# **Incontinence Supplies Guidance**



The purpose of this guidance is to provide the Medicare-Medicaid Plans (MMPs) as well as Community Long Term Living clarifying guidance to manage incontinence supplies (IS). This guidance pertains to all Healthy Connections Prime members receiving IS or with an Application submitted for IS. All IS will be managed outside of the Phoenix system, except for the thirty (30) day transition period for existing non-waiver members and current waiver members under the six-month <u>continuity of care</u> provision.

Note: The Appendix contains tips on how to view an IS Application, terminate an IS Application, search for members with IS Applications assigned to a Waiver Case Manager, send a 30-day notice to Waiver Case Managers, view closed IS Authorizations. The Appendix also contains sample notices for MMPs to send to WCMs and IS Providers.

### New Healthy Connections Prime Members (Non-Waiver) With Existing IS Application

There is a 30 day transition period during which members will maintain, at minimum, the same providers and Authorization levels. The following are the steps to manage and transfer the Healthy Connections Prime **Non-Waiver member's existing IS Application** to the MMP Care Coordinator (MMP CC). All communications must be documented via the Conversation tool, which will transfer the information to the Narrative section of Phoenix.

### **Existing Application (Non-Waiver Member)**

IS Specialist/ Vendor	<ul> <li>Monitors RSP updates for newly enrolled Healthy Connections Prime members.</li> <li>Identifies MMP CC using the Healthy Connections Prime Application.</li> <li>Notifies MMP CC and current IS Provider of 30-day transition period.</li> <li>Continues to manage the member in Phoenix during the transition period.         <ul> <li>Is responsible for submitting all changes via Phoenix. Discusses any changes (e.g., provider of choice or Authorization level) with MMP CC.</li> <li>For requests to change providers, transfer the case to MMP CC at that time.</li> </ul> </li> </ul>
MMP CC	<ul> <li>Coordinates IS setup with member and IS Provider within 30 days.         <ul> <li>Work with physician and IS Provider to ensure MMP acquires appropriate documentation, including but not limited to Physician Certification of IS, provider forms and contracts, and member forms, to transition member to MMP's care with no breaks in service.</li> </ul> </li> <li>MMP CC may request extension prior to expiration of transition period via Phoenix.</li> </ul>
IS Specialist/ Vendor	<ul> <li>Notifies the MMP CC and IS Provider that the transition period is over.</li> <li>Terminates all IS Authorizations.</li> <li>Assigns the IS Application to the MMP CC.</li> <li>Note: IS Vendors cannot transfer the IS Application. They must contact the IS Specialist for assistance.</li> </ul>
ММР СС	<ul> <li>Receives notification of IS Application assignment on their Dashboard/Inbox in Phoenix (see Appendix B1).</li> <li>Terminates IS Application in Phoenix (see Appendix B2).</li> <li>Manages IS outside of Phoenix.</li> </ul>

**Note:** Members who have non-Par providers that do not contract with MMPs within the 30-day transition period will be transitioned to a PAR provider by the MMP after the period has ended.

### New Healthy Connections Prime Members (CLTC Waiver) With Existing IS Application

New Healthy Connections Prime members who are on a CLTC waiver and are currently receiving IS will continue to be managed by the Waiver Case Manager (WCM) in Phoenix for the six (6) month Continuity of Care period. During this period members will maintain, at minimum, the same providers and Authorization levels managed by the WCM. This will include the Authorization of supplies for members.

The following are the steps to manage and transfer the Healthy Connections Prime **Waiver member's existing IS Application** to the MMP CC. All communications must be documented via the Conversation tool, which will transfer the information to the Narrative section of Phoenix.

### **Existing Application (Waiver Member)**

WCM	<ul> <li>Discusses any changes (e.g., provider of choice or Authorization level) with MMP CC during 6-month Continuity of Care period.         <ul> <li>WCM is still responsible for submitting all changes via Phoenix.</li> </ul> </li> <li>Transfers IS Application to MMP CC for management immediately for any provider change requests.     </li> <li>Note: The WCM should not send a Provider Choice Form to members.</li> </ul>
MMP CC	<ul> <li>Coordinates IS setup with member and IS Provider within the 6-month period.         <ul> <li>Work with physician and IS Provider to ensure MMP acquires appropriate documentation, including but not limited to Physician Certification of IS, provider forms and contracts, and member forms, to transition member to MMP's care with no breaks in service.</li> </ul> </li> <li>Notifies WCM and IS Provider 30 days in advance of upcoming expiration of the Continuity of Care provision (see Appendix B3 and C1).         <ul> <li>WCM must have 30-day notice before IS Application is transferred. If deadline to send 30-day notice is missed, the MMP CC must send it as soon as possible. Then, the 30-days will be extended from the time the notice is sent.</li> </ul> </li> <li>Notifies the WCM and IS Provider when the transition period ends (see Appendix C2).</li> <li>Requests WCM have IS Application assigned to him/her.</li> </ul>
WCM	<ul> <li>Terminates all IS Authorizations.</li> <li>Contacts the State CLTC Area Office and requests the IS Application be reassigned to the MMP CC.</li> <li>Sends notice to the MMP CC and IS Provider upon receiving confirmation of the IS Application reassignment.</li> <li>Note: The WCM should not send a Provider Choice Form to members.</li> </ul>
MMP CC	<ul> <li>Receives notification of IS Application assignment on their Dashboard/Inbox in Phoenix (see Appendix B1).</li> <li>Terminates IS Application in Phoenix (see Appendix B2).</li> <li>Manages IS outside of Phoenix.</li> </ul>

**Note:** Members who have non-Par providers that do not contract with MMPs within the 6-month transition period will be transitioned to a PAR provider by the MMP after the period has ended.

### Existing Healthy Connections Prime Members (Non-Waiver) With New IS Referrals

The following are the steps to be taken to manage and transfer the Healthy Connections Prime member's **new IS Application** to the MMP CC. All communications must be documented via the Conversation tool, which will transfer the information to the Narrative section of Phoenix. (Please see Appendix A for a more detailed process map.)

### New Referral (Non-Waiver Member)

IS Specialist	<ul> <li>Retrieves the new IS Application from Phoenix.</li> <li>Assigns IS Application to MMP CC identified on the Healthy Connections Prime Application (See Appendix A).</li> <li>Notifies the MMP CC.</li> </ul>
	<ul> <li>Receives the notice of assignment on their Dashboard/Inbox in Phoenix (see Appendix B1).</li> </ul>
MMP CC	Terminates IS Application in Phoenix (see Appendix B2).
	<ul> <li>Manages IS Application outside of Phoenix, including assessments, doctor's certification, and authorizations.</li> </ul>

### Existing Healthy Connections Prime Members (CLTC Waiver) With New IS Referral

**New IS referrals** for existing Healthy Connections Prime members who are on a **CLTC waiver** can be received from two sources – via Phoenix and via direct referral (e.g., from the member or caregivers). The following steps will be taken to notify the MMP of the new referral. All communications must be documented via the Conversation tool, which will transfer the information to the Narrative section of Phoenix. (Please see Appendix A for a more detailed process map.)

Note: Any member receiving IS from the MMP that becomes a waiver member will continue to have his or her supplies managed by the MMP CC outside of Phoenix.

### New Referral (Waiver Member)

### **Referrals Received Via Phoenix**

IS Specialist/ Vendor	<ul> <li>Retrieves case in Phoenix upon receipt of notice for new IS Application.</li> <li>Assigns IS Application to MMP CC identified on Healthy Connections Prime Application (see Appendix A).</li> <li>Notifies the MMP CC.</li> </ul>
ММР СС	<ul> <li>Receives the notice of assignment on their Dashboard/Inbox in Phoenix (see Appendix B1).</li> <li>Terminates IS Application in Phoenix (see Appendix B2).</li> <li>Manages IS Application outside of Phoenix, including assessments, doctor's certification, and authorizations.</li> </ul>
<b>Referrals Receive</b>	d Via Direct Request
Referrals Receive	<ul> <li>d Via Direct Request</li> <li>Does NOT open an IS Application nor send a Provider Choice Form to members.</li> <li>Notifies MMP CC of request.</li> <li>Instructs the requester to contact the MMP for follow up.</li> </ul>

### Provider Data/Terminated Authorizations/Certification of Incontinence Form/Unassigned Applications

MMPs can obtain provider data, view terminated Authorizations (see Appendix B4), and view documentation of receipt of certification forms in Phoenix. The password required to view forms is the member's CLTC number. MMP CCs can access provider details in two ways:

- Review the "Narrative" section, which has the recorded data entered by the IS Specialist/Vendor or WCM, or by accessing "All Authorizations" under the "Waiver Supports" tab.
- View terminated Authorization details for volume and frequency of supplies under the "All Authorizations" tab.

The Physician Certification of Incontinence form is located under the "Forms" tab. However, the documentation provided is an acknowledgment receipt that the physician form has been received by the provider. The acknowledgement receipt will not contain the specific details of the certification. The original Physician Certification of Incontinence form is kept on file by the provider and **cannot** be viewed in Phoenix by the MMPs.

To search for IS Applications not assigned to an MMP CC, go to the "My Waivered Participants" tab and enter "Incontinence" in the search box to narrow your search (see Appendix B5).

### Narrative Documentation

Although MMP CCs are only required to use the Narrative or Conversation tool to document all communications, it is beneficial if all key steps and issues are documented using this tool when initial management has begun outside of Phoenix. This will allow SCDHHS and anyone with access to Phoenix the ability to answer a member's question on the status of supplies, regardless of whether the member is a waiver or non-waiver participant. Ongoing documentation is not likely to be needed after the member has begun receiving supplies regularly.

### Continuity of Care Provision

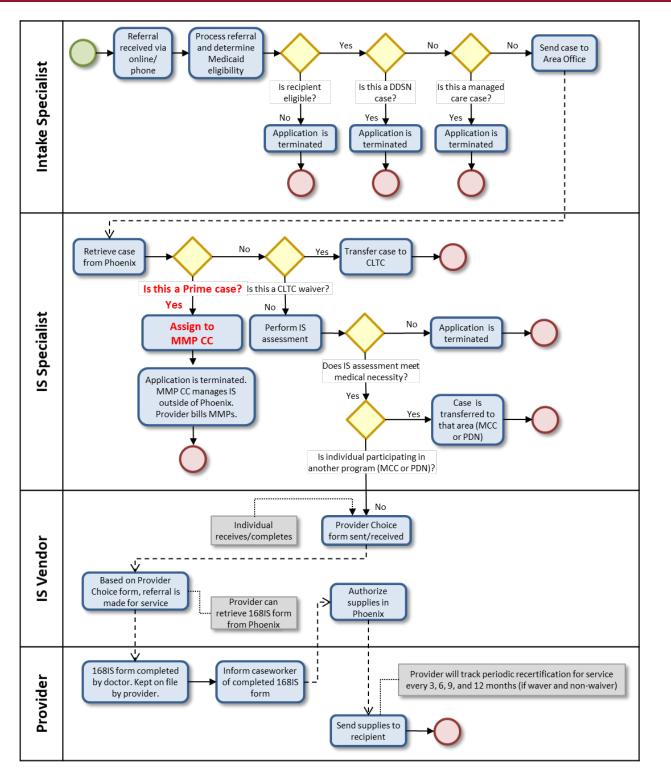
MMPs will:

- Allow all members receiving any services at the time of enrollment to maintain their current providers for six months, including those who are not part of the MMP's network.
- Maintain their current service levels during the transition period.
- Provide all current prescription drugs. When appropriate, a transition process for members who are prescribed Part D drugs that are not on their plan's formulary will be provided.
- Maintain current service Authorization levels for all direct care waiver services (including, but not limited to, personal care, waiver nursing, adult day health and home delivered meals) unless a significant change has occurred and is documented during the long-term care assessment and/or reassessment.

The full brochure describing how the Continuity of Care Provision affects out-of-network providers and services for members enrolled with Healthy Connections Prime can be found at the "Continuity of Care" link on our website's <u>Provider</u> <u>Toolkit tab</u>.

# **Appendix A**

Incontinence Supply Management Process Map



# **Appendix B**

Incontinence Supply Assignment: Phoenix Tips and Usage

# B1. To View an IS Application Assigned to You

- 1. Go to the Notifications tab.
- 2. Type in "Assign" in the search box to narrow your search.

1	
Dashboard for Tawanna Nich	Note: There are no application program type
Participants My Waivered Participants Notifications Prior Auth. Approvals Prime CICOs	details. You will see Healthy
Notifications	Connections Prime
	Applications as well as IS
Search: assign	Applications.
NOTIFICATION	(Notifications are available
Application for (987299) LOUIS W. ARMSTRONG has been assigned to you	for 14 days only.)
Application for (3567891) WILLIAM J. BASSIE has been assigned to you	joi 14 days only.j

## **B2.** To Terminate an IS Application

- 1. Select the Incontinence Supply Application
- 2. Select Status Changes
- 3. Select Change Application Status
- 4. Select "Enrolled in another program" from the drop-down menu for Reason
- 5. Enter Effective date
- 6. Select Change application status

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Participant Overview			😠 🕥 Dashboard 🛛 🙎		Intake 👩 Applica	ations	😤 <sup>1)</sup> Assessments 🔗	Narratives 😝					
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active			Application date:	01/28/2016	Referral r	reasons:	Participant A	pplications			(9628137	) William "Count"	J Basie
			Level of care:	Incontinent	Current M	tedicaid re		Participant	intake	-			
📥 Initial Intake D	ate		Assigned worker:	Salena Kyle			🔫 🕟 Dashboard	information	Wondows	Applications	Assessments	Marratives	•
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43 Count Basie Ave.		Columb	Waiting List Exemption:										
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			Level of Care I	Requests	•			Dashboard	Participant	s intake 🔽		1)	
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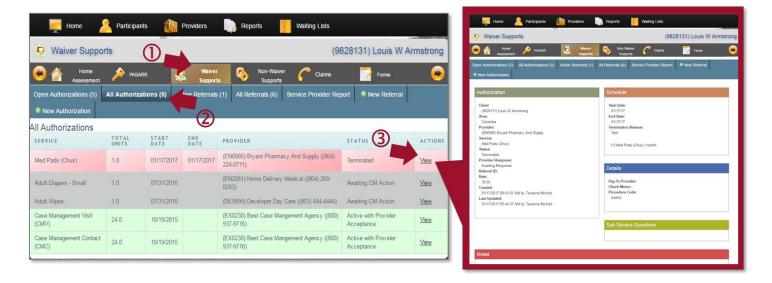
## B3. To Send a 30-Day Notice to Waiver Case Managers via the Conversation Tool

- 1. Select the Narratives tab
- 2. Select Conversations
- 3. Select the New Conversation button
- 4. Select a Case Management Option from the **Service** Drop down
- 5. Select **Add Party**. Note: It will be beneficial to also include the IS provider on these communications so they are aware of the change. Providers are located at the very bottom of the drop box, in the **Providers** section.
- 6. Type your Subject and Message and click Send.



## **B4. To View Closed (Terminated) IS Authorizations**

- 1. Select the Waiver Supports tab
- 2. Select All Authorizations
- 3. Select View next to the Authorization desired



## B5. To Search for Members with IS Applications Assigned to a WCM, But Not to a MMP CC

- 1. Go to the My Waivered Participants tab
- 2. Type "Incontinence" into the search feature

Participants	My Waivered Participants	Notifications	Prior Auth. Approva	Is Prime CICOs					
My Waiv	ered Participants								
Show 10	▼ entries Se	earch: incontine	nce			← First ← I	Previous	1 Next →	Las
AREA-CLTC #	NAME	MED. ELIG.	MED. RSP	PROGRAM	CASE MANAGER	ACTIVITY DUE/ DUE DATE	DATE DONE	NEXT QV DUE	N E RE
Spartanburg 0123451	LOUIS W. ARMSTRONG	Eligible since 09/01/2019 (15)	CLTC: 04/01/2019 MCPR: 10/01/2019	Incontinence Supplies - Part.	Monique Morphis				
Sumter 0322541	WILLIAM "COUNT" J BASSIE	Eligible since 10/01/2019 (10)	CLTC: 04/04/2019	Incontinence Supplies - Part.	Salena Kyle				

# **Appendix C**

Incontinence Supply Template Notices from MMP to WCM and IS Providers

### C1. 30 Day Notices

### Par Provider, 30 Day Notice

Dear [WCM Name] and [IS Provider],

I am a [Plan Name] care coordinator for [Member Name]. This individual joined [Plan Name], a Medicare-Medicaid Plan with the Healthy Connections Prime program, about six months ago. As required by Healthy Connections Prime's Incontinence Supply Guidance (which can be found in <u>the Provider Toolkit</u> on the Healthy Connections Prime website, or go to the Phoenix Help site and review the document under Healthy Connections Prime), I am providing 30 days' advance notice that [Member Name] is nearing the end of the six month continuity of care period for her/his incontinence supplies (IS). At the end of that six month period, the application and all authorizations will be terminated in Phoenix and [Plan Name] will be taking over as payer for her/his IS and will manage the IS outside of Phoenix.

[WCM Name]: Please terminate the IS authorizations in Phoenix 30 days from today's date, effective [mm/dd/yy]. Additionally please contact the CLTC Area Office to have the application transferred to my name, effective [mm/dd/yy].

[IS Provider]: Please bill us directly beginning [mm/dd/yy].

A follow up notice will be sent once the six month continuity of care period is officially over. Thank you, and I appreciate your assistance.

[Care Coordinator Name] [Plan Name] Care Coordinator [Phone]

### Non-Par Provider, 30 Day Notice

Dear [WCM Name] and [IS Provider],

I am a [Plan Name] care coordinator for [Member Name]. This individual joined [Plan Name], a Medicare-Medicaid Plan with the Healthy Connections Prime program, about six months ago. As required by Healthy Connections Prime's Incontinence Supply Guidance (which can be found in <u>the Provider Toolkit</u> on the Healthy Connections Prime website, or go to the Phoenix Help site and review the document under Healthy Connections Prime), I am providing 30 days' advance notice that [Member Name] is nearing the end of the six month continuity of care period for her/his incontinence supplies (IS). At the end of that six month period, the application and all authorizations will be terminated in Phoenix and [Plan Name] will be taking over as payer for her/his IS and will manage the IS outside of Phoenix.

[WCM Name]: Please terminate the IS authorizations in Phoenix 30 days from today's date, effective [mm/dd/yy]. Additionally please contact the CLTC Area Office to have the application transferred to my name, effective [mm/dd/yy].

[IS Provider]: As you are a Non-PAR provider, we will transition the member to a PAR provider beginning [mm/dd/yy].

A follow up notice will be sent once the six month continuity of care period is officially over. Thank you, and I appreciate your assistance.

[Care Coordinator Name] [Plan Name] Care Coordinator [Phone]

## C2. Final Notices

#### Par Provider, Final Notice

Dear [WCM Name] and [IS Provider],

I am a [Plan Name] care coordinator for [Member Name] and am writing to follow up on my previous communication regarding the incontinence supplies (IS) authorization for [Member Name]. As a reminder, [Member Name] joined [Plan Name], a Medicare-Medicaid Plan with the Healthy Connections Prime program, about six months ago. The six month continuity of care period ends starting [mm/dd/yy], the application and all authorizations must be terminated in Phoenix and [Plan Name] will be taking over as payer for her/his IS and will manage the IS outside of Phoenix.

[WCM Name]: If you haven't done so already, please terminate the IS authorizations in Phoenix, effective [mm/dd/yy]. Additionally contact the CLTC Area Office to have the application transferred to my name effective [mm/dd/yy].

[IS Provider]: Please bill us directly beginning [mm/dd/yy] and direct any questions or concerns directly to [Plan Name].

You can find more information in Healthy Connections Prime's Incontinence Supply Guidance (which can be found in <u>the</u> <u>Provider Toolkit</u> on the Healthy Connections Prime website, or go to the Phoenix Help site and review the document under Healthy Connections Prime). Thank you, and I appreciate your assistance.

[Care Coordinator Name] [Plan Name] Care Coordinator [Phone]

#### **Non-Par Provider, Final Notice**

Dear [WCM Name] and [IS Provider],

I am a [Plan Name] care coordinator for [Member Name] and am writing to follow up on my previous communication regarding the incontinence supplies (IS) authorization for [Member Name]. As a reminder, [Member Name] joined [Plan Name], a Medicare-Medicaid Plan with the Healthy Connections Prime program, about six months ago. The six month continuity of care period ends starting [mm/dd/yy], the application and all authorizations must be terminated in Phoenix and [Plan Name] will be taking over as payer for her/his IS and will manage the IS outside of Phoenix.

[WCM Name]: If you haven't done so already, please terminate the IS authorizations in Phoenix, effective [date mm/dd/yy]. Additionally contact the CLTC Area Office to have the application transferred to my name effective [mm/dd/yy].

[IS Provider]: As you are a Non-PAR provider, we will transition the member to a PAR provider beginning [mm/dd/yy].

You can find more information in Healthy Connections Prime's Incontinence Supply Guidance (which can be found in <u>the</u> <u>Provider Toolkit</u> on the Healthy Connections Prime website, or go to the Phoenix Help site and review the document under Healthy Connections Prime). Thank you, and I appreciate your assistance.

[Care Coordinator Name] [Plan Name] Care Coordinator [Phone]