Isolation Bed Requests

Michigan Department of Health & Human Services

Medicaid Bed Requirement

The Michigan Department of Health and Human Services (MDHHS) requires a Medicaid beneficiary to reside in a Medicaid-certified bed for the provider to receive Medicaid reimbursement.

This requirement is outlined in the Nursing Facility Coverages chapter of the MDHHS Medicaid Provider Manual, under Verification of Medicaid Financial Eligibility.

Isolation Bed Request Overview

- MDHHS Long-Term Care Operations may approve an isolation bed request when the following conditions are met.
  - The resident is already Medicaid eligible, and
  - The resident requires medical isolation due to an infection or illness, and
  - No Medicaid-certified private rooms are available in the facility.

Purpose of the Isolation Bed Request

- **Why the Isolation Bed Request Exists**
- To ensure medically necessary isolation can occur without compromising infection control.
- To allow temporary placement in a non-Medicaid-certified bed (such as a Medicare-only bed).
- This exception is short-term and temporary only and does not permanently change bed certification.

When the Provider Should Complete the Isolation Bed Form

Appropriate Use

- The provider should complete the isolation bed request form when:
- A Medicaid resident requires isolation due to infection or illness
- The resident requires a private room for medical reasons
- No Medicaid-certified private rooms are available
- Isolation cannot be safely managed in the resident's current Medicaid-certified bed

Medicaid-Certified Beds vs. Medicare-Only Beds

Standard Rule

- Medicaid reimbursement is paid only when the resident occupies a Medicaid-certified bed.

Exception

- A Medicare-only or non-Medicaid-certified bed may be used only with an approved isolation bed request.
- Without approval, Medicaid reimbursement may be denied.

When the Isolation Bed Form Should Be Submitted

- **Submission Timeline**
- The isolation bed request form must be submitted after the isolation period ends.
- The form must be submitted within five (5) business days after the resident returns to their original Medicaid-certified bed.

Required Information on the Isolation Bed Form

- **Form Must Include**
- Resident name and Medicaid ID
- Facility information
- Reason for isolation (medical necessity)
- Start and end dates of isolation
- Identification of non-Medicaid-certified bed used
- Confirmation that no Medicaid-certified private room was available
- Signature and date by facility representative

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

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Medical Documentation Requirements

- **Medical Records Must Include**
- Physician order supporting isolation
- Diagnosis or condition requiring isolation
- Infection control documentation (as applicable)
- Explanation of why isolation could not occur in a Medicaid-certified bed
- Progress notes supporting duration of isolation
- Medical documentation is required to validate the isolation request.

Matching Dates Requirement

- **Critical Compliance Point**
- Dates listed on the isolation bed form must exactly match:
  - Physician orders
  - Progress notes
  - Infection control documentation
- Date mismatches may result in:
- Denial of reimbursement
- Post-payment recoupment

Return to Medicaid-Certified Bed

- **Mandatory Requirement**
- Once isolation ends, the resident must return to the Medicaid-certified bed where they originally resided.
- The isolation exception:
  - Does not permanently reassign the resident
  - Does not change the certification status of the bed
- Continued stay in a non-Medicaid-certified bed without approval is non-compliant.

Key Compliance Reminders

- Medicaid residents must normally be in Medicaid certified beds
- Isolation exceptions are temporary and medically necessary only
- Form submission is required and time-limited
- Medical documentation must support the request
- Dates must match across all records
- Resident must return to original Medicaid-certified bed

Questions?