

## **Incontinence Supplies (Age 21 and over)**

**Definition:** Diapers, underpads, wipes, liners, and disposable gloves provided to participants who are at least **twenty-one (21) years old** and who are incontinent of bowel and/or bladder according to the established medical criteria.

**Providers:** Incontinence supplies are to be provided by licensed **vendors enrolled with SCDHHS as Incontinence Supply providers.**

**Conflict Free Case Management:** In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

**Criteria:** The following criteria must be met for participants to receive incontinence supplies funded through the waiver:

1. The waiver participant must be age 21 or above.
2. The waiver participant's inability to control bowel or bladder function must be confirmed by a Physician on the **Physician Certification of Incontinence (DHHS Form 168IS)**. This form will be completed and tracked by the Incontinence Supply Provider.
3. The Waiver Case Manager must conduct an assessment to determine the frequency and amount of supplies authorized

**Covered Supplies:** Medically necessary incontinence supplies are available through the Medicaid State Plan which must be accessed prior to the Intellectual Disability/Related Disabilities (ID/RD) Waiver.

Medicaid State Plan offers the following supplies based on medical necessity:

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

In addition to incontinence supplies offered by Medicaid State Plan, the ID/RD waiver may offer the following based on documented need in the participant's record:

- One (1) box of disposable gloves monthly
- Up to two (2) cases of diapers/briefs monthly [1 case = 96 diapers or 80 briefs]
- Up to two (2) cases of underpads monthly
- Up to eight (8) boxes of wipes monthly
- Up to two (2) boxes of incontinence pads (liners) monthly [1 case = 130 pads]

Incontinence supplies offered through the Medicaid State Plan and the ID/RD waiver may not meet the supply demands for all waiver participants.

**Arranging for the Service:** Once the participant’s need has been identified and documented in the plan and the participant’s record, the WCM must complete an assessment to determine the frequency of incontinence and the amount of supplies to be authorized. The frequency definitions are as follows:

### Bladder rating

Occasional	Incontinent bladder episodes one to two times per week.	One case per quarter through State Plan
Frequent/Persistent Incontinence	Incontinent bladder episodes approximately between 3 to 6 times a week, but has some control OR if the client is being toileted (w/extensive assistance) on a regular schedule.	Two cases every quarter through State Plan
Total Incontinence	No control of incontinent bladder episodes/ occurs daily.	One case per month through State Plan and up to two additional cases funded by the waiver per month. Based on assessed need.

### Bowel rating

Occasional	Incontinent bowel episode once a week	One case per quarter through State Plan
Frequent/Persistent Incontinence	Incontinent bowel episodes, two or more times per week but, not daily.	Two cases every quarter through State Plan
Total Incontinence	No control of incontinent bowel episodes/ occurs daily.	One case per month through State Plan and up to two additional cases funded by the waiver per month. Based on assessed need.

If the participant has an ostomy or catheter for urinary control and an ostomy for bowel control, only underpads may be authorized.

If the participant has an appliance for bowel or bladder control, diapers may be authorized based on the frequency of incontinence.

In addition to the State Plan allowable amounts, in order to receive diapers funded through the waiver, the participant should be assessed as having “Total Incontinence”. When conducting the assessment, the WCM should consider the average number of diapers used per day to calculate the number of cases of diapers and/or other supplies needed per month. This should be thoroughly recorded in case notes to justify the need and communicated via the budget comments.

The WCM must offer choice of provider to the participant/primary caregiver and document this offering. Once the assessment has been completed, approval must be requested from SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider along with a copy of the **Physician Certification of Incontinence (DHHS Form 168IS)**. Only the top portion of this form should be completed in order to provide the Incontinence Supply Provider with the Physician contact info as well as the participant’s demographic information. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

**Note:** Authorizations for wipes are based on the presence of an incontinence need only; therefore, a participant must also be receiving diapers and/or underpads in order to receive wipes. Wipes cannot be authorized for cosmetic or other general hygiene purposes. Wipes can only be authorized for the participant’s incontinence care.

**Note:** The Incontinence Supply Provider is responsible for obtaining a new Certification of Incontinence. To do this, the provider will request the Certification of Incontinence form from the WCM. The WCM must complete the top portion of the form and return to the Provider.

**Monitoring the Services:** The WCM must monitor the service for effectiveness, usefulness and participant satisfaction. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in the number of supplies authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the WCM monitor this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- The health, safety and well-being of the participant;
- The service adequately addresses the needs of the participant;
- The service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- The participant/representative is satisfied with their chosen provider/s.

Questions to consider:

- Has the participant's health status changed since the last monitorship? If so, do all authorized supplies continue to be needed at the current rate?
- Are the amounts appropriate or do they need to be changed?
- Has the participant improved in his/her ability to toilet? If so, can the amount of supplies be decreased?
- Are there any new needs?
- Does the participant receive his/her monthly supplies in a timely manner?
- When was the last time the supplies were received?
- Is he/she satisfied with the provider of the service?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 9** for specific details and procedures regarding written notification and the reconsideration/appeal process.