

Draft application for waivers and variances from Nursing Home Workforce Standards Board rules (insert rule numbers)

MN Statute 181.213 subd 4 instructs the Nursing Home Workforce Standards Board 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.¹

Below is the application for a waiver or variance. After your nursing home applies, the Board will evaluate the application. The Board may ask for additional information.

The Board will grant or deny the application within

Include here any disclosures on the ways that the data/waiver/variance could be made public.

Current Standards that could be waived or varied

Minnesota State Rules 5200.2000-5200.2010 determine that nursing home workers who work on 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, January 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, November 11;
- Thanksgiving Day, the fourth Thursday in November; and
- Christmas Day, December 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, and 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.

¹ Subd. 4. **Variance and waiver.**

The board shall adopt procedures for considering temporary variances and waivers of the established standards for individual nursing homes based on the board's evaluation of the risk of closure or receivership under section [144A.15](#), due to compliance with all or part of an applicable standard.

Applicant information (write in ink or type) – Write legibly

Federal Employer Tax Number (FEIN) or Minnesota Tax ID (if applicable)

Legal Business Name

Telephone

Website

Physical Business Address (PO Box not acceptable), City, State, Zip

Public Mailing Address (PO Box acceptable), City, State, Zip

Contact Person, phone, email for person filling out the form.

Operating Budget

Please provide current year (1/1/2025-12/31/2025) and next year (1/1/2026-12/31/2026) operating budget. This should include any planned capital improvements. This should not include the costs of implementing the standards.

Cost of implementing the standards

Please use the **attached spreadsheet** to demonstrate the cost of implementing the standards. Do not include costs beyond the minimum in the standards. If you believe that your facility will be compelled to increase beyond the minimums based on the employee dynamics in your facility, you may include those in a separate spreadsheet explaining the situation.

Financial Statements

Please provide copies of the following-

- Aging of payables Report (for example:)
- Working Trial Balance (current, Year to date)
- Cashflow statement
- Optional: Audited financials

Current Ratios

Please provide copies of the following-

- Debt service coverage ratio
- Net margin/operating margin ratio
- Days in accounts receivable (365 days)
- Accounts Payable (365 days)
- Days Cash on hand

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- Working Capital ratio- a financial metric that measures a company's liquidity, or its ability to pay its short-term debts (assets/liabilities)

Other Documentation

Please include any other documentation that you believe would help demonstrate your risk of closure or receivership.

Statement of Need

Please describe the kind of variance or waiver that is 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. Please outline your facilities' plan to come into compliance with the standards.

Attestation

I _____ attest that the information in this application is true to the best of my knowledge.

_____(Nursing home Administrator)

_____(Facility owner or Chair of Board or equivalent)