

Application for waiver or variance

About waivers and variances

In Minnesota Statutes 181.213, subdivision 4, 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.

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.

Submit applications to NHWSB at nhwsb.dli@state.mn.us.

The Board will grant or deny the completed application within 45 days of receiving the completed application.

The Board or committee of the Board may ask for additional information. Prompt responses will aid processing of the application. Long delays in responses may result in a denied application.

Notes about data privacy

During the application review period, the names of the nursing home and of specific staff members will be redacted in materials reviewed by members of the Board. If a waiver or variance is granted, that information will need to be shared publicly.

The information provided as part of an application is considered public data for the purposes of the Minnesota Government Data Practices Act. Though NHWSB does not plan to publish information about specific facilities that have applied for and/or received waivers or variances, any information supplied as a part of an application may be subject to data requests.

Current standards subject to waiver or variance

- Holiday Pay:** Minnesota Rules 5200.2000 through 5200.2010 provide that nursing home workers who work on any of the 11 state holidays shall be paid at least time and a half their regular hourly wage for all hours worked during a holiday.
- Minimum Wages:** Minnesota Rules 5200.2060-5200.2090 establish minimum wages for nursing home workers in nursing homes. Those wages are as follows:

Occupation	Jan. 1, 2026, minimum hourly wage	Jan. 1, 2027, minimum hourly wage
General Minimum Wage	\$19	\$20.50
Certified Nursing Assistant (CNA)	\$22.50	\$24
Trained medication aide (TMA)	\$23.50	\$25

Occupation	Jan. 1, 2026, minimum hourly wage	Jan. 1, 2027, minimum hourly wage
Licensed Practical Nurse(LPN)	\$27	\$28.50

For definitions of nursing home worker, nursing home, nursing home employer, reference Minn. Stat. § 181.211
For definitions of CNA, TMA, LPN, reference Minn. Rules 5200.2060.

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

I. Statement of need

1. Describe the kind of variance or waiver needed, why it is needed, how your organization is at risk of closure or receivership due to compliance with all or part of the applicable standards, and how long your organization expects the waiver or variance to be needed.

2. Did your organization receive a rate add on under Minn. Statute 256R.495 to pay for the minimum wage standards? If yes, explain how that rate add on is being used and your need for a waiver.
3. If your organization did not apply for or applied for but did not receive a rate add on under Minn. Statute 256R.495, please explain.

II. Financial Status

a. Financial Statements

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

- ☐ Current fiscal-year actual budget to current budget analysis
- ☐ Projected next fiscal-year operating budget
- ☐ Aging of payables report (for example: AP Aging summary [12 months rolling])
- ☐ Cashflow statement (current, past two years)
- ☐ Most recent audited financials (if available)
- ☐ Optional: If your organization is in breach of covenant with financial institution(s), you may include evidence of that breach.
- ☐ 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)
- ☐ Optional: Additional information about outstanding payables you’d like to provide.
- ☐ For each of the last 24 months, provide the total number of resident days, including paid leave days, recorded by your facility.
- ☐ For each of the last 24 months, provide the average number of licensed beds (excluding beds placed on layaway) in your facility.

b. Financial questions

1. In the past year, has your building been sold?
2. In the past year, has your facility’s depreciation schedule changed? If yes, explain.

3. For obligations in your budget, are any transactions with “related parties,” as defined by the CMS provider reimbursement manual?¹ If yes, explain.

c. Cost of implementing the standards

Use the attached spreadsheet to demonstrate the cost of implementing the standards **from which you are requesting a waiver or variance**. Do not include costs beyond the minimum in the standards. This should be one year of costs of the standards. If you believe 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.

☐ Attached spreadsheet **Holiday Pay**

☐ Minimum wage standards **information options:**

- a. **attached the totals from the most recent application for the rate add on under Minn Statute 256R.495. Please be mindful to not include any nonpublic data.**
- b. **Submit the spreadsheet found at** _____

III. Census

1. **Do you have to limit census below capacity because you are unable to staff to full capacity? If yes, explain.**
2. **If you have to limit census for other reasons, please explain.**
3. **Is your facility trying to increase your census? Why or why not? If so, how so?**

IV. Long Term Issues

1. **Does your physical plant have deficiencies that require an expenditure of at least \$100,000? If yes, explain the deficiencies and the timeline for addressing them **if you have a timeline**.**
2. **Is your facility receiving little to no interest in posted vacant positions? If yes, explain.**
3. **Does your facility have positions that have been open for longer than 6 months? If yes, explain.**

¹1002. Definitions

1002.1 Related to the provider means 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.

See [The Provider Reimbursement Manual – Part 1](#), chapter 10.

4. Has your facility received citations from Minnesota Department of Health at a Civil Monetary Penalty (CMP) level? If yes, explain, including if your star level was dropped and/or if it led to a denial of payment.

V. Other documentation

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

VI. Plan to come into compliance

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

VII. 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)