# Application for waiver or variance

## About waivers and variances

The Nursing Home Workforce Standards Board (NHWSB) was directed to create a process for requesting a temporary waiver or variance from the standards set by the board if there is a risk of closure or receivership in Minnesota Statutes 181.213, subdivision 4.

Below is the application for a waiver or variance. After your nursing home applies, a committee of the board will evaluate the application and make a recommendation to the full board, which will make the final determination. For more information about NHWSB, visit dli.mn.gov/about-department/boards-and-councils/nursing-home-workforce-standards-board.

The board or committee of the board may ask for additional information.

The board will grant or deny the application within \_\_\_\_.

During the application period, the names of the nursing home and of specific staff members will be redacted in materials reviewed by members of the board.

Include any disclosures here about the ways the data, waiver or variance could be made public.

## Current standards that could be waived or varied

Minnesota Rules 5200.2000 through 5200.2010 determine that nursing home workers who work on any of the 11 state holidays are paid at least time-and-a-half their regular hourly wage for all hour worked during a holiday.

​The 11 state holidays are:

* ​New Year's Day, Jan. 1;
* ​Martin Luther King's Birthday, the third Monday in January;
* ​Washington's and Lincoln's Birthday, the third Monday in February;
* ​Memorial Day, the last Monday in May;
* ​Juneteenth, June 19;
* ​Independence Day, July 4;
* ​Labor Day, the first Monday in September;
* ​Indigenous Peoples' Day, the second Monday in October;
* ​Veterans Day, Nov. 11;
* ​Thanksgiving Day, the fourth Thursday in November; and
* ​Christmas Day, Dec. 25.

​The day includes all hours from midnight to midnight. Up to four holidays from the list may be exchanged for alternative days if a majority of affected workers agree with the employer to do so; the start and stop times of the holidays may also be modified if a majority of affected workers agree with the employer to do so.

## Applicant information (write legibly in ink or type)

Federal employer identification number (FEIN): Click to enter text

Minnesota Tax ID Number (if applicable): Click to enter text

Legal business name: Click to enter text

Telephone number: Click to enter text

Website address: Click to enter text

Physical business address (P.O. box not accepted) –

City: Click to enter text

State: Click to enter text

ZIP code: Click to enter text

Public mailing address (P.O. box accepted) –

City: Click to enter text

State: Click to enter text

ZIP code: Click to enter text

Contact information (the person completing this form) –

Name: Click to enter text

Phone number: Click to enter text

Email address: Click to enter text

## Operating budgets

Provide the following operating budgets. This should include any planned capital improvements and should not include the costs of implementing the standards.

☐ Current year (Jan. 1 through Dec. 31,2025)

☐ Coming year (Jan. 1 through Dec. 31,2026)

## Cost of implementing the standards

Use the attached spreadsheet to demonstrate the cost of implementing the standards. Do not include costs beyond the minimum in the standards. This should be one year of costs of the standards. If you believeyour facility will be compelled to increases beyond the minimums based on the employee dynamics in your facility, you may include those in a separate spreadsheet explaining the situation.

☐ Attached spreadsheet

## Financial statements

Provide copies of the following:

☐ Aging of payables report (for example:)

☐ Working trial balance (current, year to date)

☐ Cashflow statement (current, past two years)

☐ Optional: Audited financials

## Current ratios

Provide copies of the following:

☐ Debt service coverage ratio

☐ Net margin or operating margin ratio

☐ Days in accounts receivable (365 days)

☐ Accounts payable (365 days)

☐ Days of cash on hand

☐ Working capital ratio – a financial metric that measures a company's liquidity or its ability to pay its short-term debts (assets and liabilities)

### Questions

In the past year, has your facility’s depreciation schedule changed? Choose an item.

If yes, explain.

For obligations in your budget, are any transactions with “related parties,” as defined by the CMS provider reimbursement manual?[[1]](#footnote-1) Choose an item.

If yes, explain.

## Other documentation

Include any other documentation you believe would help demonstrate your risk of closure or receivership.

## Statement of need

Describe the kind of variance or waiver needed, why it is needed and how long you expect the waiver to be needed.

## Plan to come into compliance

Waivers and variances from the Nursing Home Workforce Standards Board standards must be temporary. Outline your facilities’ plan to come into compliance with the standards.

## Attestation

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest the information in this application is true to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Nursing home administrator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Facility owner, chair of board or equivalent)

1. 1002. Definitions

   1002.1. Related to the provider means that the provider to a significant extent is associated or affiliated with, or has control of, or is controlled by, the organization furnishing the services, facilities, or supplies.

   1002.2. Common ownership exists when an individual or individuals possess significant ownership or equity in the provider and the institution or organization serving the provider.

   1002.3. Control exists where an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution.

   [The Provider Reimbursement Manual – Part 1, CMS](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021929), Chapter 10 [↑](#footnote-ref-1)