BENEFIT TYPE(S)

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

- ☒ IDD
- ☒ LTC

REPORT PURPOSE:

The purpose of this report is to provide information on the current physical location of each enrollee receiving LTC services. The report may be used for disaster recovery planning and relief and is also designed to track individuals who are transitioning between settings (e.g., nursing facility to community and vice versa).

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 fifteen (15) calendar days after the end of the reporting month.

REPORT CODE & SUBMISSION:

Report Code	0129

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:

➤ Enrollee Roster and Facility Residence Report using the template provided.
➤ A report attestation as described in Chapter 2.

INSTRUCTIONS:

This report must include all enrollees currently enrolled in the Managed Care Plan.

The Managed Care Plan must submit the Enrollee Roster and Facility Residence Report in the format and layout specified in the report template.

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:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	**None**	***Update 2/26/2025***: • Increased the drop-down menu for "Date of Initial Face-to-Face Visit" to continue throughout the column. • "Home" was added to the drop-down menu for "Residential Setting Type." • "Yes", "No", or "N/A" options added to drop-down menu for "Did Enrollee Transition From Another Setting Type?" column.