

Emergency Crisis Services
5th Bed
Variance Request Form

General 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 duration of the licensing period.

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. Briefly describe the use of the emergency 5th bed since the previous variance was approved (i.e. number of residents served, length of stay per resident, characteristics of residents utilizing the emergency 5th bed).
2. If the individual characteristics (i.e., behaviors, mobility, and vulnerabilities) of the residents receiving long-term residential services have changed, describe the changes.
3. Describe how disruptions will be minimized to the residents receiving long-term services and how protections will be provided to all five residents.
4. Have there been any changes to the building design/physical plant? If so, describe changes. (If dually licensed for AFC and CFC and there have been changes in the physical separation, describe any changes made).
5. Describe changes made to the staffing pattern when providing emergency 5th bed services.
6. Have there been any new resident admissions since the previous variance was approved? If so, how was the resident's legal representative able to provide input and informed consent for the use of the emergency bed?

Section A (continued):

7. If a resident's legal representative, case manager, or other team member communicates concerns about the use of the emergency 5th bed, describe your plan to address these concerns. How do you seek feedback from team members?
8. Specify the start and end dates for the requested variance.

Section B:

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

1. Briefly describe how you monitor the use of the emergency 5th bed by addressing the following:
 - Communication regarding placement decisions;
 - The frequency of contact you have with provider once the emergency placement is made;
 - Who is assessing whether the placement is successful and how is this communicated to you;
 - What is the action plan if the placement is not working;
2. Describe the continued need for this emergency 5th bed in your county.
3. What licensing violations (if any) have you found at this program and how did you communicate them to the provider/program?

I have reviewed the attached provider's plan to provide Crisis Respite/Emergency Crisis Services.

Licensors Recommendation: _____ Approval _____ Denial

Licensors Signature

Licensors Name (please print)

Licensors Telephone Number

Date

Licensors email address