

**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](mailto: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](mailto: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](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Approved

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive, flowing style.

Meghan E. Groen, Director  
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](mailto: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



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](mailto: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](mailto:program.intake@usda.gov)

MDHHS is an equal opportunity provider.