



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

October 12, 2023

GCR 23-105
FINAL

Medicaid Incontinence Supplies State Plan Amendment

Policy Summary:

The Vermont Medicaid program submitted a Medicaid State Plan Amendment (SPA) for contracting with a single vendor to provide select medically necessary incontinence supplies for Medicaid members. This provides one point of contact for member support, product options, and distribution of incontinence supplies at a lower cost. Disposable incontinence supplies include the following products: diapers, briefs, (either pull-up or pull-on), under pads (i.e. Chuxs), underwear liner, and guard or shield.

The contracted vendor will be reimbursed for select incontinence supplies at the negotiated contract rates. With prior approval, payment may be made to other durable medical equipment providers for medically necessary items that cannot be provided by the contractor. Reimbursement for these items will be manually priced.

This change was submitted to the Centers for Medicare and Medicaid Services (CMS) as SPA # 23-0039.

For more information on this change see [Global Commitment Register #23-023 Medicaid Incontinence Supplies](#).

Effective Date:

August 15, 2023

Authority/Legal Basis:

[Medicaid State Plan](#)

This change to incontinence supply reimbursement is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

All Medicaid

Fiscal Impact:

As reported in [GCR 23-023](#), the estimated gross annualized budget impact is a savings of \$413,389.

Public Comment Period:

The public comment period ended on September 5, 2023. No comments were received.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

[Clinical Coverage criteria for incontinence supplies](#) can be found here.

[Coverage limits for incontinence supplies](#) can be found here. Providers must document medical necessity to justify items provided in excess of the limits.

The reimbursement rates for incontinence supplies can be found on the [Vermont Medicaid DME Code Fee Schedule](#).

The following State Plan page has been amended:

- Attachment 4.19-B page 17

The draft SPA pages provide additional details on the proposed changes; copies of the draft SPA pages can be requested from local Department for Children and Families (DCF) offices or from DVHA at (802) 355-8843, or can be found on the [Agency of Human Services website](#).