

Memo

Date: October 17, 2024
To: Certification and Training Workgroup
From: Leah Solo

RE: Timeline and updated application for Certifying Worker Organizations

During the November 9, 2023 meeting, the Board passed a set of policies and procedures to base the drafting of rules on Certification and Training.¹ Those policies and procedures included an example timeline for the 90 day process for deciding on an application. At that meeting, the Board also examined a draft application. Below is an adaption of that timeline and application for us to consider for 2025. Adaptations to both the timeline and the application have been made to more closely align with the rules regarding certification of worker organizations that were approved by the Board at the October 10, 2024 meeting.

Some questions for the workgroup and Board to consider as it returns to the process of certifying worker organizations and the implementation of the rules:

- Is this timeline reasonable?
- How would the Board like to examine the applications? Through a workgroup? Through staff doing an initial evaluation, such as researching tax status and other fact checking?
- Is the application in a form that is easy to use and evaluate and meets the specifications in rules?
- Are the adaptations of the application appropriate?

Adapted timeline

Applications will be accepted on a rolling basis and reviewed at least quarterly. Our draft rules dictate that we must certify or deny certification within 90 days of receiving the initial application in the form prescribed by the Board. This timeline is drafted to accommodate for room for the Board to examine the applications while also completing our work within the 90 day timeline.

- January 1, 2025 Tentative date for Certification Rules to go into effect

¹ Certification/Training Workgroup – chair Gulley updated the board with the revised Application for Certification as a Worker Organization to Train Nursing Home Workers under Minnesota Statutes section 181.214, the Application for Renewal of Certification as a Worker Organization to Train Nursing Home Workers under Minn. Stat. section 181.214, and the Policies and Procedures.....A motion was made by Commissioner Blissenbach to use the Policies and Procedures as presented to begin drafting rules and was seconded by Maria King. The motion passed unanimously. [Minutes: Nursing Home Workforce Standards Board, Nov. 9, 2023 \(mn.gov\)](#)

- January 1-February 1, 2025 Application prepared and curriculum finalized
- Feb 13 Board Meeting- Application and curriculum presented to Board for final Approval
- February 17, 2025 Applications for Certification of Worker Organizations opens
- March 13 Board Meeting- Updates on Applications
- April 10, 2025- Board Meeting- Updates on Applications
- May 8, 2025- Board Meeting- Updates on Applications
- May 17, 2025- 90 days since Applications opened
- June 12, 2025- Ensure NHWSB website is updated with list of any CWOs, as prescribed by statute.

As Organizations are certified, they must, according to draft rules, be issued a unique identification number. This should be done in accordance with our documentation plan approved July 18, 2024.

Review Process for Certification Applications

The following steps will be taken to check the certification application.

1. Are all parts of the application filled out?
2. Under Establishing Eligibility, examine the following items. Failure to complete these can result in a non-certification.
 - a. All items agreed to.
 - b. The organization is listed as a 501(c)(3), 501(c)(4), or 501 (c)(5)? It can be checked here: [Tax Exempt Organization Search | Internal Revenue Service \(irs.gov\)](#).
 - c. Check the Board of Directors list to ensure it does not contain leaders from a nursing home employer or employer organization. Definition of dominated or interfered by is found in United states Code, Title 29, section 158a(2): "to dominate or interfere with the formation or administration of any labor organization or contribute financial or other support to it: *Provided*, That subject to rules and regulations made and published by the Board pursuant to section 156 of this title, an employer shall not be prohibited from permitting employees to confer with him during working hours without loss of time or pay;"
 - d. Look for public information confirming their evidence of work engaging with and/or advocating for nursing home workers.
3. Under Data Policies
 - a. Agreed to all policies.
4. Under Curriculum Details, if they fail to meet any of these items, certification can be denied.
 - a. Evidence was provided in the allowed timeframe.
 - b. The materials meet the curriculum provided.
 - i. Any specific language requirements were met.
 - ii. The standards set by the Board are addressed.
 - iii. Everything that the Board laid out in the curriculum is addressed.
 - c. The applicant has a reasonable plan for making their trainings interactive with a minimum of one visual or digital material (such as a hand out or power point or poster) and one participatory period (such as a question and answer period or a break out).
 - d. The applicant provided materials for all languages they will train in.
5. Under Statements of agreements
 - a. Applicant has agreed to all items.
6. Under Assessing Capacity, if there are significant questions to this section, organizations may be asked for clarification or it could result in a non-certification. Though we are not establishing a minimum capacity in order to receive a certification, asserting unreasonable capacity would need explanation or could be grounds to deny certification.

- a. The plan to staff the trainings seem to reasonably match with the applicant’s estimated capacity.?
- 7. The Acknowledgement is signed.

Draft Application for Certification as a Worker Organization to train Nursing Home Workers under MN Statute 181.214

Your application will not be processed or will be delayed unless you complete all sections of this application. If you require additional space, use a separate piece of paper and attach.

Initial certifications are valid for two years, with the opportunity for two-year renewals. Initial applications are taken on a rolling basis and evaluated quarterly. Renewal period opens after updated standards take effect and will last 60 days, during which Certified Worker Organizations must apply for renewal if they wish to continue providing trainings.

Note: In seeking approval, the worker organization shall submit all required information, and other information the worker organization believes relevant, to the Nursing Home Workforce Standards Board (NHWSB) in the form or manner required by the Board. The NHWSB may request additional information necessary to determine an applicant’s eligibility for approval or schedule interviews to clarify information submitted.

The NHWSB may withdraw its certification of a worker organization if the worker organization fails to enforce those representations made to the NHWSB in obtaining certification. If you have questions about this application, please contact the NHWSB’s Executive Director. The Executive Director may examine parts of the application and answer questions related to eligibility.

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.

Contact Person, phone, email for the training schedules moving forward

Establishing Eligibility

This section established the organization's ability to become a certified worker organization. Without meeting these criteria, the organization cannot be certified.

_____ **Certify that (organization name) meets the following criteria:**

(checkbox) Organization is exempt from federal income taxation under IRS code: (checkbox) 501(c)(3), 501(c)(4), 501 (c)(5)

(checkbox) Organization is not dominated or interfered with by any nursing home employer with the meaning of United states Code, Title 29, section 158a(2). Please provide a list of Board of Directors.

(checkbox) Organization has at least five years of demonstrated experience engaging with and advocating for nursing home workers. Please specify evidence of this experience and advocacy.

Data Policies

I am aware that our organization has responsibilities with the data obtained through this process. I affirm that:

- Our organization is responsible to ensure that the data we collect will be kept securely in accordance with applicable data security law.
- Any data shared with us by the employer will be kept securely and used only in accordance with MN Statues 181.214, subdivision 5.
- We will share the names of the people who attend our training with the employer and their unique identification number, along with the length of the training to ensure that the employee is paid for their time up to one hour and the employer can certify that their employee has been trained.
- We will provide the attendees with a unique identifier that they completed the training, including the time, date and location of the training.
- We will notify the NHWSB if there is a data breach of any significant kind. Though as a worker organization, you are not necessarily subject to the Data Practices Act, for reference, more information on the definitions of data breach and notification can be found here [Data Breach Notification / Data Practices Office \(mn.gov\)](#) and here [Data Breach Notification / Data Practices Office \(mn.gov\)](#).

- We will accept PO Boxes from the Safe at Home program as legitimate addresses.
- We will share the lists of people who attended our trainings as needed with the NHWSB for the purpose of confirming their attendance and maintain records of who attended a training, including the date of that training for five years.

Curriculum Details

(checkbox) Our organization has reviewed the curriculum established by the board and will adhere to it.

(checkbox) I have attached a copy of the materials that we will use to conduct our trainings and they meet the curriculum.

(checkbox) I have attached a copy of the materials we will use that meet the follow up requirements, including an template certificate of completion.

(checkbox) Our trainings will be interactive and the materials we provide will demonstrate this. This should include one visual or digital item (such as a hand out or powerpoint) and one participatory period (such as question and answer or breakout groups).

(checkbox) Attached are details for how trainees will be able to contact us with follow up questions.

(checkbox) We will ensure all trainers are trained and skilled on the curriculum and background of the NHWSB.

(checkbox) Attached are copies our plan to ensure trainings are performed in languages that the nursing home workers are proficient in and that our follow up materials can be translated as needed. .

(checkbox) Our organization understands that there will be annual updates to the curriculum and that we will update our materials to be in compliance.

Statements of agreement

If approved, the applicant for Nursing Home Workforce Standards Board approval as a certified worker organization hereby agrees to the following:

Appropriately staff trainings in order to be effective and interactive on the established curriculum.

Provide certification of the training in a manner prescribed by the Board for the individuals completing the training.

Provide a list of workers who completed the training to the Nursing Home employer, and the NHWSB if requested.

Our Organization and availability will be shared with Nursing Home employers in order to schedule trainings on site or in the geographic area.

Self-report to the NHWSB any violations of rules or breaches of data.

Be subject to immediate rescission of Certification to train Nursing Home workers on NHWSB standards in the state of Minnesota upon a determination that the organization was in non-compliance with these criteria and other criteria without limitation.

Enable a NHWSB representative to visit, attend, investigate and audit, as the NHWSB deems necessary, any training, and any activity related hereto without limitation.

Notify the NHWSB in writing of any changes, revisions or updates to the organizations rules, policies and procedures affecting the trainings.

Notify the NHWSB if your organization will no longer provide worker trainings. Such notification must include any currently scheduled trainings that your organization will no longer provide. Additionally, the organization must send certifications to each worker who has already been trained and send any remaining attendee lists not already shared to the Nursing Home employer and NHWSB.

Assessing Capacity

The NHWSB needs to know the organization's capacity in order to assist nursing home employers in knowing who to contact to schedule trainings and also to assess the ability to train all workers. There is no minimum capacity that an organization must meet in order to be certified, but the NHWSB expects and will evaluate the organization's capacity to carry out the number and type of trainings that are committed to below. Deliberately falsifying capacity can result in revocation of certification.

Organizations must be available for follow up questions and able to provide instruction in languages that workers speak. Please indicate the following:

Number of people your organization can train given that each person will need at least a one hour training every two years and the organization will need to be reasonably available for follow up inquiries during and after the training:

of people in a year

of people per month

What is the capacity your organization has to hold the following trainings per month:

of Buildings, assuming each building will need 1-3 trainings.

of In person meetings/trainings

of virtual trainings

Languages your organization can train in:

Geographic locations that your organization can cover:

Whole State

Twin Cities 7 county Metro

Northern Minnesota

Western Minnesota

Southern Minnesota

Other _____

Are you able to provide a virtual option?

If so, what applications do you use? (drop down- zoom, teams, Webex, other)

How many people can you train at one time?

Our organization is available to train during:

1st shift

2nd Shift

3rd Shift

What is your plan to staff these trainings? (Attach separately if more space is needed)

Acknowledgement

I understand and accept that, according to Minnesota Statutes Sections 181.211 to 181.217 and the rules promulgated thereunder, the Nursing Home Workforce Standards Board may deny, revoke, suspend or limit this certification if I knowingly and willfully made a false statement or provided false documentation in this application or are unable to carry out trainings in the manner dictated by the Board. I declare that all statements and documentation provided with this application are true and correct.

Applicant's signature

Date (month/day/year)

_____ (organization) _____ (Job title) _____ contact information