

Crisis respite

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| Legal authority | Federally approved BI, CAC, CADI and DD waiver plans, Minn. Stat. §245D.01 and Minn. R. 9544 | |
| Definitions | <p>Crisis respite: Short-term behavioral or medical intervention services to protect the person or others living with them and provide relief and support to the caregiver.</p> <p>Specialized staff: Professional staff who are specially trained in crisis prevention, intervention and resolution and meet certain qualifications, as explained in the provider standards and qualifications section on this page.</p> | |
| Eligibility | <p>A person is eligible to receive crisis respite when both of the following are true:</p> <ul style="list-style-type: none"> • Caregivers and service providers are not able to provide necessary behavioral or medical intervention and protection of the person or others living with them. • The services allow the person to avoid institutional placement or remain in the community. | |
| Covered services | <p>Crisis respite covers all the following activities:</p> <ul style="list-style-type: none"> • Assess the person and situation to determine the factors causing the crisis. • Assist, supervise and provide care necessary to ensure the health and welfare of the person. • Develop a person-centered intervention plan, in coordination with the person and support team, that is based on recommendations in the assessment. • Consult with and train the provider(s) and/or caregiver(s) to ensure successful implementation of the intervention plan. • Provide ongoing technical assistance to the provider(s) or caregiver(s) to implement the intervention plan. • Recommend positive support strategies and revisions to the person's support plan to prevent or minimize future crisis situations and increase the stability of the person living in the community. • Develop and implement a transition plan to support the person's return home if they receive out-of-home crisis respite. <p>Out-of-home crisis respite covers room and board costs when the service is provided in a foster care setting or community residential setting (CRS) licensed to provide crisis respite.</p> | |
| Non-covered services | <p>Crisis respite does not cover:</p> <ul style="list-style-type: none"> • Cost of the hotel room and meals for the person's caregiver when the person receives crisis respite in their home. • Cost of the hotel room and meals for the person and direct care staff when the person receives crisis respite in a licensed hotel. • Services duplicative of what a licensed foster care/CRS setting is required to provide. • Services duplicative of case management or any other waiver service. | |
| Remote support | <p>Crisis respite can be delivered through remote support. Services delivered through remote support must meet all the requirements listed on CBSM – Remote support.</p> | |

Settings

Crisis respite may be provided as either:

- In-home
- Out-of-home.

Out-of-home crisis respite

An out-of-home crisis respite provider must provide services in one of the following settings:

- Adult foster care licensed under [Minn. R. 9555.5150 to 9555.6265](#).
- Child foster care licensed under [Minn. R. 2960.3000 to 2960.3340](#).
- CRS licensed under [Minn. Stat. Ch. 245D](#).
- Licensed hotel (refer to requirements below).

Minnesota Department of Health (MDH)-licensed hotels

The lead agency may only authorize crisis respite in an MDH-licensed hotel for children or adults for up to seven days in the following situations:

- A licensed foster care facility/CRS that provides out-of-home crisis respite is not immediately available within 50 miles of the person's home.
- Available openings are not appropriate for the person's needs.

If the person receives crisis respite in an MDH-licensed hotel, the crisis respite provider must:

- Secure hotel lodging for the person.
- Pay for the cost of the hotel room and meals for the person and staff (refer to non-covered services section on this page).
- Send direct care staff to the MDH-licensed hotel to provide the amount, frequency and type of crisis respite services identified in the intervention plan.

After seven days of crisis respite in an MDH-licensed hotel, the lead agency must submit documentation of continued need for crisis respite in an MDH-licensed hotel to DHS for review and approval on a weekly basis.

To submit the documentation of continued need for another week:

1. Open the [DSD Contact Form](#).
2. Select "Lead Agency, County, Tribal Nation" in the "Identify your role" field.
3. Select "I have a question" in the "What is your question?" field.
4. Select "Case Consult and Policy" in the "What do you need help with?" field.
5. Select "Case Management (Policy & Training)."
6. Complete the required fields for your name, email, phone number, lead agency, person's name, etc.
7. Include the person's age and the name of the crisis respite provider in the "Describe your question and/or issue" text box.
8. Attach a document that summarizes the continued need for crisis respite using the "Attach" button at the bottom of the form.

After you submit the completed form, DHS staff will respond within two business days to provide further instructions and technical assistance.

Size limit

For adult foster care, child foster care and CRS, the total number of people who reside in a living setting cannot be more than five. This means five people not related to the principal care provider.

If a provider is licensed to provide services to fewer than five people and would like to request an increase up to five, refer to [CBSM – Changes to the size of setting by waiver service](#).

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| Secondary information | Services under all waiver/AC programs must meet the requirements listed in the services section of CBSM – Waiver/AC programs overview . |
| Documentation | <p>The lead agency must document all of the following in the person’s support plan:</p> <ul style="list-style-type: none"> • Crisis respite services are necessary. • Crisis respite services are a cost-effective alternative to institutionalization. • Amount of crisis respite services. • Frequency of crisis respite services. • Type of crisis respite services. • Provider’s specific experience, skills and qualifications needed to meet the person’s needs. • Role of specialized staff. <p>Refer to the service amount section on this page for additional documentation requirements.</p> |
| Service amount | <p>Out-of-home crisis respite Use of out-of-home crisis respite cannot exceed 180 days, except when the lead agency approves and authorizes the service as part of the person’s support plan. To exceed the 180-day limit, the lead agency must ensure and document that the extension will not result in the person’s inability to return home or to an alternative home in the community.</p> <p>In-home crisis respite In-home crisis respite does not have a limit on the number of days authorized as part of the person’s support plan. The lead agency must ensure and document that the service supports the person to remain in their home.</p> |
| Provider standards and qualifications | <p>Crisis respite is a DHS enrollment-required service. For more information, refer to CBSM – Waiver/AC service provider overview.</p> <p>License requirements A crisis respite provider must have a license under Minn. Stat. Ch. 245D as an intensive support service provider.</p> <p>Additional requirements All crisis respite providers must have the specific experience, skills and qualifications required to meet the person’s behavioral and/or medical intervention needs that resulted in or contributed to the crisis situation, as identified in the person’s support plan. The lead agency must document in the support plan the provider’s specific experience, skills and qualifications needed to meet the person’s needs.</p> <p>Specialized staff In addition to the above requirements, crisis respite specialized staff must be provided by professional staff who are specially trained in crisis prevention, intervention and resolution and either:</p> <ul style="list-style-type: none"> • Are licensed, certified or credentialed (e.g., board-certified psychiatrist, licensed psychologist, doctor of pharmacology, registered nurse, board-certified behavior analyst, licensed speech pathologist, certified occupational therapist, etc.). • Have a four-year degree. <p>Reporting A provider licensed under 245D must report all uses of controlled procedures, emergency use of manual restraint and prohibited procedures</p> |

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| | <p>according to Minn. Stat. §245D.06, subd. 5 to DHS via the Behavioral Intervention Report Form, DHS-5148.</p> <p>Background studies</p> <p>To provide crisis respite, providers must have a background study. For more information, refer to CBSM – Waiver/AC service provider overview – Required DHS background studies for direct-contact services.</p> |
| <p>Authorization, rates and billing</p> | <p>The lead agency authorizes crisis respite at the market rate. For more information, refer to Long-Term Services and Supports Service Rate Limits, DHS-3945 (PDF) and CBSM – Market rate services.</p> <p>Authorization codes and rate limits</p> <p>The lead agency uses the following codes to authorize crisis respite:</p> <ul style="list-style-type: none"> • T1005 TG – Crisis respite specialized staff. • T1005 – Crisis respite 15-minute (used for non-specialized staff when services are provided on a less-than-daily basis). • S9125 – Crisis respite daily (used for non-specialized staff when services are provided on a daily basis). |
| <p>Additional resources</p> | <p>Behavioral Intervention Report Form, DHS-5148 CBSM – Changes to the size of setting by waiver service CBSM – Guide to support a person with a residential service termination CBSM – Market rate services CBSM – Moratorium on corporate foster care and community residential setting development CBSM – Remote support CBSM – Waiver, AC and ECS general process and procedures CBSM – Waiver/AC programs overview CBSM – Waiver/AC service provider overview DSD Contact Form DHS – Jensen Settlement DHS Bulletin #24-68-05 – Clarifying when disability waiver community residential services are foster care placements for children and youth (PDF) Functional Behavior Assessment Quality Checklist, DHS-6810F Long-Term Services and Supports Service Rate Limits, DHS-3945 (PDF) Positive Support Transition Plan, DHS-6810 Positive Support Transition Plan Quality Checklist, DHS-6810G (PDF)</p> |