

North Carolina

Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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April 2017

Attention:

**Community Alternatives Program for Children
Providers**

**Discontinued CAP/C Waiver Services
Incontinence Supplies**

*Providers are responsible for informing their billing agency of information in this bulletin.
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Effective March 1, 2017, the Centers for Medicare & Medicaid services approved the Community Alternatives Program for Children (CAP/C) 1915(c) Home and Community-Based Services waiver. Previously, incontinence supplies: liners (T4535) and reusable diapers (T4539) were reimbursable under the waiver. **These items are no longer reimbursable as waiver supplies in the renewed CAP/C Home and Community-Based Services waiver, but will be covered under the State Plan.**

CAP/C beneficiaries needing these specific incontinence supplies may continue to receive them in the amount, frequency and duration approved in the CAP/C service plan. However, a Durable Medical Equipment (DME) or a Home Health (HH) provider must offer these specific supplies through an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) prior approval process. CAP/C case management agencies are **no longer** authorized to order and/or render these specific discontinued waiver supplies for beneficiaries.

Below are guidelines for CAP/C case management agencies, DME and HH providers:

1. Case management agencies ordering and/or rendering liners (T4535) and reusable diapers (T4539) must assist beneficiaries to identify, through freedom of choice, a qualified DME or HH provider to order and render these specific incontinence supplies on behalf of the beneficiary.
 - a. A DME or HH provider must be appointed, and the name of the newly assigned provider updated in the e-CAP system, for the e-CAP system to generate a provider participation notice.
2. Beneficiaries previously approved to receive liners (T4535) and reusable diapers (T4539) may continue to receive these supplies in the amount, frequency and duration approved in the CAP/C service plan.
 - a. The N.C. Division of Medical Assistance (DMA) will submit the beneficiary's information to CSRA, such as the Medicaid number, the type of incontinence supplies and the National Provider Identifier of the authorized DME or HH provider.
 - b. CSRA will use this information to enter EPSDT prior approval requests for the approved incontinence supplies through the duration of the CAP/C service plan for each beneficiary approved to receive these specific supplies.
3. Ongoing approvals for liners (T4535) and reusable diapers (T4539) for beneficiaries will be evaluated annually, and during a change in a beneficiary's status to determine medically necessary health care.
 - a. Once the medical necessity for liners or reusable diapers is determined as an ongoing need, the case manager will update the service plan to include these specific incontinence supplies and ensure a provider participation notice is generated by the e-CAP system for the DME or HH provider.
 - b. The DME or HH provider will begin an EPSDT prior approval request for these specific incontinence supplies and upload the supporting provider participation notice in the NCTracks system for an approval by CRSA.

4. Case managers of newly identified and assessed beneficiaries determined to need liners or reusable diapers for medically necessary health care will update the service plan to include these specific incontinence supplies and ensure a provider participation notice is generated by the e-CAP system to the DME or HH provider. The DME or HH provider will initiate an EPSDT prior approval request for these specific incontinence supplies and upload the supporting provider participation notice in the NCTracks system for an approval by CSRA.
5. A DME or HH provider must submit a request to CSRA for an EPSDT prior approval decision for individuals under the age of 21 who have been assessed to need liners or reusable diapers for medically necessary health care through an EPSDT evaluation.

DMA is currently identifying the most efficient methods to address the long-term needs of incontinence supplies for individuals under the age of 21 when medically necessary health care is determined. Additional guidelines for all providers will be offered on the management of these specific incontinence supplies.

Those with questions, can call the DMA CAP/C unit at (919) 855-4340.

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