

# Respite & Shelter Care Overview



# Respite Care

- Pre-planned arrangement
- Temporary relief care
- Special medical needs of the child
- Behavioral health needs of the child
- Requires time-limited supervision and support
- Stabilize placement
- Prevent removal from the home

# Eligibility

## Children under the age of 18 involved with:

### Human Service Zones

- Child Protection Services (CPS)
- Case Management (In Home/Foster Care)

### Division of Juvenile Services (DJS)

- Foster care placement

### Tribal Social Services

- Foster care (IV-E) clients

### Post-Adoption

- Department subsidy recipient only

### Post- Guardianship

- Department subsidy recipient or those who were previously involved in ND Child Welfare within the last 12 months prior to the establishment of a guardianship

### Human Service Center (HSC)

- HSC clients dually involved with a Human Service Zone, Tribe or DJS.

# Duration

## Overnights

No greater than 4 calendar days per week per respite care episode.

-or-

## Non-overnights

No greater than 12 hours per week per respite care episode.



There is **no** limit on the number of respite care requests an eligible child may receive.


# Respite Providers

- Licensed foster care providers
- Licensed childcare providers



# Requesting Respite

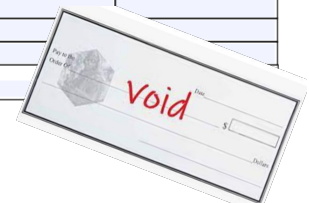
- **Pre-approval for respite is required from the CFS Licensing Unit.**
- Human Service Zones will utilize the ND provider list to locate a provider.
- DJS or a Tribal Nation must make diligent attempts to secure a respite home, prior to contacting the CFS Licensing Unit.
- The case manager/worker must submit the completed Part 1 of the SFN 929 to the CFS Licensing Unit in efforts to gain pre-approval.
- If the request is approved, the case manager/worker will be required to submit Part 2 of the SFN 929 after the respite care occurs.
- Part 2 of the SFN 929 should be completed and signed by the case manager/worker and signed by the provider.
- If needed, the case manager/ worker will be asked to gather a completed W-9(SFN 53656) and blank voided check from the provider.


**RESPITE REQUEST AND PROVIDER AGREEMENT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 929 (9-2022)

Respite care is temporary relief care for a child who requires time-limited supervision and support by an eligible respite care provider. Children and Family Services will reimburse the cost of respite care to an eligible provider as determined by policy.

**PART 1: RESPITE REQUEST** - The case manager/worker shall complete part one and submit to the CFS Licensing unit at [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov) for pre-approval.

AGENCY REQUESTING RESPITE CARE			
<input type="checkbox"/> Human Service Zone	<input type="checkbox"/> Division of Juvenile Services (DJS) (Paid FC Only)	<input type="checkbox"/> AASK	
<input type="checkbox"/> Tribal Nation (IV-E only)	<input type="checkbox"/> Human Service Center (HSC)	<input type="checkbox"/> Nexus-PATH (Internal Respite)	
AGENCY PROGRAM			
Specify the agency program in which the child is involved			
<input type="checkbox"/> Child Protective Services (CPS)	<input type="checkbox"/> Case Management (In-Home or Foster Care)	<input type="checkbox"/> Post-Guardianship (subsidy client)	
<input type="checkbox"/> Post-Adoption (subsidy client)	<input type="checkbox"/> Human Service Center client who is dually involved with a Human Service Zone, Tribe or DJS		
RESPITE PROVIDER			
Specify the respite care provider identified			
<input type="checkbox"/> Child Care Provider <input type="checkbox"/> Foster Care Provider <input type="checkbox"/> Contracted Vendor - <b>STOP</b> and call the vendor directly, no SFN 929 needed			
DEMOGRAPHICS			
Provide basic demographic information of the child and referring agency in the event of an emergency			
Child's Name (First and Last)		Date of Birth	Age
Agency Name		Agency On-Call Telephone Number	
Primary Case Manager/Worker Name		Primary Case Manager/Worker Telephone Number	
Primary Caregiver and Relationship	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Other (specify):	Primary Caregiver Telephone Number	
Primary Caregiver Physical Address		City	State    ZIP Code
EXPLANATION OF NEED FOR RESPITE CARE			
Specify information regarding the need for respite care to better inform the respite care provider. Include information regarding child's special medical, emotional or behavioral needs, allergies, the child's likes and interests, etc. If transporting the child will be required by the respite provider, detail why, for what and how much transportation is needed for the respite care episode.			
RESPITE CARE FREQUENCY			
When respite care is provided by the same provider, an agreement can be signed once per quarter (every three months). Indicate the frequency agreed upon by the case manager/worker and the provider.			
<input type="checkbox"/> One Time		<input type="checkbox"/> Overnights (maximum 4 days)	
<input type="checkbox"/> Ongoing (describe below):		<input type="checkbox"/> Daytime hours only (maximum of 12 hours per week)	
Days	Frequency	Starting Date	Expiring Date
	Per Week		
	Every other Week		
	Per Month		
CFS Office Use Only		Comments	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			



# Approved Respite Scenarios

Child is destroying property; the primary caregiver asks for help to re-group and seeks respite care to temporarily provide relief and support.

# Approved Respite Scenarios

Relative caregivers are caring for a medically fragile infant, who is a substance exposed newborn. The child is inconsolable and requires 24-hour care. The relative caregivers are needing a break to re-group. Given the needs of the child, the case manager requests respite care to assist in meeting the child's needs, manage placement stability, and support the relative caregiver.



# Approved Respite Scenarios

A mom is caring for her two children. There was a recent CPS assessment opened. The two children require extra supervision and have temper tantrums that can last for hours at a time. The CPS worker recognizes mom would benefit from one weekend of respite care each month to provide relief and support to her, and to stabilize the children in the home.

# Denied Respite = Substitute Care

- Substitute care is when a child in foster care placed in a licensed foster care providers home is in need of temporary care when the foster parents are **unavailable** to care for the foster child. Custodial case managers must approve any and all substitute care arrangements.
- Substitute care is **not** respite. Ex: When a foster parent is going on vacation, attending a concert for fun, going to a basketball tournament and chooses not to take all the kids, etc.
- Not approved or reimbursed through the CFS Licensing Unit

# Denied Respite=Substitute Care

**Provider A** is going to a wedding out of town for the weekend and children are not invited. **Provider A** contacts the children's custodial agency to obtain approval to find substitute care. **Provider A** contacts **Provider B** who agrees to take the three-year-old twins for the weekend. Not required by foster care policy but together they agree that the **Provider A** will reimburse **Provider B** the daily rate ( $\$28 \times 2 \text{ children} \times 2 \text{ days} = \$112$ ).

# Denied Respite=Substitute Care

A licensed provider will be going out of state for a week, an identified relative of the children in foster care has offered to care for the children for the week. The custodial agency agrees this is the most appropriate placement for the child, while the licensed provider is out of state.



NORTH  
**Dakota**

Be Legendary.

Health & Human Services

# Case Manager Spotlight

Let's hear from a RSR Human Service Zone In-Home Case Manager! Listen as Justine talks about her experience utilizing respite care as an ongoing prevention service.



**Justine Braun, Child Welfare Case Manager, Wahpeton, ND**

# Case Manager Spotlight

Let's hear from a Roughrider North Human Service Zone In-Home Case Manager! Listen as Jolene talks about her experience utilizing respite care as an ongoing prevention service in one of her in-home cases.

Jolene talks about the opportunities and benefits respite is providing for a family she is working with.



**Jolene Rod, Child Welfare Case Manager, Dickinson, ND**

# Provider Spotlight

Let's hear from a ND foster care provider regarding respite!

Megan Kummer will talk about her experience providing respite care.



**Megan Kummer, Colfax, ND**

# MYTHBUSTER #1

## Myth or Fact?

I am a case manager working with a family due to an open CPS assessment; I realize the child's high medical needs are taxing for the parents.

I can refer the child to the respite program to give the parents a break and prevent removal.



# MYTHBUSTER #1

## FACT!

A child and family who is receiving services through CPS or In-Home are eligible to be referred for respite care services provided by a licensed foster care provider.

Reference: 607-05-70-45-20-21

# MYTHBUSTER #2

## Myth or Fact?

I am a foster care provider who is licensed for 2 children. I have 2 long-term placements; I am currently full.

Due to being at my license capacity, I am unable to provide respite or shelter care.

# MYTHBUSTER #2

## MYTH!

A licensed foster care provider may use temporary bed space for no greater than 7 calendar days, not to exceed 6 children in foster care, when providing respite or shelter care.

Reference: 622-05-25-20 and on the SFN 929 and 931

# MYTHBUSTER #3

## Myth or Fact?

I am a foster care provider, which means I can only provide respite or shelter care services to children in foster care.

# MYTHBUSTER #3

## MYTH!


As a licensed foster care provider, you may be contacted to provide respite or shelter care to families who are being served through CPS or In-Home, as a prevention and early intervention to keep children safely with their families.

Reference: 622-05-20-11, 607-05-35-40-01, 607-05-70-45-20-01

# Shelter Care



# Shelter Care

- 
- Does not require a Temporary Custody Order (TCO)
  - Present danger exists
  - Temporary out of home placement
  - Cannot exceed 7 calendar days
  - Diversion from foster care

# Eligibility

## Children under the age of 18 involved with a Human Service Zone:

### Prevention (CPS and In Home)

- ✓ No TCO obtained
- ✓ To be used as diversion and early intervention for children when present or impending danger exists, and temporary safe care is required.
- ✓ NEW: Effective July 1, 2023: **\$55/day**

### Foster care cases opened greater than 24 hours, are all opened in case management system

- ✓ All foster care cases will identify the licensed foster parent in the case management system as the primary placement and will receive reimbursement through the payment system.
- ✓ Foster care daily rate



# Duration



**Placements cannot exceed  
7 calendar days**

# Shelter Care Providers

- Licensed foster care providers
- Licensed childcare providers



# Requesting Shelter Care

- **SFN 928:** Licensing Specialist completes with foster care provider.
- **SFN 931:** Worker/Case Manager completes after Shelter Care episode.
- **W-9** completed by provider and **blank voided check**, if needed. Submitted to the CFS licensing unit for payment.

Clear Fields

**AGREEMENT TO FURNISH SHELTER CARE**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES  
SFN 928 (9-2022)

This agreement is entered between the Department of Health and Human Services and:  
Licensed Foster Care Provider (Provider) \_\_\_\_\_ Provider Number \_\_\_\_\_  
License Effective Date \_\_\_\_\_ License Expiration Date \_\_\_\_\_

This agreement is in addition to the family foster care license issued by the Department. The licensed foster care provider agrees to provide temporary shelter care services.

- To eligible children in need of a safe placement including children involved with Human Service Zone Child Protective Services, In-Home and/or Foster Care programs.
- Engage with the child and his/her family to best meet the child's temporary needs.
- Participate in any transition or planning meetings with agency staff pertaining to the child.
- Participate in any transition or planning meetings with agency staff pertaining to the child.
- Participate in the treatment plan or medical appointments scheduled on behalf of the child.
- Maintain a foster care license.
- If electing to offer on-call, the foster care provider will accept emergency placements during the on-call week or request to change weeks with another provider prior to the start of the on-call rotation.

The agreement will terminate when the foster care license expires or the family requests to no longer offer/provide the service, which ever is first.

Department shall reimburse the Provider:

- **Daily Rate:** The total amount of reimbursement per child under this shelter care agreement may not exceed the daily rate established by the Department. Shelter care safe bed placements cannot exceed 7 calendar days.
- **On-Call Retainer:** If a licensed foster care provider commits to offer on-call services for emergency placements and is approved as an on-call provider, a weekly retainer (Friday through Thursday) is issued to the provider.

Provider shall keep confidential all records relating to this agreement except when the records must be open for inspection by Department or its designated representatives.

It is agreed that this agreement does not constitute an employer/employee relationship between Department and Provider, that this agreement may be terminated by either party by giving 30-days' written notice, and that there are no other agreements, either oral or written, that impact this agreement.

Signature Section:	Date
Provider's Signature _____	Date _____
Provider's Signature _____	Date _____
CFS Licensing Unit Signature _____	Date _____

**SUBSTITUTE IRS FORM W-9**  
OFFICE OF MANAGEMENT AND BUDGET  
VENDOR REGISTRY  
SFN 930 (10-2022)

**COMPLETE ALL REQUIRED FIELDS AND RETURN TO AGENCY ISSUING PAYMENT**  
(\*Indicate fields that must be completed)

Legal Name (As registered with IRS or SSA) or business name of Sole Proprietorship, enter name: LAST, FIRST, MIDDLE INITIAL \_\_\_\_\_  
Trade Name - If Doing Business As (D.B.A.) or Individual or Sole Proprietorship, enter name: LAST, FIRST, MIDDLE INITIAL \_\_\_\_\_

Taxpayer Identification Number (TIN) - **Provide Only One** \_\_\_\_\_  
Partnership or Corporation: enter your Federal Employer Identification Number (FEIN or EIN) \_\_\_\_\_  
Individual or Sole Proprietor: enter your Social Security Number (SSN). This number must belong to the Taxpayer Name listed above. See instructions on rear page for Sole Proprietorship. \_\_\_\_\_  
Federal Employer Identification Number (FEIN) (optional) \_\_\_\_\_

Tax Classification (check only one) \_\_\_\_\_ OR \_\_\_\_\_  
 Individual  Partnership  Estate or Trust  Government Entity  
 Sole Proprietor/Single Member LLC  Corporation:  Corporation that provides Legal Services  Corporation that provides Medical Services

Limited Liability Company Taxed As:  Partnership  Disregarded Entity  Non-profit:  Incorporated  Unincorporated  
 Is your nonprofit organization federally exempt?  No  Yes - attach a copy of your IRS tax-exempt determination letter.

**\*PRIMARY ADDRESS - Address where correspondence, payments, purchase orders or 1099(s) should be sent.**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**\*REMITTANCE ADDRESS - Address (if different from primary address) where payment(s) should be sent.**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Email Address (notification of direct deposit will be sent here, if applicable) \_\_\_\_\_

**\*CONTACT INFORMATION**  
Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**PAYMENT METHOD**  
I will accept the following types of payments:  
 Check  MasterCard  Direct Deposit (ACH)  All  Note: If you authorize a

**ACH (DIRECT DEPOSIT) ACCOUNT INFORMATION**  
Payment Information Applied to:  All Payments  Only the following agencies/programs: \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 Type of Account:  Business Checking  Personal Checking  Savings  
 Bank Routing Number (9 digits) \_\_\_\_\_

**\*AFFIDAVIT**  
By certifying, signing and filing this form, the payee applicant: (1) certifies that the information given above is current and true to the best of their knowledge and is in no way misleading; (2) warrants that the correct information will be immediately forwarded to the agency issuing payment should any data change in the future; (3) authorizes all payments to be automatically deposited into the financial institutions listed herein.

Void

# Shelter Care On-Call

- **\$100** weekly retainer
- Providers will also receive a daily rate per child if placement occurs
- On-Call for 7 calendar days  
(Friday at 12am-Thursday at 11:59pm)
- Placements cannot exceed 7 calendar days

## Shelter Care in a Family Setting

### Prevention/Diversion

- Human Service Zone CPS case
- Human Service Zone In-Home case

### Foster Care Placement

- Human Service Zone has obtained temporary custody order (TCO)
- Law Enforcement placed children into protective custody

# CFS Licensing Manages the On-Call Schedule



# Reimbursing Shelter Care On Call

**SFN 931:** Worker/ Case Manager completes after the shelter care episode, only if the children do not enter foster care.

The on-call retainer is reimbursed the week following the on-call schedule.



**SHELTER CARE PLACEMENT CLAIM**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 931 (6-2023)

Clear Fields

Shelter care is a temporary safe bed offering a short-term stable placement for a child until present danger is remedied or a shelter care hearing is held. The intent of offering and providing shelter care as a "safe bed" for a few days is not only a diversion from foster care but is known to reduce trauma to children and increase support for families. The Human Service Zone case manager/worker shall submit to the CFS Licensing unit at [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov). Children and Family Services will reimburse the shelter care rate to an eligible provider as determined by policy.

PROVIDER DEMOGRAPHICS					
Licensing Agency <input type="checkbox"/> HHS <input type="checkbox"/> Nexus PATH <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (specify): _____					
Provider Name		Shelter Agreement (SFN 928) on File <input type="checkbox"/> Yes <input type="checkbox"/> No	On-Call Shelter Care Provider <input type="checkbox"/> Yes <input type="checkbox"/> No		
BED CAPACITY WAIVER FOR SHELTER CARE EPISODE					
Date License Effective	Date License Expires	Current Licensed Bed Capacity	Shelter Care Bed Capacity		
This claim is a supplement to the signed shelter care agreement. The claim will be kept on file as an amendment to the license in the event the number of beds when providing shelter care exceeds the number on the license. This claim form provides a temporary bed capacity waiver, not to exceed 7 calendar days. Bed Capacity may not exceed placement of six children in foster care.					
HUMAN SERVICE ZONE PROGRAM					
Specify the agency program in which the child is involved <input type="checkbox"/> Child Protective Services (CPS) <input type="checkbox"/> In-Home					
If the child is in foster care, placement changes must occur in FRAME.					
Agency Name		Agency On-Call Telephone Number			
Agency Case Manager/Worker Name		Agency Case Manager/Worker Telephone Number			
EMERGENCY CONTACT <input type="checkbox"/> N/A refer to agency information above					
Name		Telephone Number			
Relationship to the Children <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Other (specify): _____					
Primary Caregiver Physical Address		City	State ZIP Code		
SHELTER CARE PLACEMENT DETAILS					
Maximum 7 calendar days					
Child Name	Date of Birth	Age	Entry Date	Exit Date	Other Eligible Expenses (must submit actual expenses for licensed daycare costs, clothing, and excess mileage)

# Who should I contact?

## 1. Who should I contact with questions about becoming a shelter care on call provider?

- A. Dana Lindemann [danalindemann@nd.gov](mailto:danalindemann@nd.gov) or 701-328-4983  
Brittany Fode [brifode@nd.gov](mailto:brifode@nd.gov) or 701-328-4934

## 2. Who should I contact with payment questions specific to shelter care on call?

- A. Dana Lindemann [danalindemann@nd.gov](mailto:danalindemann@nd.gov) or 701-328-4983  
Brittany Fode [brifode@nd.gov](mailto:brifode@nd.gov) or 701-328-4934

# Provider Spotlight

Let's hear from a ND foster care provider regarding shelter care on-call! Listen as Ryan and Kate talk about their experience as shelter care on-call providers.

We asked Ryan and Kate if they had any initial fears, worries or hesitations about being on call, and what advice they have for other providers considering it.



**Ryan and Kate Jockers, Mandan, ND**





# Approved Scenarios

Due to present danger in the Smith home, the agency is seeking a temporary out of home placement. Grandma, living in Minnesota, is involved with the family and available to care for the children, but cannot arrive to the home for 3 more days. The parents agree to the out of home safety plan, the case manager places the children into a licensed providers home and requests to utilize shelter care funding. This diversion does not require the agency to obtain a TCO and the children do not need to enter foster care. The safety plan is for grandma to arrive and assist with in-home supports and services for the Smith family. The case remains open as an in-home program and will be monitored accordingly.

# Approved Scenarios

Law enforcement pulls dad over for speeding and there is a warrant for his arrest. There are three children in the vehicle and CPS is contacted to assess the situation. CPS visits with dad identifying there are no family or friends to care for the children. It is known dad will be released from jail early next week and CPS asks dad if he agrees to an out of home safety plan where the children could reside with a licensed provider over the weekend. CPS places the children in a licensed providers home for 4 days and requests to utilize shelter care funding. This diversion does not require the agency to obtain a TCO and the children do not need to enter foster care. CPS will remain the point of contact until dad is released and the children are returned to his physical custody.

# Case Manager Spotlight

Let's hear from a Roughrider North Human Service Zone CPS worker! Listen as Alyssa talks about her experience with emergency shelter care.

Alyssa talks about using shelter care as a diversion from foster care and the benefits she saw within the family unit.



**Alyssa Sandoval, CPS worker, Dickinson, ND**

# Myth Buster

## Myth or Fact:

I am a shelter care on-call provider, this means I must accept placement of children ages 0-17 for no greater than 7 calendar days, for children who are removed by a temporary custody order, or a prevention case where parents are agreeing to an out of home safety plan.

# Myth Buster

## Fact!

A provider who is on call must accept placements not to exceed their bed capacity including children who are removed by a temporary custody order, or when parents are agreeing to an out of home safety plan, for no greater than 7 calendar days.

Reference: Provider agreement(SFN 928)

# Myth Buster

## Myth or Fact:

I want to be shelter care on-call provider. This means I must be able to take up to 6 children in foster care.

# Myth Buster

## Myth!

A provider who is taking on call must have at least two beds(temporary or permanent) available for emergency placements.

Reference: 622-05-25-20

# Shelter Care- Respite Care- Substitute Care

	Shelter Care	Respite Care	Substitute Care
<b>Policy</b>	607-05-35-40-01	607-05-70-45-20-01	624-05-15-47
<b>Definition</b>	Temporary care during which a child needs a safe bed outside of the home.	Temporary <u>relief</u> care for a child with special medical, emotional, or behavioral needs, which require time-limited support, supervision and care.	Temporary care of a child when the licensed foster care provider is unavailable for more than a portion of one day.
<b>Length/Duration</b>	No greater than 7 consecutive days Providers must comply with licensing standards regarding permanent vs. temporary bed space.	Overnights = No greater than 4 consecutive days Non-overnights = 12 hr/wk No limit on the number of requests	No greater than 14 consecutive days, so long as the home has permanent bed space. Substitute care cannot exceed 7 consecutive days, if using temporary bed space per licensing standards.
<b>Provider/Setting</b>	Licensed foster care provider Licensed childcare provider	Licensed foster care provider Licensed childcare provider Contracted Vendor (no overnights)	A substitute caregiver must be a responsible adult, age 21 or older, willing to provide care in the absence of the foster care provider, including: <ul style="list-style-type: none"> <li>• An identified relative (NDCC 50-11)</li> <li>• A licensed foster care provider</li> </ul>
<b>Referral Form</b> or <b>Provider Agreement</b>	SFN 928: Licensing Specialist completes with foster care provider  SFN 931: Worker/Case Manager completes after Shelter Care episode  W-9 completed by provider and blank voided check, if needed	SFN 929: Worker/Case Manager submits to CFS for <u>prior</u> review/approval  W-9 completed by provider and blank voided check, if needed	Not applicable  A licensing amendment is <u>not required</u> for substitute care. However, the custodian must ensure compliance with permanent vs. temporary bed space.
<b>Payment Option</b>	\$55/day  Claims submitted to CFS Licensing Unit from worker/case manager  The Unit will make payments to licensed providers.	\$55/day  SFN 929 claims are submitted to the CFS Licensing Unit from worker/manager  The Unit makes payments to licensed providers or vendors.	Not applicable  Personal exchange between the foster care provider and substitute caregiver. It is recommended and most often occurs that the foster care provider agrees to reimburse the <u>daily rate</u> .



# Shelter Care- Respite Care- Substitute Care

	Shelter Care	Respite Care	Substitute Care
Examples	<p>Shelter care may be needed when:</p> <ol style="list-style-type: none"> <li>1. Present danger exists</li> <li>2. Mom is experiencing a behavioral health crisis and is admitted to the local psych unit. It is known mom has support of her mother coming to live in the home until further notice. Children need shelter care until grandma arrives.</li> <li>3. Dad is arrested for an outstanding warrant. It is known he will be released from jail following his court hearing on Monday. Children need shelter care for four nights.</li> <li>4. Mom is under the influence and engages in a dispute at a hotel. Law enforcement calls the Human Service Zone for assistance. Mom states her sister can come stay with her, but she cannot arrive until tomorrow. Children need shelter care for one day.</li> </ol>	<p>Respite care may be needed when:</p> <ol style="list-style-type: none"> <li>1. Child is destroying property; child and foster care provider both need a weekend to regroup.</li> <li>2. Child's behaviors challenge daily routine; foster care providers need a weekend break.</li> <li>3. Foster care provider is attending a family event and the child in foster care is autistic with a feeding tube, his needs exceed his ability to comfortably join the family for the weekend.</li> <li>4. Unlicensed grandma is caring for twin toddlers who require extra supervision. Grandma is tired and could benefit from two afternoons per week.</li> <li>5. A mother of a substance exposed newborn would like to participate in day treatment services and needs a break from the high demands of her baby. Respite is provided for six hr/wk.</li> </ol>	<p>Substitute care may be needed when the licensed foster care provider is:</p> <ol style="list-style-type: none"> <li>1. Going on vacation for a week,</li> <li>2. Attending a funeral out of town and will be gone all weekend,</li> <li>3. Having a medical procedure and would benefit from 4 days of support and coverage,</li> <li>4. Attending a concert overnight,</li> <li>5. Going to a wedding where children are not invited,</li> <li>6. Transporting a child to a medical procedure out of state and cannot take all of the children with them,</li> <li>7. Painting bedrooms and spring cleaning, and do not want kids in the home for the weekend.</li> </ol>

# Certified Shelter Care

**Definition:** Temporary care during which a child needs a safe bed outside of the home, a certified shelter care site (managed by an agency).

**Duration:**

- No greater than 7 days, unless otherwise approved by the department.
- If an additional 7 days is warranted, an extension request (SFN 1781) must be completed by the certified site and submitted to CFS.

**Provider:** Certified nonsecure permanent dwelling run by an agency with employed staff 24-7.



# Certified Shelter Care

## Eligibility:

- Children ages 10 through 17 involved with a [Human Service Zone, Tribal Nation, Division of Juvenile Services or Human Service Center Mobile Crisis Unit](#)
- [Prevention \(CPS and In Home Case Management\)](#)
  - ✓ No TCO obtained
  - ✓ To be used as a diversion and early intervention for children when present or impending danger exists, and temporary safe care is required.

## Financials:

- HHS has financial contracts for Human Service Center crisis clients only-all other eligible clients are reimbursed by the placing Zone, DJS, or Tribal Nation or local funds.
- [Foster Care cases opened greater than 24 hours are all opened in data management system](#)
  - ✓ Financial contract with the placing agency as certified shelter care sites cannot be reimbursed through payment system
  - ✓ To be used when a child is between placements
  - ✓ FRAME placement will be entered as “non-foster care”

# Approved Certified Shelter Scenarios

- A child is receiving services at the local HSC. The child experiences a behavioral health crisis in the home, and the family is unable to de-escalate and calls 988. The HSC crisis team responds and believes the child would benefit from a night away from the caregivers. The caregivers agree to the recommendation. The HSC crisis team contacts the certified shelter care program for admission. Discharge planning begins at admission, ensuring continuity of services and supports are available upon discharge home.
- There is an open CPS case. During the assessment process, a situation arises, identifying present danger and the CPS worker feels the parent and child would benefit from time apart a night away to further assess the situation. The CPS worker presents the parent with certified shelter as an option to mitigate risk and prevent foster care, the parent agrees. The CPS worker contacts the certified shelter care program for admission. Discharge planning begins at admission, ensuring continuity of services and supports are available upon discharge home.

# CFS Licensing Respite and Shelter Contact Information

- **Dana Lindemann**
  - **[danalindemann@nd.gov](mailto:danalindemann@nd.gov) or 701-328-4983**
- **Brittany Fode**
  - **[brifode@nd.gov](mailto:brifode@nd.gov) or 701-328-4934**

# QUESTIONS?

[CFSLICENSING@ND.GOV](mailto:CFSLICENSING@ND.GOV)

701-328-2322

