

**SMMC Managed Care Plan Report Guide  
Participant Direction Option Report Summary**

**02/01/2025**

**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 benefits. 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:**

<b>Report Code</b>	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 program for the month being reported and added to the PDO Disenrolled Roster with 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.

PDO Enrolled Roster tab:

- Managed Care Plan Name

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- Reporting Date (MM/DD/YYYY)
- Enrollee's Last Name
- Enrollee's First Name
- Enrollee's Medicaid ID number (10 digits)
- Region: select the region from the drop-down menu
- County of Residence: select the county from the drop-down menu
- PDO Services Received: place an "X" in the appropriate box(es)
- PDO Enrollment Date: insert the enrollee's date of enrollment for PDO
- Date Enrollee Elected to Participate
- Date PDO-trained CM was assigned
- Number of days between date the enrollee elected to participate and date PDO-trained CM was assigned
- Comments

**PDO Disenrolled Roster tab:**

- Enrollee's Last Name
- Enrollee's First Name
- Enrollee's Medicaid ID number (10 digits)
- Region: select the region from the drop-down menu
- County of Residence: select the county from the drop-down menu
- PDO Enrollment Date: insert the enrollee's date of enrollment for PDO
- PDO Disenrollment Date: insert the date the enrollee was disenrolled from PDO
- PDO Disenrollment Reason: select the reason for disenrollment from the drop-down menu (if "other" is selected, please include a description in the comments section)
- Comments

**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>
None	None	None

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