

# Post-Eligibility Treatment of Income (PETI) and Prior Authorization Request (PAR) Instructions

Updated April 2025

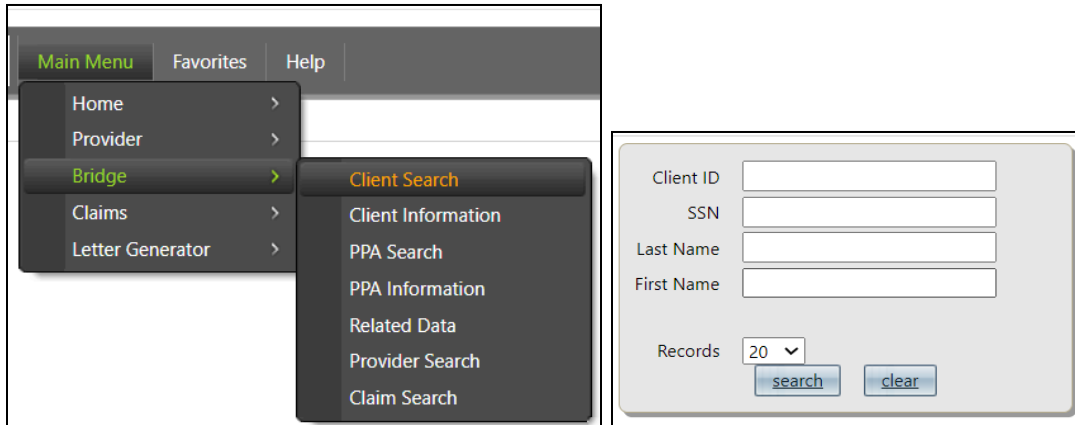
The instructions below outline the necessary steps to add a PETI and PAR.

## *Table of Contents*

Adding A PETI Worksheet In Bridge.....	2
Definitions and Member Questions For Income and Allowance Items.....	6
Definitions.....	6
Member Questions.....	7
Adding PETI Line Items To Bridge PPA (Initial and CSR).....	8
PETI line Item Steps for Initial and CSR Scenarios:.....	8
Adding PETI Line Items To Bridge PPA (Revisions).....	11
PETI Tips and Tricks.....	14
Troubleshooting Guide.....	15
Error Codes.....	15
Eligibility Breaks.....	15
Supervisory Approval:.....	16
Pending State Approval:.....	16
Tax Allowance Over \$300.00.....	16

## Adding A PETI Worksheet In Bridge

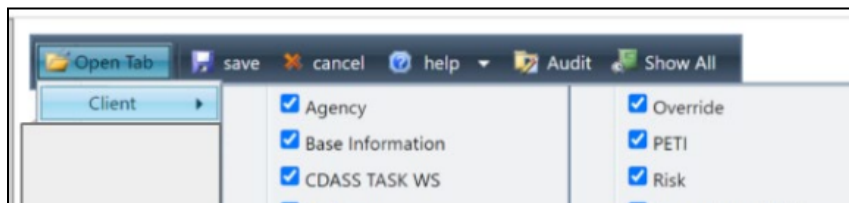
1. Ensure required Care and Case Management (CCM) system tasks are completed prior to completing Bridge tasks to avoid errors.
2. Within the “Main Menu” dropdown, select the “Bridge” dropdown and click on “Client Search,” and find your member.



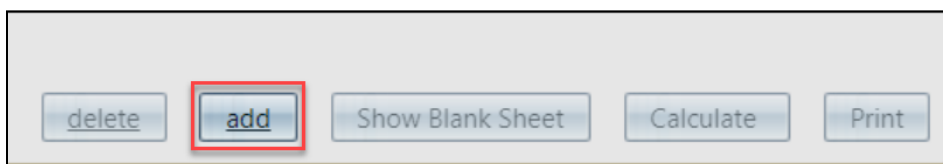
3. The Client Information panel will be displayed. Complete regular PAR items such as Inventory of Needs, goals, etc.
4. Navigate to the “PETI” tab:



**Note:** It may be necessary to open the PETI tab. Select “Open Tab,” “Client,” and select the checkbox next to “PETI”.



5. From the PETI tab, click “Add” in the bottom right corner of the PETI tab.



6. A new PETI worksheet will open.

<b>Base Information</b>	
PETI Type	<input type="text"/>
Benefit Plan*	<input type="text"/>
Eff Date (enter date on PPA line item)	<input type="text"/>
End Date (enter date on PPA line item)	<input type="text"/>
Calculated Days of Service	<input type="text" value="0"/>
County	<input type="text"/>
Tier Level	<input type="text"/>
<b>Member Monthly Income</b>	
Member's Gross Monthly Income (from all sources)	<input type="text" value="\$0.00"/>
Member Gross Monthly Income Long Term Care Insurance Amount	<input type="text" value="\$0.00"/>
<b>Total Monthly Income</b>	<input type="text" value="\$0.00"/>
<b>Maintenance Allowances</b>	
Tax Allowance	<input type="text" value="\$0.00"/>
Personal Needs Allowance	<input type="text" value="\$0.00"/>
Room and Board Rate	<input type="text" value="\$0.00"/>
Amount of Allowance for Member's Non-covered Medical Needs	<input type="text" value="\$0.00"/>
Amount of Maintenance Allowance for Other Family Members	<input type="text" value="\$0.00"/>
<b>Total Allowances including Personal Needs Allowance</b>	<input type="text" value="\$0.00"/>
<b>Member Obligation</b>	
Member's Obligation to Provider for Service Payment	<input type="text" value="\$0.00"/>
Total Member Payment to Provider	<input type="text" value="\$0.00"/>
Member's Total Income to Pay Provider	<input type="text" value="\$0.00"/>
Overage Income	<input type="text" value="\$0.00"/>
<b>Member's Total Income including Personal Needs Allowance</b>	<input type="text" value="\$0.00"/>
<b>Payment to Provider</b>	
Member Payment to Provider	<input type="text" value="\$0.00"/>
Monthly Payment to Provider	<input type="text" value="\$0.00"/>
Monthly Amount Billable by Provider to Medicaid for Remaining Services	<input type="text" value="\$0.00"/>
<b>Medicaid Daily Reimbursement Rate</b>	<input type="text" value="\$0.00"/>
<input type="button" value="delete"/> <input type="button" value="add"/> <input type="button" value="Calculate"/>	

7. Enter the Base Information PETI fields:

- PETI Type** - select Alternative Care Facility or Supported Living Program
- Benefit Plan** - select EBD, CMHS or BI
- Eff Date** - enter ACF/SLP admit date for all cases
- End Date** - Will align with certification end date
- Choose **County** from the dropdown menu
- Tier Level** (SLP only) - select Tier 1-6

<b>Base Information</b>	
PETI Type	<input type="text"/>
Benefit Plan*	<input type="text"/>
Eff Date (enter date on PPA line item)	<input type="text"/>
End Date (enter date on PPA line item)	<input type="text"/>
Calculated Days of Service	<input type="text" value="0"/>
County	<input type="text"/>
Tier Level	<input type="text"/>

8. Update remaining editable fields (Member Monthly Income and Maintenance Allowances, provided by member and all available sources):
  - a. **Member's Gross Monthly Income**
  - b. **Member's Gross Monthly Income Long-Term Insurance Amount**
  - c. **Tax Allowance**
  - d. **Amount of Allowance for Member's Non-covered Medical Needs**
  - e. **Amount of Maintenance Allowance for Other Family Members**

Member Monthly Income	
<b>A</b> Member's Gross Monthly Income (from all sources)	\$1,200.00
<b>B</b> Member Gross Monthly Income Long Term Care Insurance Amount	\$0.00
<b>Total Monthly Income</b>	
	\$0.00
Maintenance Allowances	
<b>C</b> Tax Allowance	\$0.00
Personal Needs Allowance	\$0.00
Room and Board Rate	\$0.00
<b>D</b> Amount of Allowance for Member's Non-covered Medical Needs	\$50.00
<b>E</b> Amount of Maintenance Allowance for Other Family Members	\$100.00
<b>Total Allowances including Personal Needs Allowance</b>	
	\$0.00

9. Select the “Calculate” button in the bottom pane of the PETI worksheet. This will update the calculation based on manually entered amounts.

delete	add	<b>Calculate</b>	Show Blank Sheet
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10. Click **Save** on the top of the screen.

<div>  Open Tab          save          cancel          new          help          Audit          Show All       </div>			
Message	Description	Panel	Field Row
✓	Save was successful	Base Information	

11. Before adding line items in Bridge (see next steps), ensure all other initial Bridge steps (Inventory of Needs, Goals, Risks, etc.) are saved and complete.



**Hot Tip:** Ensure you've first completed your goal in the CCM Care Plan prior to starting this Bridge process. You will want to ensure you are selecting the proper CCM goal. See the **"Service Plan Care Plan and Bridge Interface"** Job Aid for complete instructions.

Base Information Agency CDASS TASK WS Inventory Needs Override PETI Risk Support Level History Goals									
Goal Num	Eff Date	End Date	Text			User ID	HCBS	Non HCBS	Other Insurance
1	06/30/2020	05/31/2021				CM	N	Y	N
2	06/01/2021	05/31/2022					N	Y	N
3	06/01/2022	05/31/2023					N	Y	N
4	06/01/2023	05/31/2024	Test			CCM	Y	N	N

# Definitions and Member Questions For Income and Allowance Items

## Definitions

Case managers will be responsible for working with the member in capturing all required financial information in order for the PETI worksheet to calculate correctly for applicable Room and Board rates, Personal Needs Allowances (PNA), as well as the daily Medicaid rate that is provided to the ACF/SLP. The required financial information for the PETI is:

- **Total Monthly Gross Income:** This must include all sources of income the member receives. For example, if the member receives \$900 a month from Social Security and also receives other income from another source or payout (such as a trust), this would also be included. If the payout, for example, from the member's trust is \$300, then the member's overall monthly gross income would be \$1,200.
- **Long-Term Care Insurance Amount:** This is only if the member receives a payout from other insurance, such as a private paid insurance company, beyond Medicaid. **This may not be applicable to all members.**
- **Maintenance Allowance for Other Family Members:** This may include member income used for costs associated with a spouse living at home. For instance, if a member has a spouse still living at home and the member is moving into an ACF but still shares expenses for the spouse to reside within the home, this amount should be included within the maintenance allowance as a deduction of monthly income for the member. **This may not be applicable to all members.**
- **Maintenance Allowance for an Empty Residence (would be included in the same section as Other Family Member):** This may include member income used for costs associated with an empty residence. For instance, if the member is transitioning from living within a private residence to an ACF/SLP and is still utilizing their income towards the residence, this amount should be included within the maintenance allowance as a deduction of monthly income for the member. **This may not be applicable to all members.**
- **Maintenance Allowance for Non-Covered Medical Needs:** This may include member income used for items such as prescription drugs, supplies, or other medical bills insurance (Medicaid or private insurance) did not cover. For example, \$30 for a prescription and \$150 for a medical bill, this allowance would result in a total amount of \$180. The member must provide the case manager with some type of proof, such as a receipt, that the expense was not covered by insurance. **This may not be applicable to all members.**
- **Tax Allowance:** This may include a monthly payment the member owes the IRS towards their taxes. This amount may not exceed \$300 monthly. Should this amount exceed the \$300 maximum, the case manager will need to reach out to the Department of Health Care Policy and Financing (HCPF) at [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us) to request an exception. **This may not be applicable to all members.**

As discussed, some of these allowances may not be applicable to all members. The case manager needs to work with the member regarding these sections to ensure any deductions the member may qualify for are captured within the PETI worksheet.

Failure to do so may result in the member paying a higher room and board rate than required. However, it is acceptable and normal for some members to not have any allowances to report, resulting in zero deductions for the member.

For more information, review [8.7202.BB.2 Post Eligibility of Treatment of Income \(PETI\) Regulation](#)

## **Member Questions**

The case manager should work with the member throughout the financial sections, with questions such as:

1. What is your overall monthly income?
2. Do you have a spouse living at home?
3. What was your previous living situation?
4. Are you still using your income to pay for your residence?
5. Do you have another insurance provider?
6. Are you required to pay back a monthly amount to the IRS?
7. Are there any prescriptions you have had to pay out of pocket for?

## Adding PETI Line Items To Bridge PPA (Initial and CSR)

Prior to adding PETI Line Items, case managers will complete typical Bridge steps to add PAR in the “PPA Information” section:

- CCM goals completed per the CCM desk aids.
- Bridge Inventory of Needs, IADLs, PETI worksheet, Risk, and any other required items in that Client Search section that is typically done.
- You will begin adding a new PAR via the “PPA Information” section, complete the “Base Information” tab items, and “Save” prior to starting the following line item steps.

### PETI line Item Steps for Initial and CSR Scenarios:

1. Navigate to the “Line Item” tab and click “add” to add a line item:

The screenshot displays the 'Line Item' tab in the Bridge PPA system. The interface is divided into several sections:

- Base Information:** Includes fields for Line, Rendering Provider ID, Provider Name, Eff Date, End Date, Service, Service Description, Additional Service Description, Units, Dollars, Balance Units, Balance Dollars, Quantity Used Dollars, Quantity Used Units, Claims First Paid Date, Claims Last Paid Date, Receive Alert?, Alert Threshold, Status, Payment Method, and Claims Activity.
- Activities Of:** Includes checkboxes for Bathing, Dressing, Toileting, Mobility, Transferring, Eating, Supervision, and Memory/Cognition.
- Instrumental Activities of:** Includes checkboxes for Hygiene, Medication Management, Transportation, Money Management, Shopping, Meal Preparation, Laundry, Accessing Resources, and House Work.
- Frequency Calculator:** Includes fields for Unit Value, No. Days/Hrs/Trips, Days/Wk, No. of Weeks, No. of Months, Recommended Units, and Max Amount.

The 'add' button is highlighted with a red box, indicating the next step in the process.



2. Begin adding your line items in the following order:
  - a. Add **service effective and end dates** (they should match your PETI worksheet).
  - b. Use the dropdown menu to select the appropriate service (**T2031** Alternative Care Facility or **T2033** Supported Living Program).
  - c. Add the applicable **Inventory of Needs** items.

Line 01

Rendering Provider ID [Search]

Provider Name [Search]

Eff Date 12/1/2023

End Date 11/30/2024

Service T2031 - Alternative Care Facility UA

Service Description T2031 - Alternative Care Facility UA

Additional Service Description [Search]

Units 366.000

Dollars \$96.65

Balance Units 366

Balance Dollars \$35,373.90

Quantity Used Dollars \$0.0

Quantity Used Units 0

Claims First Paid Date N/A

Claims Last Paid Date N/A

Receive Alert? N

Alert Threshold 90%

Status APPROVED

Payment Method Pay Unit Fee Price w/Unit I

Claims Activity [X]

Activities Of

Daily Living :

Bathing [X]

Dressing [X]

Toileting [X]

Mobility [X]

Transferring [X]

Eating [X]

Supervision [X]

Memory/Cognition [X]

Instrumental Activities of

Daily Living :

Hygiene [X]

Medication Management [X]

Transportation [X]

Money Management [X]

Shopping [X]

Meal Preparation [X]

Laundry [X]

Accessing Resources [X]

House Work [X]



**Note:** Do not add units or dollar amounts because these items will auto-populate based on the PETI worksheet with matching dates.



**Note:** If Supported Living Program (SLP) - SLP has multiple services in the dropdown menu. Be careful to select the correct service tier.

T2033 - Supported Living Pgm: Tier 1: Score Range: 0-35 U6

T2033 - Supported Living Pgm: Tier 2: Score Range: 36-49 U6 HB

T2033 - Supported Living Pgm: Tier 3: Score Range: 50-59 U6 HE

T2033 - Supported Living Pgm: Tier 4: Score Range: 60-69 U6 HK

T2033 - Supported Living Pgm: Tier 5: Score Range: 70-79 U6 HB HE

T2033 - Supported Living Pgm: Tier 6: Score Range: 80+ U6 HB HK

T2033 - Supported Living Pgm: Tier 7 U6 HB HK SC

T2038 - COMM TRANS WAIVER/SERVICE U6

T2040 - FMS Vendor Fees U6

3. Select **“Add”** in the bottom right corner of the **“Goals Data”** panel (located below the Line Item). Select the Goal from the **“Goal Text”** dropdown menu.

Goals Data

Goal Num	Goals Text	Case Manager	Date Added
NENEGIRL	05/01/2023		

Goal Num:   
 Goal Text\*:   
 Case Manager:   
 Date Added:

delete add

4. Click **“Save”** at the top of the page. You will see the **“Save was successful”** message at the top of the screen.

Open Tab save cancel new help Audit Show All

Message Description	Panel	Field	Row
Save was successful	Base Information		

5. Select **“Check Limits”** on the PPA Information panel. If there are no errors, **“Submit PPA”** will no longer be grayed out.

Open Tab save cancel new help Audit Show All

Message Description	Panel	Field	Row
PPA is now awaiting system submission to PA.	Base Information		



**Note:** If errors are indicated, see the [troubleshooting guide](#).

## Adding PETI Line Items To Bridge PPA (Revisions)

Complete PETI revisions when members have qualifying income changes of \$50 or more per month and/or if they switch ACFs.

1. Navigate to Client Search
2. Find the PETI worksheet and click to edit. Add the end date, click calculate, and save changes.
3. Add a new PETI worksheet with new effective and end dates. Follow the rest of the PETI worksheet process, filling out the updated fields.
4. Search for the PPA you need to revise. Within the “Main Menu” dropdown, select the “Bridge” dropdown and click on “PPA Search.”
5. Navigate to the existing ACF/SLP “Line Item” that needs to be end-dated.



**Tip:** Make a note of the ADL and IADL items (via a screenshot or other method) for the new PPA line item.



**Note:** If there are no ADL/IADL boxes checked on the Line Item, please look below the Line Item to see if a Goal was added. If a Goal is present, please note which Goal has been selected, as you will need this for a future step.

6. Change the “End Date.” The updated units will auto-populate from the updated PETI worksheet.

Line	Status	Service Description
M 01	APPROVED	T2031 - Alternative Care Facility UA

Line	01
Rendering Provider ID	<input type="text"/>
Provider Name	<input type="text"/>
Eff Date	7/1/2024
End Date	12/31/2024
Service	T2031 - Alternative Care Facility UA
Service Description	T2031 - Alternative Care Facility UA
Additional Service Description	<input type="text"/>
Units	184
Dollars	\$109.32
Balance Units	0
Balance Dollars	\$0.0
Quantity Used Dollars	\$0.0
Quantity Used Units	0

7. Click “Save” at the top of the page. Ensure the “Save was successful.”
8. Add a new line item matching the new PETI worksheet:
  - a. Enter the “Effective Date” and “End Dates.”
  - b. Once the dates are entered, the “Service” drop-down menu will allow you to select the same service that was previously authorized.

- i. The procedure code and modifiers must match.
- c. Select “Activities of Daily Living” and “Instrumental Activities of Daily Living.”
  - i. These values must match those on the previous ACF/SLP Line Item.
- d. The “Units” and “Dollars” fields should automatically populate based on the new PETI worksheet with matching dates and services.

Line	Status	Service Description	Units	Dollars	Eff Date	End Date
A 03		T2031 - Alternative Care Facility UA	153.000	\$96.65	07/01/2024	11/30/2024
01	APPROVED	T2031 - Alternative Care Facility UA	213.000	\$96.65	12/01/2023	06/30/2024
02	APPROVED	A0100 - NONEMERGENCY TRANSPORT TAXI UA	208.000	\$26.05	12/01/2023	11/30/2024

Line: 03  
 Rendering Provider ID:   
 Provider Name:   
 Eff Date: 7/1/2024  
 End Date: 11/30/2024  
 Service: T2031 - Alternative Care Facility UA  
 Service Description: T2031 - Alternative Care Facility UA  
 Additional Service Description:   
 Units: 153  
 Dollars: \$96.65  
 Balance Units: 0  
 Balance Dollars: \$0.0  
 Quantity Used Dollars: \$0.0  
 Quantity Used Units: 0  
 Claims First Paid Date: N/A  
 Claims Last Paid Date: N/A  
 Receive Alert? NO  
 Alert Threshold: 90%  
 Status:   
 Payment Method: Pay Unit Fee Price w/Unit  
 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 ☒



**Note:** If the member receives SLP, please note that SLP has multiple services in the dropdown menu. Be careful to select the correct one.

9. Click “Save” at the top of the page. Ensure the “Save was successful.”

10. Add goals. Select “Add” in the bottom right corner of the “Goals Data” panel (located below the Line Item). Select the Goal from the “Goal Text” dropdown menu.

The screenshot shows a panel titled "--Goals Data--". At the top is a table with columns: Goal Num, Goals Text, Case Manager, and Date Added. The first row has values: A, CASEMGR1, and 06/03/2024. Below the table is a form with fields for Goal Num, Goal Text\* (a dropdown menu showing "15-Lauren's goal is to remain safe and healthy in the ACF."), Case Manager (a text box with "Ravi, Packirisamy"), and Date Added (a text box with "06/03/2024"). In the bottom right corner of the form are two buttons: "delete" and "add".

11. Click “Save” at the top of the page.

12. Select “Check Limits”

- a. If errors are indicated, check the “Messages” tab and the [troubleshooting guide](#).

The screenshot shows a panel with several tabs at the top: Base Information, Line Item, CDASS Allocation, Claim List, Internal Text, External Text, Attachments, and Messages. The Messages tab is selected. Below the tabs is a table with columns: Error Code and Line. The first row has values: B015 and a green bar. Below the table is a form with fields for Error Code (a text box with "B015"), Message (a text box with "SPAL REQ SUPERVISOR APPROVAL"), and Resolution (a text box with "SPAL IS OVER THE LIMIT AND REQUIRES SUPERVISOR REVIEW. PLEASE REQUEST A SUPERVISOR TO REVIEW AND SUBMIT THE PPA.").

13. If there are no errors, click “Submit PPA”.

The screenshot shows a panel with buttons: Sync, Check Limits, Submit PPA (highlighted with a red box), Delete, and Print. Above the buttons are labels: LTHH AVG Daily Cos and Total AVG Daily Cos. Below the buttons is a table with columns: Message Description, Panel, Field, and Row. The first row has values: PPA is now awaiting system submission to PA. Base Information.

## PETI Tips and Tricks

- Complete Inventory of Needs Prior to adding PETI worksheet.
- The PETI worksheet must be completed prior to adding Bridge line items.
- Be sure to complete CCM goals per CCM desk aides to avoid PAR issues. See the “Service Plan, Care Plan, and Bridge Interface” Job Aid.
- Sometimes, you need to double-click “**Save**” to get a save to take. Make sure it is confirmed as saved.
- The bridge can time out on you after a few minutes. Be careful to input your information and save it promptly.
- Holding down the "control" button and clicking on the links in Bridge will open up Bridge items in another browser window.
- Sometimes, you may need to click on the area surrounding a drop-down menu to get the selection to display in the drop-down menu.

# Troubleshooting Guide

## Error Codes

- The most common error codes are:
  - B074: Benefit Plan Eligibility Break
  - B098: Goals not present from CCM
  - B050: Goals not attached to service
  - B085: Goal dates do not match the dates of the PPA



**Note:** Please make every effort to resolve your Bridge error codes by reviewing the messages in the Bridge.

To request support for a CCM system issue, call CCM Support Center (888) 235-6944 or complete and send a [CCM Support Request Form](#) attached to an encrypted email to [ccmsupport@assurecare.com](mailto:ccmsupport@assurecare.com)

For Bridge issues, case managers should contact the CCM Help Desk by emailing [ccmhelpdesk@gainwelltechnologies.com](mailto:ccmhelpdesk@gainwelltechnologies.com)

If you continue to receive a **B074 error code** after attempting all resolutions, please follow the Eligibility Escalation process below.

## Eligibility Breaks

- Should you experience a B074 error code that persists, this means that the member may have a disruption in their waiver benefit. This could be due to a system glitch within Interchange and/or CCM. This could also mean that the member has lost eligibility per CBMS. This will require an escalation to be submitted for the member in order for HCPF to review the case and escalate to the appropriate team for resolution. You will not be able to proceed with the PPA until this is resolved. Please adhere to the Eligibility Escalation process:
  - If you are experiencing any type of eligibility disruption that significantly impacts business, please use the [escalation form](#) for any case management and/or county eligibility issue, technical issue, etc.
  - Following any escalation, please send an encrypted email to [Victoria.Rodgers@state.co.us](mailto:Victoria.Rodgers@state.co.us) with the following information:
    - Member Name
    - Member Medicaid ID
    - Member County
    - Member Case Management Agency
    - Member Escalation Number (found via the escalation submission form)

## **Supervisory Approval:**

- Should you receive an error message such as “Avg Daily Cost is over the case manager limit and requires supervisor review. Request a supervisor to review and Submit the PPA.” Please have your supervisor submit the PPA for you under their credentials in order for the PPA to be successfully approved.

## **Pending State Approval:**

- Case managers should be aware that the LTSSOCC Inbox will be decommissioned starting July 1, 2025. Case managers will still need to use the [LTSSOCC Inbox](#) for PPA approvals until June 30, 2025, should an error message be received when submitting the PPA that displays “Pending State Review.” After July 1, 2025, case managers should not experience an error for “Pending State Review” as it relates to PETI due to the automation of units and rates pulled from the PETI worksheet. If you experience issues submitting the PPA relating to PETI, please email [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us) for additional guidance.

## **Tax Allowance Over \$300.00**

If you need a Tax Allowance exception where the amount is over \$300, email [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us) to request an exception.