

## **Incontinence Supplies**

**Definition:** Diapers, under pads, wipes, liners, and disposable gloves provided to participants who are incontinent of bowel and/or bladder.

### **\*PLEASE NOTE\***

Some State Funded Community Supports participants may be Medicaid Eligible (e.g., did not meet LOC for Waiver but Medicaid eligible). If the participant is Medicaid eligible, he/she may be eligible for the some supplies if deemed by Medicaid to be medically necessary. Medicaid may provide:

- One (1) case of diapers or briefs [1 case = 96 diapers or 80 briefs]
- One (1) case of incontinence pads/liners [1 case = 130 pads]
- One (1) case of under pads
- One (1) box of wipes
- One (1) box of gloves

*If the SFCS participant may be eligible for incontinence supplies, call 855-278-1637 to refer to SCDHHS for services.*

**Providers:** Incontinence Supply providers will be chosen by the participant/representative or the CM Provider.

**Reimbursement method:** Participants can choose to purchase incontinence supplies and be reimbursed by the Case Management Provider. If the participant / representative is willing and able to purchase the needed supplies and follow the specific instructions from the Case Manager Provider in order to be reimbursed, needed supplies can be secured using this method. The participant / representative will not be reimbursed for more than the “maximum amount per month” noted on the authorization form.

**Case Manager Provider Purchase method:** If the participant / representative is not willing or able to be reimbursed for purchased products, needed products can be purchased by the Case Manager Provider and delivered to the participant. Participants will use incontinence supply providers selected by the Case Manager Provider.

See billing procedures in SFCS Manual for additional information.

**Note:** The Case Manager provider must not charge the participant for delivering supplies from an agency location to the participant.

**Arranging for the Service:** Once the need for supplies has been identified and documented on the Support Plan, the purchase method must be determined and the *State Funded Community Supports Budget Calculator* completed and submitted with the plan for review. Under no circumstances may the annual cost limit of the State Funded Community Supports be exceeded. If the service is approved by DDSN, the *SFCS Authorization – Incontinence Supplies (Bill to CM Provider)* can be completed.

If the reimbursement method is used, the authorization will be issued to the participant/representative. If the Case Manager Provider Purchase method is used, the authorization will be issued to the Case Manager provider or Incontinence Supply provider. The Case Manager provider will request reimbursement from DDSN. See billing procedures in the SFCS Manual, section 7.

Ongoing services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year. The authorization will remain in effect until a new authorization is issued or a *Notice of Reduction or Termination Form (SFCS Form 4)* is issued.

**Monitoring:** Incontinence Supplies must be included on the Plan; the Plan must be monitored in accordance with DDSN Case Management Standards.

**Reduction or Termination of Services:** When Incontinence Supplies are being reduced or terminated the **Notice of Reduction or Termination (SFCS Form 4)** must be used to notify the participant/representative and the Case Manager provider. For additional information, see the SFCS Manual, section 6.