

**Bulletin Number:** MSA 21-43

**Distribution:** Nursing Facilities

**Issued:** October 26, 2021

**Subject:** COVID-19 Response: Changes to Non-Available Bed Plan Policy

**Effective:** As Indicated

**Programs Affected:** Medicaid

This bulletin notifies nursing facility providers of temporary policy changes regarding Non-Available Bed Plans. These changes allow nursing facilities to be more selective in their non-available bed designations, extend submission deadlines, reduce ineligibility, and provide penalty and return to service exceptions when handling COVID-19 related issues. The effective date for having a non-available bed plan under this policy is October 1, 2021. These changes will remain in effect until September 30, 2024.

### **Non-available Beds**

During this time, providers are allowed to designate individual beds within a room that are not being used for resident care as non-available.

### **Qualifying Criteria**

There are no discrete area or contiguous physical arrangement requirements for the designation of a non-available bed. The common physical space within a room containing both non-available beds and available beds will not be designated as a non-available bed area.

Daily patient census records per bed must be maintained to ensure that non-available beds are not used for patient care. Failure to maintain daily census records by bed will negate the non-available bed arrangement.

Providers will now have 60 calendar days from the date that the provider removes the bed from service to submit the written non-available bed plan request.

### **Written Notice and Request for a Plan Approval**

The Medicaid Reimbursement and Rate Setting Section (RARSS) must receive the request within 60 calendar days of the date that the beds are to be removed from resident care. RARSS will review the request and provide a written response of approval, denial, or a request

for additional information within 30 business days. If approved, RARSS will notify the Social Security Administration (SSA) of the non-available bed designation and effective period.

### **Life of an Approved Plan**

Designated beds must remain non-available for a period of six months.

Non-available bed designations will be effective on the first day of the month. If the notice is not received within the required 60 calendar day period, the plan will become effective on the first day of the month in which RARSS received the notice if the beds have not been utilized during that month.

The nursing facility may request up to four extensions of six months each following this minimum period. A request for extension must be submitted in writing to the RARSS 30 calendar days prior to expiration of the extension.

The 24-month ineligibility period that follows the expiration of the previously approved plan, during which providers cannot submit a new non-available bed plan, will be waived for the six-month non-available bed designation plans.

### **Change of Ownership**

The new owner may apply to extend the plan by following the extension request policy as outlined in the Life of an Approved Plan subsection of this policy. This extension does not have to coincide with the facility's cost reporting period.

### **Amending a Plan**

Plan amendments will not be allowed under these six-month non-available bed designation plans.

### **Penalty for Use of Non-available Beds**

Admitting residents to any beds designated non-available for occupancy, regardless of payer source, before the end of the plan negates the non-available bed plan. The exception to that penalty requirement will be beds used for care to address issues with COVID-19.

### **Returning Beds to Service**

In special circumstances, such as a sudden increase in demand due to closure of a nearby facility or to address COVID-19, non-available beds may be returned to service before the end of the approved plan with prior approval of RARSS.

## **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Katelynn Thornton via e-mail at [thorntonk2@michigan.gov](mailto:thorntonk2@michigan.gov).

Please include "COVID-19 Response: Changes to Non-available Bed Policy" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

## **Manual Maintenance**

Information in this bulletin is time-limited and will not be incorporated into any policy or procedure manuals.

## **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 questions, 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 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

## **Approved**



Kate Massey, Director  
Medical Services Administration