MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Emily Frankman, PhD

Phone Number:

Initial 🗌	Public Comment 🔀	Final 🗌	

Brief description of policy:

The purpose of this bulletin is to introduce a new form and process for nursing facilities (NF) to request an exception for Medicaid residents to temporarily reside in a non-Medicaid-certified bed due to isolation needs.

Reason for policy (problem being addressed):

Currently, there is no approved form or process for requesting a temporary exception for isolation of Medicaid residents in non-Medicaid-certified beds.

Budget implication:

budget neutral
will cost MDHHS
, and (select one) budgeted in current appropriation
will save MDHHS

Is this policy change mandated per federal requirements?

No.

Does policy have operational implications on other parts of MDHHS?

Yes - LTC Operations

Does policy have operational implications on other departments?

No.

Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:				
State Plan Amendment Required: Yes	🛛 No	Public Notice Required:	Yes	🛛 No

	enument require		T ublic Notice Nequileu.	
If Yes, please	provide status:			
Approved	Pending	Denied	If yes,	
Date:	Approval	Date:	Submission Date:	

DRAFT FOR PUBL COMMENT	IC				
Michigan Department	of				
Health and Human Servi		Project Number: 2	2339-NF	Date: November 16, 2023	
Comments Due:December 21, 2023Proposed Effective Date:February 1, 2024Direct Comments To:Emily Frankman, PhDAddress:frankmane@michigan.gov			<u>)v</u>	Fax:	
Phone:					
Policy Subject: Nursing Fa	acility	Bed Isolation Excep	ion Requ	est Form	
Affected Programs: Medio	caid				
Distribution: Nursing Fac	ilities				
	excep	otion for Medicaid re		rm and process for nursing temporarily reside in a non-	
	Purpose: Currently, there is no approved form or process for requesting a temporary exception for isolation of Medicaid residents in non-Medicaid-certified beds.				
Cost Implications: Budget neutral					
Potential Hearings & Appeal Issues: n/a					
State Plan Amendment Required: Yes No Public Notice Required: Yes No If yes, date submitted: Submitted date:					
Tribal Notification: Yes 🗌 No 🖂 - Date:					
THIS SECTION COMPLETED BY RECEIVER					
Approved			No Con		
Disapproved	Disapproved See Comments Below See Comments in Text				
Signature:				ne Number	
Signature Printed:					
Bureau/Administration (p	lease	print)	Date		
<u> </u>					

Proposed Policy Draft

Michigan Department of Health and Human Services Behavioral & Physical Health and Aging Services Administration

Distribution:	Nursing Facilities
Issued:	January 1, 2024 (Proposed)
Subject:	Nursing Facility Bed Isolation Exception Request Form
Effective:	February 1, 2024 (Proposed)
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 <u>MDHHS Medicaid Provider Manual</u>, 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. An NF 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 <u>MDHHS-NFISOLATION@michigan.gov</u>. If the NF is unable to encrypt the information, they may fax the form to 517-241-0066.

The MSA-0832 must be submitted with in 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.

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. A physician's order justifying the isolation or relevant medical documentation to support this request must accompany this request. This form must be signed at the bottom and sent to <u>MDHHS-NFISOLATION@michigan.gov</u> 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

[~				1
Beneficiary Name	Beneficiary ID	Room Number of the Non- Medicaid Room	Room Number of the Current Room	Start Date	End Date (if known)	Number of days in the date range	Reason for Isolation
		¥					

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.

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Call (TTY

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم:).
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 (TTY)
Syriac (Assyrian)	ەھتەت، تىپ بىسلەپ چە ھەدىھىلەن لىغىتە تەلمەتىتە، ھىرىلەن «ھەلىلەن» يىلىخىلە» «ھەنبەتلە» دايغىتە ھېچىتەبىلە. مەنى خلە ھىتىتە (TTY)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (TTY).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (TTY).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (TTY)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ (TTY ১).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (TTY).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer (TTY).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (TTY).
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。 (TTY))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 (телетайп).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (TTY Telefon za osobe sa oštećenim govorom ili sluhom).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (TTY).

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), <u>MDHHS-Section-1557@michigan.gov</u> (Email).

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

Tou can also file a civil rights complai	it with the responsible rederal agency.
If your grievance or complaint is	If your grievance or complaint is about your application for or
about your Medicaid application,	current food assistance benefits, you can file a discrimination
benefits or services you can file a	complaint with the U.S. Department of Agriculture (USDA)
civil rights complaint with the U.S.	Program by:
Department of Health and Human	
Services at <u>https://bit.ly/2pBS4YG</u> ,	Completing a Complaint Form, (AD-3027) found online at:
or by mail or phone at:	https://bit.ly/2g9zzpU or at any USDA office, or write a letter
	addressed to USDA at the address below. In your letter,
U.S. Department of Health and	provide all the information requested in the form.
Human Services	
200 Independence Avenue, SW	To request a copy of the complaint form, call 866-632-9992.
Room 509F, HHH Building	Send your completed form or letter to USDA by mail:
Washington, D.C. 20201	U.S. Department of Agriculture
800-368-1019, 800-537-7697	Office of the Assistant Secretary for Civil Rights
(TDD)	1400 Independence Avenue, SW
	Washington, D.C. 20250-9410
Complaint forms are available at	
https://bit.ly/2IKsHMS	Fax: 202-690-7442; or Email: program.intake@usda.gov

MDHHS is an equal opportunity provider.