Definition: Diapers, under pads, 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 must be provided by licensed vendors enrolled with SCDHHS as Incontinence Supply providers.

Criteria: The following criteria must be met for participants to receive incontinence supplies:

1. The waiver participant must be age 21 or older.
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).
3. The 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. They must be accessed prior to the CS Waiver.

<table>
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<th>Medicaid State Plan offers the following based on medical necessity:</th>
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<tr>
<td>One (1) case of diapers or briefs [1 case = 96 diapers or 80 briefs] monthly</td>
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<tr>
<td>One (1) case of incontinence pads/liners [1 case = 130 pads] monthly</td>
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<tr>
<td>One (1) case of under pads monthly</td>
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<tr>
<td>One (1) box of wipes monthly</td>
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<td>One (1) box of gloves monthly</td>
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In addition to incontinence supplies offered by Medicaid State Plan, the CS Waiver may offer the following additional incontinence supplies based on documented need in the participant’s record. Please note: it is possible that incontinence supplies offered by the Medicaid State Plan and the CS Waiver may not meet the requests presented by all waiver participants.

- 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 under pads monthly
- Up to eight (8) boxes of wipes monthly
- Up to two (2) cases of incontinence pads (liners) monthly [1 case = 130 pads]

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

Occasionally Incontinent =
  - Bladder—Not daily. Approximately 2 or less times a week
  - Bowel—Approximately once a week

Frequently Incontinent =
  - Bladder—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.
  - Bowel—Approximately between 2 to 3 times a week.

Totally Incontinent =
  - No control of bladder or bowel
NOTE: If the participant has an ostomy or catheter for urinary control and an ostomy for bowel control, only underpads may be authorized.

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

In order to receive diapers funded through the waiver in addition to the State Plan allowable amounts the participant should be assessed as being more than “Frequently Incontinent”. When conducting the assessment the Case Manager should consider the number of diapers used on average/per day to calculate the number of cases of diapers and/or other supplies needed per month. This should be thoroughly recorded in service notes to justify the need. The participant’s Support Plan must be updated to include the need for Incontinence Supplies with the amount, frequency and duration. The SCDDSN Waiver Administration Division will review the request.

Once approved, the participant must make a choice of provider and you must complete the Authorization for Incontinence Supplies (Form IS-1) and send it to the 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. A copy of the authorization must remain in the participant’s file.

Note: As needed the Incontinence Supply Provider will need to obtain a new Certification of Incontinence. In order to do this they will request a copy of the form from the Case Manager. The Case Manager will fill out the top portion of the form and send it to the Provider.

Note: Authorizations for wipes are based on the presence of an incontinence need only. Wipes cannot be authorized for cosmetic or other general hygiene purposes. They can only be authorized for the participant’s incontinence care.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant’s/family’s satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. Incontinence Supplies must be monitored at least monthly for the first two months and then at least every six months thereafter. You must start the monitoring process over with each new provider

Questions to include in your monitoring:
→ Has the participant’s health status changed since your 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 appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See Chapter 8 for specific details and procedures regarding written notification and the appeal process.