# Incontinence Supplies (Age 21 and over)

**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 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. They must be accessed prior to the CS Waiver.

**Medicaid State Plan offers the following 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 under pads monthly**
**One (1) box of wipes monthly**
**One (1) box of gloves monthly**

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 <u>and</u> an ostomy for bowel control, <u>only</u> under pads may be authorized.**

**NOTE: If the participant has an appliance for bowel <u>or</u> 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 Waiver 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. <u>This should be thoroughly recorded in service notes to justify the need.</u> 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.

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 individual'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.

The service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

**<u>Note:</u> 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 Waiver Case Manager. The Waiver Case Manager will fill out the top portion of the form and send it to the Provider.**

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

**<u>Monitoring the Services:</u>** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. 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 units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors 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 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.