

**Emergency Crisis Services**  
**5<sup>th</sup> Bed**  
**Variance Request Form**

*Initial/New Request*

Minnesota Statutes, section 245A.11, subd. 2a (d)

Minnesota Statutes, section 245A.11, subd. 2a (a) states that, “The commissioner shall issue adult foster care and community residential setting licenses with a maximum licensed capacity of four beds, including nonstaff roomers and boarders, except that the commissioner may issue a license with a capacity of five beds, including roomers and boarders, according to paragraphs (b) to (f).”

Minnesota Statutes, section 245A.11, subd. 2a (b) states that, “The license holder may have a maximum license capacity of five if all persons in care are age 55 or over and do not have a serious and persistent mental illness or a developmental disability.”

Minnesota Statutes, section 245A.11, subd. 2a (d) states that, “The Commissioner may grant variances to paragraph (b) to allow the use of a fifth bed for emergency crisis services for a person with serious and persistent mental illness or a developmental disability, regardless of age, if the variance complies with section 245A.04, subd. 9, and approval of the variance is recommended by the county in which the licensed facility is located.”

Please send or fax a completed variance request form to:

DHS Licensing – Family Systems  
PO Box 64242  
St. Paul, MN 55164-0242

Fax#: 651-431-7673

This form is to be used when a facility is requesting a variance to provide either crisis respite services or emergency crisis services for the first time or for a specific individual.

There are three parts to this form including this cover sheet, section A, and section B. Section A is to be completed by the license holder requesting the variance. Once this section is completed, the license holder will submit the form and requested documentation to the licensing worker(s). The licensing worker(s) will review the information received from the license holder, complete section B, and then submit all of the information to DHS.

*Please note that if the license holder requesting this variance is dually licensed to provide AFC and CFC, the fifth bed area must be completely self-sufficient (no common areas between the long-term residents living in the home and the short-term crisis/respite placement).*

## Section A:

Please check which service is needed:

**Crisis Respite – Out of Home Services** for persons on the DD waiver or eligible for the DD waiver who need access to this service to mitigate a crisis.

*\*Crisis respite services under the Developmental Disability Home and Community Based Services waiver may only be provided by a licensed 245D-CR provider.*

**Emergency Crisis Services** for an individual with a serious and persistent mental illness or a developmental disability.

Name of Foster Care/Community Residential Setting provider:	
AFC/CRS License Number:	
CFC License Number*	
Address where services are provided:	
245D-HCBS License Number*	

\*if applicable

On a separate sheet of paper, please provide detailed responses to the following areas:

1. Describe the building design. If dually licensed for AFC and CFC, include details about the physical separation.
2. Describe the individual characteristics of the residents receiving long-term residential services. (i.e., behaviors, mobility, and vulnerabilities).  
(9555.5605, subp. 5)
3. Explain the process in which the residents receiving long-term residential services and their legal representatives were able to provide input and informed consent regarding the use of the emergency 5<sup>th</sup> bed.
4. Describe how disruptions will be minimized to the residents receiving long-term services and how protections will be provided to all five residents.
5. Describe the changes made to the staffing pattern when providing emergency 5<sup>th</sup> bed services.
6. Specify the start and end dates for the requested variance.
7. Specify the individual's name and date of birth, requesting the services.

