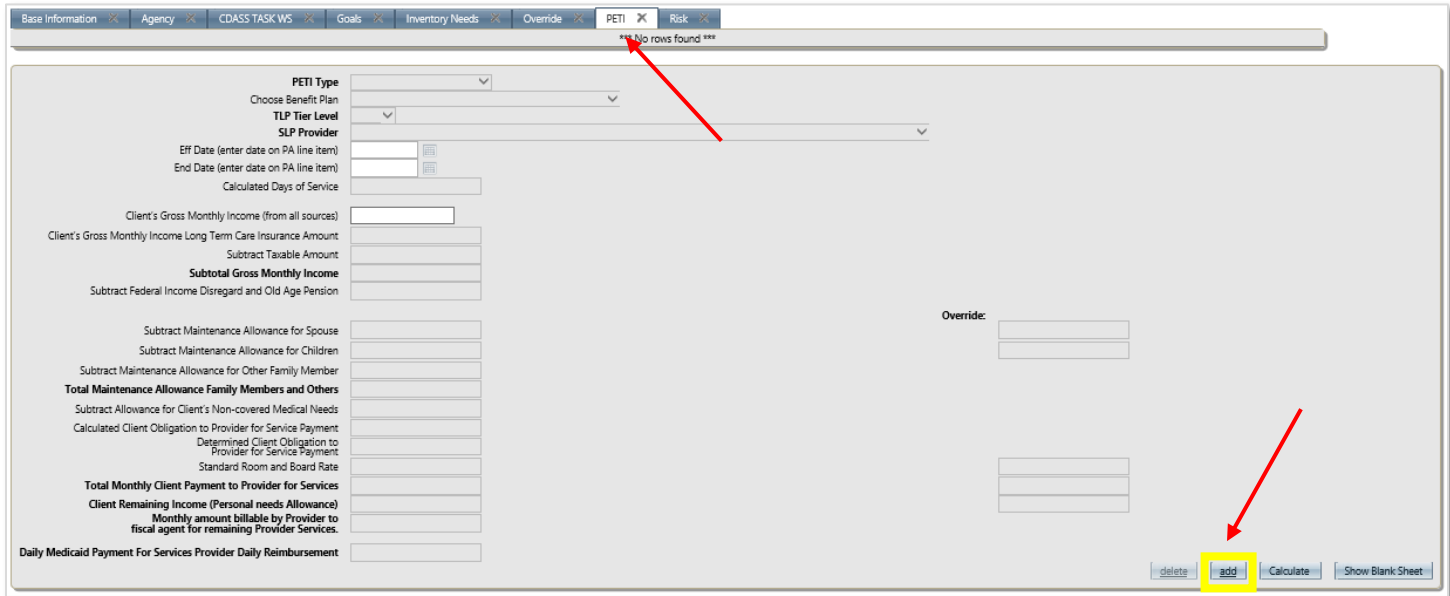
7. Optional Step (Follow this step if the PETI tab is not visible, skip this step otherwise):

   1. Select the **Open Tab** in the top utility ribbon.
   2. Hover over **Client**.
   3. Select **PETI**.
      a. Click on the word PETI to display the tab in the current session.
      b. The box will remain checked and the tab viewable in subsequent sessions, until the check is removed.
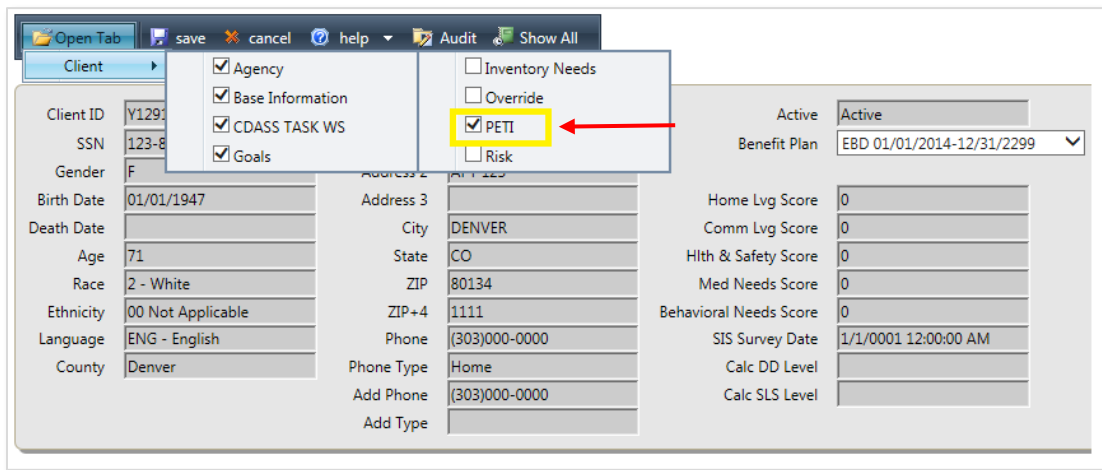
8. Once you click the **Add** button, a blank PETI sheet will be displayed. Select the PETI Type and choose the appropriate option from the choices (shown below).

   A. **Alternative Care Facility (ACF)** – Use only for members on the Elderly, Blind and Disabled (**EBD**) and Community Mental Health Supports (**CMHS**) waivers.
   B. **Supported Living Program (SLP)** – Use only for members on the Brain Injury (**BI**) waiver only.
   C. **Transitional Living Program (TLP)** – PETI has not yet been implemented for TLP. Please **do not use** this PETI type at this time.

A. For 'Alternative Care Facility (ACF)':

Select **Alternative Care Facility** as the **PETI Type** from the drop down.

Choose the appropriate benefit plan under **Choose Benefit Plan** from the following options.
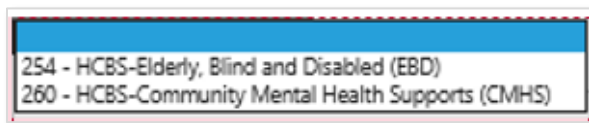
Enter the dates in **Eff Date** and **End Date** fields.

If the member has **Long Term Care Insurance**, that amount needs to be entered as well.

Then click **Calculate** button and then save by clicking the **SAVE** icon on at the top left of the menu bar.

After clicking **Calculate**, The Bridge will automatically populate the member's Gross Income from all sources, then will populate the **Calculated Days of Service**.

Note: The Case Manager has the option to modify the below fields as necessary.

1. Client's Gross Monthly Income (from all sources)
2. Client's Gross Monthly Income Long Term Care Insurance Amount
3. Subtract Maintenance Allowance for Other Family Member
4. Subtract Allowance for Client's Non-Covered Medical Needs
5. Overrides – To override any maintenance allowance for spouse and children in the respective fields.

The Case Manager must click **Calculate/Re-Calculate** again and click **SAVE** icon to save the PETI.

Now click on the **SAVE** icon at the top left of the menu bar.

The case manager can verify the PETI rates against the **ACF/SLP/TLP PETI Form** on the Department's **Provider Rates and Fee Schedule** website as shown below.
www.colorado.gov/hcpf/provider-rates-fee-schedule

B. For the 'Supported Living Program' (SLP):

Select the **Supported Living Program** as the **PETI Type** from the drop down.

Now select the appropriate **SLP Provider** based on the rate/date span period.

Enter the dates in the **Eff Date** and the **End Date** fields.

If the member has **Long Term Care Insurance**, that amount needs to be entered as well.

Then click **Calculate** button and save by clicking the **SAVE** icon at the top left of the menu bar.

After clicking **Calculate**, The Bridge will automatically populate the member's Gross Income from all sources, then populating the **Calculated Days of Service**.

Note: The Case Manager has the option to modify the below fields as necessary.

1. Client's Gross Monthly Income (from all sources)
2. Client's Gross Monthly Income Long Term Care Insurance Amount
3. Subtract Maintenance Allowance for Other Family Member
4. Subtract Allowance for Client's Non-Covered Medical Needs
5. Overrides - To override any maintenance allowance for spouse and children in the respective fields.

The Case Manager must click **Calculate/Re-Calculate** again and click **SAVE** to save the PETI.

Now click on the **SAVE** icon at the top left of the menu bar.

The case manager can verify the PETI rates against the **ACF/SLP/TLP PETI Form** on the Department's **Provider Rates and Fee Schedule** website as shown below.
www.colorado.gov/hcpf/provider-rates-fee-schedule

9. After clicking **SAVE**, the **Print** button will be enabled to print the PETI letter.

Then click on **Open** on the bottom of the screen to open the letter. Then print the letter to get the member's signature. All members must be notified of PETI obligations.
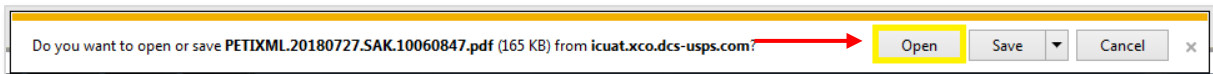
The template of the letter is shown below.

COLORADO
Department of Health Care
Policy & Financing
PO Box 30 Denver, CO 80202

Home and Community Based Services Alternative Care Facility
300% Special Income Post Eligibility Treatment of Income

Name:
Medicaid ID:
SSN:
DOB:
Gender:
County: Denver
Benefit Plan : HCBS-Brain Injury (BI)
PETI Type: Supported Living Program
TLP Tier Level:
PETI Start Date: 05/01/2019
PETI End Date: 04/30/2020

Case Management Agency: Developmental Pathways
Case Manager: Victoria Pierce
Case Manager Email: victoria.pierce@state.co.us
Case Manager Phone Number:

Gross Monthly Income (all sources):	$0.00
Gross Monthly Income Long Term Care Insurance Amount	$0.00
Taxable Amount	$0.00
Subtotal Gross Monthly Income	$0.00
Total Maintenance Allowance for Family Members and Others	$0.00
Non-Covered Medial Expenses:	$0.00

ACF/SLP/TLP Provider: A WILDFLOWER ASSISTED LIVING AND CARE HOME
Address: 9423 W 64TH AVE, ARVADA, CO-80004
Email: provider@provider.com
Phone #: 7206289092

Determined Client Obligation to Provider for Service Payment:	$0.00
Client Payment for Room & Board:	$695.00
Total Monthly Client Payment to provider for services:	$695.00
Client Personal Needs Amount:	$0.00

Monthly amount billable by Provider to fiscal agent for
remaining Provider Services: **$0.00**

Medicaid Payment for Services (Daily):   **$198.63**

I have reviewed the information included on this page and understand that the payments indicated here are due beginning
and the 1st of each following month I receive services. I agree to report immediately to my case manager changes of $50 or more
in income, expenses, or household makeup which affect my payment amount.

Client Signature: _____   Date: _____

Case Manager Signature: _____   Date: _____

Our mission is to improve health care access and outcomes for the people we serve while demonstrating
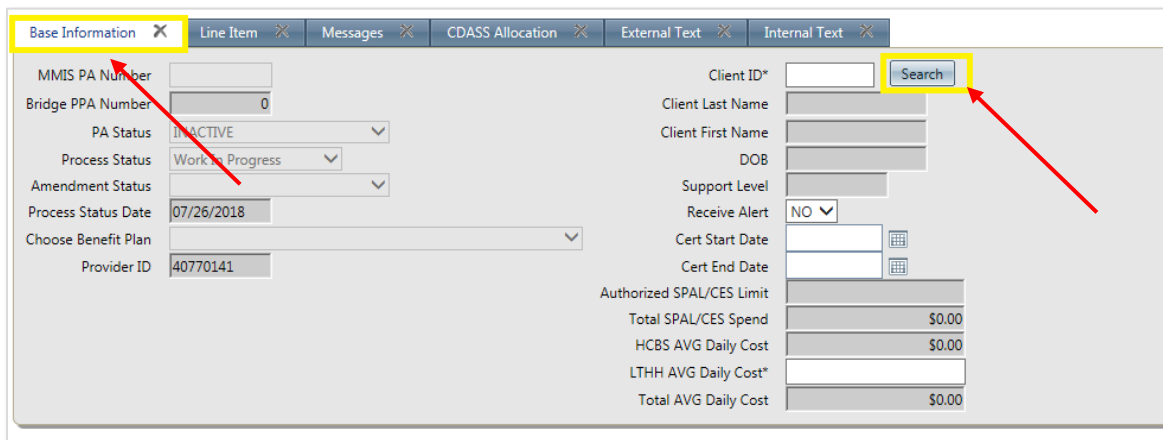sound stewardship of financial resources.
www.colorado.gov/hcpf

## Section 3 – How to Create a PPA in the Bridge:

1. To create a PPA with a ACF or SLP service, open the **PPA Information** sub menu from the **Bridge** by choosing **Main Menu → Bridge → PPA Information**.
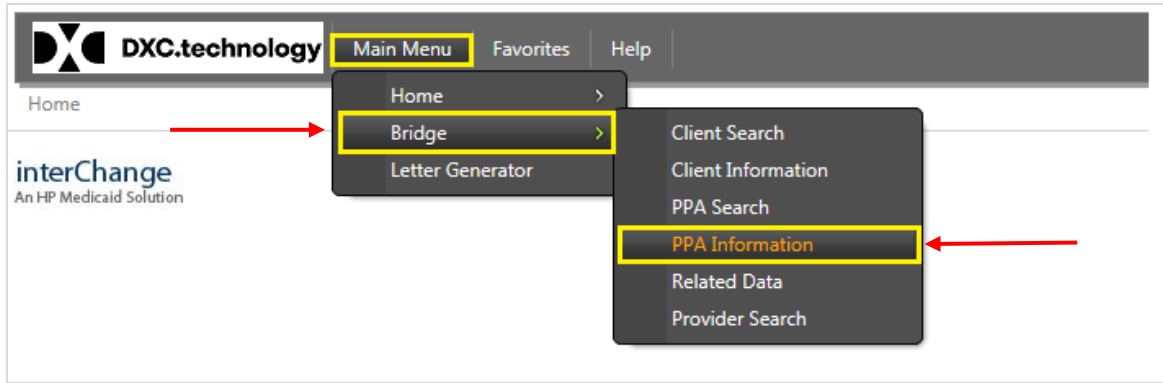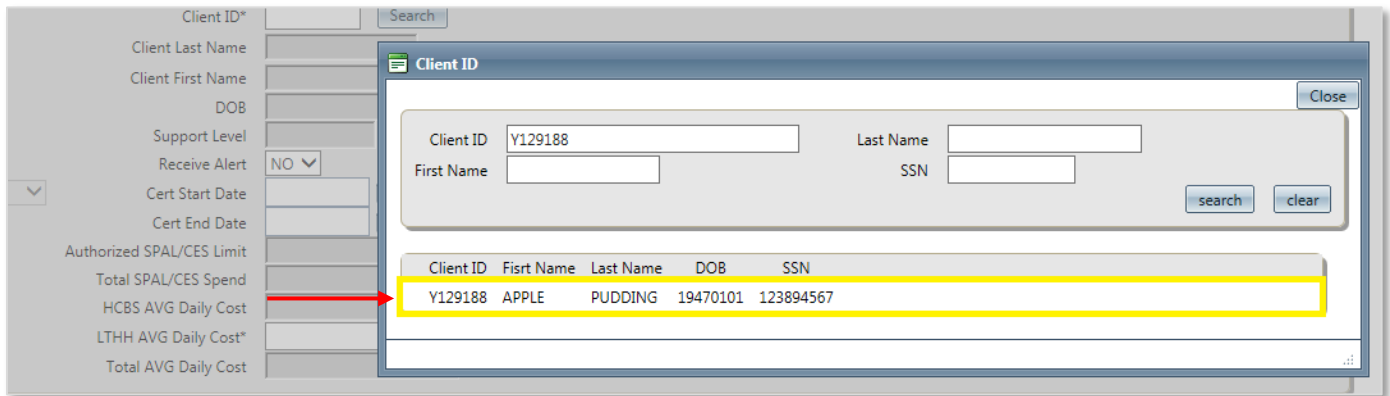

2. In the **Base Information** tab, click the **Search** button next to the **Client ID** as shown in the picture below.

3. Enter the **Client ID** or **SSN** or **Last Name/First Name** combination and click **Search** to search for the member.
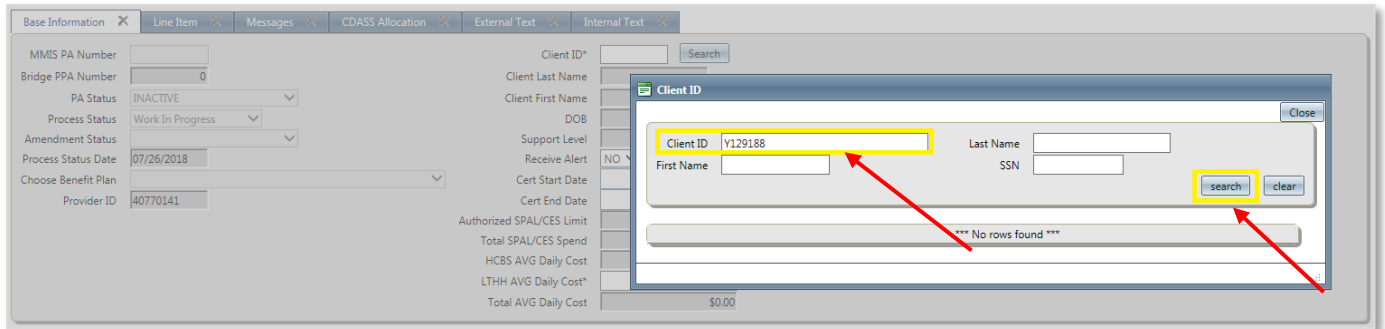
4. Click on the member record (as shown in the yellow box below). This will open the new PPA Information for the member.

5. Complete the below details in the **Base Information** tab and Click **Save** on top of the screen.

   a. Choose Benefit Plan
   b. Cert Start Date
   c. Cert End Date

Note: The case manager should ensure that the selected benefit plan from **Choose Benefit Plan** is same as that of the **Current Benefit Plan** given in the member's main panel. The case manager should verify that the **span** in the **Current Benefit Plan** covers the certification period of the PAR.

6. Once saved, the Bridge will populate a **Bridge PPA Number** as shown below.

7. Click on **Line Item** tab and then click **add** button at the end of the screen to start adding the service.

8. Choose the appropriate ACF or SLP service and procedure code. The Bridge automatically populates the **Units**, **Dollars**, **Eff Date** and **End Date** (based on member's latest PETI worksheet calculation).

   Select Applicable **Activities of Daily Living**, **Instrumental Activities of Daily Living** and **Goal**

   Now click **SAVE** icon to save the line item.

9. Click the **add** button at the bottom of the screen to add any additional services.

    Select Applicable **Activities of Daily Living**, **Instrumental Activities of Daily Living** and **Goal**.

    Now click **SAVE** icon to save the line item.

10. After saving the line items, click on **Check Limits** button.

11. Check the **Message Description** to see if there are any errors after doing **Check Limits**. Go to **Messages** tab to check the details and correct the errors as needed.

Note: If the daily cost for services exceeds the case manager's limit ($200), please have the agency supervisor submit the PPA. If the daily cost for services exceeds $285, a request must be submitted for an Over Cost Containment (OCC) review.

12. The **Submit PPA** button is enabled when there are no errors resulting from selecting the **Check Limits** button. Now click the **Submit PPA** button to submit.

The PPA will then be submitted to InterChange(IC) which if approved will be assigned a **MMIS PA Number** the next day.

Check the PPA status next day and ensure it is in **Approved** status and that a PAR number (**MMIS PA Number**) was generated. All providers must be notified of the approved PAR.

Section 4 – How to Revise a PETI Worksheet to Update the End Date:

1. Once logged in, open the **Client Search** sub menu from **Bridge** by choosing **Main Menu → Bridge → Client Search**.
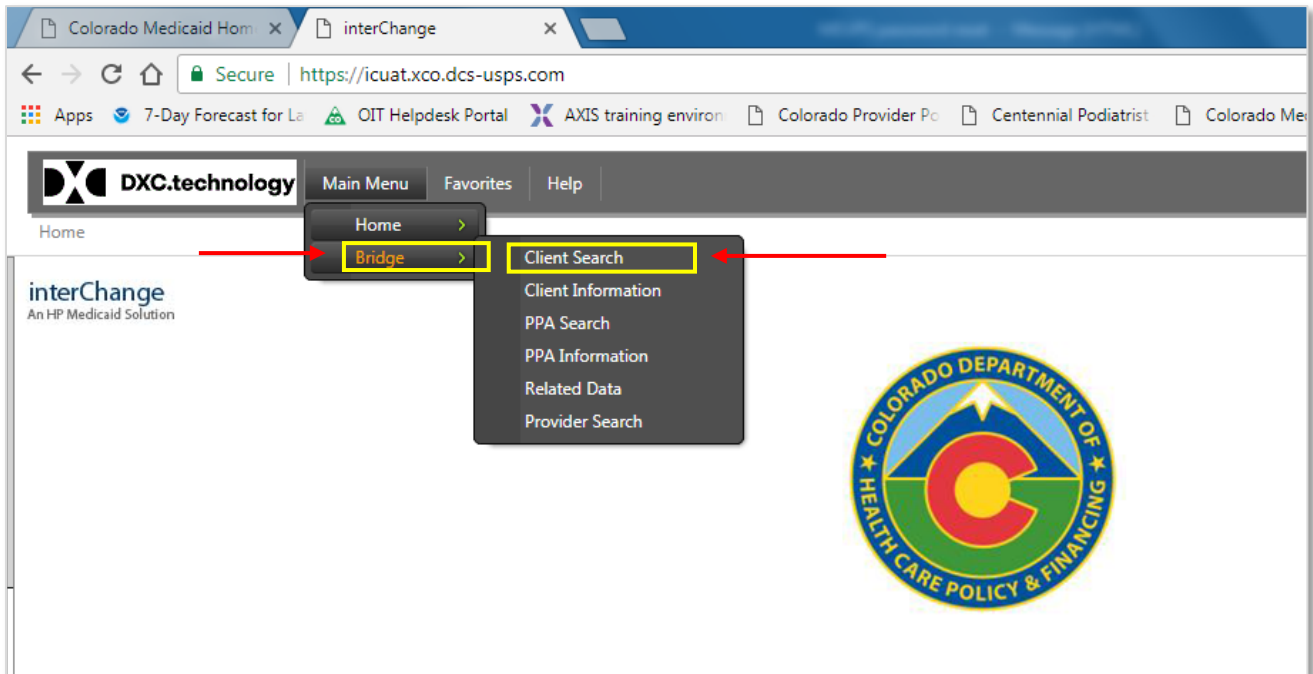
In the **Client Search** panel, Enter the desired **Client ID** and click **Search** button.
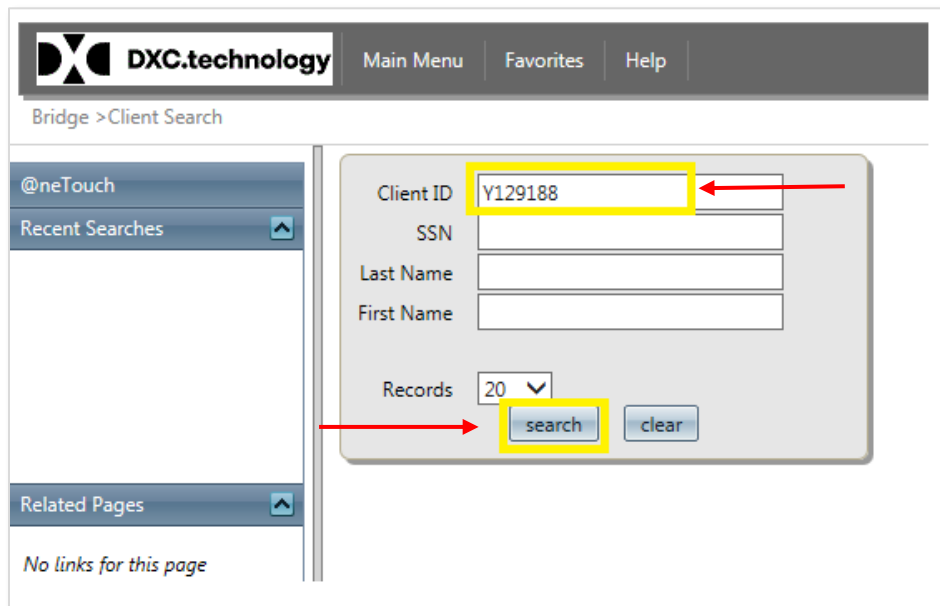
(Or) use the **Quick search** option along the left pane by selecting the **Client Information** submenu (**Main Menu → Bridge → Client Information**) as shown below.
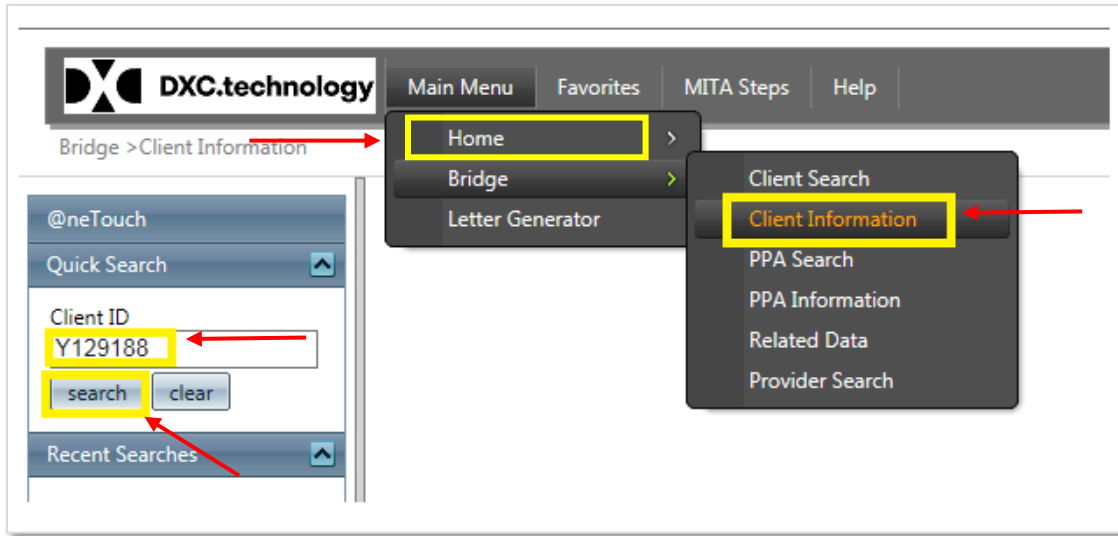
2. Go to the **PETI** tab and click on the PETI worksheet that needs revision. If the PETI tab is not visible, please follow the instructions in step three (3) to make the PETI tab visible.

Note: The PPA will always pull the rate from the latest PETI worksheet created, so it is advisable to end date the old PETI worksheet & PPA line item and create a new PETI worksheet & new line item for the remaining certification period.

The system will show the below warning message. Please click **OK** to continue.

3. Optional Step (Follow this step if the **PETI** tab is not visible, skip this step otherwise):

    1. Select the **Open Tab** in the top utility ribbon.
    2. Hover over **Client**.
    3. Select **PETI**.

        a. Click on the word PETI to display the tab in the current session.
        b. The box will remain checked and the tab viewable in subsequent sessions, until the check is removed.
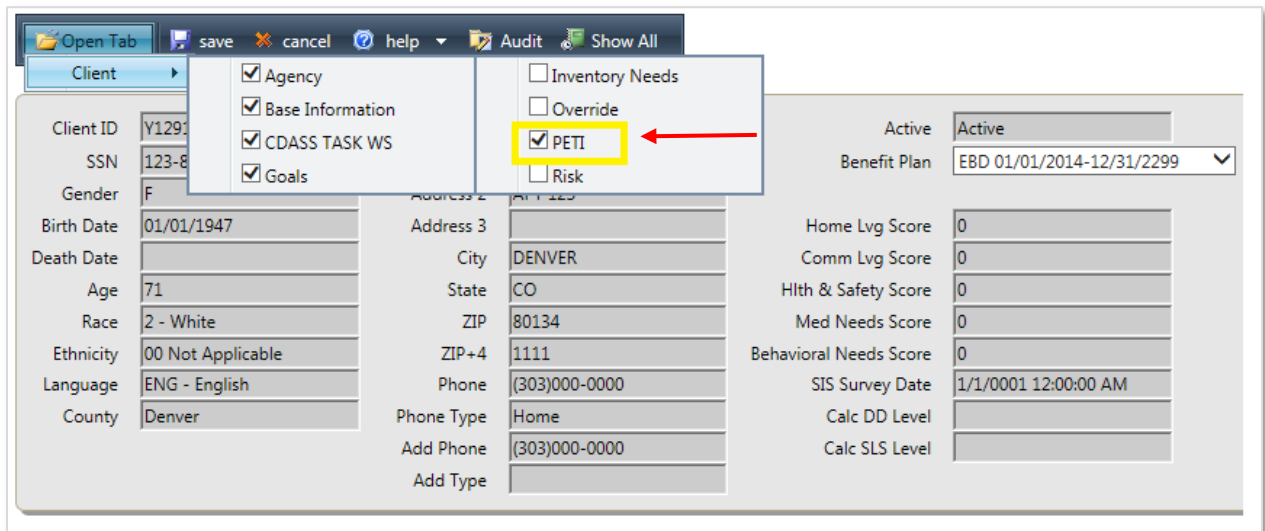
4. Once you select the PETI worksheet that needs to be revised, the details of the corresponding PETI sheet will be displayed in the bottom pane.

   End Date – The **End Date** should be revised to the new end date of PETI worksheet as required.

   Please note that only the **End Date** on the PETI worksheet can be changed. Verify there are no claims billed beyond the new end date on the corresponding PPA line.

   The Bridge will automatically populate the **Calculated Days of Service**. Then save by clicking the **SAVE** icon at the top left of the menu bar.

   Record the **End date** and **Calculated Days of Service** values so that they can be used while revising the corresponding PPA line item (Step seven in section five).

5. After clicking **SAVE**, click the **Print** button to print the PETI letter.

Then click on **Open** on the bottom of the screen to open the letter. Then print the letter to get the member's signature.

The template of the letter is shown below.

HCPF COLORADO
Department of Health Care
Policy & Financing
PO Box 30 Denver, CO 80202

Home and Community Based Services Alternative Care Facility
300% Special Income Post Eligibility Treatment of Income

Name:
Medicaid ID:
SSN:
DOB:
Gender:
County: Morgan
Benefit Plan – HCBS-Elderly, Blind and Disabled (EBD)
PETI Type: Alternative Care Facility
TLP Tier Level:
PETI Start Date: 06/01/2019
PETI End Date: 05/31/2020

Case Management Agency: Developmental Pathways
Case Manager: Victoria Pierce
Case Manager Email: victoria.pierce@state.co.us
Case Manager Phone Number:

Gross Monthly Income (all sources):	$0.00
Gross Monthly Income Long Term Care Insurance Amount	$0.00
Taxable Amount	$0.00
Subtotal Gross Monthly Income	$0.00
Total Maintenance Allowance for Family Members and Others	$0.00
Non-Covered Medial Expenses:	$0.00

ACF/SLP/TLP Provider:
Address:
Email:
Phone #:

Determined Client Obligation to Provider for Service Payment:	$0.00
Client Payment for Room & Board:	$695.00
Total Monthly Client Payment to provider for services:	$695.00
Client Personal Needs Amount:	$0.00

Monthly amount billable by Provider to fiscal agent for remaining Provider Services:	**$0.00**

Medicaid Payment for Services (Daily):	**$48.50**

I have reviewed the information included on this page and understand that the payments indicated here are due beginning and the 1st of each following month I receive services. I agree to report immediately to my case manager changes of $50 or more in income, expenses, or household makeup which affect my payment amount.

Client Signature: _____   Date: _____

Case Manager Signature: _____   Date:

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf

6. Now create a new PETI worksheet for the remainder of the certification period. Refer to section two of this guide for steps necessary to create a new PETI worksheet.

Section 5 – How to Revise a PPA to Update the End Date:

1. To revise a PPA with a ACF or SLP service, open the **PPA Search** sub menu from the **Bridge** by choosing **Main Menu → Bridge → PPA Search**.
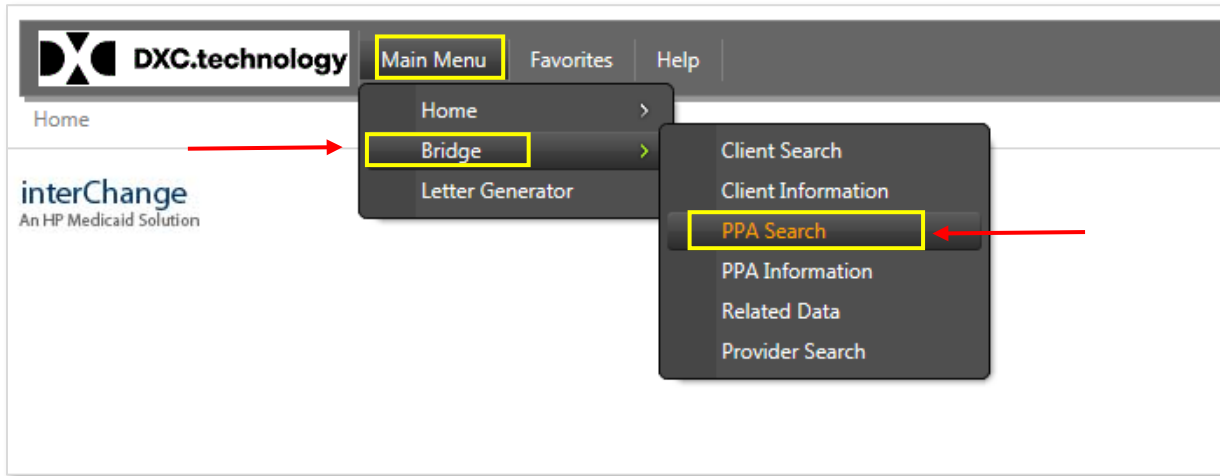
2. Enter the **Client ID** or **SSN** or **Last Name/First Name** combination and click **Search** button to search for the member.

3. Click on the PAR record (as shown in the yellow box below) that needs revision. This will open the **Pre-Prior Authorization Information** screen.

4. Select **Sync** button to synchronize updates from PA subsystem to the Bridge. This is a very crucial step that needs to be performed before revising the PPA to have the latest information for revision.

5. Revise the below details in the **Base Information** tab when required (For example, when the member enrolls into a different program or member passes away).

      a. Cert Start Date
      b. Cert End Date

6. Go to the **Line Item** tab, then click on the line that needs to be revised.

The system will show the below warning message. Please click **OK** to continue.

7. Update the **End Date** of the PPA line item. The **Units** are automatically calculated by the system based on the **Eff Date** and the **End Date.**

Confirm that the **End Date** and **Units** match the **End Date** and **Calculated Days of Service** recorded when the corresponding PETI worksheet was revised (Step four in section four).

8. **Optional:** For adding new additional service to the PPA, click **add** button at the end of the screen.

Select Applicable **Activities of Daily Living**, **Instrumental Activities of Daily Living** and **Goal**

Now click **SAVE** to save the line item.

9. After saving the changes in the PPA, click on **Check Limits** button.

10. Check the **Message Description** to see if there are any errors after doing **Check Limits**. Go to **Messages** tab to check the details and correct the errors as needed.

Note: If the daily cost for services exceeds the case manager's limit ($200), please have the agency supervisor submit the PPA. If the daily cost for services exceeds $285, a request must be submitted for an Over Cost Containment (OCC) review.

11. The **Submit PPA** button is enabled when there are no errors resulting from selecting the **Check Limits** button. Now click the **Submit PPA** button to submit.

The PPA will then be submitted to InterChange(IC) which will be approved the next day.

12. Now create a new PPA line item for the remainder of the certification period. Refer to section two of this guide for steps necessary to create a new PPA line item.

Section 6 – How to Delete a PETI Worksheet in the Bridge:

A PETI worksheet can be deleted only when a corresponding PPA line item does not exist. A case manager should delete any PETI worksheets that are not used by a PPA line item, such as duplicate worksheets or worksheets created in error.

1. Once logged in, open the **Client Search** sub menu from **Bridge** by choosing **Main Menu → Bridge → Client Search**.
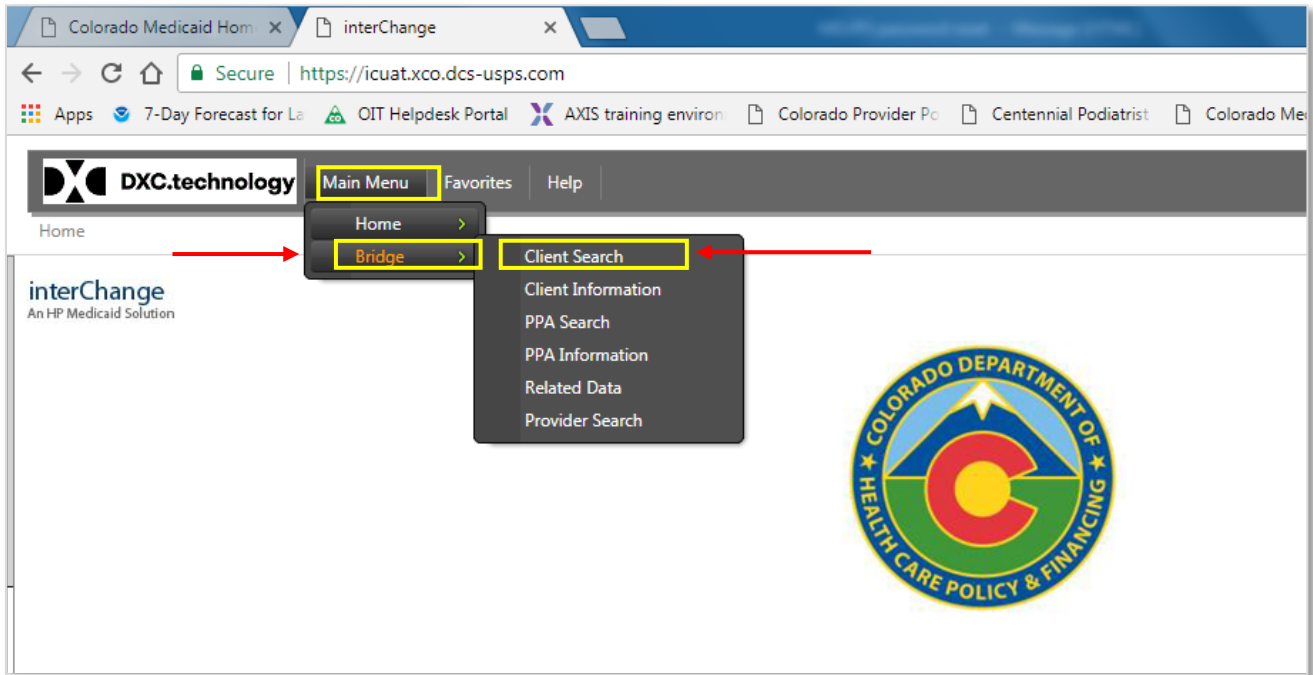
In the **Client Search** panel, Enter the desired **Client ID** and click **Search** button.
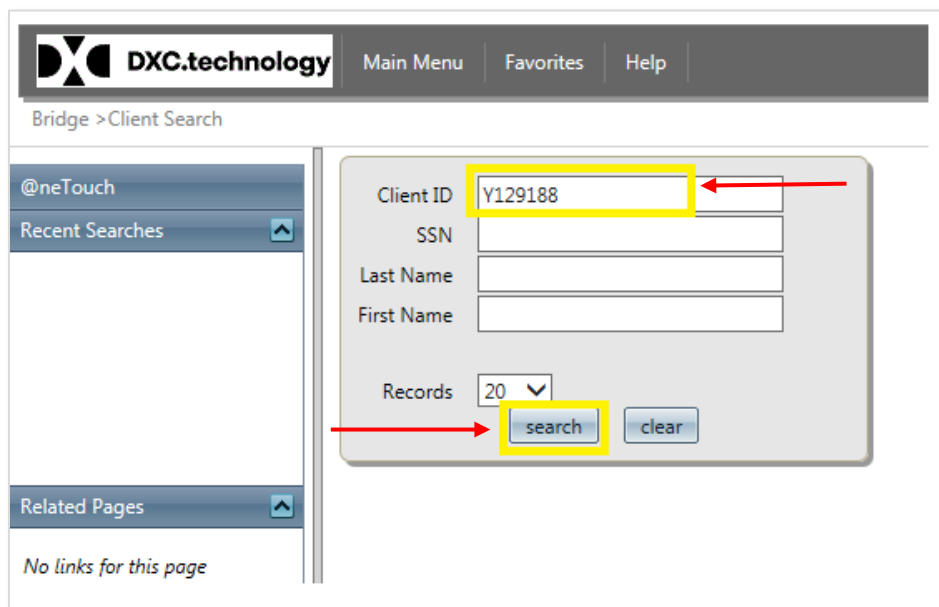
(Or) use the **Quick search** option along the left pane by selecting the **Client Information** submenu (**Main Menu → Bridge → Client Information**) as shown below.
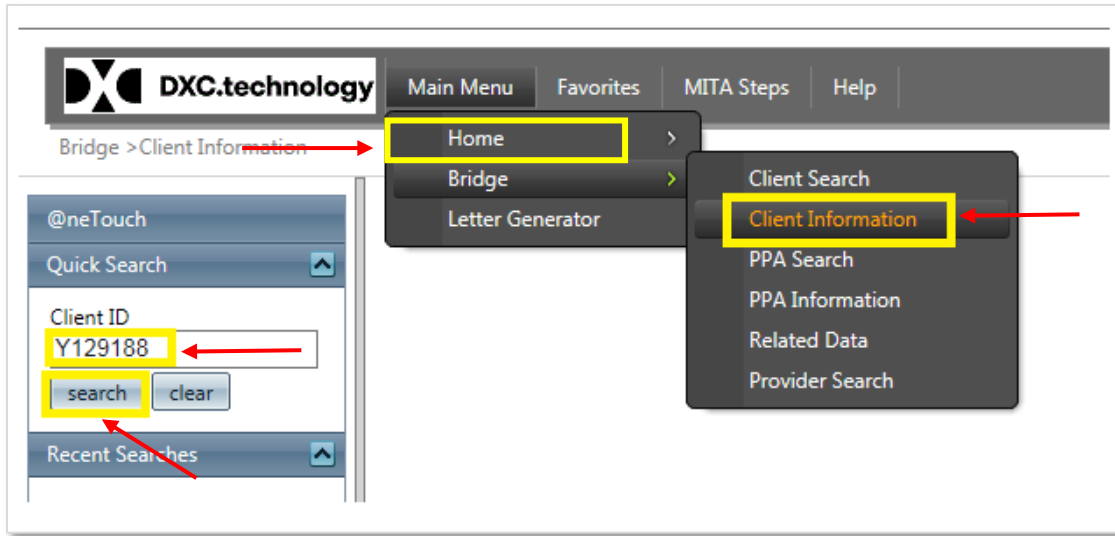
2. Go to the **PETI** tab and click on the PETI worksheet that needs to be deleted.
    If the PETI tab is not visible, please follow the instructions in step three (3) to make the PETI tab visible.
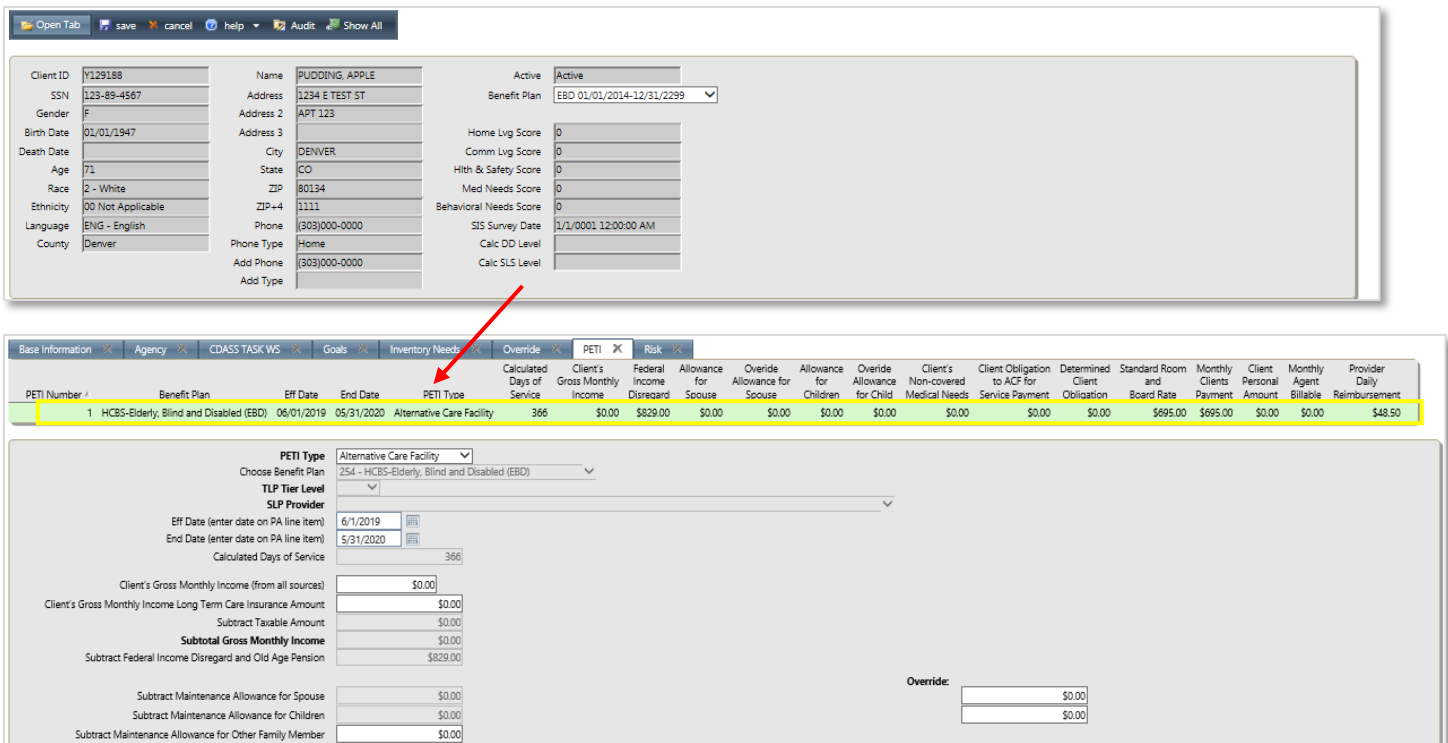
3. Optional Step (Follow this step if the PETI tab is not visible, skip this step otherwise):

    1. Select the **Open Tab** in the top utility ribbon.
    2. Hover over **Client**.
    3. Select **PETI**.

        a. Click on the word PETI to display the tab in the current session.
        b. The box will remain checked and the tab viewable in subsequent sessions, until the check is removed.
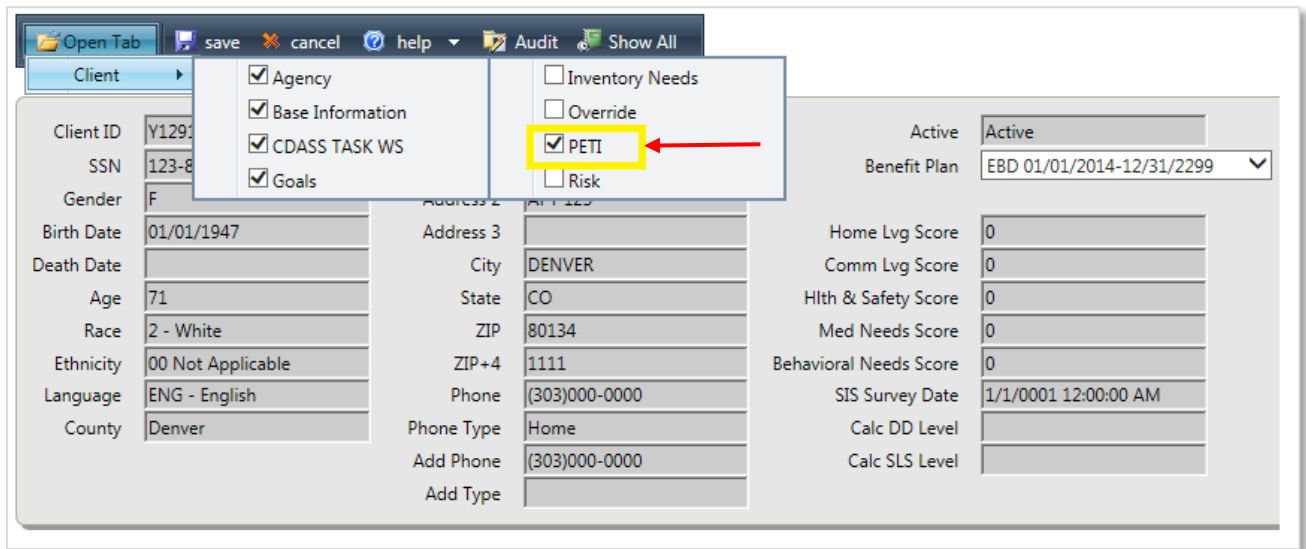
4. Select **delete** button in the bottom pane

5. Click on **OK** button to confirm deletion.
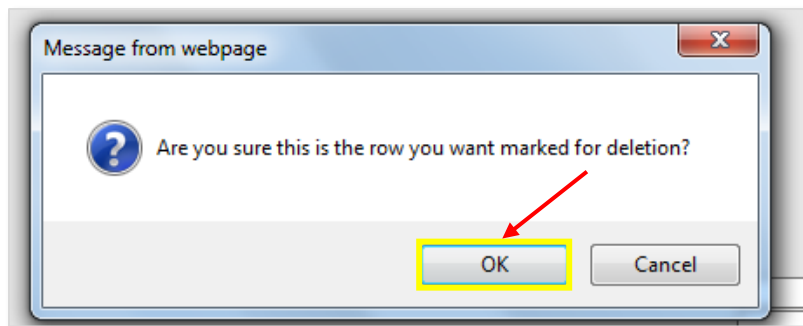
6. Now click **Save** on top left of the menu bar.

7. Once saved, the corresponding PETI worksheet line will disappear from the **PETI** tab.

Section 7 – Best Practices:

1. Always select **Calculate/Recalculate** and select **Save** whenever any change is done to the PETI worksheet.
2. Always select the **Sync** button before working on a PPA. Always select **Save**, select **Check Limits**, and press **Submit** whenever any change is made to the PPA.
3. Always print and share the PETI worksheet with the member and provider after any changes.
4. Always check for rate accuracy after any changes are made in the PETI worksheet and the PPA line item.
5. Always make sure the timespan for the PETI worksheet matches for the timespan of the PPA line item.
6. Always make sure there are no duplicate or overlapping PETI worksheets for a certification period.
7. Always make sure there are no duplicate or overlapping ACF or SLP line items in the PPA within the certification period.

Section 8 – Frequently Asked Questions:

1. **What are the income sources that need to be considered for the PETI worksheet?**

   Income for financial eligibility is automatically populated from CBMS to the PETI worksheet. However, the PETI requires gross income, while CBMS may report eligibility income. If there is any discrepancy, please make the modification in the PETI worksheet field **Client's Gross Monthly Income (from all sources)** to account for gross income and then recalculate. Please see section 2 of this document for instructions.

2. **How many PETI worksheets should there be for a certification period?**

   There should be one PETI worksheet per PPA line item during a certification period. There can be multiple worksheets and line items if there are any changes in income or rate, or a change in service. Please note that the PETI worksheet should not be created with overlapping dates. Please end date the existing PETI worksheet when there is any change in the member's income or rate. Then create a new PETI worksheet and a corresponding line item, for the remaining time span.

3. **Can there be more than one PETI worksheet with overlapping dates?**

   No, the PETI worksheet should not be created with overlapping dates. Please end date the existing PETI worksheet when there is any change in the member's income or rate. Then create a new PETI worksheet and a corresponding line item, for the remaining time span.

4. **Should the PETI worksheet timespan match the PPA line item timespan?**

   When creating or revising the PETI Worksheet, the PETI worksheet and the PPA line item timespans must always match.

5. **What if the income changes after submitting the PETI worksheet? Are PETI revisions possible?**

   A PETI update should be done when there is at least a $50 gross income change for the individual. It isn't possible to revise the existing worksheet. Please end date the existing PETI worksheet and PPA line item. Then create a new PETI worksheet and a new PPA line item for the remaining time span.

6. **What if a member has a change in their rate in the middle of a certification period?**

   There is an automated process to update PETI worksheets and PPAs when there is a change in SLP or ACF rate. This eliminates the need for case managers to manually update PETIs and PPAs for most members. However, case managers are required to check all member records for accuracy and send the new PETI and PPA documentation to all members and providers after the automated process is run. The Department communicates specific instructions to case managers before each run of the automated process.

7. **What if a member moves from an ACF to an SLP, or from one SLP provider to another SLP provider in the middle of a certification period?**

   PETI and PPA revisions should be done when the member moves to a different SLP, or from an ACF to an SLP. Please end date the existing PETI worksheet and PPA line item. Then create a new PETI worksheet and a PPA line item for the remaining time span.

8. **Can I create/revise a PETI worksheet retroactively after if I find out there was an income change?**

   No. For example, if the case manager learns about a member's income changes after creating or revising a PETI worksheet, the revision should be made for the future only. PETI worksheet revisions based on income changes only become effective from the day the case manager gets notified. Changes to an existing PETI may not occur if there are claims attached to the PPA line item.

9. **If the PETI worksheet entered has incorrect income or other details, how do I correct it?**

   A PETI worksheet must be deleted if a corresponding PPA line item does not exist. Then create a new PETI worksheet and create a corresponding PPA line item with the correct information.

   If a PETI worksheet is attached to the line item and/or has billed units, please contact DXC helpdesk and request them for a data fix.

10. **When should a PETI worksheet be deleted?**

    A PETI worksheet can be deleted only when a corresponding PPA line item does not exist. A case manager should delete any PETI worksheets that are not used by a PPA line item, such as duplicate worksheets or worksheets created in error.

11. **Can I revise units/dates on the PPA?**

    Case managers are only to revise the end dates of the line items for ACF and SLP services. The units will be automatically calculated/updated by the system based on the effective date and end date.

12. **If I happen to choose the incorrect PETI type in the PETI worksheet, after I clicked calculate and save it, can I change the PETI type later?**

    If a corresponding line item is not created in PPA for the PETI worksheet, please delete the PETI worksheet and create new one with correct **PETI Type**. The system does not allow any changes to the **PETI Type** in the PETI worksheet after creating the corresponding line item in the PPA. If you need support to fix an incorrect information, please contact DXC helpdesk.