

## **Incontinence Supplies**

Revised November 2019

### **Definition**

Incontinence Supplies are diapers, briefs (protective underwear), incontinence pads (liners), under pads, wipes, and gloves needed by a HASCI Waiver participant age 21 years or older who is certified by a physician to be incontinent of bladder and/or bowel. It is an Extended State Plan Service to allow additional items above limits of the Medicaid State Plan.

### **Service Unit**

If funded by the HASCI Waiver, the following service units apply to Incontinence Supplies:

Diapers	case	(96 diapers)
Briefs (Protective Underwear)	case	(80 briefs)
Incontinence Pads (Liners)	case	(130 pads)
Under Pads	case	(medium 200 pads; large-150 pads)
Wipes	box	(70 wipes)
Gloves	box	(100 gloves)

For rate information, refer to the SCDHHS website: [www.scdhhs.gov](http://www.scdhhs.gov) >Homepage >For Providers >Fee Schedules >Incontinence Supplies.

### **Service Limit / Restrictions**

The **Medicaid State Plan** allows the following incontinence supplies for adults age 21 years and older who meet medical necessity criteria:

#### **Diapers, Briefs, Incontinence Pads, and Under Pads**

- Occasional Incontinence: one (1) case per quarter
- Frequent Incontinence: two (2) cases per quarter
- Total Incontinence: one (1) case per month

#### **Wipes and Gloves**

- Occasional Incontinence: one (1) box per quarter
- Frequent Incontinence: two (2) boxes per quarter
- Total Incontinence: one (1) box per month

A participant who has Occasional Incontinence will have supply needs met within above limits of the Medicaid State Plan. Incontinence Supplies funded by the HASCI Waiver

cannot be accessed until after the limit indicated above has been reached for such items available under the Medicaid State Plan.

The following criteria must be met by a participant in order to receive Incontinence Supplies funded by a combination of Medicaid State Plan and HASCI Waiver:

- Be age 21 years or older
- Have a valid *Physician Certification of Incontinence* (DHHS Form 168IS). This will be completed and tracked by the Supply Provider.
- Be assessed by the Waiver Case Manager to determine the amount and frequency of supplies authorized

For a participant with Frequent or Total Incontinence, after the limits have been reached for supplies funded by Medicaid State Plan, the HASCI Waiver can fund additional Incontinence Supplies up to the following limits:

Diapers	two (2) cases per month
Briefs	two (2) cases per month
Incontinence Pads	two (2) cases per month
Under Pads	two (2) cases per month
Wipes	eight (8) boxes per month
Gloves	four (4) boxes per month

The limit may be exceeded if applying the limit would create a substantial risk that the participant would no longer be able to live in the community, but would, because of the limit in services, require institutionalization.

### **Providers**

Incontinence Supplies funded by Medicaid State Plan and HASCI Waiver must be provided by a vendor that is enrolled with SCDHHS as an Incontinence Supply (IS) provider.

### **Arranging and Authorizing the Service**

When it is determined that a HASCI Waiver participant age 21 years or older is incontinent of bladder and/or bowel and requires incontinence supplies in addition to what is available under Medicaid State Plan, need must be clearly documented in his or her Support Plan.

The Waiver Case Manager must conduct an assessment to determine the type and frequency of incontinence that the participant experiences and the type of supplies, amount, and frequency to be authorized within the allowed limits.

This assessment is required before the service is initiated or if there is a change in what is authorized. It may be done in person or by telephone with the participant and/or

caregiver. The results must be recorded on an *Incontinence Supply Assessment* form. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A current completed form must be maintained in the participant's file.

The *Incontinence Supply Assessment* form must document the type and frequency of incontinence experienced by the participant:

**Occasional Incontinence** (*Voluntary control most of the time*)

- Bladder: approximately 2 times per week or less
- Bowel: approximately once per week

**Frequent Incontinence** (*Limited voluntary control*)

- Bladder: approximately 3 to 6 times per week or more
- Bowel: approximately 2 to 3 times per week or more

**Total Incontinence** (*No voluntary control*)

- Bladder: always
- Bowel: always

Based upon type and frequency of incontinence, type of supplies requested, and reasonable actual utilization, the Waiver Case Manager must determine the types of supplies, frequency, and amount to be authorized within the allowed limits.

- A participant who has Occasional Incontinence will have supply needs met within the limits of the Medicaid State Plan.
- A participant who has Frequent Incontinence or Total Incontinence can access additional supplies through the HASCI Waiver within the designated limits based on frequency of incontinence and reasonable actual utilization.
- Wipes and gloves may only be authorized for meeting incontinence needs of the participant, and not for general hygiene or other purposes.
- A participant who has an ostomy/indwelling catheter or who uses external catheters may be authorized for diapers, briefs, or incontinence pads within the designated limits based on actual need and utilization.

Justification of need for diapers, briefs, or incontinence pads must be clearly documented in the participant's Support Plan (e.g. colostomy or indwelling catheter that leaks, accidents from inability to maintain sufficient routine external catheterizations, etc.). The amount and frequency of these supplies must also be specifically justified and documented in the Support Plan.

- A participant who has an ostomy/indwelling catheter or who uses external catheters requiring use of wipes, gloves, and underpads may be authorized for these within the

designated limits based on actual need and utilization, even if diapers, briefs, or incontinence pads are not authorized. The need, amount, and frequency of these supplies must be specifically justified and documented in the participant's Support Plan.

- A participant who has a routine bowel program requiring use of wipes, gloves, and underpads may be authorized for these within the designated limits based on justified need and actual utilization, even if diapers or briefs are not authorized. The need, amount and frequency of these supplies must be specifically justified and documented in the participant's Support Plan.

After the assessment is completed, the participant's Support Plan must be updated to reflect the name of the service and payer(s), type, amount, and frequency of all incontinence supplies, duration of the service, and provider type. This must be done for all supplies obtained through Medicaid State Plan and HASCI Waiver.

In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Following Support Plan approval, to obtain Incontinence Supplies funded solely by Medicaid State Plan or additional supplies funded by HASCI Waiver, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

Service information must be entered into the Service Tracking System (STS) by the Waiver Case Manager.

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 information as well as the individual's demographic information. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

### **Billing**

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

## **Monitorship**

If the participant is receiving Incontinence Supplies funded solely by Medicaid State Plan, this is addressed in routine Waiver Case Management monitoring.

The Waiver Case Manager must monitor the service for effectiveness, frequency, duration, benefits, and usefulness of the services 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 services, such as increase/decrease in units authorized, change in 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).

Some questions to consider during monitorship include:

- Has the individual's health status changed since your last monitorship? Is 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 individual 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?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

## **Service Denial, Reduction, Suspension, and Termination**

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide

written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

*These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.

**Incontinence Supplies for Children Funded through Medicaid State Plan  
for HASCI Waiver Participants Under Age 21 Years**

The Medicaid State Plan covers all medically necessary Incontinence Supplies for any HASCI Waiver participant age 4-20 years; however, authorization must be completed by the HASCI Waiver Case Manager.

**Definition**

Incontinence Supplies are diapers, briefs (protective underwear), incontinence pads, (liners), under pads, wipes, and gloves needed by a child age 4-20 years who is certified by a physician to be incontinent of bladder and/or bowel.

**Service Unit**

The following service units apply to Incontinence Supplies funded by Medicaid State Plan:

Diapers	case	(96 diapers)
Briefs (Protective Underwear)	case	(80 briefs)
Incontinence Pads (Liners)	case	(130 pads)
Under Pads	case	(medium: 200 pads; large: 150 pads)
Wipes	box	(70 wipes)
Gloves	box	(100 gloves)

For rate information, refer to the SCDHHS website: [www.scdhhs.gov](http://www.scdhhs.gov) >Homepage >For Providers >Fee Schedules >Incontinence Supplies.

**Service Limit / Restrictions**

The **Medicaid State Plan** allows the following incontinence supplies for children under age 21 years who meet medical necessity criteria:

Diapers, Briefs, Incontinence Pads, and Under Pads

- Occasional Incontinence: one (1) case per quarter
- Frequent Incontinence: two (2) cases per quarter
- Total Incontinence: one (1) case per month

Wipes and Gloves

- Occasional Incontinence: one (1) box per quarter
- Frequent Incontinence: two (2) boxes per quarter

- Total Incontinence: one (1) box per month

The above limits may be exceeded only with sufficient justification based upon documented medical necessity and reasonable actual utilization. Requests for additional supplies must be considered by the Waiver Case Manager on an individual case basis. The Waiver Case Manager must thoroughly document the justification for additional supplies in a Case Note and/or with other documentation in the participant's file.

The following criteria must be met by a HASCI Waiver participant under age 21 years in order to receive Incontinence Supplies funded by solely by the Medicaid State Plan:

- Be age 4-20 years
- Have a valid *Physician Certification of Incontinence* (DHHS Form 168IS). This will be completed and tracked by the Supply Provider.
- Be assessed by the Waiver Case Manager to determine the type, amount and frequency of supplies authorized

### **Providers**

Incontinence Supplies funded by Medicaid State Plan must be provided by a vendor that is enrolled with SCDHHS as an Incontinence Supply (IS) provider.

### **Arranging and Authorizing the Service**

When it is determined that a HASCI Waiver participant age 4-20 years is incontinent of bladder and/or bowel and requires incontinence supplies under Medicaid State Plan, the need must be clearly documented the Support Plan.

The Waiver Case Manager must conduct an assessment to determine the type and frequency of incontinence that the child experiences and the type of supplies, amount, and frequency to be authorized. This assessment is required before the service is initiated or if there is a change in what is authorized. It may be done in person or by telephone with the participant (if 18 years or older), and/or caregiver. The results must be recorded on an *Incontinence Supply Assessment* form. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

A current completed form must be maintained in the participant's file.

The *Incontinence Supply Assessment* form must document the type and frequency of incontinence experienced by the participant:

### **Occasional Incontinence** (*Voluntary control most of the time*)

- Bladder: approximately 2 times per week or less
- Bowel: approximately once per week

**Frequent Incontinence** (*Limited voluntary control*)

- Bladder: approximately 3 to 6 times per week or more
- Bowel: approximately 2 to 3 times per week or more

**Total Incontinence** (*No voluntary control*)

- Bladder: always
- Bowel: always

Based upon type and frequency of incontinence, and type of supplies requested, the Waiver Case Manager must determine the types of incontinence supplies, frequency, and amount to be authorized within the allowed limits or as medically necessary.

- Most children age 4-20 years will have their incontinence supply needs met within the ordinary limits of the Medicaid State Plan.
- A child age 4-20 years who has Frequent Incontinence or Total Incontinence may be approved for additional supplies based on medical necessity, frequency of incontinence, and reasonable actual utilization.
- Wipes and gloves may only be authorized for meeting incontinence needs of the child, and not for general hygiene or other purposes
- A child age 4-20 years who has an ostomy/indwelling catheter or who uses external catheters may be authorized for diapers, briefs, or incontinence pads based on actual need and utilization.

Justification of need for diapers, briefs, or incontinence pads must be clearly documented in the child's Support Plan (e.g. colostomy or indwelling catheter that leaks, accidents from inability to maintain sufficient routine external catheterizations, etc.). The amount and frequency of these supplies must also be specifically justified and documented in the Support Plan.

- A child age 4-20 years who has an ostomy/indwelling catheter or who uses external catheters requiring use of wipes, gloves, and underpads may be authorized for these based on actual need and utilization, even if diapers, briefs, or incontinence pads are not authorized. The need, amount, and frequency of these supplies must be specifically justified and documented in the child's Support Plan.
- A child age 4-20 years who has a routine bowel program requiring use of wipes, gloves, and underpads may be authorized for these based on justified need and actual utilization, even if diapers or briefs are not authorized. The need, amount and frequency of these supplies must be specifically justified and documented in the child's Support Plan.

After the assessment is completed, the participant's Support Plan must be updated to reflect the name of the service and payer(s), type, amount, and frequency of all incontinence supplies, duration of the service, and provider type.

In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

Because incontinence supplies for children funded solely by Medicaid State Plan is not a HASCI Waiver service, budget information is not entered into the Waiver Tracking System (WTS) and service information is not entered into the Service Tracking System (STS).

To initiate the service, 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 information as well as the individual's demographic information. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be maintained in the participant's file.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

### **Billing**

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

### **Monitorship:**

Because incontinence supplies for children funded solely by Medicaid State Plan is not a HASCI Waiver service, it is addressed in routine Waiver Case Management monitoring.

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes. Information obtained during monitoring may lead to

changes in authorized HASCI Waiver services, such as increased/decreased units or change of provider.

### **Service Denial, Reduction, Suspension, and Termination**

If incontinence supplies for HASCI Waiver participant age 4-20 years funded by the Medicaid State Plan are denied or must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

*These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

When the action becomes effective, the participant's Support Plan must be updated accordingly. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.