

In order to share with the Board, the cost of implementing the minimum wage standards for your facility, you have two options.

1. Submit the “Employee payroll input” and “Contracted staff payroll input” sheets from the document “2026 WSB Rate Adjustment Application” that was part of the application for the rate add on from DHS. If you do this, please redact employee, first name and employee, last name on both sheets.
2. Submit the provided spreadsheet as instructed below.

The **“Employee Payroll Input”** worksheet should be completed by all facilities with nursing facility employees who meet the definition of nursing home worker, as outlined in Minnesota statutes, Section 181.211, subdivision 9. The blue-shaded cells in Columns A to I must be completed by the facility; one row for each employee that meets the statutory definition of nursing home worker. All other cells are locked and will auto-fill based on the data entered by the facility in the application.

**Column A – Employee number or code:** Type in the employee’s number or a code for that employee.

**Column B – Leave blank:** Leave blank.

Please ensure all names entered in the “Employee Payroll Input” worksheet can be matched to the payroll reports submitted with the application.

**Column C – Position / Title:** Choose the employee position from the drop-down list. The positions available to choose from will include the following:

Employee Position
LPN
CNA / NAR
TMA
Medical Records Staff
Health Information Manager
Health Unit Coordinator
Scheduling Coordinator
Mental Health Worker
Social Worker
Admissions Coordinator
Activities Director
Activities Aide
Chaplain / Religious Worker
Other Care Related Staff
Dietary Director
Cook
Dietary Aide
Feeding Assistant
Laundry Director
Laundry Worker
Housekeeping Director
Housekeeper
Maintenance Director
Maintenance Worker

Facilities must assign a position / title from the drop-down list for each employee entered in the “Employee Payroll Input” worksheet. The position / title that is assigned will be used to identify the minimum wage rate for the employee per Minnesota Statutes, Section 181.213. If the position / title is not assigned, the remainder of the worksheet will not calculate any costs for wage increases for the employee.

If the application preparer cannot identify an employee’s specific position from the drop-down list, they should choose the position that most closely reflects the employee’s job duties and nursing licensure.

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**1. Employees with multiple roles**

- a. For nursing staff, choose the position / title based on the employee's nursing license. For example, if the facility has an employee who is a licensed practical nurse (LPN) that performs both nursing duties as well as medical records duties, assign the employee's position as "LPN" from the drop-down list. Although some of her time may be assigned to the medical records department, she holds an LPN license and is eligible to receive the hourly minimum for LPNs.
- b. For all other staff, choose the position / title that reflects the majority of the employees' duties. It is not necessary to differentiate multiple duties on the application since unlicensed staff have a set hourly minimum wage of \$19 per hour.

**2. Employees with administrative duties**

- a. Administrative staff as defined in Minnesota Statutes, Section 256R.02, Subd. 4 are not to be included on this application. Ineligible administrative staff: administrator and assistant administrator, business office employees, security guards, purchasing and inventory employees, personnel recruitment, legal, accounting, management, business consultants, and data processing or information technology employees.
- b. Staff who perform duties in both the administrative department and other departments including medical records, nurse scheduling, or admissions may be included on the application. However, the facility must ensure only the compensated hours attributed to the other departments are entered for the employee.

**3. Ineligible Employees**

- a. In addition to the ineligible administrative staff explained in item 2 above, the following staff are not allowable on the application: medical directors, nursing directors, physicians, and individuals employed by a supplemental nursing services agency. As such, the drop-down list does not include these types of positions.

**Column D – Hourly Rate of Pay before WSB Minimum:** Enter the employee's hourly rate of pay. The rate entered should be the regular (base) pay; overtime, shift differentials, and other incentives should not be included. The facility should ensure the hourly rate of pay entered can be verified by the payroll data submitted with the application.

Per Minnesota Statutes, Section 256R.495, Subd. 2, the facility must provide proof of the employee's hourly rate of pay to receive a rate adjustment by submitting payroll data starting on or after June 2, 2025, including a minimum of two months of data which shows the worker-compensated hours by wage rate.

If the employee's hourly rate of pay differed from the start of the payroll period to the end of the payroll period, then the following should be considered:

1. If the employee's hourly rate of pay changed, but each pay rate remained below the WSB minimum, then multiple entries will be needed for this employee. For each wage rate below the WSB minimum, enter the employee's data in Columns A-I. Please ensure the compensated hours entered

in Column G apply to the wage rate entered in Column D. The payroll period begins date and payroll period ends date in Columns E-F should be for the full period of payroll data submitted, not just for the period at that wage rate.

2. If the employee's hourly rate of pay changed, and this resulted in the employee being paid over the WSB minimum by the end of the payroll period, this employee is ineligible and should not be included in the application.

**Column E – Payroll Period Begins Date (Must start after 6/1/2025):** Enter the beginning date of the payroll reports submitted with the application. The payroll report must start on or after 6/2/2025. If a date is entered before 6/2/2025, the application preparer will see a warning icon prompting them to enter a correct date.

**Column F – Payroll Period Ends Date (Minimum two months):** Enter the end date of the payroll reports submitted with the application. The payroll report must cover a minimum period of two months. If a date is entered before 8/1/2025 or after 10/1/2025, the application preparer will see a warning icon prompting them to enter a correct date.

**Column G – Total Compensated Hours during period submitted:** Enter the total compensated hours for the employee during the period. Compensated hours include all regular hours worked, paid vacation and sick time, holiday time, and other paid time.

**Column H – Are there Employer paid retirement benefits included on payroll for the employee:** Choose "Yes" or "No" from the drop-down menu. If the facility offers an employer paid retirement benefit, but the specific employee entered on the application did not participate in the program or did not receive an employer paid retirement contribution in the two-month period, choose "No". The facility should only choose "Yes" for employees who received an employer retirement contribution during the payroll periods used to complete this application.

**Column I – Employer paid retirement contributions (% of Wages):** If the facility chooses "Yes" in Column H, then the cells in Column I will remain blue-shaded to be completed by the facility. If the facility chooses "No" in Column H, then the cells in Column I will convert to white cells that do not need to be completed.

For blue-shaded cells in Column I, for each employee enter the employer paid retirement contribution as a percentage of the total wages the employee was paid during the period. For example, if the employee was paid total gross wages of \$5,000 during the period and received an employer paid retirement contribution of \$150 during the period, the percentage to enter would equal 3% (\$150 divided by \$5,000).

The facility should ensure the correct percentage is entered when typing in Column I. This column is formatted to percentage in Excel, so if the data .25 is entered, Excel will assume this equals 25%. However, if the amount that should have been entered is 0.25%, then the zero must be typed for Excel to understand that the amount should be 0.25% instead of 25%. Limits have also been set in Column I so that negative numbers cannot be entered and the highest percentage allowable to enter is 10%.

The **“Contracted Staff Payroll Input”** worksheet should be completed by all facilities with contracted staff who meet the criteria outlined in the *Background* section of these instructions. The blue-shaded cells in Columns A to M must be completed by the facility. All other cells are locked and will auto-fill based on the data entered by the facility in the application.

**Column A – Vendor Name:** Enter the contracted vendor.

**Column B – Employee number or code:** Type in the contracted employee’s number or code.

**Column C – Leave blank:** Leave blank.

Please ensure all names entered in the “Contracted Staff Payroll Input” worksheet can be matched to the payroll reports submitted with the application.

**Column D – Position / Title:** Choose the contractor position from the drop-down list. The positions available to choose from will include the following:

Contractor Position
LPN
CNA / NAR
TMA
Medical Records Staff
Mental Health Worker
Social Worker
Activities Staff
Chaplain / Religious Staff
Interpreter
Other Care Related Staff
Dietary Director
Cook
Dietary Aide
Feeding Assistant
Laundry Director
Laundry Worker
Housekeeping Director
Housekeeper
Maintenance Director
Maintenance Worker

Facilities must assign a position / title from the drop-down list for each contractor entered in the “Contracted Staff Payroll Input” worksheet. The position / title that is assigned will be used to identify the minimum wage rate for the individual per Minnesota Statutes, Section 181.213. If the position / title is not assigned, the remainder of the worksheet will not calculate any costs for wage increases for the contractor.

If the application preparer cannot identify the contractor’s specific position from the drop-down list, they should choose the position that most closely reflects the job performed and nursing licensure.

The following contracted staff are not to be included on the application: administrative staff, medical directors, nursing directors, physicians, and individuals employed by a supplemental nursing services agency.

**Column E – Hourly Rate of Pay before WSB Minimum:** Enter the contracted employee’s hourly rate of pay. The rate entered should be the regular (base) pay; overtime, shift differentials, and other incentive amounts should not be included. The facility should ensure the hourly rate of pay entered can be verified by the payroll data submitted with the application.

**Column F – Payroll Period Begins Date (Must start after 6/1/2025):** Enter the beginning date of the payroll reports submitted with the application. The payroll report must start on or after 6/2/2025. If a date is entered before 6/2/2025, the application preparer will see a warning icon prompting them to enter a correct date.

**Column G – Payroll Period Ends Date (Minimum two months):** Enter the end date of the payroll reports submitted with the application. The payroll report must cover a minimum period of two months. If a date is entered before 8/1/2025 or after 10/1/2025, the application preparer will see a warning icon prompting them to enter a correct date.

**Column H – Total Compensated Hours during period submitted:** Enter the total compensated hours for the contractor during the period. Compensated hours include all regular hours worked, paid vacation and sick time, holiday time, and other paid time.

**Column I – Are there Employer paid retirement benefits included on payroll for the employee:** Choose “Yes” or “No” from the drop-down menu. If the vendor offers an employer paid retirement benefit, but the specific contracted employee entered on the application did not participate in the program or did not receive an employer paid retirement contribution in the two-month period, choose “No”. The facility should only choose “Yes” for contracted staff who received an employer retirement contribution during the payroll periods used to complete this application.

**Column J – Employer paid retirement contributions (% of Wages):** If the facility chooses “Yes” in Column H, then the cells in Column I will remain blue-shaded to be completed by the facility. If the facility chooses “No” in Column H, then the cells in Column I will convert to white cells that do not need to be completed.

For blue-shaded cells in Column I, for each contracted staff enter the employer paid retirement contribution as a percentage of the total wages the contracted staff were paid during the period. For example, if the contracted staff were paid total gross wages of \$5,000 during the period and received an employer paid retirement contribution of \$150 during the period, the percentage to enter would equal 3% (\$150 divided by \$5,000).

**Column K – Employer FUTA/SUTA (% of Wages):** If the employer paid FUTA/SUTA tax during the period, enter the taxes paid as a percentage of the total wages the contracted staff were paid during the period. For example, if the contracted staff was paid total gross wages of \$5,000 and the employer paid \$50 in unemployment tax during the period, the percentage to enter would equal 1% (\$50 divided by \$5,000).

**Column L – Employer Worker’s Compensation Insurance (% of Wages):** If the employer paid worker’s compensation insurance during the period, enter the amount paid as a percentage of the total wages the contracted staff were paid during the period. For example, if the contracted staff were paid total gross wages of \$100,000 and the employer paid worker’s compensation insurance for those salaries totaling \$5,000, the percentage to enter would equal 5% (\$5,000 divided by \$100,000).

**Column M – Percentage Allocated to Nursing Facility (%):** If the contracted salaries and compensated hours are 100% nursing facility, enter 100. If the contracted salaries and compensated hours reported for the contractor are not 100% nursing facility, enter the percentage allocable to the nursing facility. For example, contracted dietary based on meals served – enter the nursing home percentage from the 2024 Cost Report dietary allocation.

The facility should ensure the correct percentage is entered when typing in Columns J to M. These columns are formatted to percentage in Excel, so if the data .25 is entered, Excel will assume this equals 25%. However, if the amount that should have been entered is 0.25%, then the zero must be typed for Excel to understand that the amount should be 0.25% instead of 25%. Limits have also been set in Columns J to M so that negative numbers cannot be entered and the highest percentage allowable to enter is 10%.