BULLETIN



BEHAVIORAL AND PHYSICAL HEALTH AND AGING SERVICES ADMINISTRATION

Bulletin Number: MMP 24-03

Distribution: Nursing Facilities

Issued: February 5, 2024

Subject: Nursing Facility Bed Isolation Exception Request Form

Effective: April 1, 2024

Programs Affected: Medicaid

The purpose of this bulletin is to introduce a new form (MSA-0832 – Nursing Facility Isolation Bed Request Form) and process for nursing facilities (NF) to request approval for Medicaid residents to temporarily reside in a non-Medicaid-certified bed due to isolation needs.

The Michigan Department of Health and Human Services (MDHHS) requires a Medicaid beneficiary to reside in a Medicaid-certified bed for a provider to receive reimbursement (refer to the Nursing Facility Coverages chapter of the MDHHS Medicaid Provider Manual, Verification of Medicaid Financial Eligibility subsection.) The MDHHS Long-Term Care Operations section may provide a written exception to this policy in cases in which a Medicaid resident needs to be in a private room because they require isolation due to an infection or illness, but no Medicaid-certified private rooms are available. This exception is provided to allow the resident to reside in a non-Medicaid-certified bed on a short-term, temporary basis.

Attached is the MSA-0832 - NF Bed Isolation Form Request. NFs in need of isolating a Medicaid resident in a private room using a non-Medicaid-certified bed may complete the form and submit an encrypted request to MDHHS-NFISOLATION@michigan.gov. If the NF is unable to encrypt the information, they may fax the form to 517-241-0066.

The MSA-0832 must be submitted within five business days of the return of the isolated individual to their dually certified Medicaid Bed. When submitting the MSA-0832 you must include the physicians' orders or other relevant documentation to substantiate the need for isolation.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

Meghan E. Groen, Director

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Behavioral and Physical Health and Aging Services Administration

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES NURSING FACILITY ISOLATION BED REQUEST FORM

INSTRUCTIONS: Fill out the below table with the facility information and for each beneficiary that you are requesting bed isolation for. This form must be submitted within 5 business days of the return of the isolated individual to their dually certified Medicaid Bed. The request must include the physicians' orders or other relevant documentation to substantiate the need for isolation. This form must be signed at the bottom and sent to MDHHS-NFISOLATION@michigan.gov or by fax to 517-241-0066 if the facility is unable to send an encrypted email. Any questions may be sent to the above email address.

Facility Information

Facility Name	
Facility NPI Number	
Facility CCN Number	
Facility License Number	
Name of the Requestor	
Title of the Requestor	
Email of the Requestor	
Fax Number of the Facility	
Phone Number of the Requestor/Facility	
Date of the Request	

Beneficiary Information

Beneficiary Name	Beneficiary ID	Room Number of the Non- Medicaid Room	Room Number of the Current Room	Start Date	End Date	Number of days in the date range	Reason for Isolation

Authorized Signature	Date
MSA-0823 (4/2024)	

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available. Call 800-642-3195 (TTY 866-501-5656).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-642-3195 (TTY 866-501-5656).
Arabic	ملحوظة: إذا كنت تُتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 3195-642-800 (رقم هاتف الصم والبكم: 6566-501-866).
Chinese	注意:如果您使用繁體中文,您可以免費獲得語言援助服務。 請致電 800-642-3195 (TTY 866-501-5656)
Syriac (Assyrian)	رەھۇكى: كى ئىسلانى چى ئەھاھبىلەنى لغتى كىلانۇتى، ھى بىلەنى تۇدلىلەنى بىلخىلام تۇنۇللار ھۇنۇللار دۇنۇكى دۇنۇللار كىلىنىڭ ئۇنۇلگى ئ
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-642-3195 (TTY 866-501-5656).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-642-3195 (TTY 866-501-5656).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수
	있습니다. 800-642-3195 (TTY 866-501-5656)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা
	পরিষেবা উপলব্ধ আছে। ফোন করুন ১ ৪০০-642-3195
	(TTY > 866-501-5656).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-642-3195 (TTY 866-501-5656).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 800-642-3195 (TTY 866-501-5656).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-642-3195 (TTY 866-501-5656).
Japanese	注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 800-642-3195 (TTY 866-501-5656) まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-642-3195 (телетайп 866-501-5656).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-642-3195 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 866-501-5656).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-642-3195 (TTY 866-501-5656).

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - • Qualified sign language interpreters
 - •• Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - •• Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided the above services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator Compliance Office, Suite 411 PO Box 30037 Lansing, MI 48909

517-284-1018 (Main), (TTY number—if covered entity has one), 517-335-6146 (Fax), MDHHS-Section-1557@michigan.gov (Email).

You can also file a civil rights complaint with the responsible federal agency.

If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://bit.ly/2IKsHMS.

If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:

Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all the information requested in the form.

To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

Fax: 202-690-7442; or Email: program.intake@usda.gov

MDHHS is an equal opportunity provider.