

**SMMC Managed Care Plan Report Guide  
Participant Direction Option (PDO) Roster Report Summary**

12/19/2024

**BENEFIT TYPE(S)**

The Managed Care Plan providing the following benefit type(s) must submit this report:

- LTC
- MMA & MMA Specialty
- Dental

**REPORT PURPOSE:**

The purpose of this report is to provide information about the total number of participants enrolled in and total number of participants who have discontinued participation from the Participant Direction Option (PDO), for enrollees receiving LTC services. The report includes the PDO services provided to each participant, the PDO services that were discontinued during the report month and the reasons for discontinuing participation.

**FREQUENCY & DUE DATES:**

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
M = Monthly	Two-digit month of data being reported

This report is due within thirty (30) calendar days after the end of the reporting month.

**REPORT CODE & SUBMISSION:**

Report Code	0137
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Using the file naming convention described in Chapter 2, the managed care plan must submit the required documentation to the applicable SFTP site, as specified in Chapter 2:

- Participant Direction Option (PDO) Roster Report using the template provided.
- A report attestation as described in Chapter 2.

**INSTRUCTIONS:**

1. The Managed Care Plan must create the Participant Direction Option (PDO) Roster Report in the format and layout specified in the report template.
2. For the reporting month, the report must include a list of all PDO participants.
3. The report will also include any participants who were disenrolled from the PDO for the month being reported and the reasons for discontinuing participation.

Note: If a participant does not have any direct service workers receiving a paycheck for more than thirty (30) calendar days, the participant must be reported as disenrolled from PDO.

4. The report will include the PDO services that each PDO participant is currently receiving and the PDO services that the disenrolled participant was receiving up until disenrollment.

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**VARIATIONS BY MANAGED CARE PLAN TYPE:**

No variations.

**REPORT TEMPLATE:**

The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

**AMENDMENT HISTORY:**

<b>PLAN COMMUNICATION</b>	<b>DATE</b>	<b>RECAP OF CHANGE(S)</b>
<b>RCN 2024-06</b>	<b>12/19/2024</b>	Due date changed from fifteen (15) to thirty (30) calendar days after the reporting month.
<b>None</b>	<b>None</b>	No change(s) from the SMMC Report Guide 9/1/2019.

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