

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 could 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.

Arranging for the Service: Once the participant's has been determined to be incontinent and the need for supplies has been identified and documented on the Support Plan, the method to be used for securing supplies must be determined.

Providers:

- Reimbursement Method: Participants can choose the incontinence supplies providers they use.
- Financial Management Agency Method: Participants will use providers selected by the Financial Management Agency.

Reimbursement method: If the participant / representative is willing and able to purchase the needed supplies and follow the specific instructions from the Financial Management Agency in order to be reimbursed, needed supplies can be secured using this method. When this method will be used, the **Authorization/Request for Incontinence Supplies [State Funded Community Supports (IS 1)]** will be used. The participant / representative must be given the specific instructions for requesting reimbursement from the Financial Management Agency. These instructions will be provided by the Financial Management Agency. The **Authorization/Request for Incontinence Supplies [State Funded Community Supports (IS 1)]** should reflect the needed products and quantity along with the maximum amount per month for all needed incontinence supplies. The participant / representative will not be reimbursed for more than the "maximum amount per month" noted on the form. When completed, copies of the form should be shared with the participant / representative and with the Financial Management Agency. The State Funded Community Supports (IS 1) will remain in effect until a new authorization is issued or a Notice of Reduction or Termination is issued.

Financial Management Agency Purchase method: If the participant / representative is not willing or able to be reimbursed for purchased products, needed products can be purchased by the Financial Management Agency and delivered to the participant.

When this option is used, the **Authorization/Request for Incontinence Supplies [State Funded Community Supports (IS 2)]** will be used. Very specific information must be provided to the Financial Management Agency so that needed items can be purchased (e.g., size needed, preferred brand, other specifications like "latex free", etc.). If needed, attach additional pages (e.g., printed manufacturer's or supplier's website that specific product to be purchased).

The maximum amount per month for all needed incontinence supplies must be noted. The Financial Management Agency will not purchase supplies that cost in excess of the maximum monthly amount noted on the **Authorization/Request for Incontinence Supplies [State Funded Community Supports (IS 2)]**.

Whether or not the participant / representative is willing to pick supplies up from the Financial Management Agency's offices or other agency location rather than having the supplies shipped /delivered to the home should be noted. If the participant / representative is not willing to pick up supplies, the maximum monthly amount must include costs for shipping / handling / delivery. Note: the Financial Management Agency shall not charge the participant for delivering supplies from an agency location to the participant.

The form must also indicate a shipping address for the Incontinence Supplies if the address is different than the participants address noted at the top of the Authorization/Request for Incontinence Supplies [State Funded Community Supports (IS 2)].

The maximum amount per month of the item must be added to the **State Funded Community Supports Budget Calculator**. Under no circumstances may the annual cost limit of the State Funded Community Supports be exceeded

When the Financial Management Agency determines the means by which products will be supplied, the Financial Management Agency will notify the Case Manager of the method and the cost of the item. The actual amount per month of the products must be added to the State Funded Community Supports Budget Calculator, to update the cost from the maximum to the actual.

The State Funded Community Supports (IS 2) will remain in effect until a new authorization is issued or a Notice of Reduction or Termination is issued.

The need for Incontinence Supplies must be documented in the Support Plan and the plan must be approved by the DDSN Waiver Admin Division before services can be authorized.

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 Financial Management Agency. See the Case Management section for more information.