

Division of Community and Facility Services

Incontinence Supplies State Plan Program

Policy and Procedure

I. Introduction:

The purpose of the Incontinence Supplies State Plan Program is to provide incontinence supplies to those eligible persons who are incontinent of bowel and/or bladder. The Incontinence Supplies Program is a Medicaid State Plan service. This program identifies persons who are eligible for the service and authorizes these supplies.

An individual may have more than one program application and an Incontinence Supplies application open at the same time if his/her condition requires. It is important for workers to note all Phoenix applications prior to initiating and terminating case actions.

II. Application Process:

Centralized Intake:

A referral for Incontinence Supplies Program (IS) may originate from any knowledgeable source. Referrals may be made to Community Long Term Care Centralized Intake Team via telephone, written, walk-in or electronically at https://phoenix.scdhhs.gov/cltc_referrals/new.

State workers and provider case managers are required to make all incontinence supplies referrals electronically.

New applications for Incontinence Supplies Program (IS) will be processed by the CLTC Centralized Intake Team utilizing the existing process for intake. If the applicant is only seeking incontinence supplies, the application will be assigned to an Incontinence Supplies Specialist.

The applicant for Incontinence Supplies Program is required to have Medicaid as the Incontinence Supplies Program is a Medicaid state plan service.

NOTE: When the applicant has APPLIED for Medicaid Eligibility Category 15 MAO, but has not been approved per eligibility workflow notification, the referral for IS will be inappropriate and is to be terminated.

NOTE: When an enrolled waiver participant who will be category 15 (MAO) and is within the required 30 day waiting period, the referral source should make a comment in the IS referral comments section indicating the applicant is an approved Category 15 MAO participant who is in the 30 day wait period.

NOTE: Prior to enrollment, the intake worker will also review the applicant's Medicaid Eligibility RSP information. If the applicant is enrollment in managed care then the referral should be terminated and a letter sent for the participant to contact the managed care plan's member services regarding the need for incontinence supplies.

III. Medical Necessity Criteria for Incontinence Supplies State Plan Program:

The following criteria must be met for an applicant to receive incontinence supplies:

1. Must be age 4 or older.
2. Inability to control bowel or bladder function. This must be confirmed in writing by a Physician only. (Nurse Practitioner, Registered Nurse or Physician Assistant signatures not acceptable.)
3. The Physician Certification of Incontinence form must be obtained from the physician indicating the service is medically necessary.
4. The Physician Certification of Incontinence is valid for 365 days or less if the Physician so indicates. In order for the service to continue, a new Physician Certification of Incontinence form must be obtained every 365 days unless the Physician indicates a shorter time frame. The Incontinence Supplies provider is responsible for obtaining and tracking this form.

5. The participant's assessment will indicate the frequency of incontinence and this will determine the amount of supplies authorized.

IV. Frequency of Incontinence Supplies Definitions:

Bowel rating:

- If the individual has incontinent bowel episodes once a week, select Occasionally Incontinent.
- If the individual has incontinent bowel episodes two-to-three times a week, select Frequently Incontinent.
- If the individual has incontinent bowel episodes almost all of the time or has an ostomy, select Incontinent (total).

Bladder rating:

- If the individual has incontinent bladder episodes twice a week, but not daily, select Occasionally Incontinent.
- If the individual tends to have incontinent bladder episodes daily, but some control, select Frequently Incontinent. If the individual is on a toileting schedule, meaning the person is taken to the bathroom every two to three hours, the user may select Frequently Incontinent.
- If the individual has inadequate bladder control almost all of the time or has an indwelling catheter or ostomy, select Incontinent (total).

Ostomy and Catheter Requirements:

If the individual has an ostomy or catheter for urinary control **AND** has an ostomy for bowel control, neither diapers, nor briefs nor incontinence pads may be authorized. In this situation, under pads are the only product that should be authorized. Wipes are discussed in a later section.

If the individual has an ostomy or catheter for urinary control **OR** has an ostomy for bowel control, **but not both**, diapers or briefs and incontinence pads and under pads may be authorized. The frequency of the authorization would be based on the rating on the assessment of the function that qualifies the individual for the product. Example: An individual is rated Incontinent (total) for bladder and has a urinary ostomy and is rated Frequently Incontinent for bowel. **The frequency of the authorization would be every other month or twice per quarter based on the Frequently Incontinent for bowel rating rather than monthly based on the Incontinent (total) of bladder rating.**

Note: If an applicant/ participant has an ostomy or indwelling catheter for urinary control and experiences leakage of urine from the ostomy bag or around the indwelling catheter, the applicant/ participant may be authorized to receive under pads or incontinence pads based on the frequency of the leakage. If an applicant/ participant receives in and out catheterizations and experiences break

through incontinence between catheterizations, the applicant/ participant may receive under pads and/or incontinence pads based on the frequency of leakage. Diapers and briefs should not be authorized. Approval must be obtained from the Division of Community and Facility Services RN and documented prior to referral.

V. Incontinence Assessments:

Incontinence Supplies applications will be transferred to Incontinence Supplies Specialists and will display under the “Unassigned Centralized Intake Work Flow” tab in Phoenix. The Incontinence Supply Specialist will complete the phone assessment documenting the frequency of incontinence. The Specialist will also determine the type of supplies needed including the size and will document this information in the bowel/bladder section of the assessment. If an assessment is documented from CPCA, Community Choices, MCC or IS that was completed within **30 days** of the IS application, the Specialist may use this information to complete the IS phone assessment.

Incontinence Supplies assessments are due within 14 days of being assigned to the specialists. This due date will display under the Activity Due/Due Date column on the specialist dashboard under the Participants tab.

Steps to Complete an IS Assessment:

- a. Access Phoenix and enter your Phoenix user ID
- b. Go to Unassigned Centralized Intake Workflows Search for cases in your assigned county Under Workflow Status column, click Awaiting Assignment to Area Nurse Select your name from the Assign to Area Nurse drop down, then select the Assign to Area Nurse button. The case will appear on your dashboard under Participants tab Select the participants’ case and check their dashboard to see if the message ‘Contact primary contact instead of participant!’ appears under Snapshot tab. If so:
- c. Select Participant Information then Primary Contact, write down the primary contact name and phone number
- d. View the participants general information and physician under the Participant Information tab
- e. Call the primary contact or participant as identified above
- f. Date the assessment only after you have reached the primary contact or participant and they have agreed to the assessment
- g. Go to the Assessments tab from the carousel and select the Create Phone assessment button. Select the program Incontinence Supplies and today’s date for assessed on.
- h. Proceed with the Medical Section questions for diagnosis, medical condition, height and weight. Ask participant to identify their primary care physician and to verify their address. Select Save and Continue.
- i. Proceed with ADLs section questions for toileting and bowel/bladder

- j. Ask participant what type of incontinence supplies and what size. Enter response in the comments section under bowel/bladder. Select Save and Continue.
- k. Proceed with Source of Information/Level of Care section questions. Sign and date the IS assessment in both spaces. Select Save and Continue.

Note: Attempt to contact the primary contact or participant two times for the Incontinence phone assessment. Narrate your call attempts. Send out a CLTC Notification letter after the second call attempt with a 10 day deadline for the primary contact or participant to return the call. If no contact after the 10 day deadline, terminate the case.

After the Incontinence Supplies assessment is completed, go to the Applications tab.

- If the participant is in another program then give the case back to the case manager after the Incontinence Supplies assessment is completed. You can find out who the case manager is by going to the Applications tab and look for the status participating next to the program.
- If the participant only has an Incontinence Supplies application and is not participating in another program, then assign the case to the designated Division of Community and Facility Services worker who authorizes Incontinence Supplies.

How to assign a case after the Incontinence Supplies assessment is complete:

- a) Go to the Applications tab
- b) Select Incontinence Supplies
- c) Once the Application for Incontinence Supplies populates, select Edit
- d) Under the Assigned Worker drop down select the name of person you want to assign case to
- e) Select Update

VI. Pediatric Incontinence:

Children ages 4 to 20 may exceed the state plan frequency limits for Incontinence Supplies per Early Periodic Screening Diagnosis and Treatment (EPSDT) policy if medically necessary. For children requiring more than the State plan frequency limits of total incontinence a re-assessment should be completed if the request is made after an initial assessment has already been completed. The amount of incontinence supplies should be annotated in the comments section under bowel/bladder of the IS assessment. Include in the comments the justification for the additional incontinence supplies. Send approval of additional product to the Division of Community and Facility Services worker who authorizes Incontinence Supplies.

The following are some conditions that can be contributing factors to incontinence in children:

Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder

Urinary Tract Infection

Diabetes

Developmental Delays

Kidney Disorder

Neurological Disease

Cerebral Palsy

Seizure Disorder

Episodes of Focal Weakness

Constipation

Obstructive Sleep Apnea

Structure problems of the kidneys

VII. Choice of Service Provider:

The participant and/or primary contact must make a choice of provider for incontinence supplies. The initial choice of incontinence supplies provider is documented on the participant's Provider Choice form. The Incontinence Supplies Specialists will:

- Print the Provider Choice form and mail to the applicant/primary contact.
- Print the Participant Cover Letter and mail to the applicant/primary contact.
- Upload the returned Provider Choice forms into Phoenix

The participant and/or primary contact may make the choice in writing on the Provider Choice form. It is important that the participant and/or primary contact makes this decision independently, and the assigned worker shall not influence the participant's choice of providers.

When the participant and/or primary contact request a change in providers, the assigned worker will inform the participant and/or primary contact of all available providers of the service. The assigned worker must narrate this information exchange as well as the choice of provider.

If DHHS does not receive the provider choice form within **14 days** of the date the provider choice form was printed and mailed to the participant, the incontinence application will be terminated. The revised provider choice form cover letter informs the participant of the 14 day timeframe. The spreadsheet

Provider Choice Forms Received may be used to track the timeframes; the spreadsheet is located on Sharepoint, under Community and Facility Services and in the Incontinence Supplies folder.

Once the provider choice has been obtained, a referral will be created and sent to the provider of choice.

VIII. Physician Certification of Incontinence:

The Physician Certification of Incontinence form serves as the Physician's Order for incontinence supplies. The Physician Certification of Incontinence form must be obtained by the provider of choice prior to any authorization of the supplies. The form must be signed by a Physician. The form may **not** be signed by a Nurse Practitioner, Registered Nurse or a Physician Assistant. The Physician's signature is the **only** allowable signature.

The incontinence supplies provider does not need to send a copy of the Physician Certification of Incontinence Form to DHHS; however, the provider must notify the assigned worker when the completed/ approved form has been returned from the Physician. Providers are able to go into the Phoenix provider portal and indicate that they have received the doctor's orders and tell how long the order covers. This will then trigger a notification to the assigned worker so that the worker can then create and send an authorization. If DHHS does not receive notification from the provider that the signed Physician Certification of Incontinence form has been received within **30 days** of referral beginning January 1, 2015, the application may be closed as medically ineligible. A CLTC Notification form with an Appeals Notice must be mailed to the participant and/or primary contact to inform of the termination. The provider will get a termination notification by email in the Phoenix provider portal.

IX. Review of Medicaid Eligibility Category and RSP:

Medicaid Eligibility Categories

Prior to enrollment, the intake worker will review the applicant's Medicaid Eligibility category information. The applicant is determined to be financially eligible if the applicant is a current Medicaid recipient with any Medicaid category **EXCEPT** Categories 14, 48, 50 or 52. The applicant with Category 10 should be reviewed carefully to ensure the applicant is not residing in a skilled nursing facility and resides in the community. Medicaid recipients who reside in a Community Residential Care Facility may receive Incontinence Supplies.

If the applicant has applied for Medicaid MAO Category 15, the applicant is not eligible for authorization of the incontinence supplies until the applicant has enrolled in a waiver. In this case, the participant may receive incontinence supplies during the 30 day wait period.

NOTE: When the applicant is approved for Medicaid Eligibility Category 15 MAO and is enrolled in the waiver, the referral should include a comment that the applicant is an approved Category 15 MAO participant who is in the 30 day wait period.

RSP Codes

Prior to enrollment, the intake worker will also review the applicant's Medicaid Eligibility RSP information. When it is determined that an applicant is enrolled in a waiver or other special program, the Program Manager for that waiver or special program should be notified. Example: An applicant is referred for incontinence supplies and is noted to be enrolled in HSCE. The Program Manager for HSCE should be notified for direction.

RSP Codes that DO OVERLAP with Incontinence Supplies:

RSP	Program	Responsible for Authorizing
AUTW	DDSN	DDSN PPD Case Manager
CHPC	CLTC	CLTC Nurse Consultant
CLTC	CLTC	CLTC Case Manager
CSWE	DDSN	DDSN Case Manager
CSWN	DDSN	DDSN Case Manager
DMRE	DDSN	DDSN Case Manager
DMRN	DDSN	DDSN Case Manager
HSCE	DDSN	DDSN Case Manager
HSCN	DDSN	DDSN Case Manager
ISED	DSS	DSS Case Manager
VENT	CLTC	CLTC Nurse Consultant
WMCC	MCC	MCC Care Coordinator
MCCM	Managed Care	Managed Care Plan
MCHM	Managed Care	Managed Care Plan

RSP Codes that DO NOT OVERLAP with Incontinence Supplies:

RSP	Program	Coordinator
MCHS	Hospice	Hospice Worker

Note: Participants who are enrolled in Managed Care Plans (MCCM and MCHM) should be instructed to contact the Plan's Member Services regarding the need for incontinence supplies.

Managed Care Organization Member Service Phone Numbers

MCO Name	Member Services #
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Absolute Total Care	866-433-6041
Adviscare of South Carolina	888-781-4371
BlueChoice Healthplan Medicaid SC	866-781-5094
First Choice by Select Health	888-276-2020
Molina Healthcare of South Carolina	855-882-3901
WellCare of South Carolina	888-366-6243

X. Enrollment in Incontinence Supplies Program:

The applicant will be enrolled in the Incontinence Supplies Program when:

1. Financial eligibility has been determined; and
2. The Provider Choice has been obtained; and
3. Notification from the provider that the completed/approved Physician Certification of Incontinence form has been received.

The assigned worker will:

- Go to the Incontinence Supplies application in Phoenix
- Select Status Change
- Select Enroll and enter the date of enrollment
- The IS application status will show as Participating
- At this time there is not an RSP to key to indicate IS in MMIS
- For non-waiver participants, complete the CLTC Notification form indicating enrollment in Incontinence Supplies Program and mail to the Participant and/or Primary Contact. A notification form is not required for waiver, CPCA, or CPDN participants.

XI. Authorization of Incontinence Supplies:

Since Incontinence Supplies Program is not a waiver service, it is most important to remember the eligible Participant should not wait for subsequent application actions to be completed before the incontinence supplies are authorized. The Incontinence Supplies Program is independent of all other applications.

Example: An individual has an application for Incontinence Supplies and for Community Choices. The applicant has Medicaid Category 32, the assigned worker has been notified by the provider a signed Physician Certification of Incontinence form has been received. A signed Provider Choice form has also been obtained. The Eligibility Workflow has not been approved by Medicaid Eligibility and the Community Choices application is in progress. The assigned worker should proceed with authorizing the incontinence supplies while the case actions for Community Choices continue.

The assigned worker will review the assessment information that was completed by the Incontinence Supplies Specialist to determine the type, size and frequency for the incontinence supplies. This information may be found in the phone assessment. If clarification is needed to determine the type, size or frequency of supplies, the assigned worker will need to contact the participant/primary contact by telephone to clarify.

Diapers, Briefs, Incontinence Pads, Under Pads

The frequency of the delivery will be determined by the assessment rating for bowel and/or bladder. If at any time the assessment rating for bowel and/or bladder changes, the change should be annotated in the comment section of the assessment.

Authorization of diapers, briefs, incontinence pads and under pads must be based on frequency of incontinence as indicated on the assessment as follows:

- Occasionally incontinent allows up to one case per quarter
- Frequently incontinent allows up to one case every other month or up to two cases per quarter
- Totally incontinent allows up to one case per month
- Usually incontinent will not receive any supplies

The participant may receive 1 case of incontinence pads and 1 case of diapers or briefs at the same time for frequencies of frequent or total only, not for occasionally.

NO QUANTITY EXCEPTIONS MAY BE MADE FOR ADULTS AGE 21 AND OLDER

Wipes

The participant must be incontinent to receive wipes. The authorization of wipes is NOT based on frequency of incontinence. The authorization of wipes is based on need and may be authorized up to one box monthly. **Wipes may only be authorized if the participant has an open authorization for diapers, briefs, incontinence pads or under pads.**

The delivery of the supplies will continue as long as the participant continues to meet the following 3 requirements:

1. Medically eligible for the incontinence supplies (at least occasionally incontinent of bowel and/or bladder
2. Financially eligible
3. Physician Certification of Incontinence completed and on file with the provider every 365 days or less depending on the selection chosen by the physician

If any one of these 3 requirements is not met, the service must be terminated. A CLTC Notification form must be mailed to the participant and/or primary contact with an Appeals Notice.

XII. IS Participant Not Enrolled in a Waiver or Children's Personal Care Aide, or Children's Private Duty Nursing Program:

When the IS Participant is determined to not be enrolled in CLTC Community Choices, HIV/AIDS, VENT, Children's Personal Care Aide or Children's Private Duty Nursing Program, but chooses to continue to participate in the Incontinence Supplies Program, the case will be transferred to an Incontinence Supplies Specialist.

If Incontinence Supplies Program continues to be appropriate, but not a waiver or Children's Personal Care Aide, the assigned worker will:

1. E-mail Specialists and Supervisor providing the CLTC Participant Number and Participant Name notifying of the program termination and need to continue supplies.
2. Do not terminate the Incontinence Supplies application or authorizations
3. The Specialist will assign the application to the appropriate person.

XIII. IS Participant Enrolled in a Waiver:

When the IS Applicant/Participant is determined to be enrolled in a waiver or Children's Personal Care Aide Program, the IS application will be assigned to the same person to whom the waiver application or Children's Personal Care Aide Program is assigned. The assigned worker will complete any and all of the steps required including enrollment in the IS Program and the authorization of supplies as needed.

If at any time the waiver enrollment or Children's Personal Care Aide Program is terminated and the Incontinence Supplies Program should continue, it is the assigned worker's responsibility to notify the Incontinence Supplies Specialist and follow the steps outlined in IS Participant Not Enrolled in a Waiver or Children's Personal Care Aide Program-.

The Specialist will assign the application to the appropriate person.

XIV. Existing Waiver or Children's Personal Care Aide or Nursing Participant Who is NOT Enrolled in IS but Needs Incontinence Supplies:

When an existing Waiver or Children's Personal Care Aide Program Participant who is NOT enrolled in Incontinence Supplies Program becomes incontinent and now needs incontinence supplies, the assigned Case Manager or Nurse Consultant will make an electronic referral to https://phoenix.scdhhs.gov/cltc_referrals/new for Incontinence Supplies Program.

Centralized Intake will create an Incontinent Supplies Program application and will complete the processing of this application as described in the Centralized Intake section. The necessary forms will be printed and mailed by the designated worker as described in the Application Process section. The application will then be assigned to the same worker that is assigned to the waiver application or Children's Personal Care Aide or Nursing Program application. The assigned worker will utilize the process as outlined in the Authorization of Incontinence Supplies section.

XV. IS and Children's Personal Care Aide or Nursing Program:

If Centralized Intake receives an application for the Children's Personal Care Aide Program and the Incontinence Supplies Program, the Children's Personal Care Aide Or Nursing application will be assigned to the Nurse Consultant. The application for Incontinence Supplies will be assigned to an Incontinence Specialist.

- If the MD indicates the child is appropriate for Incontinence Supplies but not for CPCA, The CPCA application will be terminated and the IS application remains open.
- If the returned forms indicate appropriate for CPCA but not Incontinence Supplies, continue with the CPCA application and terminate the IS application. Notify the participant and/or primary contact via CLTC Notification with the Appeals Notice.
- **At any time during this process if all requirements for the authorization of incontinence supplies are met, the supplies should be authorized. Authorization of supplies should not be delayed while processing CPCA.**

Authorizations for children ages 4 to 20 are based on the frequency of incontinence. For children requiring more than the set limits, the assigned worker must request an exception from the Division of Community and Facility Services worker. The request should include the Participant's Name, CLTC Number, frequency of incontinence and approximately how many diaper, briefs, incontinence pads, med pads or wipes are used daily. The increased supplies may only be authorized if the request for exception is approved.

XVI. Termination:

An applicant/participant should be terminated from Incontinence Supplies for any of the following reasons:

- Declined participation in program
- Died
- Entered administrative days
- Entered nursing home
- Entered nursing home with private payer
- Exceeded full calendar month*
- Financially ineligible for Medicaid**
- Inappropriate after intake
- Incarceration
- Intake criteria not met
- Medically ineligible for the program
- Moved outside of South Carolina
- Unable to locate the individual

***Full Calendar Month**

When a participant is closed for Full Calendar Month, the assigned Case Manager or Nurse Consultant will terminate the IS application when terminating the waiver application.

If/when the case is referred for re-enrollment for the waiver, the Centralized Intake Team will create the IS application if appropriate. The incontinence supplies should not be authorized for a participant who remains in a hospital or skilled nursing facility. The participant must be at home or in a community setting, such as a CRCF to receive the supplies.

****Financially Ineligible**

When a participant is closed for Financial Ineligibility, the assigned Case Manager or Nurse Consultant must determine if the financial ineligibility is for waiver eligibility only. If the participant continues to have Medicaid eligibility but not waiver eligibility, the waiver application will be terminated but the IS application is assigned to an IS Specialist.

A participant's Incontinence Supplies application will be transferred to the assigned worker/program for any of the following reasons:

- Entered Residential Care Facility
- Entered MCC Program

- Entered CPDN Program