

# Bridge User Guide

Post Eligibility Treatment of Income  
(PETI)

Version 6.0

July 2019



**COLORADO**

Department of Health Care  
Policy & Financing

## **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

Case Management Contacts	
Contact	Reason
<a href="mailto:HCPF_BPA-CBMS-Mismatch@state.co.us">HCPF_BPA-CBMS-Mismatch@state.co.us</a>	Correction of eligibility-related issues preventing PAR processing. Include all relevant CBMS Screenshots.
<a href="mailto:ccmhelpdesk@dx.com">ccmhelpdesk@dx.com</a>	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.
<a href="mailto:commit_helpdesk@dx.com">commit_helpdesk@dx.com</a>	Bridge Password resets and Bridge login errors.
<a href="mailto:lthhpars@hcpf.state.co.us">lthhpars@hcpf.state.co.us</a>	All Long-Term Home Health PARs, including revisions.
<a href="mailto:HCPF_OCLSystemApplications@state.co.us">HCPF_OCLSystemApplications@state.co.us</a>	Activate/Revoke Bridge access for case managers.
<p><b><i>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</i></b></p>	

## **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.

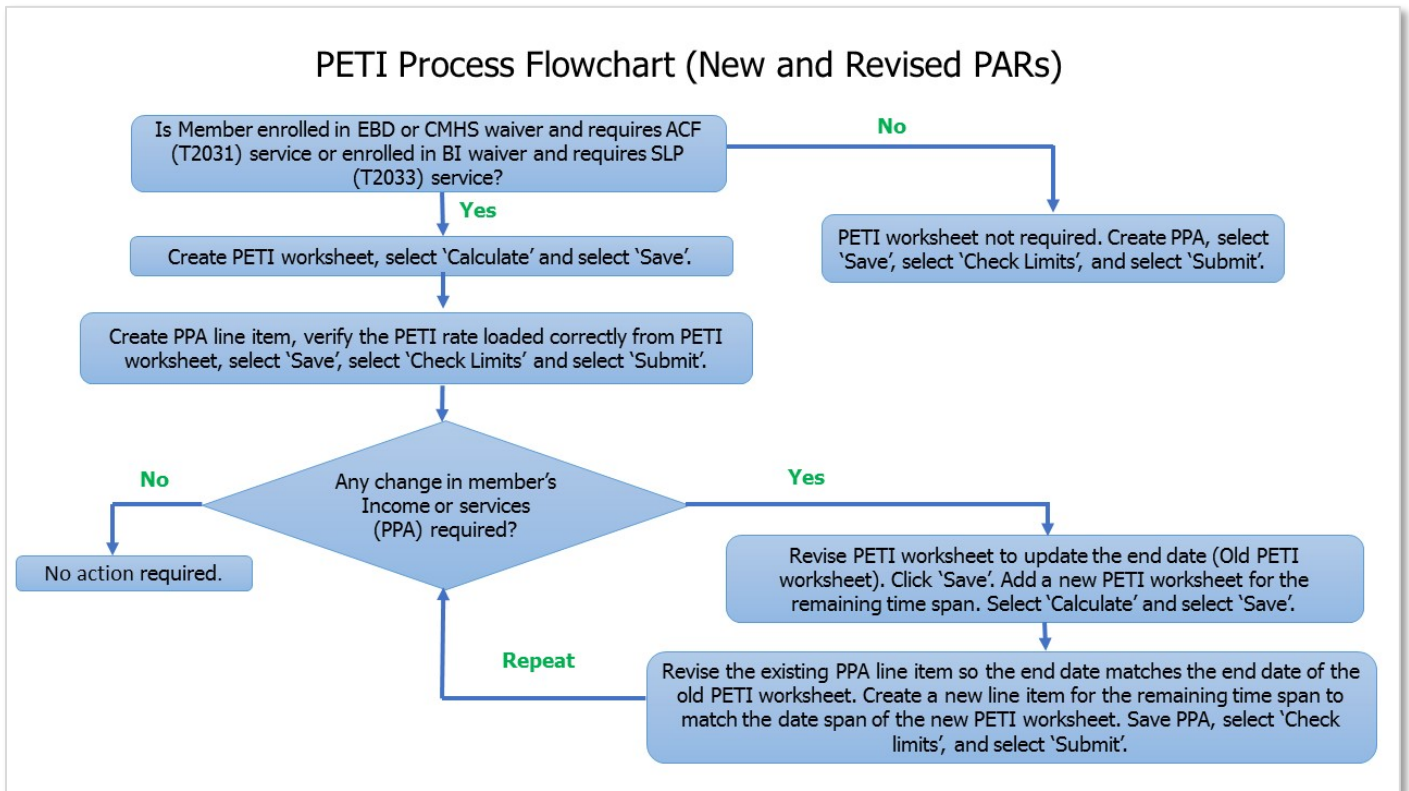
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## The Bridge Instructions:

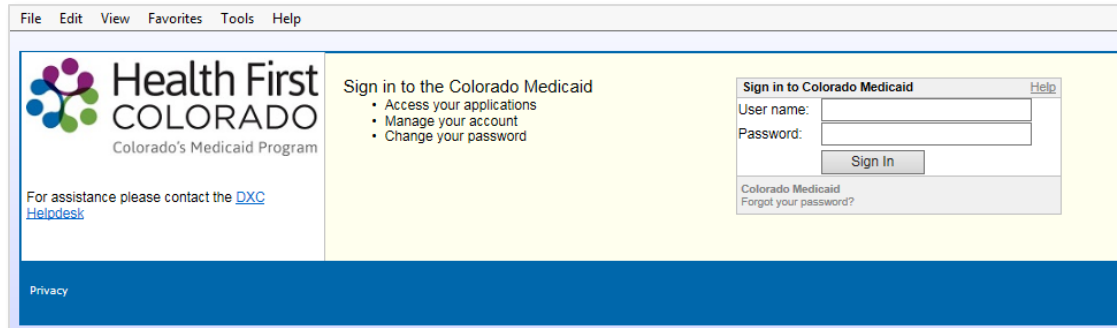
### Section 1 – PETI Process Flow:

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



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

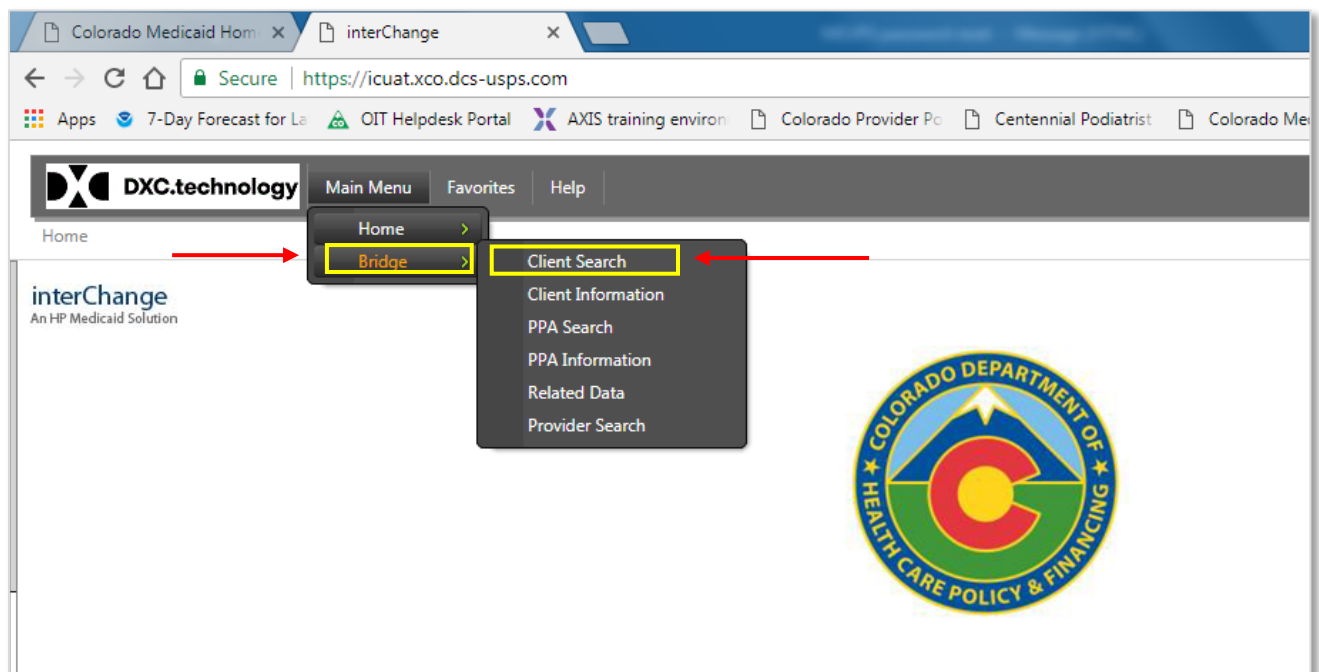
1. To begin, login to the [Colorado Medicaid Program interChange](#).
2. Type in the **User name** and **Password** and click **Sign In**.



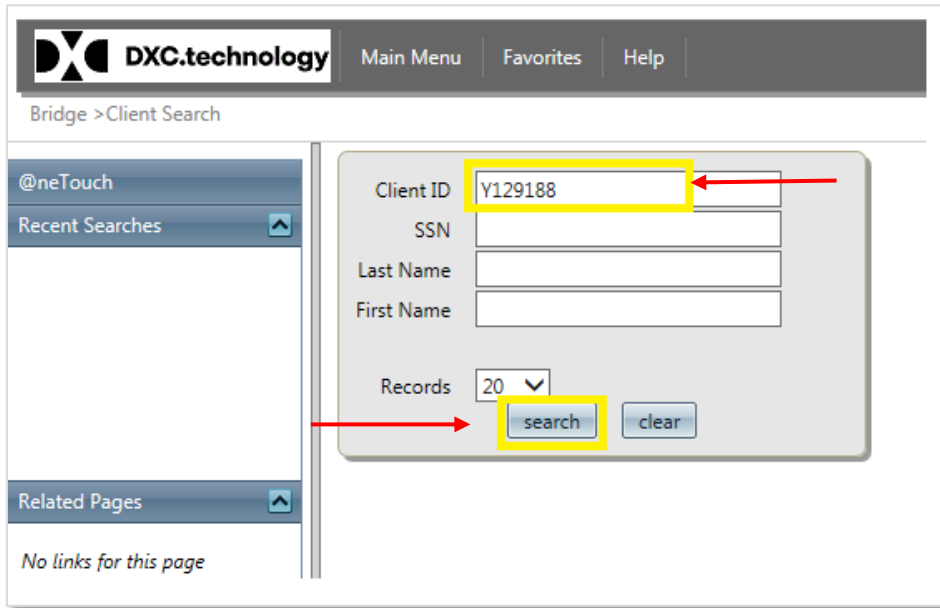
3. A list of applications that the user can select from appears.
4. Select '**Production InterChange**'. The screen will then navigate to the interChange application.

Applications	
Application	Description
<a href="#">Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">Authorization Request</a>	This is the Authorization Request workflow application
<a href="#">AXIS Production</a>	Production AXIS Application
<a href="#">Production InterChange</a>	Production InterChange Environment

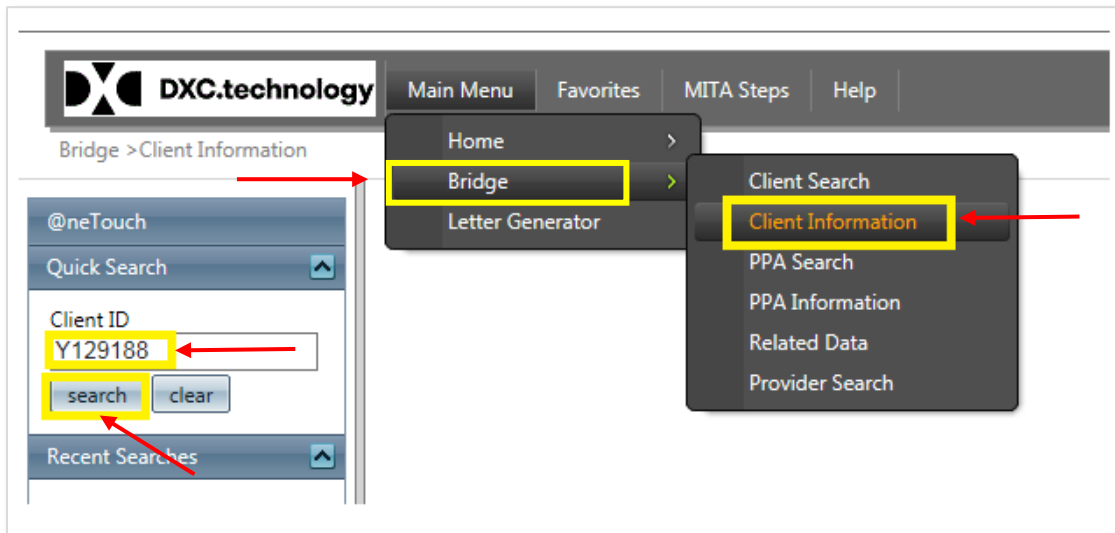
5. Once logged in, open the **Client Search** sub menu from **Bridge** by choosing: **Main Menu → Bridge → Client Search**.



In the **Client Search** panel, Enter the desired **Client ID** and click **Search**.

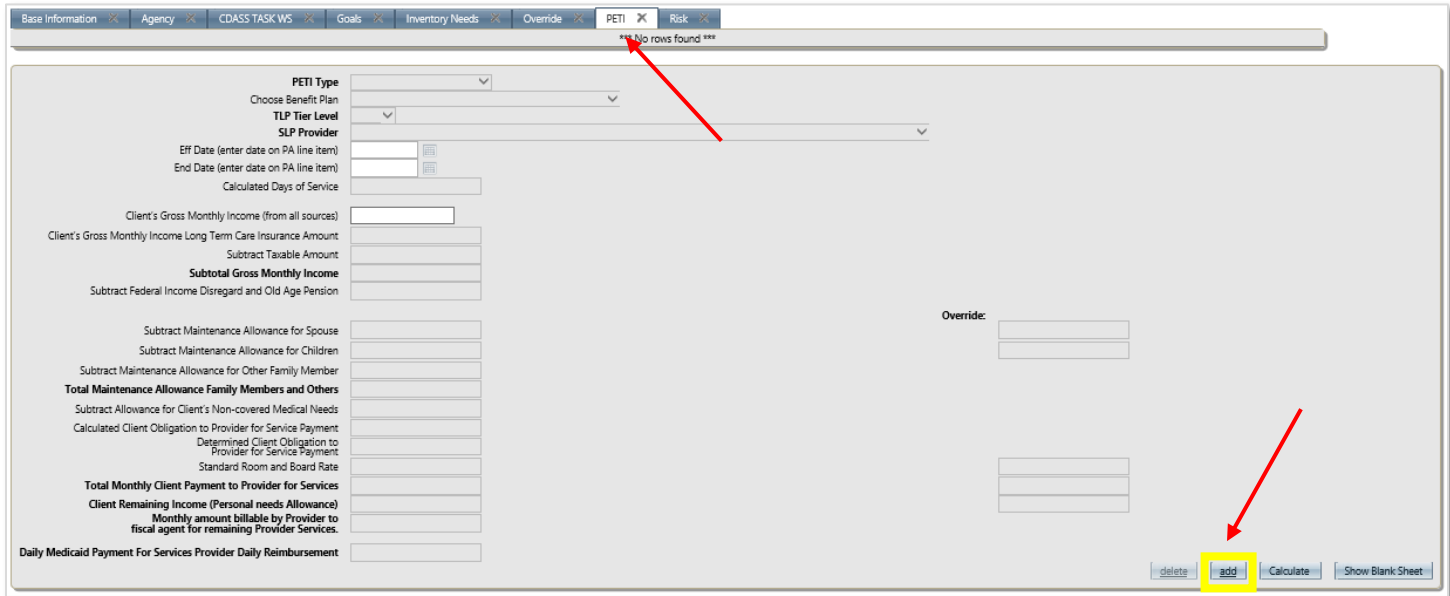


(Or) use the **Quick search** option along the left pane by selecting the **Client Information** submenu (**Main Menu → Bridge → Client Information**) as shown below.



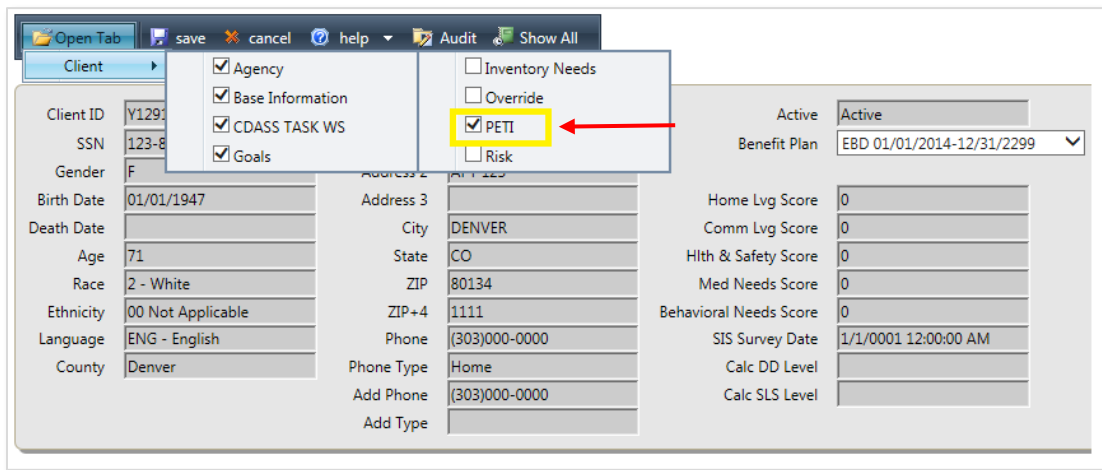
- The **Client Information** panel will be displayed. Under the **Client Information** panel, the user will find panels that contain member information. The user will be able to enter and save information necessary to creating a PPA within the Bridge.

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.



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

- Select the **Open Tab** in the top utility ribbon.
- Hover over **Client**.
- Select **PETI**.
  - Click on the word PETI to display the tab in the current session.
  - 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.

PETI Number	Benefit Plan	Eff Date	End Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1					0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**PETI Type**

Choose Benefit Plan

**TLP Tier Level**

**SLP Provider**

Eff Date (enter date on PA line item)

End Date (enter date on PA line item)

Calculated Days of Service

Client's Gross Monthly Income (from all sources)

Client's Gross Monthly Income Long Term Care Insurance Amount

Subtract Taxable Amount

**Subtotal Gross Monthly Income**

Subtract Federal Income Disregard and Old Age Pension

Subtract Maintenance Allowance for Spouse

Subtract Maintenance Allowance for Children

Subtract Maintenance Allowance for Other Family Member

**Total Maintenance Allowance Family Members and Others**

Subtract Allowance for Client's Non-covered Medical Needs

Calculated Client Obligation to Provider for Service Payment

Determined Client Obligation to Provider for Service Payment

Standard Room and Board Rate

**Total Monthly Client Payment to Provider for Services**

**Client Remaining Income (Personal needs Allowance)**

**Monthly amount billable by Provider to fiscal agent for remaining Provider Services.**

Daily Medicaid Payment For Services Provider Daily Reimbursement

**Override:**

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

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

PETI Number	Benefit Plan	Eff Date	End Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1				Alternative Care Facility	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**PETI Type** Alternative Care Facility

Choose Benefit Plan

TLP Tier Level

SLP Provider

Eff Date (enter date on PA line item) 5/1/2019

End Date (enter date on PA line item) 4/30/2020

Calculated Days of Service 366

Client's Gross Monthly Income (from all sources) \$1,234.00

Client's Gross Monthly Income Long Term Care Insurance Amount \$200.00

Subtract Taxable Amount \$0.00

**Subtotal Gross Monthly Income** \$0.00

Subtract Federal Income Disregard and Old Age Pension \$0.00

Subtract Maintenance Allowance for Spouse \$0.00

Subtract Maintenance Allowance for Children \$0.00

Subtract Maintenance Allowance for Other Family Member \$0.00

**Total Maintenance Allowance Family Members and Others** \$0.00

Subtract Allowance for Client's Non-covered Medical Needs \$0.00

Calculated Client Obligation to Provider for Service Payment \$0.00

Determined Client Obligation to Provider for Service Payment \$0.00

Standard Room and Board Rate \$0.00

**Total Monthly Client Payment to Provider for Services** \$0.00

**Client Remaining Income (Personal needs Allowance)** \$0.00

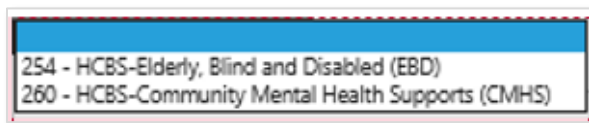
Monthly amount billable by Provider to fiscal agent for remaining Provider Services. \$0.00

Daily Medicaid Payment For Services Provider Daily Reimbursement \$0.00

Override: \$0.00

Calculate

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 screenshot shows a client profile for 'PUDDING, APPLE' with various personal and contact details. Below the profile is a table with columns for PETI Number, Eff Date, Eff Date, PETI Type, Calculated Days of Service, Client's Gross Monthly Income, Federal Income Disregard, Allowance for Spouse, Override Allowance for Spouse, Allowance for Children, Override Allowance for Child, Client's Non-covered Medical Needs, Client Obligation to ACF for Service Payment, Determined Client Obligation, Standard Room and Board Rate, Monthly Clients Payment, Client Personal Amount, Monthly Agent Billable, and Provider Daily Reimbursement. A red arrow points to the 'save' button in the top menu bar.

This screenshot displays a detailed calculation of PETI components. It includes fields for PETI Type (Alternative Care Facility), Benefit Plan (254 - HCBS-Elderly, Blind and Disabled (EBD)), TLP Tier Level, SLP Provider, Eff Date (5/1/2019), and End Date (4/30/2020). The 'Calculated Days of Service' is 366. The 'Client's Gross Monthly Income (from all sources)' is \$1,234.00. Other components include 'Client's Gross Monthly Income Long Term Care Insurance Amount' of \$200.00, 'Subtotal Gross Monthly Income' of \$1,419.00, and 'Subtract Federal Income Disregard and Old Age Pension' of \$829.00. The 'Override' section shows 'Override' values of \$0.00. The 'Total Monthly Client Payment to Provider for Services' is \$810.00, and the 'Client Remaining Income (Personal needs Allowance)' is \$609.00. The 'Daily Medicaid Payment For Services Provider Daily Reimbursement' is \$44.72. A yellow box highlights the 'Override' section and the 'Calculate' button, with a red arrow pointing to it.

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](http://www.colorado.gov/hcpf/provider-rates-fee-schedule)

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For Our Providers > Provider Services > Provider Rates & Fee Schedule

## Provider Rates & Fee Schedule

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- [Ambulatory Surgical Centers \(ASC\) Rate Schedule](#)
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- [Dialysis Rate Schedule](#)
- [Durable Medical Equipment, Upper Payment Limit](#)
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- [Family Planning Rate Schedule](#)
- [HCBS Rate Schedule](#)**

[HCBS Waiver Rate Increase Update Memo - October 2017](#)

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<a href="#">BI, CMHS, EBD, &amp; SCI (6/18)</a>	<a href="#">BI, CMHS, EBD &amp; SCI (1/18)</a>	<a href="#">BI, CMHS, EBD &amp; SCI (6/17)</a>	<a href="#">BI, CMHS, EBD, &amp; SCI (5/17)</a>	<a href="#">BI, CMHS, EBD, &amp; SCI (03/16)</a>	<a href="#">BI, CMHS, EBD, &amp; SCI (06/14)</a>
<a href="#">CHCBS, CLLI (6/18)</a>	<a href="#">CHCBS, CLLI &amp; CWA (9/17)</a>	<a href="#">CHCBS, CLLI &amp; CWA (8/17)</a>	<a href="#">CHCBS, CLLI, &amp; CWA (4/17)</a>	<a href="#">CHCBS, CLLI, &amp; CWA (08/15)</a>	<a href="#">CHCBS, CLLI, &amp; CWA (06/14)</a> <a href="#">CWA with Comments (2/15)</a>
<a href="#">CHRP (6/18)</a>	<a href="#">CHRP (9/17)</a>	<a href="#">CHRP (6/17)</a>	<a href="#">CHRP (6/16)</a>	<a href="#">CHRP (06/15)</a>	<a href="#">CHRP (06/14)</a>
<a href="#">CCT (6/18)</a>	<a href="#">CCT (2/18)</a>	<a href="#">CCT (2/18)</a>	<a href="#">CCT (5/17)</a>	<a href="#">CCT (12/15)</a>	<a href="#">CCT (06/14)</a>
<a href="#">SLS, TCM, DD &amp; CES (6/18)</a>	<a href="#">SLS, TCM, DD &amp; CES (12/17)</a>	<a href="#">SLS, TCM, DD &amp; CES (2/18)</a>	<a href="#">SLS, TCM, DD, &amp; CES (2/18)</a>	<a href="#">SLS, TCM, DD, &amp; CES (02/16)</a>	<a href="#">SLS, DD, &amp; CES (06/14)</a>

**ACF/SLP/TLP PETI Form**  
[ACF/SLP/TLP PETI Form \(8/18\)](#)

**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.

PETI Number	Benefit Plan	Eff Date	End Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Agent Billable Amount	Monthly Agent Reimbursement	Provider Daily Reimbursement
1		05/01/2019	04/30/2020	Supported Living Program	366	\$1,234.00	\$829.00	\$475.00	\$0.00	\$0.00	\$0.00	\$0.00	\$115.00	\$115.00	\$695.00	\$810.00	\$609.00	\$0.00	\$44.72

**PETI Type** Supported Living Program

Choose Benefit Plan 251 - HCBS-Brain Injury (BI)

TLP Tier Level

SLP Provider

Eff Date (enter date on PA line item) 5/1/2019

End Date (enter date on PA line item) 4/30/2020

Calculated Days of Service 366

Client's Gross Monthly Income (from all sources) \$1,234.00

Client's Gross Monthly Income Long Term Care Insurance Amount \$200.00

Subtract Taxable Amount \$15.00

**Subtotal Gross Monthly Income** \$1,419.00

Subtract Federal Income Disregard and Old Age Pension \$829.00

Subtract Maintenance Allowance for Spouse \$475.00

Subtract Maintenance Allowance for Children \$0.00

Subtract Maintenance Allowance for Other Family Member \$0.00

**Total Maintenance Allowance Family Members and Others** \$475.00

Subtract Allowance for Client's Non-covered Medical Needs \$0.00

Calculated Client Obligation to Provider for Service Payment \$115.00

Determined Client Obligation to Provider for Service Payment \$115.00

Standard Room and Board Rate \$695.00

**Total Monthly Client Payment to Provider for Services** \$810.00

**Client Remaining Income (Personal needs Allowance)** \$609.00

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

Daily Medicaid Payment For Services Provider Daily Reimbursement \$44.72

Override: \$0.00

\$0.00

\$695.00

\$810.00

\$609.00

delete add Calculate Show Blank Sheet

1. Select the PETI type as SLP.
2. Select the SLP Provider for the appropriate cert 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.

This screenshot shows the top portion of the software interface. At the top, there is a menu bar with buttons for 'Open Tab', 'save', 'cancel', 'help', 'Audit', and 'Show All'. Below the menu bar is a message box that says 'Base Information - Save was Successful'. The main area contains a form with various fields for client information, including Client ID, SSN, Name, Address, Birth Date, Age, Race, Ethnicity, Language, and County. There are also fields for 'Active' status and 'Benefit Plan'.

This screenshot shows the 'PETI' calculation form. At the top, there is a navigation bar with tabs for 'Base Information', 'Agency', 'CDASS TASK WS', 'Goals', 'Inventory Needs', 'Override', 'PETI', and 'Risk'. Below this is a table with columns for 'PETI Number', 'Benefit Plan', 'Eff Date', 'End Date', 'PETI Type', 'Calculated Days of Service', 'Client's Gross Monthly Income', 'Federal Income Disregard', 'Allowance for Spouse', 'Override Allowance for Spouse', 'Allowance for Children', 'Override Allowance for Child', 'Client's Non-covered Medical Needs', 'Client Obligation to ACF for Service Payment', 'Determined Client Obligation', 'Standard Room and Board Rate', 'Monthly Clients Payment', 'Client Personal Amount', 'Monthly Agent Billable', and 'Provider Daily Reimbursement'. The table contains one row of data.

Below the table is a form for entering details. It includes dropdown menus for 'PETI Type' (Supported Living Program), 'Choose Benefit Plan' (251 - HCBS-Brain Injury (BI)), 'TLP Tier Level', and 'SLP Provider' (04405374 - A WILDFLOWER ASSISTED LIVING AND CARE HOME - 9423 W 64TH AVE - 198.63-20190101-22991231). There are date pickers for 'Eff Date' (5/1/2019) and 'End Date' (4/30/2020), and a text field for 'Calculated Days of Service' (366). A list of income and allowance fields follows, each with a text input field and a value of '\$0.00'. These include 'Client's Gross Monthly Income (from all sources)', 'Client's Gross Monthly Income Long Term Care Insurance Amount', 'Subtotal Gross Monthly Income', 'Subtract Taxable Amount', 'Subtract Federal Income Disregard and Old Age Pension', 'Subtract Maintenance Allowance for Spouse', 'Subtract Maintenance Allowance for Children', 'Subtract Maintenance Allowance for Other Family Member', 'Total Maintenance Allowance Family Members and Others', 'Subtract Allowance for Client's Non-covered Medical Needs', 'Calculated Client Obligation to Provider for Service Payment', 'Determined Client Obligation to Provider for Service Payment', 'Standard Room and Board Rate', 'Total Monthly Client Payment to Provider for Services', 'Client Remaining Income (Personal needs Allowance)', 'Monthly amount billable by Provider to fiscal agent for remaining Provider Services', and 'Daily Medicaid Payment For Services Provider Daily Reimbursement'. There are also 'Override' fields for 'Spouse' and 'Children' with values of '\$0.00'. At the bottom right, there are buttons for 'delete', 'add', 'Calculate', and 'Show Blank Sheet'. Red arrows point to the 'save' button in the previous screenshot, the 'save' button in this screenshot, the 'Calculate' button, and several of the input fields.

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.  
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**ACF/SLP/TLP PETI Form**  
[ACF/SLP/TLP PETI Form \(8/18\)](#)

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

Message Description Panel Field Row  
 Base Information - Save was Successful Base Information

Client ID	Y129188	Name	PUDDING, APPLE	Active	Active
SSN	123-89-4567	Address	1234 E TEST ST	Benefit Plan	E8D 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3		Home Lvg Score	0
Death Date		City	DENVER	Comm Lvg Score	0
Age	71	State	CO	Hlth & Safety Score	0
Race	2 - White	ZIP	80134	Med Needs Score	0
Ethnicity	00 Not Applicable	ZIP-4	1111	Behavioral Needs Score	0
Language	ENG - English	Phone	(303)000-0000	SIS Survey Date	1/1/0001 12:00:00 AM
County	Denver	Phone Type	Home	Calc OD Level	
		Add Phone	(303)000-0000	Calc SLS Level	
		Add Type			

PETI Number	Benefit Plan	Eff Date	End Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Clients Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1	HCBS-Brain Injury (B)	05/01/2019	04/30/2020	Supported Living Program	366	\$0.00	\$829.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$695.00	\$695.00	\$0.00	\$0.00	\$198.63

PETI Type: Supported Living Program

Choose Benefit Plan: 251 - HCBS-Brain Injury (B)

TLP Tier Level: 04405374 - A WILDFLOWER ASSISTED LIVING AND CARE HOME - 9423 W 64TH AVE - 198.63-20190101-22991231

SLP Provider: 04405374 - A WILDFLOWER ASSISTED LIVING AND CARE HOME - 9423 W 64TH AVE - 198.63-20190101-22991231

Eff Date (enter date on PA line item): 5/1/2019

End Date (enter date on PA line item): 4/30/2020

Calculated Days of Service: 366

Client's Gross Monthly Income (from all sources): \$0.00

Client's Gross Monthly Income Long Term Care Insurance Amount: \$0.00

Subtract Taxable Amount: \$0.00

**Subtotal Gross Monthly Income:** \$0.00

Subtract Federal Income Disregard and Old Age Pension: \$829.00

Subtract Maintenance Allowance for Spouse: \$0.00

Subtract Maintenance Allowance for Children: \$0.00

Subtract Maintenance Allowance for Other Family Member: \$0.00

**Total Maintenance Allowance Family Members and Others:** \$0.00

Subtract Allowance for Client's Non-covered Medical Needs: \$0.00

Calculated Client Obligation to Provider for Service Payment: \$0.00

Determined Client Obligation to Provider for Service Payment: \$0.00

Standard Room and Board Rate: \$695.00

**Total Monthly Client Payment to Provider for Services:** \$695.00

Client Remaining Income (Personal needs Allowance): \$0.00

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

Daily Medicaid Payment For Services Provider Daily Reimbursement: \$198.63

Override: \$0.00

Override: \$0.00

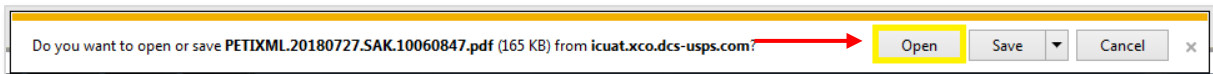
Override: \$695.00

Override: \$0.00

Override: \$0.00

Buttons: delete, add, Show Blank Sheet, Calculate, Print

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: \_\_\_\_\_

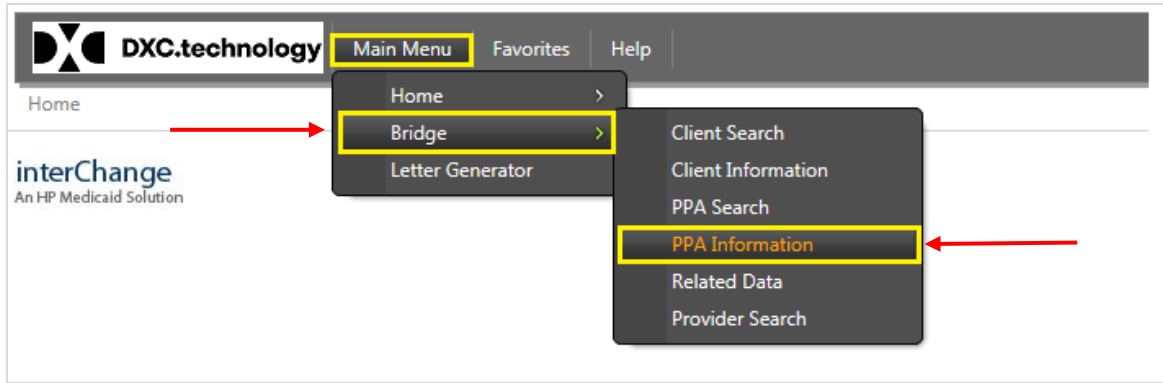
Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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](http://www.colorado.gov/hcpf)

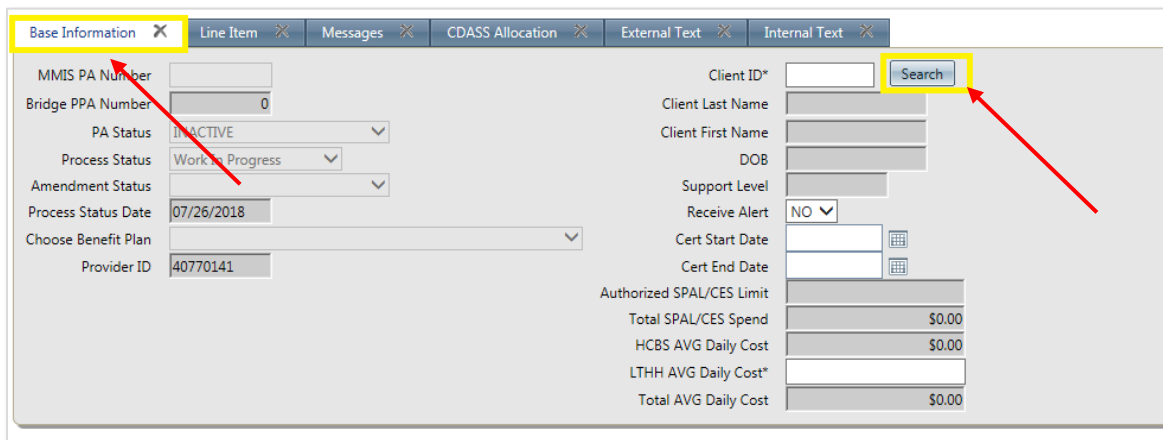


### Section 3 – How to Create a PPA in the Bridge:

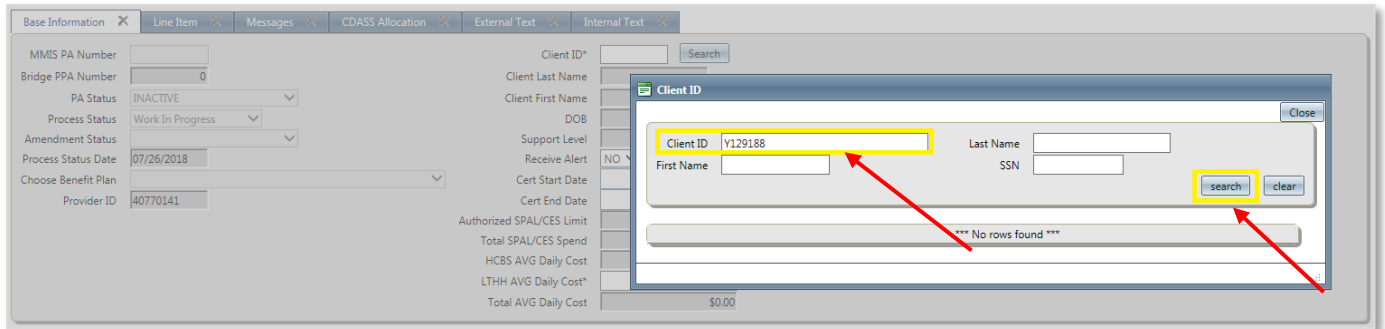
1. To create a PPA with a ACF or SLP service, open the **PPA Information** sub menu from the **Bridge** by choosing **Main Menu → Bridge → PPA Information**.



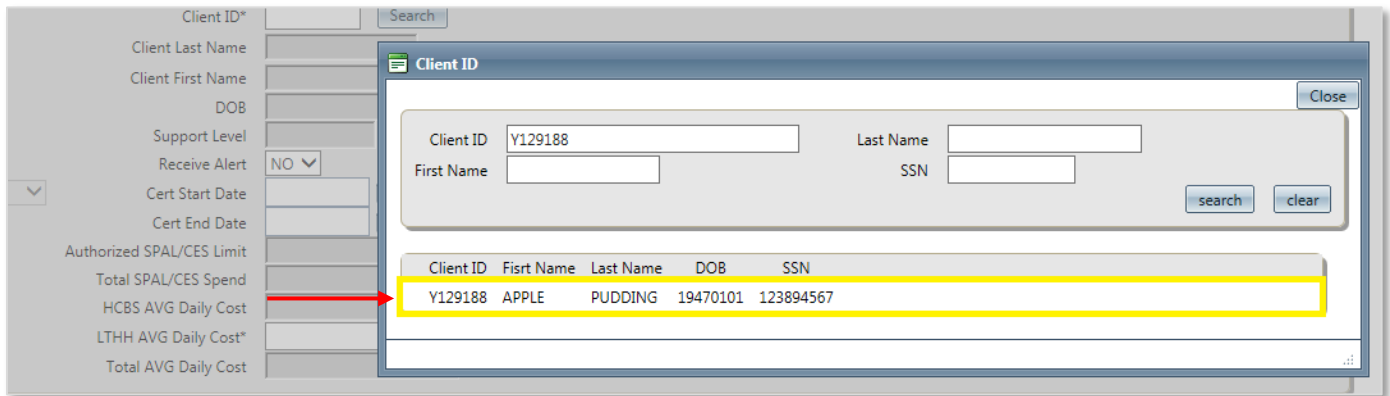
2. In the **Base Information** tab, click the **Search** button next to the **Client ID** as shown in the picture below.



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.

The image displays two screenshots of a software interface. The top screenshot shows a toolbar with a 'save' button highlighted in a yellow box, with a red arrow pointing to it. Below the toolbar is a form with various fields. The 'Current Benefit Plan' field is highlighted in a yellow box, showing 'EBD 01/01/2014-12/31/2299'. The bottom screenshot shows the 'Base Information' tab. The 'Choose Benefit Plan' field is highlighted in a yellow box, showing '254 - HCBS-Elderly, Blind and Disabled (EBD)'. The 'Cert Start Date' field is highlighted in a yellow box, showing '10/1/2017', and the 'Cert End Date' field is highlighted in a yellow box, showing '9/30/2018'. Red arrows point to these fields.

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

The screenshot shows a web application window with a menu bar (Open Tab, save, cancel, new, help, Audit, Show All) and a message box that says "Save was successful Base Information". The main form is divided into two columns. The left column contains fields for MMIS PA Number, Bridge PPA Number (highlighted in yellow with a red arrow pointing to it), PA Status (IN ACTIVE), Process Status (WORK IN PROGRESS), Amendment Status, Process Status Date (07/26/2018), Selected Benefit Plan (HCBS-Elderly, Blind and Disabled (EBD)), Provider ID (40770141), Current Benefit Plan (EBD 01/01/2014-12/31/2299), and Claims Activity. The right column contains fields for Client ID (Y129188), Client Last Name (PUDDING), Client First Name (APPLE), Client Birth Date (01/01/1947), Support Level, Receive Alert (NO), Cert Start Date (10/01/2017), Cert End Date (09/30/2018), Authorized SPAL/CES Limit, Total SPAL/CES Spend (\$0.00), HCBS AVG Daily Cost (\$0.00), LTHH AVG Daily Cost (\$0.00), and Total AVG Daily Cost (\$0.00). At the bottom are buttons for Sync, Check Limits, Submit PPA, Delete, and Print.

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

This screenshot shows the same Bridge PPA form as above, but with the "Line Item" tab selected in the top navigation bar. The "Line Item" tab is highlighted in yellow with a red arrow pointing to it. Below the form, there is a table with columns for "Activities of Daily Living", "Instrumental Activities of Daily Living", and "Frequency Calculator". The "Activities of Daily Living" section includes checkboxes for Bathing, Dressing, Toileting, Mobility, Transferring, Eating, Supervision, and Memory/Cognition. The "Instrumental Activities of Daily Living" section includes checkboxes for Hygiene, Medication Management, Transportation, Money Management, Shopping, Meal Preparation, Laundry, Accessing Resources, and House Work. The "Frequency Calculator" section includes fields for Unit Value, No. Days/Hrs/Trips, Days/Wk, No. of Weeks, No. of Months, Recommended Units, and Max Amount. At the bottom right, there are "delete" and "add" buttons, with the "add" button highlighted in yellow and a red arrow pointing to it. The status bar at the bottom indicates "\*\*\* No rows found \*\*\*".

- 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.

The screenshot displays the Bridge software interface. At the top, a menu bar includes 'Open Tab', 'save', 'cancel', 'new', 'help', 'Audit', and 'Show All'. Below the menu is a form for client information, including MMS PA Number (104996), Client ID (Y129188), Client Last Name (PUDDING), Client First Name (APPLE), Client Birth Date (01/01/1947), and various dates and costs. A red arrow points to the 'save' button in the menu bar.

Below the client information is a table with columns: Line, Status, Service Description, Units, Dollars, Eff Date, End Date, ADL, IADL, Goals. The table contains one row: Line 01, Status, T2031 - Alternative Care Facility U1, Units 365.000, Dollars \$51.92, Eff Date, End Date, ADL N, IADL N, Goals N.

Below the table is a detailed form for the selected line item. It includes fields for Rendering Provider ID, Provider Name, Service (T2031 - Alternative Care Facility U1), Service Description, Units (365), Dollars (\$51.92), Eff Date (10/1/2017), and End Date (9/30/2018). A red arrow points to the 'Service' dropdown menu. Below these fields are various checkboxes for 'Activities of Daily Living' (Bathing, Dressing, Toileting, Transferring, Eating, Supervision, Memory/Cognition) and 'Instrumental Activities of Daily Living' (Hygiene, Medication Management, Transportation, Money Management, Shopping, Meal Preparation, Laundry, Accessing Resources, House Work). A red arrow points to the 'Activities of Daily Living' section. To the right is a 'Frequency Calculator' with fields for Unit Value, No. Days/Hrs/Trips, Days/Wk, No. of Weeks, No. of Months, Recommended Units, and Max Amount. Below the calculator is a 'Goal' dropdown menu with options: Goal1 test, Goal2, Goal3, Goal4, Goal5. A red arrow points to the 'Goal1 test' dropdown. At the bottom right are 'delete' and 'add' buttons.

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.

The screenshot displays the Bridge software interface for adding a service line item. At the top, a menu bar includes 'Open Tab', 'save', 'cancel', 'new', 'help', 'Audit', and 'Show All'. The 'save' button is highlighted with a red arrow. Below the menu is a form for client and provider information, including fields for MMS PA Number, Bridge PPA Number, PA Status, Process Status, Amendment Status, Process Status Date, Selected Benefit Plan, Provider ID, Current Benefit Plan, Claims Activity, Client ID, Client Last Name, Client First Name, Client Birth Date, Support Level, Receive Alert, Cert Start Date, Cert End Date, Authorized SPAL/CES Limit, Total SPAL/CES Spend, HCBS AVG Daily Cost, LTHH AVG Daily Cost, and Total AVG Daily Cost. Below this is a table with columns for Line, Status, Service Description, Units, Dollars, Eff Date, End Date, ADL, IADL, and Goals. The table contains two rows: Line 02 (A0100 -NONEMERGENCY TRANSPORT TAXI U1) and Line 01 (T2031 -Alternative Care Facility U1). Below the table is a detailed view of a line item (Line 02) with fields for Rendering Provider ID, Provider Name, Service (A0100 -NONEMERGENCY TRANSPORT TAXI U1), Service Description, Units (100.000), Dollars (\$5.00), Eff Date (10/1/2017), and End Date (9/30/2018). To the right of these fields are two columns of checkboxes: 'Activities of Daily Living' (Bathing, Dressing, Toileting, Mobility, Transferring, Eating, Supervision, Memory/Cognition) and 'Instrumental Activities of Daily Living' (Hygiene, Medication Management, Transportation, Money Management, Shopping, Meal Preparation, Laundry, Accessing Resources, House Work). A 'Frequency Calculator' section includes fields for Unit Value, No. Days/Hrs/Trips, Days/Wk, No. of Weeks, No. of Months, Recommended Units, and Max Amount. Below these are 'Goals' dropdown menus (Goal1 test, Goal2, Goal3, Goal4, Goal5). At the bottom right, there are 'delete' and 'add' buttons, with the 'add' button highlighted by a red arrow.

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

Message Description Panel Field Row  
 ✓ Save was successful Base Information

MMIS PA Number [ ] Client ID Y129188  
 Bridge PPA Number 104996 Client Last Name PUDDING  
 PA Status INACTIVE Client First Name APPLE  
 Process Status WORK IN PROGRESS Client Birth Date 01/01/1947  
 Amendment Status [ ] Support Level [ ]  
 Process Status Date 07/26/2018 Receive Alert NO  
 Selected Benefit Plan HCBS-Elderly, Blind and Disabled (EBD) Cert Start Date 10/01/2017  
 Provider ID 40770141 Cert End Date 09/30/2018  
 Current Benefit Plan EBD 01/01/2014-12/31/2299 Authorized SPAL/CES Limit [ ]  
 Claims Activity  Total SPAL/CES Spend \$0.00  
 HCBS AVG Daily Cost \$0.00  
 LTHH AVG Daily Cost \$0.00  
 Total AVG Daily Cost \$0.00

Sync **Check Limits** Submit PPA Delete Print

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.

Message Description Panel Field Row  
 System Check has found issues with PPA. Please review Message Panel notifications. Base Information

MMIS PA Number [ ] Client ID Y129188  
 Bridge PPA Number 104996 Client Last Name PUDDING  
 PA Status SUSPENDED Client First Name APPLE  
 Process Status WORK IN PROGRESS Client Birth Date 01/01/1947  
 Amendment Status [ ] Support Level [ ]  
 Process Status Date 07/26/2018 Receive Alert NO  
 Selected Benefit Plan HCBS-Elderly, Blind and Disabled (EBD) Cert Start Date 10/01/2017  
 Provider ID 40770141 Cert End Date 09/30/2018  
 Current Benefit Plan EBD 01/01/2014-12/31/2299 Authorized SPAL/CES Limit [ ]  
 Claims Activity  Total SPAL/CES Spend \$0.00  
 HCBS AVG Daily Cost \$53.29  
 LTHH AVG Daily Cost \$0.00  
 Total AVG Daily Cost \$53.29

Sync Check Limits Submit PPA Delete Print

Base Information Line Item **Messages** CDASS Allocation External Text Internal Text

Error Code	Line
A B056	

Error Code B056  
 ADL-DRESSING NOT LINKED  
 Message

**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.



Line	Status	Service Description	Units
01	APPROVED	T2031 -Alternative Care Facility U1	365.000
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000

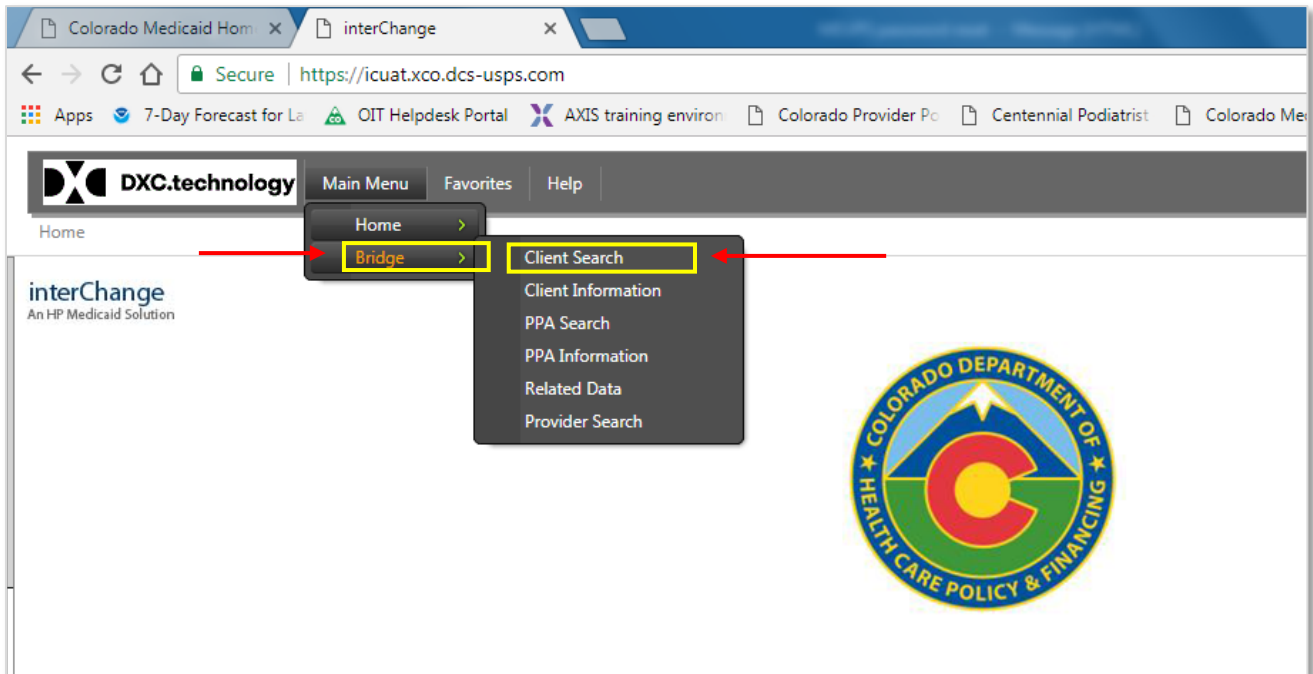
The PPA will then be submitted to InterChange(IC) which if approved will be assigned a **MMIS PA Number** the next day.

Line	Status	Service Description	Units	Dollars
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00

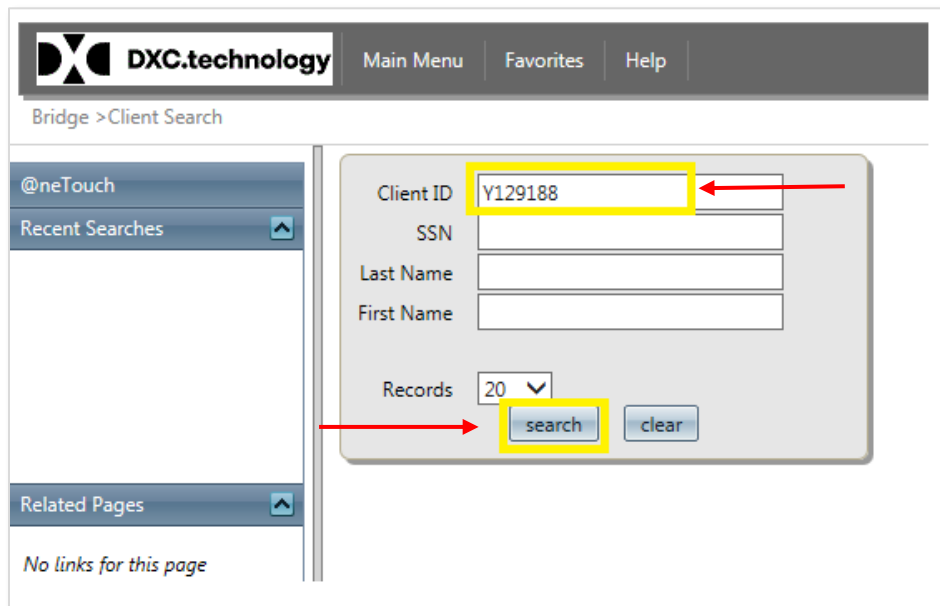
Check the PPA status next day and ensure it is in **Approved** status and that a PAR number (**MMIS PA Number**) was generated. All providers must be notified of the approved PAR.

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

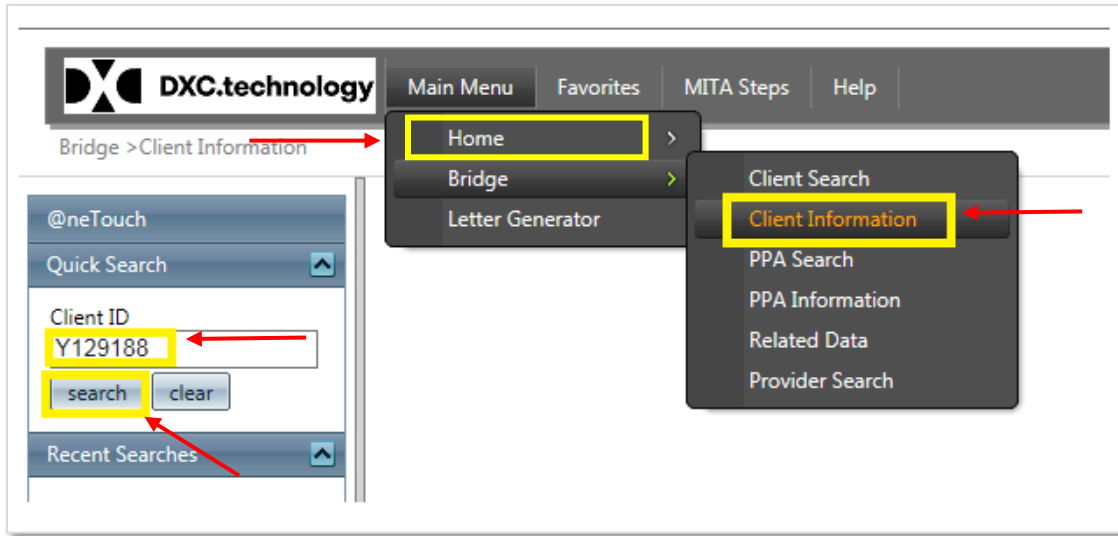
1. Once logged in, open the **Client Search** sub menu from **Bridge** by choosing **Main Menu → Bridge → Client Search**.



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.



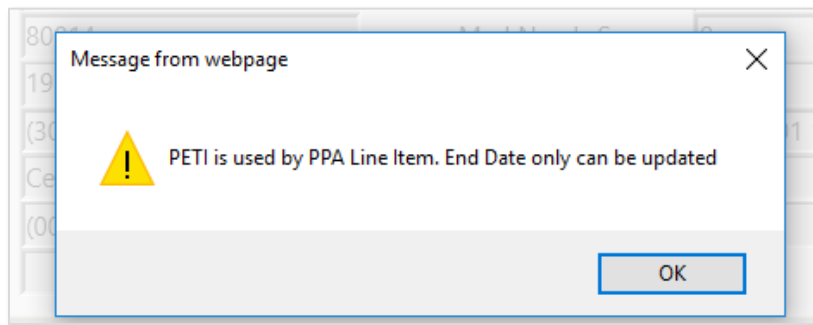
- Go to the **PETI** tab and click on the PETI worksheet that needs revision. If the PETI tab is not visible, please follow the instructions in step three (3) to make the PETI tab visible.

**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 screenshot shows the Bridge software interface. At the top, there is a menu bar with options: Open Tab, save, cancel, help, Audit, Show All. Below this is a form for client information. The client ID is Y129188, Name is PUDDING, APPLE, and Active status is Active. The address is 1234 E TEST ST, APT 123, DENVER, CO 80134. Other fields include SSN, Gender, Birth Date, Age, Race, Ethnicity, Language, County, Home Lvg Score, Comm Lvg Score, Hlth & Safety Score, Med Needs Score, Behavioral Needs Score, SIS Survey Date, Calc DD Level, and Calc SLS Level.

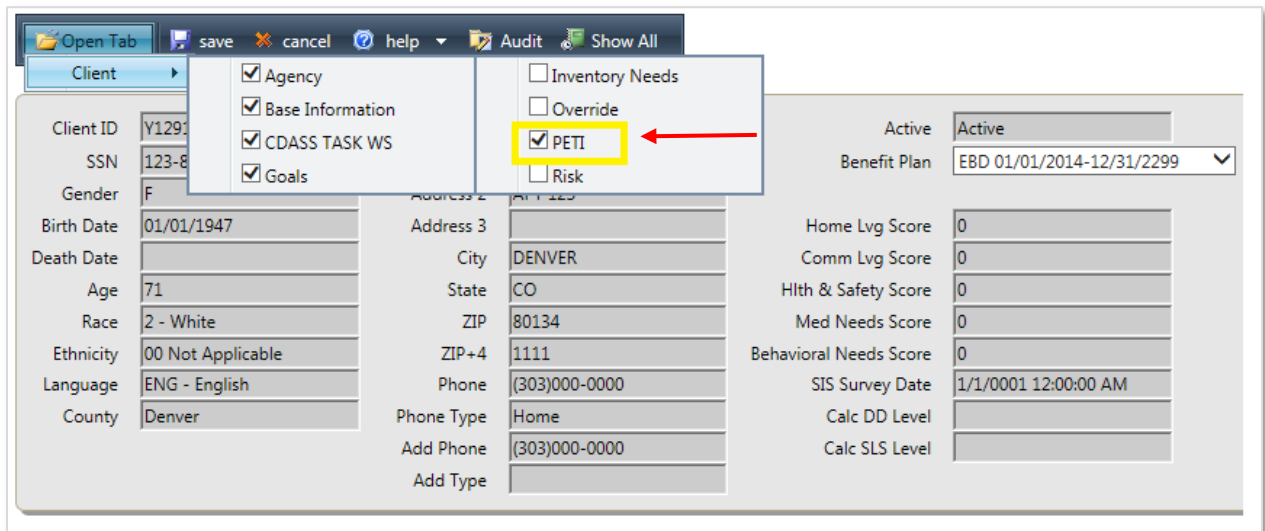
Below the form is a navigation bar with tabs: Base Information, Agency, CDASS TASK WS, Goals, Inventory Needs, Override, PETI, Risk. A red arrow points to the 'PETI' tab. Below the navigation bar is a table of PETI worksheets. The table has columns: PETI Number, Benefit Plan, Eff Date, End Date, PETI Type, Calculated Days of Service, Client's Gross Monthly Income, Federal Income Disbursement, Allowance for Services, Override Allowance for Services, Allowance for Children, Override Allowance for Child, Client's Non-covered Medical Needs, Client Obligation to ACF for Service Disbursement, Determined Client Obligation, Standard Room and Board Rate, Monthly Clients Personal Amount, Monthly Agent Retainable, and Provider Daily Reimbursement. The first row of the table is highlighted in yellow and contains the following data: 1, HCBS-Brain Injury (BI), 05/01/2019, 04/30/2020, Supported Living Program, 366, \$0.00, \$829.00, \$0.00, \$0.00, \$0.00, \$0.00, \$0.00, \$0.00, \$0.00, \$0.00, \$695.00, \$695.00, \$0.00, \$0.00, \$198.63.

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.



- 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).

Client ID: Y129188  
 Name: PUDDING, APPLE  
 Active: Active  
 SSN: 123-89-4567  
 Address: 1234 E TEST ST  
 Benefit Plan: EBD 01/01/2014-12/31/2299  
 Gender: F  
 Address 2: APT 123  
 Birth Date: 01/01/1947  
 Address 3:  
 Home Lvg Score: 0  
 Death Date:  
 City: DENVER  
 Comm Lvg Score: 0  
 Age: 71  
 State: CO  
 Hlth & Safety Score: 0  
 Race: 2 - White  
 ZIP: 80134  
 Med Needs Score: 0  
 Ethnicity: 00 Not Applicable  
 ZIP+4: 1111  
 Behavioral Needs Score: 0  
 Language: ENG - English  
 Phone: (303)000-0000  
 STS Survey Date: 1/1/0001 12:00:00 AM  
 County: Denver  
 Phone Type: Home  
 Calc DD Level:  
 Add Phone: (303)000-0000  
 Add Type:

PETI Type: Supported Living Program  
 Choose Benefit Plan: 251 - HCBS-Brain Injury (BI)  
 TLP Tier Level:  
 SLP Provider: 04405374 -A WILDFLOWER ASSISTED LIVING AND CARE HOME -9423 W 64TH AVE -198.63-20190101-22991231  
 Eff Date (enter date on PA line item): 5/1/2019  
 End Date (enter date on PA line item): 6/30/2019  
 Calculated Days of Service: 61  
 Client's Gross Monthly Income (from all sources): \$0.00  
 Client's Gross Monthly Income Long Term Care Insurance Amount: \$0.00  
 Subtract Taxable Amount: \$0.00  
**Subtotal Gross Monthly Income**: \$0.00  
 Subtract Federal Income Disregard and Old Age Pension: \$829.00  
 Subtract Maintenance Allowance for Spouse: \$0.00  
 Subtract Maintenance Allowance for Children: \$0.00  
 Subtract Maintenance Allowance for Other Family Member: \$0.00  
**Total Maintenance Allowance Family Members and Others**: \$0.00  
 Subtract Allowance for Client's Non-covered Medical Needs: \$0.00  
 Calculated Client Obligation to Provider for Service Payment: \$0.00  
 Determined Client Obligation to Provider for Service Payment: \$0.00  
 Standard Room and Board Rate: \$695.00  
**Total Monthly Client Payment to Provider for Services**: \$695.00  
 Client Remaining Income (Personal needs Allowance): \$0.00  
 Monthly amount billable by Provider to fiscal agent for remaining Provider Services: \$0.00  
**Daily Medicaid Payment For Services Provider Daily Reimbursement**: \$198.63  
 Override: \$0.00  
 \$0.00  
 Buttons: delete, add, Show Blank Sheet, Calculate, Print

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

The screenshot shows the 'Base Information' panel for a client. The client's name is PUDDING APPLE, SSN is 123-89-4567, and address is 1234 E TEST ST, APT 123, DENVER, CO 80134. The summary table below shows the following data:


PETI Number	Eff Date	Eff Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Clients Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1	10/01/2017	06/30/2018	Alternative Care Facility	273	\$0.00	\$793.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$677.00	\$677.00	\$0.00	\$1,579.41	\$51.92

This screenshot shows the calculation screen for the PETI. The 'PETI Type' is 'Supported Living Program' and the 'SLP Provider' is '04405374 -A WILDFLOWER ASSISTED LIVING AND CARE HOME -9423 W 64TH AVE -198.63-20190101-22991231'. The 'Print' button at the bottom right is highlighted with a red arrow.

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 screenshot shows a file dialog box asking 'Do you want to open or save PETIXML.20180727.SAK.10060847.pdf (165 KB) from icuat.xco.dcs-usps.com?'. The 'Open' button is highlighted with a red arrow.

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: 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](http://www.colorado.gov/hcpf)

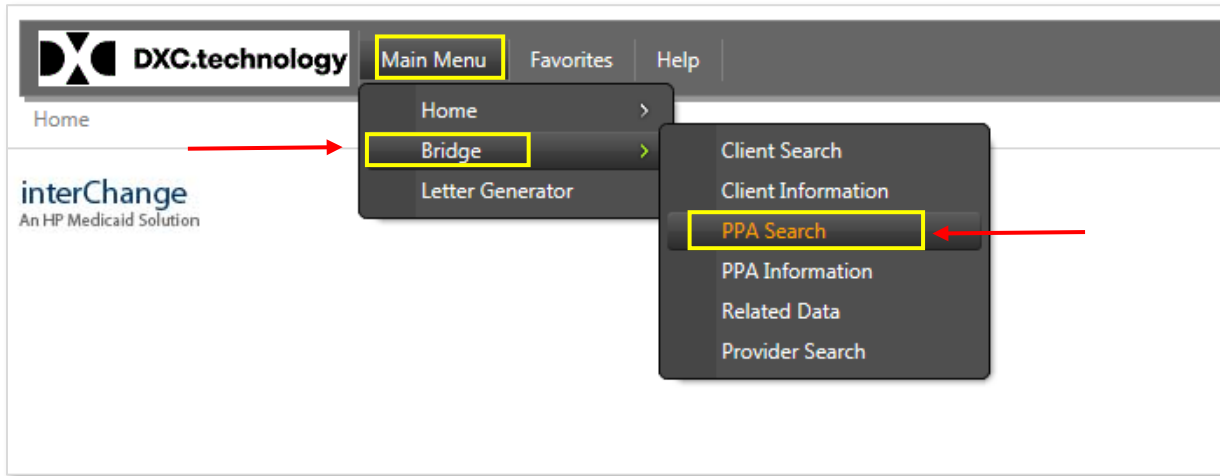


6. Now create a new PETI worksheet for the remainder of the certification period. Refer to section two of this guide for steps necessary to create a new PETI worksheet.



## 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.

The screenshot shows the PPA Search form. The 'Client ID' field contains the text 'Y129188' and is highlighted with a yellow box. A red arrow points from the 'Client ID' field to the 'search' button at the bottom of the form, which is also highlighted with a yellow box. Other fields include 'MMIS PA Number', 'Provider ID', 'Bridge PPA Number', 'Pa Status', 'Process Status', 'Cert Start Date', 'Cert End Date', and 'Records' (set to 20). There are 'Search' buttons next to the 'Client ID' and 'Provider ID' fields, and a 'Clear' button at the bottom right.

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

Status	MMIS PA Number	Client Id	Last Name	First Name	Cert.Start Date	Cert. End Date	Bridge PPA Number
A	F655495	Y129188	PUDDING	APPLE	10/01/2016	09/30/2017	68818
A	6182080001	Y129188	PUDDING	APPLE	10/01/2017	09/30/2018	104996
A	F173967	Y129188	PUDDING	APPLE	10/01/2015	09/30/2016	18176

- 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).

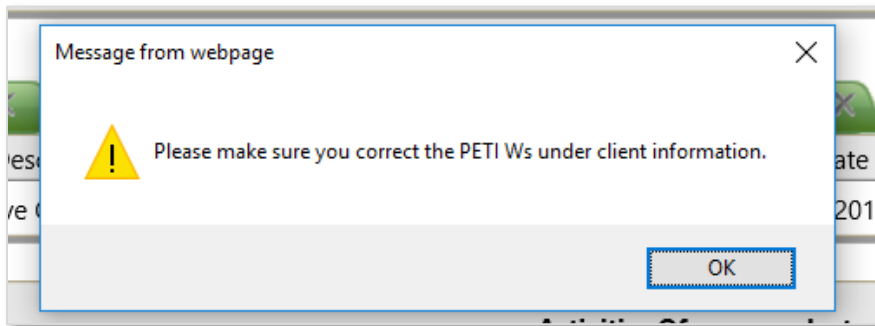
- a. Cert Start Date
- b. Cert End Date

The screenshot shows the 'Base Information' tab of a software application. The form is divided into several sections. On the left, there are fields for MMIS PA Number (6182080001), Bridge PPA Number (104996), PA Status (APPROVED), Process Status (Accepted by iC), Amendment Status, Process Status Date (07/27/2018), Choose Benefit Plan (254 - HCBS-Elderly, Blind and Disabled (EBD)), and Provider ID (40770141). On the right, there are fields for Client ID\* (Y129188), Client Last Name (PUDDING), Client First Name (APPLE), DOB (01/01/1947), Support Level, Receive Alert (NO), Cert Start Date (10/1/2017), and Cert End Date (9/30/2018). Below these are financial fields: Authorized SPAL/CES Limit, Total SPAL/CES Spend (\$0.00), HCBS AVG Daily Cost (\$53.29), LTHH AVG Daily Cost\*, and Total AVG Daily Cost (\$53.29). The 'Cert Start Date' and 'Cert End Date' fields are highlighted with a yellow box, and a red arrow points to the 'Cert Start Date' field.

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

The screenshot shows the Bridge software interface. At the top, there is a menu bar with options: Open Tab, save, cancel, new, help, Audit, and Show All. Below the menu bar, there are two columns of input fields for client information. The left column includes: MMIS PA Number (6182080001), Bridge PPA Number (104996), PA Status (APPROVED), Process Status (ACCEPTED BY IC), Amendment Status, Process Status Date (07/27/2018), Selected Benefit Plan (HCBS-Elderly, Blind and Disabled (EBD)), Provider ID (40770141), Current Benefit Plan (EBD 01/01/2014-12/31/2299), and Claims Activity. The right column includes: Client ID (V129188), Client Last Name (PUDDING), Client First Name (APPLE), Client Birth Date (01/01/1947), Support Level, Receive Alert (NO), Cert Start Date (10/01/2017), Cert End Date (09/30/2018), Authorized SPAL/CES Limit, Total SPAL/CES Spend (\$0.00), HCBS AVG Daily Cost (\$53.29), LTHH AVG Daily Cost (\$0.00), and Total AVG Daily Cost (\$53.29). Below the input fields are buttons for Sync, Check Limits, Submit PPA, Delete, and Print. At the bottom, there is a tabbed interface with tabs for Base Information, Line Item, Messages, CDASS Allocation, External Text, and Internal Text. The Line Item tab is active, showing a table with columns: Line, Status, Service Description, Units, Dollars, Eff Date, End Date, ADL, IADL, and Goals. The table contains two rows: Line 01 (APPROVED, T2031 -Alternative Care Facility U1, 365.000, \$51.92, 10/01/2017, 09/30/2018, Y, N, Y) and Line 02 (APPROVED, A0100 -NONEMERGENCY TRANSPORT TAXI U1, 100.000, \$5.00, 10/01/2017, 09/30/2018, Y, N, Y). A red arrow points to the Service Description cell of Line 01.

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



- 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).

The screenshot displays a software interface with a table at the top and a detailed form below. The table lists two line items:

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1	273.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y

The detailed form for Line 01 includes the following fields and options:

- Line:** 01
- Rendering Provider ID:** [Search]
- Provider Name:** [Text Field]
- Service:** T2031 -Alternative Care Facility U1
- Service Description:** T2031 -Alternative Care Facility U1
- Additional Service Description:** [Text Field]
- Units:** 273.000
- Dollars:** \$51.92
- Eff Date:** 10/11/2017
- End Date:** 6/30/2018
- Balance Units:** 200.0
- Balance Dollars:** 0.0
- Quantity Used Dollars:** 0.0
- Quantity Used Units:** 0.0
- Claims First Paid Date:** N/A
- Claims Last Paid Date:** N/A
- Receive Alert?:** NO
- Alert Threshold:** 90%
- Status:** APPROVED
- Payment Method:** Pay Unit Fee Price w/Unit Lim
- Claims Activity:**
- Activities of Daily Living:**
  - Bathing:
  - Dressing:
  - Toileting:
  - Mobility:
  - Transferring:
  - Eating:
  - Supervision:
  - Memory/Cognition:
- Instrumental Activities of Daily Living:**
  - Hygiene:
  - Medication Management:
  - Transportation:
  - Money Management:
  - Shopping:
  - Meal Preparation:
  - Laundry:
  - Accessing Resources:
  - House Work:
- Frequency Calculator:**
  - Unit Value: Day
  - No. Days/Hrs/Trips: 0
  - Days/Wk: [Dropdown]
  - No. of Weeks: [Dropdown]
  - No. of Months: [Dropdown]
  - Recommended Units: 0
  - Max Amount: 0
- Goals:** Goal1: test, Goal2: [Dropdown], Goal3: [Dropdown], Goal4: [Dropdown], Goal5: [Dropdown]

Red arrows in the image point to the **Units** and **End Date** fields in the form, indicating the values to be updated.

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.

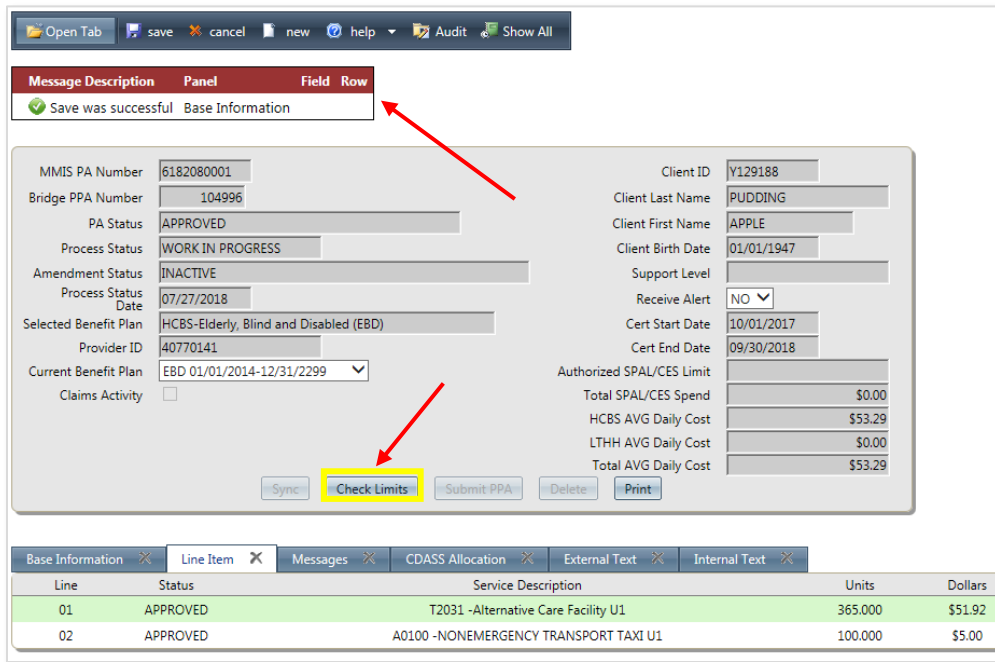
The screenshot displays the Bridge software interface for managing a Personal Plan Agreement (PPA). At the top, there is a menu bar with options like 'Open Tab', 'save', 'cancel', 'new', 'help', 'Audit', and 'Show All'. Below this is a form for PPA details, including fields for MMS PA Number, Bridge PPA Number (104996), PA Status (INACTIVE), Process Status (WORK IN PROGRESS), Amendment Status, Process Status Date (07/26/2018), Selected Benefit Plan (HCBS-Elderly, Blind and Disabled (EBD)), Provider ID (40770141), Current Benefit Plan (EBD 01/01/2014-12/31/2299), Client ID (Y129188), Client Last Name (PUDDING), Client First Name (APPLE), Client Birth Date (01/01/1947), Support Level, Receive Alert (NO), Cert Start Date (10/01/2017), and Cert End Date (09/30/2018). There are also summary statistics for SPAL/CES Spend, HCBG AVG Daily Cost, LTHH AVG Daily Cost, and Total AVG Daily Cost, all showing \$0.00.

Below the PPA details is a table with columns: Line, Status, Service Description, Units, Dollars, Eff Date, End Date, ADL, IADL, and Goals. The table contains two rows:

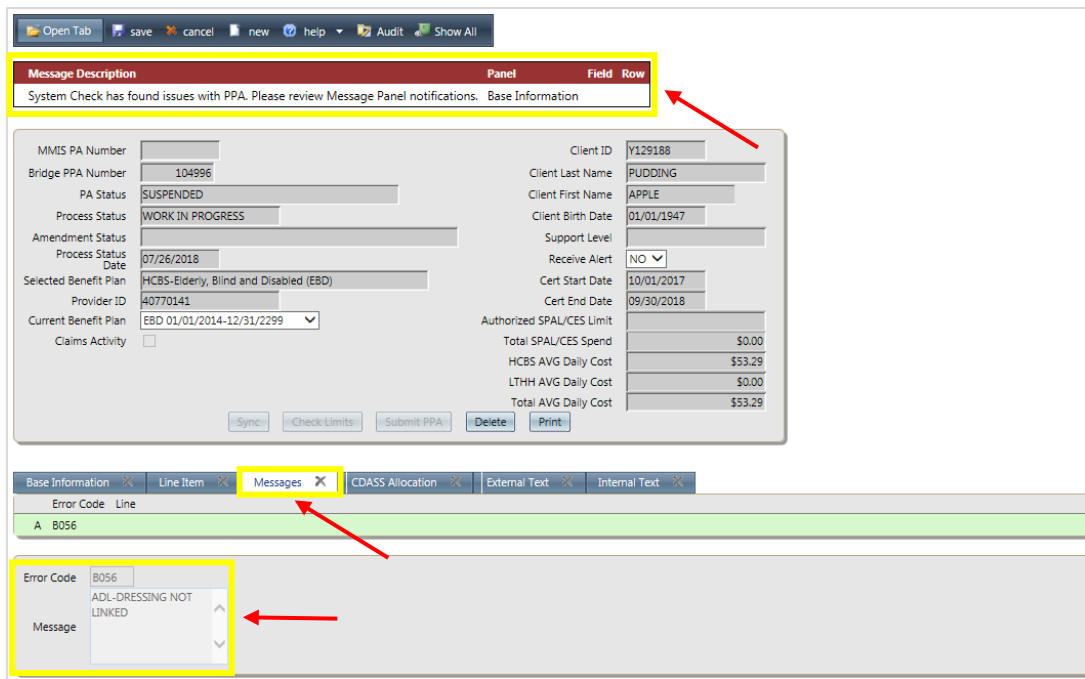
Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
02		A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y
01		T2031 -Alternative Care Facility U1	365.000	\$51.92	10/01/2017	09/30/2018	Y	N	Y

The bottom section of the interface shows a detailed view of the selected service line (Line 02). It includes fields for Rendering Provider ID, Provider Name, Service (A0100 -NONEMERGENCY TRANSPORT TAXI U1), Service Description, Units (100.000), Dollars (\$5.00), Eff Date (10/1/2017), and End Date (9/30/2018). There are also summary statistics for Balance Units, Balance Dollars, Quantity Used Dollars, and Quantity Used Units, all showing 0.0. Claims First Paid Date and Claims Last Paid Date are N/A. Receive Alert is NO, and Alert Threshold is 90%. Payment Method is Pay Unit Fee Price w/Unit LI. A dropdown menu for Goals is visible, with 'Goal1 test' selected. To the right, there are checkboxes for 'Activities of Daily Living' (Bathing, Dressing, Toileting, Mobility, Transferring, Eating, Supervision, Memory/Cognition) and 'Instrumental Activities of Daily Living' (Hygiene, Medication Management, Transportation, Money Management, Shopping, Meal Preparation, Laundry, Accessing Resources, House Work). A 'Frequency Calculator' section includes fields for Unit Value, No. Days/Hrs/Trips (0), Days/Wk, No. of Weeks, No. of Months, Recommended Units, and Max Amount. At the bottom right, there are 'delete' and 'add' buttons. Red arrows point to the 'add' button and the 'Goal1 test' dropdown.

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.

- 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.

Line	Status	Service Description	Units	Dollars
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00

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

Line	Status	Service Description	Units	Dollars
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00

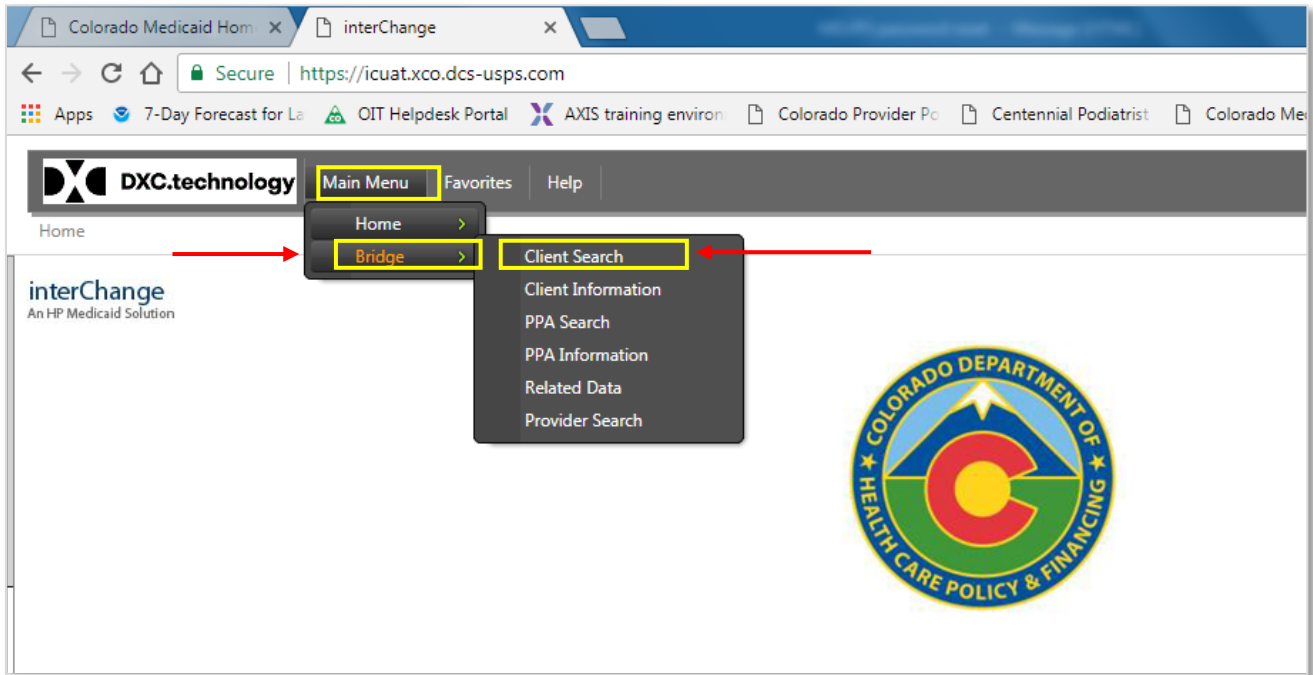
- Now create a new PPA line item for the remainder of the certification period. Refer to section two of this guide for steps necessary to create a new PPA line item.



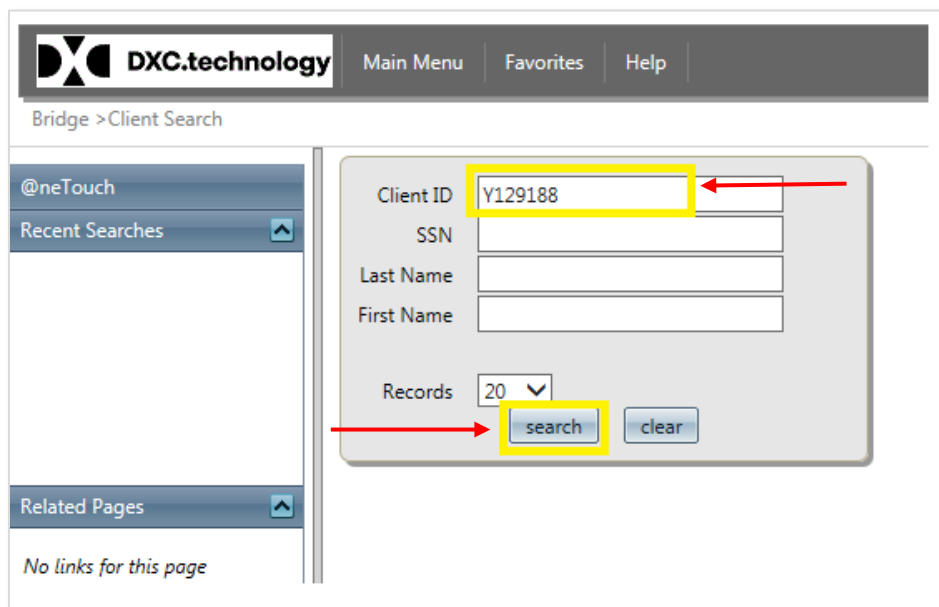
## Section 6 – How to Delete a PETI Worksheet in the Bridge:

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.

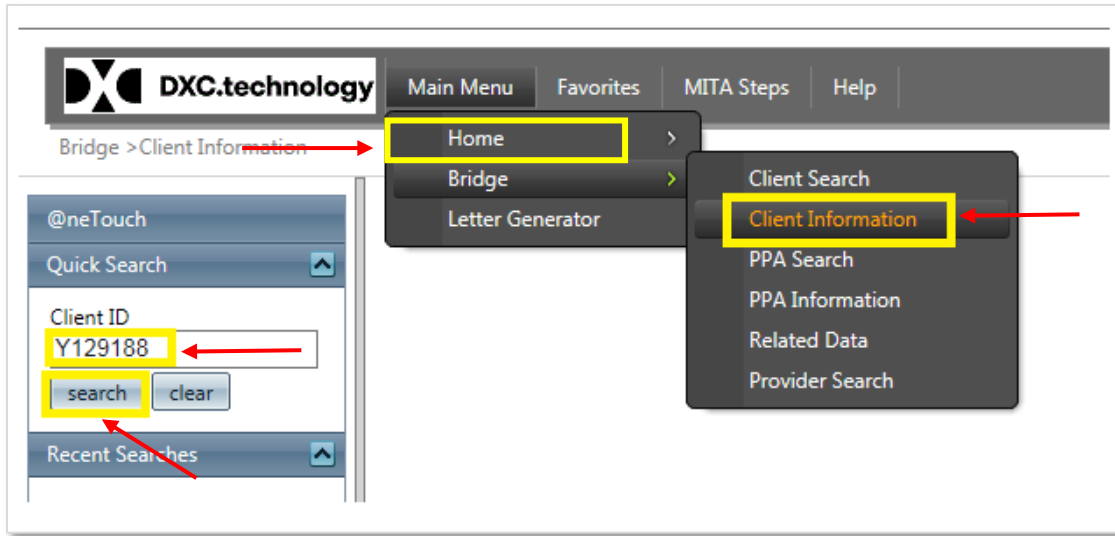
1. Once logged in, open the **Client Search** sub menu from **Bridge** by choosing **Main Menu → Bridge → Client Search**.



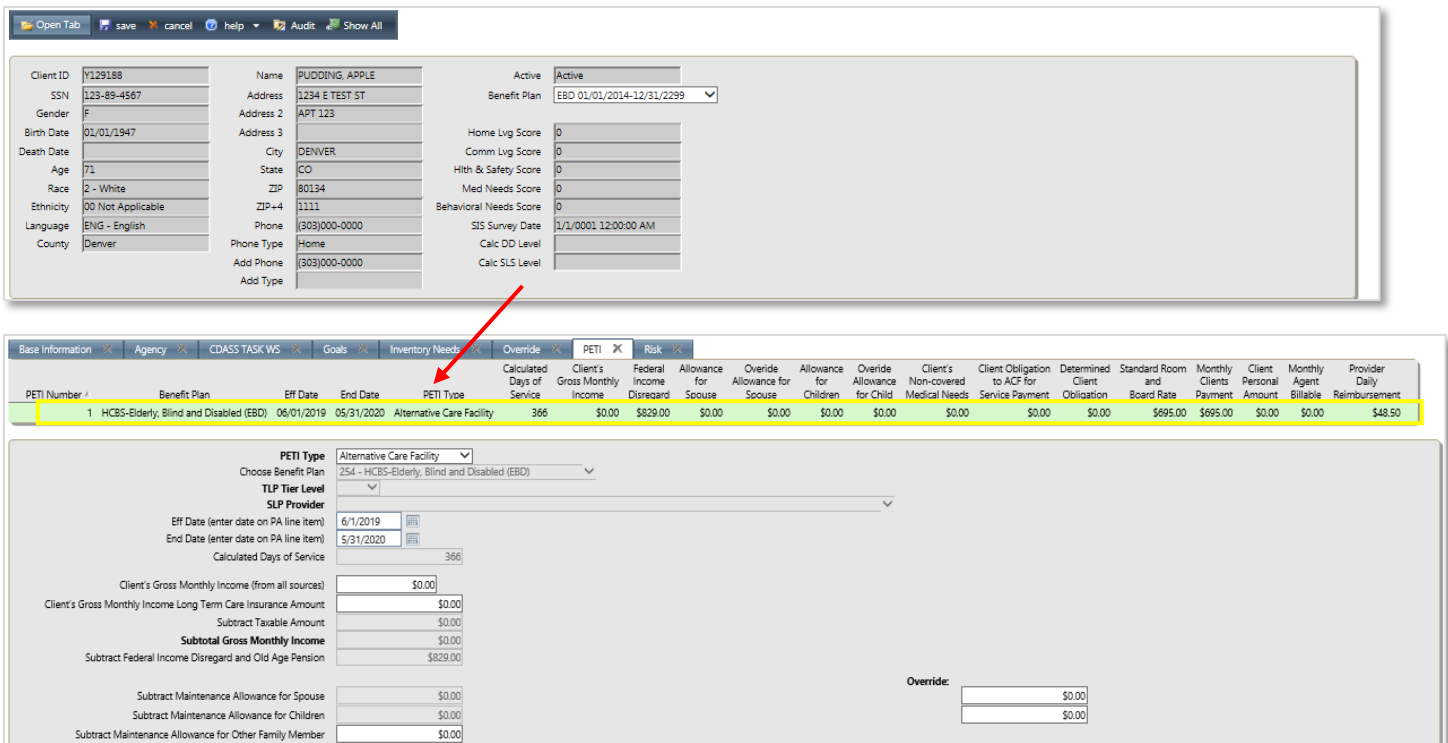
In the **Client Search** panel, Enter the desired **Client ID** and click **Search** button.



(Or) use the **Quick search** option along the left pane by selecting the **Client Information** submenu (Main Menu → Bridge → Client Information) as shown below.

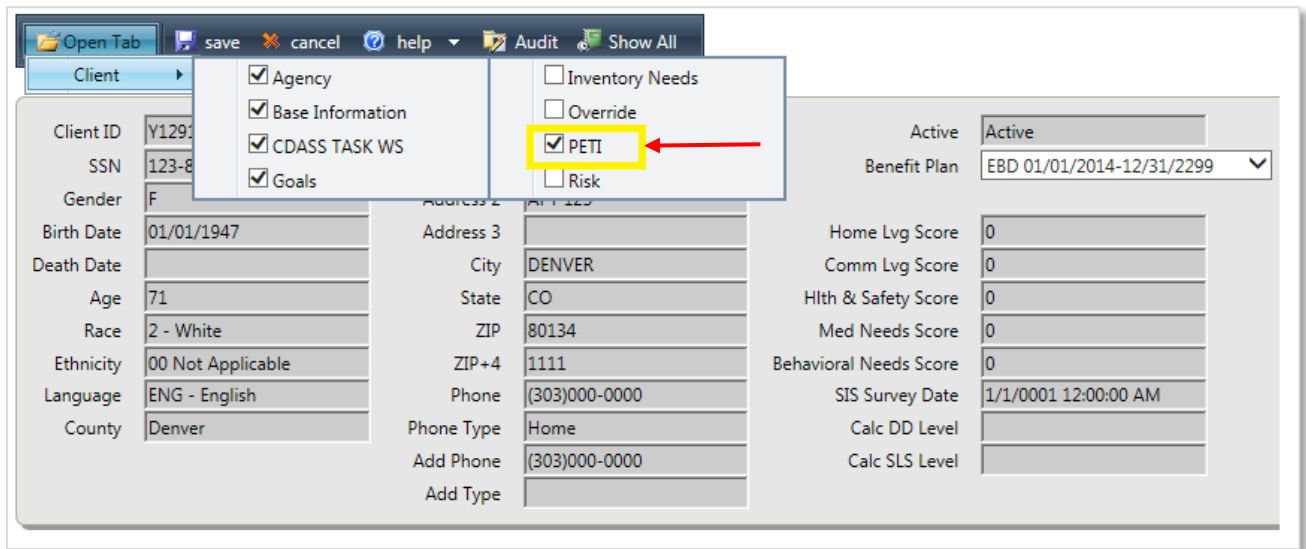


- Go to the **PETI** tab and click on the PETI worksheet that needs to be deleted. If the PETI tab is not visible, please follow the instructions in step three (3) to make the PETI tab visible.



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.



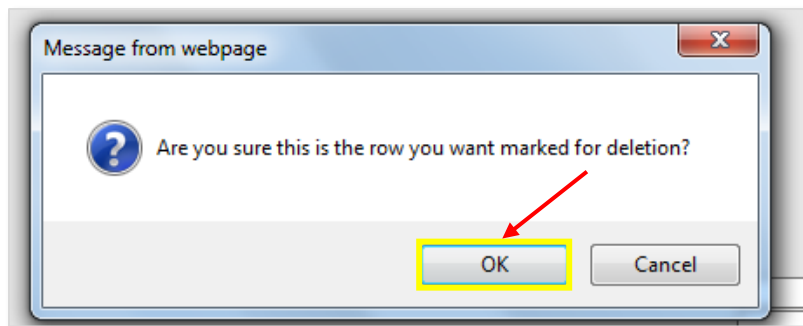
4. Select **delete** button in the bottom pane

The screenshot shows the Bridge software interface. The top pane displays client information for PUDDING, APPLE. The middle pane shows a table of PETI services. A red arrow points to the 'delete' button in the bottom pane.

PETI Number	Benefit Plan	Eff Date	End Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1	HCBS-Elderly, Blind and Disabled (EBD)	06/01/2019	05/31/2020	Alternative Care Facility	366	\$0.00	\$829.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$695.00	\$695.00	\$0.00	\$0.00	\$48.50

The bottom pane shows the details for the selected PETI service. It includes fields for PETI Type, Benefit Plan, TLP Tier Level, SLP Provider, Eff Date, End Date, and various financial calculations. A red arrow points to the 'delete' button at the bottom right of the pane.

5. Click on **OK** button to confirm deletion.



6. Now click **Save** on top left of the menu bar.

The screenshot shows a client information form with the following data:

Client ID	Y129188	Name	PUDDING, APPLE	Active	Active
SSN	123-89-4567	Address	1234 E TEST ST	Benefit Plan	EBD 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123	Home Lvg Score	0
Birth Date	01/01/1947	Address 3		Comm Lvg Score	0
Death Date		City	DENVER	Hlth & Safety Score	0
Age	71	State	CO	Med Needs Score	0
Race	2 - White	ZIP	80134	Behavioral Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	SIS Survey Date	1/1/0001 12:00:00 AM
Language	ENG - English	Phone	(303)000-0000	Calc DD Level	
County	Denver	Phone Type	Home	Calc SLS Level	
		Add Phone	(303)000-0000		
		Add Type			

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

The screenshot shows the same client information form as above, but with a success message at the top: "Base Information - Save was Successful". The menu bar at the bottom shows several tabs: "Base Information", "Inventory Needs", "Override", "CDASS TASK WS", "Agency", "Goals", "Risk", and "PETI". A red arrow points to the "PETI" tab, which is currently selected. Below the tabs, the text "\*\*\* No rows found \*\*\*" is displayed.

## 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.