

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NURSING FACILITY ISOLATION BED REQUEST FORM

The MDHHS Long-Term Care Operations section may provide a written exception to this policy in cases in which a current 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.

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. If the NF is unable to encrypt the information, they may fax the form to 517-241-0066.

Facility Information:

Facility Name	
Facility Address	
Facility NPI Number	
Facility CCN Number	
Name of the Requestor/Title	
Email of the Requestor	
Date of the Request	

Census Information: Input the census from the day the isolation took place. If multiple residents are included on this form use the date that the first isolation bed took place.

Number of dually certified beds	
Number of Medicare only beds	
Dually certified bed occupancy	
Medicare certified bed occupancy	
Hospital bed holds	

Beneficiary Information:

Beneficiary Name	Beneficiary ID (if pending-state pending)	Medicare Room number (isolation room)	Dually certified room number (resident's regular 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 (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.