

From: [Kate Black](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Re: Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060, Revisor's ID Number R-04869
Date: Tuesday, July 23, 2024 11:28:23 AM
Attachments: [AFSCME Council 65 re NHWSB.pdf](#)

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Executive Director Solo,

Please see attached for submission of public comment regarding the proposed rules governing initial wage standards for nursing home workers; Minnesota Rules, Part 5200.2060.

Thank you,

Kate Black (she/her)

Field Director

AFSCME Council 65 | www.afscme65.org

320-423-2344 | kblack@afscme65.org

3335 W Saint Germain St, Ste 107

St. Cloud, MN 56301

Leah Solo, Executive Director Nursing Home Workforce Standards Board 443 Lafayette Rd. N., St. Paul MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

I am writing in support of the proposed minimum wage standards- thank you for the opportunity to submit public comment.

My name is Kate Black, and I am a Field Director at AFSCME Council 65. Our union represents over 15,000 workers across Minnesota, who work in public services, non-profits, various healthcare settings, and more. We currently represent hundreds of direct care workers in skilled nursing facilities across our entire state, all of whom will be positively impacted by the measures enforced by these proposed rules.

As Minnesota faces an aging population who deserve and need to be treated with respect and dignity in the final chapters of their lives, we must also treat the population of workers who make that dignified care possible with respect and dignity. Every individual employee within a skilled nursing facility is necessary to make every component of the direct care setting functional and exceptional. From clean and well-maintained facilities, freshly laundered clothing and linens, careful feeding, preparation and service of meals, toileting, nursing care, occupational and physical therapies, activities facilitation and more- excellent trained and dedicated staff are necessary in order to facilitate a dignified environment. Nursing home staff are skilled in their work and serve in a critical caregiving capacity as a compassionate person in the lives of our seniors. These workers have for too long often been ignored and disrespected, and the proposed minimum wages are one positive step toward acknowledging their critical work in our communities and in paying a living wage to all nursing home staff in our state. As has been proven true across other industries, increased wages and standards will serve to stabilize the workforce and provide critical staffing to these facilities in service to our seniors. As Minnesotans, we often utilize the adage the late Senator Paul Wellstone became famous for, that "We all do better when we all do better". The improved standards for nursing home workers in our state should accomplish just that, to provide a dignified life for both those who live and work in our state's nursing homes.

From: [Cate Davis](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Nursing Home Workforce Standards Board comment letter | Avera Health
Date: Tuesday, July 23, 2024 2:49:18 PM
Attachments: [NHWSB CommentLetter-2.docx](#)

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Good afternoon, please find Avera Health's comments on the Nursing Home Workforce Standards Board's proposed minimum staffing rule. Thank you in advance for your review, and giving us the opportunity to voice our concerns regarding this proposed rule.

Thank you,

Cate Davis

Public Policy Manager | Avera Health

Submitted Electronically

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the minimum wages standard proposed rule. While certainly well intentioned, the proposed rule does not address the already persistent staffing challenges facing nursing homes and other long-term care providers in our state. Without meaningful investments in the long-term care workforce, this rule could result in reduced access to comprehensive and compassionate care for seniors across Minnesota. With this in mind, I respectfully urge the Nursing Home Workforce Standards Board (the Board) to withdraw their proposed standard and rule.

Avera is an integrated health system and serves a population of one million in five states through a geographical footprint of 72,000 square miles. We employ more than 20,000 at 315 locations including hospitals, clinics, and long-term care facilities. We operate three non-profit long-term care facilities in Minnesota. They are located in Marshall, Granite Falls, and Tyler with 76, 48, and 30 beds respectively. All three carry a rural designation.

Avera has always supported our workers and their ability to earn a life-sustaining wage. However, without financial support to fund these types of new workforce investments, it is increasingly challenging to keep our doors open. In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. The Board is asking us to do the impossible – pay staff more without any additional funding. This is one reason why nursing homes across Minnesota have called for funding to raise wages for their employees year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To our disappointment, this appropriation was not passed into law.

The Board's "one size fits all" approach does not represent geographic wage difference, historical rate differences, or the available workforce to support the standard. In Marshall, there is a 2.4% unemployment rate (May 31, 2024). An increase in minimum wage will not solve for the lack of available workforce. Avera currently has 22 active job postings for long term care, many of which we are struggling to recruit qualified applicants for. For example, we have a CNA position that has been open for 111 days with 3 applicants. Additionally, we have an LPN position that has been open for 81 days with a total of 0 applicants. The Board's approach to workforce development disproportionately impacts smaller communities who are already struggling to hire and retain staff.

This rule is intended to go into effect around the same time as the CMS long-term care minimum staffing rule, meaning that LTC facilities will not only be expected to hire more staff to meet the CMS rule, but they will also have to hire them at a higher cost to meet this proposed standard. We are already experiencing workforce challenges and these two rules together have the potential wreak havoc on our ability to staff.

In addition to workforce challenges, this standard will further exacerbate the patient discharge delays that are impacting patients across Minnesota. In a survey of 101 hospitals by the Minnesota Hospitals Association, they found that one of every six days of hospital care is unnecessary and unpaid. These delays include patients stuck in hospital beds waiting for transfers to nursing homes, rehabilitation units, mental health treatment facilities, and other sub-acute care facilities. This discharge gridlock cost hospitals and health systems approximately \$487 million in 2023 (Becker's). Further challenging an already strained system will only cause larger scale consequences for the state of Minnesota and it's seniors.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet an unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of their inability to meet this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for your consideration of our comments.

Sincerely,

Cate Davis

Public Policy Manager, Avera Health

From: [Robinson, Frank](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Sandin, Elijah](#); [Robinson, Frank](#)
Subject: Minimum Wage Rule comment letters
Date: Wednesday, July 24, 2024 11:08:41 AM
Attachments: [Outlook-gpa0ciyf.png](#)
[Birchwood Director of Nursing Letter.pdf](#)
[Birchwood Executive Director Letter.pdf](#)

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Good Afternoon,

Please find attached two letters from Birchwood Senior Living in Forest Lake. One letter is from the Director of Nursing and the other is from the Executive Director.

Thank you,

Frank Robinson,
Frank Robinson
Executive Director



604 1st Street NE

Forest Lake, MN 55025

Tel: (651) 466-1022 | **Fax:** (651) 466.1042

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July 22, 2024

Date:

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Director of Nursing at Birchwood Health Care Center .

Birchwood Senior living is a Long-Term Care Skilled Nursing Facility. We service many individuals with many care needs. Our post-acute setting is filled with activities, church services, volunteers and others that help our residents have a fulfilling stay here are our center. We care for many different ailments and comorbidities for our aging population. Our skilled nurses are here 24 hours a day 7 days a week. We can accommodate many levels of acuity to meet the needs of our residents.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$64,309
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$64,309
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$45,881
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$45,881
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$48,928
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$45,891
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$315,198



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Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

Trisha Kramer, Director of Nursing
Birchwood Health Care Center



Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024, through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

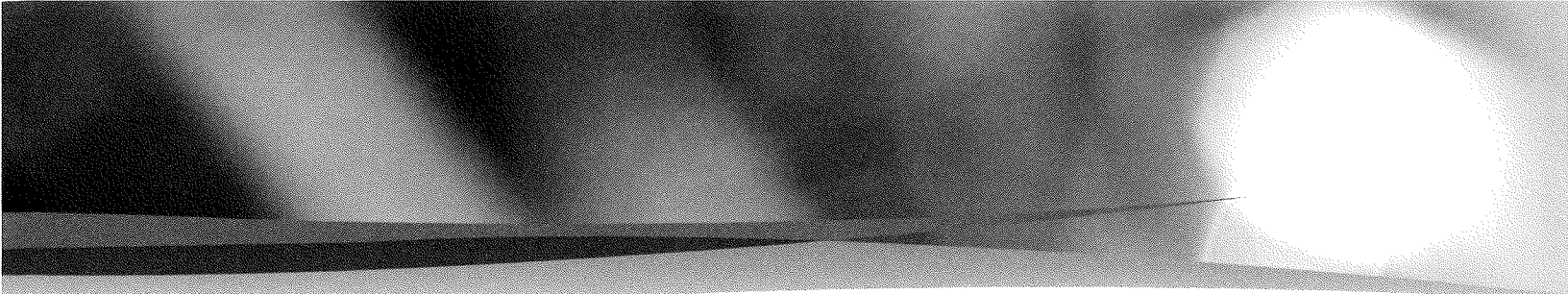
I am the Executive Director at Birchwood Senior Living, Forest Lake, MN.

As an Executive Director in a nursing home, I serve a population of individuals who have reached a stage in life where they require specialized care and support. Our residents are often older adults with complex medical needs, or individuals with chronic conditions that necessitate a higher level of assistance. My role is to create a compassionate and nurturing environment where residents can thrive, while ensuring the highest quality of care. I am committed to building a strong partnership with our residents, their families, and the community, fostering a sense of belonging and well-being within our facility. Some challenges we are currently facing are census reductions, hiring Licensed Nurses due to a shortage of qualified staff available for hire.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$64,309
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$64,309
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$45,881
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$45,881
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$48,928
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$45,891
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$315,198



Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Our Nursing home is operating in a constrained financial environment where expenses are rising while revenue remains relatively static. This can lead to difficulties in maintain quality care, attracting and retaining staff, and investing in necessary facility upgrades.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Raising wages for one group often necessitates adjustments for others to maintain equity and prevent turnover.

Thank you for your consideration.

Sincerely,



Frank Robinson
Executive Director
Birchwood Senior Living
604 1st Street NE
Forest Lake, MN 55025



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From: [Kari Swanson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060
Date: Tuesday, July 23, 2024 6:41:31 PM
Attachments: [NHWSB fill in letter for minimum wage standard-Individual \(002\).docx](#)

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Please see the attached letter for public comment.

Thank you,

Kari Swanson

Administrator/CEO

Cornerstone Nursing and Rehab Center

416 7th St. NE, Bagley, MN 56621

218.694.6552

kswanson@cornerstoneshc.com

www.cornerstoneshc.com



Date: July 25, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Cornerstone Nursing and Rehab Center.

We are a small skilled nursing facility in rural northern Minnesota. Our demographic area consists of an aging population surrounding three Native American reservations. We serve residents over a 100+ mile radius from surrounding communities. We are the only nursing home in Clearwater County, one of the poorest in MN. We provide long-term care, short term rehab, and have secure memory care.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated annual cost of the standards to our nursing facility for 2026 and 2027 is over \$400,000. This is an extremely large amount for a small facility, without any additional funding.

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities. Since we have an attached Assisted Living, this poses a challenge for them since we will be forced to increase our wages which will have a direct impact on them and their staffing.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

There is no doubt that if minimum standards are put in place, that staff who have been working in their roles and/or at the facility for years are going to want to be compensated at a higher wage than a new hire. Thus, creating additional payroll expenses which again are not funded. If minimum wage standards are implemented, then it is crucial they are funded so facilities like ours can continue to provide high quality care to the residents we care for, as well as to our communities.

Thank you for your consideration.

Sincerely,

Kari Swanson

Administrator

Cornerstone Nursing and Rehab Center

From: [Annika Olson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: NHWSB Initial Wage Standards for Nursing Home Workers - Attached Comments
Date: Wednesday, July 24, 2024 11:56:41 AM
Attachments: [Outlook-kfr0tulq.png](#)
[Pathstone Living NHWSB Letter for Minimum Wage Standard.pdf](#)

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Attention:

Leah Solo

Executive Director

Nursing Home Workforce Standards Board

443 Lafayette Rd. N., St. Paul, MN 55155

Please see the attached letter that contains comments regarding the NHWSB - Initial Wage Standards for Nursing Home Workers.

Thank you for the opportunity to submit comments on this significant matter.

Sincerely,

Annika Olson, LNHA

Assistant Executive Director | Administration

w. 507-385-4352 | AnnikaOlson@ecumen.org



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Date: July 24, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Ecumen - Pathstone Living in Mankato. We are a nonprofit, faith-based provider of health care and housing for older adults, based here in Minnesota.

As a senior living facility, Ecumen - Pathstone offers the full continuum of care to Mankato and its surrounding communities; Pathstone has the capacity to serve over 200 residents. Our services allow the opportunity for an aging adult to have access to care throughout one's years leading to end of life, all within our Ecumen community. We serve residents from all backgrounds, specifically with varying financial sources, including both Private Pay and Medicaid. Between the varying resident financial sources and costs associated with a large campus, Pathstone must be good stewards of our resources; Pathstone considers both residents and employees within its financial decisions.

I oppose the proposed rule language and would like to provide you with my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	415,519
Direct Cost of Jan 1, 2026 Standard (CY2027)	415,519
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	6,795
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	6,795
Direct Cost of Jan 1, 2027 Standard (CY2027)	305,441
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	-
Total Estimated 2 Year Cost of 2026 and 2027 Standards	1,150,070

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Pathstone will be unable to raise daily rates to fund increased wage standards for its employees. This limits avenues in which extra funding can occur and be allocated towards employee wages.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Expenses are already high among care campuses. The increase in wage standards may require an impact on the rent paid within the other service lines of our campus; Pathstone cannot solely expect additional funding to come from residents who reside on campus outside of our nursing facility.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

Many industries already compete with the standard wages offered within nursing homes. Pathstone currently offers annual raises to staff and must already strategically allocate the allowed amount to boost current staff members to being "at or above" a standard wage. This process will prove to be even more difficult with an increase in minimum wage without additional funding.

Thank you for your consideration.

Sincerely,

Annika Olson, LNHA
Assistant Executive Director
Ecumen – Pathstone Living

From: [Curtis, Michael](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Askew, Andrew](#); [Hayden, Karen](#); [Brinkman, Christy M](#)
Subject: Comment Letter
Date: Tuesday, July 23, 2024 11:24:19 AM
Attachments: [2024.07.22 NHWSB CommentLetter-Essentia Fosston.pdf](#)

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Dear Executive Director Solo,

Thank you for the opportunity to respond to the proposed rule governing the minimum wage for nursing home workers. Please see the attached document as my comments on this proposed rule.

Regards,

Mike Curtis
Interim Administrator - Fosston
Essentia Health
900 Hilligoss Blvd SE
Fosston, MN 56542



July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

RE: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Submitted Electronically via Email to dli.rules@state.mn.us

Dear Executive Director Solo:

On behalf of Essentia Health First Care Living Center, thank you for the opportunity to comment on the proposed expedited rules governing the minimum wage for nursing home workers issued by the Minnesota Nursing Home Workforce Standards Board (NHWSB). I serve as Administrator at the Essentia Health campus in Fosston with specific responsibilities for the Critical Access Hospital, Skilled Nursing Facility, Assisted Living Facility, and Clinic. Overall, I have major concerns on the proposal and respectfully urge the Nursing Home Workforce Standards Board to reconsider this misguided standard and rule.

The Essentia Health campus in Fosston serves the rural population of Fosston, MN, and the surrounding area. At the time of the 2020 census, Fosston had a population of just over 1,400. Fosston lies on the far eastern side of Polk County and is geographically in the center of Bemidji, Crookston, and Detroit Lakes; the closest being a 45-minute drive in good weather. Unfortunately, this proposal is an unfunded mandate that will force very difficult decisions that may jeopardize access to care and for other needs that are critical to providing quality care for the seniors we serve. Furthermore, coupled with the recently finalized mandatory long-term care staffing rule at the federal level¹, nursing homes are in perilous position, especially our facility serving rural Minnesotans.

Essentia Health First Care Living Center has always supported our employees with the resources we have. However, significant operational costs and shortfalls in reimbursement from public programs perpetuate the fiscal challenges we face. Implementing the standards as proposed could negatively impact access to essential nursing home care for communities across Minnesota.

¹ Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting, (2024, May), *Federal Register*, <https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid>



First, Minnesota will continue to experience a decline in an available health care workforce to care for our state's seniors and those needing nursing home level care². Next, the Board has not considered the significant financial impacts on providers, including the limitations of state funding for nursing homes, such as a nearly two-year delay in recognizing new costs, and the additional restrictions created by the rate equalization law. Finally, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

Unfunded mandate

The authorizing statute that established the Minnesota NHWSB and the subsequent proposal of new standards was clear. The intent was clear that any new standards should be funded adequately before becoming effective. If the NHWSB requires minimum wages, lawmakers must take steps to fund the wage increase prior to the standard becoming effective. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal governments are responsible for providing the funds to them.

Under the current cost report structure, our nursing facility's Medicaid and Commercial rates are determined based on allowable costs incurred between 15 to 27 months prior to current services provided. This creates a gap where the facility will be forced to provide the resources to cover the increased costs for well over a year before reimbursements start to catch up. Additionally, due to the auditing process by the State, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates them 45 days prior to January 1 of each year. For our facility, the unreimbursed cost has been calculated at \$549,653.

Financial challenges

We have experienced record wage inflation and market competition for workers. Our facility cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. The Board is asking nursing homes to provide care to our state's older adult population through a mandate absent any additional funding.

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.³ We must ensure nursing homes are reimbursed for the true cost of the care they provide. Medicaid and private pay rates, the state-funded managed care programs for seniors (MSC+ and MSHO), and Medicare dictate that nearly all our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

² Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

³ Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



This wage standard also does not consider costs associated with providing raises to staff “at or above” the standard, which is necessary to proportionally compensate staff for their experience and be competitive. Given that we are a combined campus of a Critical Access Hospital, Skilled Nursing Facility, Assisted Living Facility, and Clinic, this wage standard also does not consider the increased costs associated with providing compensation adjustments to all in similar positions across the campus to maintain wage parity. It is common, especially in rural areas, that nursing homes share a campus location with other health care facilities.

The direct financial impact from this regulatory mandate on our Skilled Nursing Facility will substantially increase our staffing costs per year until the cost report period adjusts for these changes. In reality, given the integrated nature of our campus, the total impact will be much higher due to the unintended consequences of maintaining wage parity across services. This impact will largely go unreimbursed, both in the short and long term.

Conclusion

In sum, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates. In simple terms, it is an unfunded mandate. Requiring providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards. Rather, it will have the opposite effect, as facilities may have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will directly affect residents, their families, and communities.

I appreciate the opportunity to comment, and feel free to contact me with any questions on how this rule would impact our operations and access to post-acute care.

Sincerely,

Michael Curtis
Administrator
Essentia Health Fosston

Essentia Health is an integrated health system serving patients primarily in rural communities throughout Minnesota, Wisconsin, and North Dakota. Headquartered in Duluth, Minnesota, Essentia Health combines the strengths and talents of 15,000 employees, including 2,200 physicians and advanced practitioners, who serve our patients and communities through the mission of being called to make a healthy difference in people’s lives. The organization lives out this mission with a patient-centered focus at 14 hospitals, 77 clinics, six long-term care facilities, five assisted and independent living facilities, 25 retail pharmacies, and a rural health research institute.

From: [Wood, Lisa](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Askew, Andrew](#)
Subject: Proposed Staffing minimum wage for clinical LPN, TMA and CNA
Date: Tuesday, July 23, 2024 8:37:20 AM
Attachments: [2024.07.22 NHWSB CommentLetter-Essentia Grace Home.pdf](#)

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Greeting,
Please find attached my letter for consideration regarding the proposed wage minimums for LTC.

Thank you for your consideration,

Lisa Wood



July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

RE: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Submitted Electronically via Email to dli.rules@state.mn.us

Dear Executive Director Solo:

On behalf of Essentia Health First Care Living Center, thank you for the opportunity to comment on the proposed expedited rules governing the minimum wage for nursing home workers issued by the Minnesota Nursing Home Workforce Standards Board (NHWSB). I serve as Administrator at the Essentia Health campus in Fosston with specific responsibilities for the Critical Access Hospital, Skilled Nursing Facility, Assisted Living Facility, and Clinic. Overall, I have major concerns on the proposal and respectfully urge the Nursing Home Workforce Standards Board to reconsider this misguided standard and rule.

The Essentia Health campus in Fosston serves the rural population of Fosston, MN, and the surrounding area. At the time of the 2020 census, Fosston had a population of just over 1,400. Fosston lies on the far eastern side of Polk County and is geographically in the center of Bemidji, Crookston, and Detroit Lakes; the closest being a 45-minute drive in good weather. Unfortunately, this proposal is an unfunded mandate that will force very difficult decisions that may jeopardize access to care and for other needs that are critical to providing quality care for the seniors we serve. Furthermore, coupled with the recently finalized mandatory long-term care staffing rule at the federal level¹, nursing homes are in perilous position, especially our facility serving rural Minnesotans.

Essentia Health First Care Living Center has always supported our employees with the resources we have. However, significant operational costs and shortfalls in reimbursement from public programs perpetuate the fiscal challenges we face. Implementing the standards as proposed could negatively impact access to essential nursing home care for communities across Minnesota.

¹ Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting, (2024, May), *Federal Register*, <https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid>



First, Minnesota will continue to experience a decline in an available health care workforce to care for our state's seniors and those needing nursing home level care². Next, the Board has not considered the significant financial impacts on providers, including the limitations of state funding for nursing homes, such as a nearly two-year delay in recognizing new costs, and the additional restrictions created by the rate equalization law. Finally, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

Unfunded mandate

The authorizing statute that established the Minnesota NHWSB and the subsequent proposal of new standards was clear. The intent was clear that any new standards should be funded adequately before becoming effective. If the NHWSB requires minimum wages, lawmakers must take steps to fund the wage increase prior to the standard becoming effective. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal governments are responsible for providing the funds to them.

Under the current cost report structure, our nursing facility's Medicaid and Commercial rates are determined based on allowable costs incurred between 15 to 27 months prior to current services provided. This creates a gap where the facility will be forced to provide the resources to cover the increased costs for well over a year before reimbursements start to catch up. Additionally, due to the auditing process by the State, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates them 45 days prior to January 1 of each year.

Financial challenges

We have experienced record wage inflation and market competition for workers. Our facility cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. The Board is asking nursing homes to provide care to our state's older adult population through a mandate absent any additional funding.

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.³ We must ensure nursing homes are reimbursed for the true cost of the care they provide. Medicaid and private pay rates, the state-funded managed care programs for seniors (MSC+ and MSHO), and Medicare dictate that nearly all our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

² Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

³ Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



This wage standard also does not consider costs associated with providing raises to staff “at or above” the standard, which is necessary to proportionally compensate staff for their experience and be competitive. Given that we are a combined campus of a Critical Access Hospital, Skilled Nursing Facility, Assisted Living Facility, and Clinic, this wage standard also does not consider the increased costs associated with providing compensation adjustments to all in similar positions across the campus to maintain wage parity. It is common, especially in rural areas, that nursing homes share a campus location with other health care facilities.

The direct financial impact from this regulatory mandate on our Skilled Nursing Facility will substantially increase our staffing costs per year until the cost report period adjusts for these changes. In reality, given the integrated nature of our campus, the total impact will be much higher due to the unintended consequences of maintaining wage parity across services. This impact will largely go unreimbursed, both in the short and long term.

Conclusion

In sum, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates. In simple terms, it is an unfunded mandate. Requiring providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards. Rather, it will have the opposite effect, as facilities may have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will directly affect residents, their families, and communities.

I appreciate the opportunity to comment, and feel free to contact me with any questions on how this rule would impact our operations and access to post-acute care.

Sincerely,

Lisa Wood

Director of Nursing

Essentia Health Grace Home

Essentia Health is an integrated health system serving patients primarily in rural communities throughout Minnesota, Wisconsin, and North Dakota. Headquartered in Duluth, Minnesota, Essentia Health combines the strengths and talents of 15,000 employees, including 2,200 physicians and advanced practitioners, who serve our patients and communities through the mission of being called to make a healthy difference in people's lives. The organization lives out this mission with a patient-centered focus at 14 hospitals, 77 clinics, six long-term care facilities, five assisted and independent living facilities, 25 retail pharmacies, and a rural health research institute.

From: [Stueve, Debra](#)
To: [RULES, DLI \(DLI\)](#)
Subject: NHWSB Comment Letter Graceville FY0724
Date: Wednesday, July 24, 2024 5:24:53 PM
Attachments: [Mandatory Minimum Wage Comment Letter.pdf](#)
[NHWSB Comment Letter Graceville FY0724.pdf](#)

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Deb Stueve

Administrator

Essentia Health Graceville

115 West 2nd Street | PO Box 157 | Graceville, MN 56240

Phone: 320-748-8203

Fax: 320-748-7225

Debra.Stueve@essentiahealth.org



July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Road North
St. Paul, MN 55155

RE: Comment on the Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Submitted Electronically via Email to dli.rules@state.mn.us

Dear Executive Director Solo:

On behalf of Essentia Health-Grace Home, thank you for the opportunity to comment on the proposed expedited rules governing the minimum wage for nursing home workers issued by the Minnesota Nursing Home Workforce Standards Board (NHWSB). Overall, I have major concerns about the proposed regulation and respectfully urge the NHWSB to reconsider this proposal.

Unfortunately, this proposal is an unfunded mandate that will force very difficult decisions that may jeopardize access to care and other needs critical to providing quality care for the seniors we serve. Furthermore, it is coupled with the recently finalized mandatory long-term care staffing rule at the federal level.¹, nursing homes are in a perilous position, especially our facility serving rural Minnesotans. However, significant operational costs and shortfalls in reimbursement from public programs perpetuate our fiscal challenges. Implementing the standards as proposed could negatively impact access to essential nursing home care for communities across Minnesota.

The proposed wage standards represent an unfunded mandate that threatens the operational viability of nursing facilities across the state. Based on calculations using the LTC Imperative impact calculator, our facility is projected to face significant additional costs due to the 2026 and 2027 minimum wage increases. These increased labor costs, without a corresponding increase in reimbursement rates, will place an unsustainable financial burden on our operations.

Developing and projecting a yearly budget incorporating these new wage standards without additional funding support will be virtually impossible. We are already operating on razor-thin margins, and there is simply no room in our budget to absorb such a substantial increase in labor

¹ Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting, (2024, May), *Federal Register*, <https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid>



costs. This unfunded mandate would force us to make difficult decisions that could negatively impact the quality of care we provide.

To remain operationally viable, we may need to take measures to meet these mandates. This may include, but is not limited to:

- reducing staffing levels, which could compromise resident care
- cut back on non-essential services and programs that enhance residents' quality of life;
- defer necessary maintenance and facility upgrades; and
- reduce employee benefits or eliminate positions.

In the worst-case scenario, if we are unable to find ways to offset these increased costs, we may be forced to consider severely limiting access to care. This is not an outcome we want to contemplate, but it is a real possibility given the financial pressures this mandate would create. Our facility provides critical long-term care services to 40 residents and employs 100 staff members. Significantly reducing services and access would displace vulnerable seniors, many of whom have deep roots in the community, and force them to seek care further from home. Any nursing home closure across Minnesota in rural communities would be devastating.

While we fully support the goal of ensuring fair wages for nursing home workers, implementing these standards without providing the necessary funding puts both workers and residents at risk. We urge policymakers to reconsider this approach and work with long-term care providers to develop a sustainable solution that supports both fair wages and the continued viability of essential nursing facilities. We have experienced record wage inflation and market competition for workers. Our facility cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. The Board is asking nursing homes to provide care to our state's older adult population through a mandate absent from any additional funding. Simply put, this is not sustainable.

To illustrate this further, the Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the actual cost of the care they provide, considering the following points:

1. **Rate Determination Lag:** Our nursing facility's Medicaid and Private Pay Rates are based on allowable costs incurred 15 to 27 months prior. Due to the complex auditing process, we cannot predict our rates until the Minnesota Department of Human Services calculates them 45 days before January 1 each year. This

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



significant delay between incurring costs and rate adjustments creates financial uncertainty and challenges in budgeting and planning.

2. **Campus-wide Impact:** Our nursing facility is part of a larger campus offering various services and living arrangements. It's important to note costs associated with maintaining high standards of care are not confined to the nursing facility alone, but extend across our entire campus, affecting all levels of care and services we provide.
3. **Limited Control Over Pricing:** With the equalization of Medicaid and private pay rates, state-funded managed care programs for seniors (MSC+ and MSHO), and Medicare, nearly all our funding and rates are controlled by state and federal governments. Unlike other businesses, we lack the flexibility to adjust our prices to meet rising expenses. This rigid pricing structure severely limits our ability to respond to increasing costs and maintain financial stability.
4. **Wage Standard Challenges:** The current wage standards fail to account for the full financial impact of implementing higher pay rates. They do not consider the costs associated with providing raises for staff already "at or above" the standard. Additionally, these standards overlook the increased costs of maintaining wage parity across all positions. When we raise wages for one group, it creates a ripple effect, necessitating adjustments throughout our organization to sustain fair compensation structures.
5. **Financial Viability Concerns:** To remain financially viable, we may be forced to consider complex options such as 1) Reducing non-mandated services, 2) Limiting admission of Medicaid residents, and 3) Potentially closing or reducing beds.
6. **Healthcare System Impact:** These challenges could have severe repercussions for our local healthcare system. We may see increased hospital stays due to a lack of available nursing home beds, a strain on home and community-based services as they try to fill gaps, and potential "healthcare deserts" in rural areas if facilities close.

Conclusion

In closing, on behalf of Essentia Health-Grace Home, I urge the State of Minnesota Nursing Home Workforce Standards Board to reconsider the proposed minimum wage standard rule. While we support fair wages for our workers, this unfunded mandate threatens the operational viability of nursing facilities across Minnesota. Without corresponding increases in reimbursement rates to meet the increases at the forefront, these wage standards could lead to reduced services, staff cuts, and potential facility closures across the state, devastating our communities and compromising care for vulnerable seniors. Collectively with nursing homes statewide, we call on the Board and policymakers to work collaboratively with long-term care providers to develop a sustainable solution that addresses both fair wages and the financial stability of essential nursing facilities. This approach must consider the complex reimbursement landscape, campus-wide impacts, and the broader implications for our healthcare system. Only through such a comprehensive and fully funded strategy can we ensure the continued provision of quality care for Minnesota's seniors.



Essentia Health

Essentia Health Grace Home
116 West Second Street
Graceville, MN 56240

I appreciate the opportunity to comment, and feel free to contact me with any questions on how this rule would impact our operations and access to post-acute care.

Sincerely,

Debra Stueve
Administrator
Essentia Health Grace Home

Essentia Health is an integrated health system serving patients primarily in rural communities throughout Minnesota, Wisconsin, and North Dakota. Headquartered in Duluth, Minnesota, Essentia Health combines the strengths and talents of 15,000 employees, including 2,200 physicians and advanced practitioners, who serve our patients and communities through the mission of being called to make a healthy difference in people's lives. The organization lives out this mission with a patient-centered focus at 14 hospitals, 77 clinics, six long-term care facilities, five assisted and independent living facilities, 25 retail pharmacies, and a rural health research institute.

From: [Meyer, Deborah A.](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Askew, Andrew](#)
Subject: Comment: Wage Standards for Nursing Home Workers
Date: Wednesday, July 24, 2024 8:07:32 AM
Attachments: [2024.07.23 NHWSB CommentLetter-VCC.pdf](#)

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Please see Attached comment letter in reference to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100.

Deborah A. Meyer, LNHA

Administrator

Essentia Health-Homestead

115 10th Ave. NE Deer River, MN 56636
ext. 4336 internal/ Phone: (218)246-4336
Cell: (218) 831-4222
deborah.meyer@essentiahealth.org

Interim Licensed Nursing Home Administrator

Essentia Health- Virginia Care Center

901 9th St. N
Virginia, MN. 55792
ext. 28411 internal/ Phone: 218-749-9411



July 24, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

RE: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Submitted Electronically via Email to dli.rules@state.mn.us

Dear Executive Director Solo:

On behalf of Essentia Health-Virginia Care Center, thank you for the opportunity to comment on the proposed expedited rules governing the minimum wage for nursing home workers issued by the Minnesota Nursing Home Workforce Standards Board (NHWSB). I currently serve as the Administrator of Essentia Health Homestead in Deer River and the Essentia Health-Virginia Care Center located in Virginia. I have served in healthcare for 32 years, including prior health care experience as a certified nursing assistant (CNA) and a licensed practical nurse (LPN). Overall, I have major concerns on the proposal and respectfully urge the Nursing Home Workforce Standards Board to reconsider this rule.

Essentia Health-Virginia Care Center is a 77-bed skilled nursing facility attached to the Essentia Health Virginia Hospital. Approximately 50% of our residents require moderate to extensive assistance with all care, which means the higher acuity of care required by staff. We have supported our workers and their ability to earn competitive wages with the resources we have. However, significant operational costs and shortfalls in reimbursement from public programs perpetuate the fiscal challenges we face. Implementing the standards as proposed could negatively impact access to essential nursing home care for communities across Minnesota. Unfortunately, this proposal is an unfunded mandate that will force very difficult decisions that may jeopardize access to care and for other needs that are critical to providing quality care for the seniors we serve. Furthermore, coupled with the recently finalized mandatory long-term care staffing rule at the federal level¹, nursing homes are in perilous position, especially our facility serving rural Minnesotans.

We have several concerns on the proposal that would establish mandatory minimum wage standards for Certified Nursing Assistants, Licensed Practical Nurses, and Trained Medication

¹ Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting, (2024, May), *Federal Register*, <https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid>



Aides. First, Minnesota will continue to experience a decline in an available health care workforce statewide to care for our state's seniors and those needing nursing home level care². Next, the Board has not considered the significant financial impacts on providers, including the limitations of state funding for nursing homes, such as a nearly two-year delay in recognizing new costs, and the additional restrictions created by the rate equalization law. Finally, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

Unfunded mandate

The authorizing statute that established the Minnesota NHWSB and the subsequent proposal of new standards was clear. The intent was clear that any new standards should be funded adequately before becoming effective. If the NHWSB requires minimum wages, lawmakers must take steps to fund the wage increase prior to the standard becoming effective. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal governments are responsible for providing the funds to them.

Under the current cost report structure, our nursing facility's Medicaid and Commercial rates are determined based on allowable costs incurred between 15 to 27 months prior to current services provided. This creates a gap where the facility will be forced to provide the resources to cover the increased costs for well over a year before reimbursements start to catch up. Additionally, due to the auditing process by the State, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates them 45 days prior to January 1 of each year.

Financial challenges

We have experienced record wage inflation and market competition for workers. Our facility cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. The Board is asking nursing homes to provide care to our state's older adult population through a mandate absent any additional funding.

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.³ We must ensure nursing homes are reimbursed for the true cost of the care they provide. Medicaid and private pay rates, the state-funded managed care programs for seniors (MSC+ and MSHO), and Medicare dictate that nearly all our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

² Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

³ Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



This wage standard also does not take into account the costs associated with providing raises to staff “at or above” the standard, which is necessary to proportionally compensate staff for their experience. Given that we are a combined campus of a Critical Access Hospital, Skilled Nursing Facility, and Clinic, this wage standard also does not consider the increased costs associated with providing raises to all in similar positions across the campus to maintain wage parity.

The likely direct financial impact of this change on our Skilled Nursing Facility will increase our staffing costs by upwards of \$180,000 for the first two years of the mandate (for CNA and LPN only) until the cost report adjusts (this only includes getting staff up to the new wage). In reality, given the integrated nature of our campus, the total impact will be much higher due to the unintended consequences of maintaining wage parity across services i.e. wage adjustments related to years of service and employee contracts. Furthermore, to comply with the forthcoming mandate from CMS on staffing requirements, our costs will further increase another \$85,000 per year. This impact will largely go unreimbursed, both in the short and long term.

Conclusion

In sum, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates. In simple terms, it is an unfunded mandate. Requiring providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards. Rather, it will unfortunately have the opposite effect, as facilities may have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will directly affect residents, their families, and communities.

I appreciate the opportunity to comment, and feel free to contact me with any questions on how this rule would impact our operations and access to post-acute care.

Sincerely,

Deborah Meyer
Administrator
Essentia Health-Virginia Care Center

Essentia Health is an integrated health system serving patients primarily in rural communities throughout Minnesota, Wisconsin, and North Dakota. Headquartered in Duluth, Minnesota, Essentia Health combines the strengths and talents of 15,000 employees, including 2,200 physicians and advanced practitioners, who serve our patients and communities through the mission of being called to make a healthy difference in people’s lives. The organization lives out this mission with a patient-centered focus at 14 hospitals, 77 clinics, six long-term care facilities, five assisted and independent living facilities, 25 retail pharmacies, and a rural health research institute.

From: [Jenny Lenarz](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Workforce Standard Board Comments
Date: Monday, July 22, 2024 11:35:32 AM
Attachments: [image001.jpg](#)
[Signed Comment Period.pdf](#)

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Hello – Please find the attached document with comments on the wage standard from the Evansville Care Center. Thank you for allowing us to share our views on this matter.

Jenny Lenarz, LNHA | [Social Services/Admissions Coordinator](#)

Evansville Care Campus

649 State Street NW, Evansville, MN 56326

Ph: (218) 948-2219 Fax: (218) 948-2004

www.mycarecampus.org



"We're small enough to care about you"

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers;
Minnesota Rules, Part 5200.2060

I am the Administrator at the Evansville Care Center in Evansville, MN.

We are located in outstate MN and provide care in a rural setting. We strive to provide care in our community so our residents don't have to travel far from home to receive the services they need.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. Our expenses will go up significantly and we will need to reallocate our budget if this passes.

Second, the mandated minimum wage standards are not supported by state or federal reimbursement. Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1. This makes it difficult to plan a budget and take into consideration the increased costs of supplies as well as wages in order to stay competitive with other facilities and have enough staff to meet resident needs.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard. Being in a rural community, the wages are not equal to those in larger cities. Having a mandated wage at a higher rate is going to force nursing homes to close because of expenses, making it harder for elderly in these communities to have access to the care and services they need.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions. The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity. In providing a raise to only nursing staff, there is a need to be competitive with all departments with area facilities, in turn creating a need to increase wages across the board. There is a ripple effect of raising wages which in turn raises the cost of PTO as well.

Thank you for your consideration.

Sincerely,

Brandon Borgstrom, Administrator
Evansville Care Center

From: [Sandy Larson](#)
To: [RULES, DLI \(DLI\)](#)
Cc: mschultz@leadingagemn.org; [Sandy Larson](#)
Subject: Wage Standards for NH Worker Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100
Date: Wednesday, July 24, 2024 12:50:42 PM
Attachments: [image001.png](#)
[Wage Standard Revisor's ID# R-04869; OAH Docket # 5-9001-40100 7.24.2024.pdf](#)

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Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100.

Executive Director Solo,

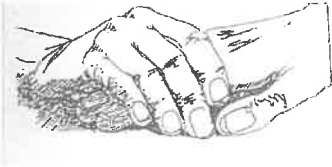
Thank you for the opportunity to submit my comments for your review regarding the proposed wage standard rule.

Respectfully,

Sandy Larson



Sandra Larson, NHA | *Interim Administrator*
Fair Meadow Nursing Home & Assisted Living
300 Garfield Ave SE
Fertile, MN 56540
(218) 945-6194



Fair Meadow Nursing Home

“United in Caring”

Sandy Larson **Administrator**
Karla Ness, **Director of Nursing**

Phone (218) 945-6194
Fax (218) 945-6459

Submitted by email to dli.rules@state.mn.us

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Fair Meadow Nursing Home and Assisted Living has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate

equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

As the interim administrator of Fair Meadow Nursing Home, I have been a nursing home administrator license in the state of MN since 1994 and feel I must present my sincere concern regarding the proposed minimum wage standards.

This Unfunded Mandate will have a tremendous negative impact to Fair Meadow Nursing Home, as well as the long-term care industry. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal governments are responsible for providing the funds to support the standards and rules. The statute establishing the Board and the creation of standards made clear that new standards should be funded with adequate funding before becoming effective.

The Board is asking nursing homes to do the impossible – pay staff more without any additional funding. In a time of record wage inflation and market competition for workers, we cannot compete with other industries. Our role is unique and dependent on our state and federal government partners for supporting wages through Medicare and Medicaid.

The wage standards do not consider the costs associated with providing raises to staff "at or above" the standard, or consider the increased costs associated with providing those raises to all other positions and maintaining wage parity.

Developing and projecting a yearly budget to include these wage standards without a corresponding increase in reimbursement will be impossible. Fair Meadow's Medicaid and Private Pay Rates are determined for allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates the rates 45-days prior to January 1 of each year.

Unlike other businesses, we are unable to raise our prices to meet new expenses. With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC +, MSHO), and Medicare, nearly all our funding and rates are controlled by the state and federal governments. Current basic Medicaid rates only cover 86% of nursing home costs, this does not cover the true cost of the care provided. Measures need to be taken to ensure nursing homes are adequately reimbursed for the true expense of providing quality care and adequate staffing.

As operating costs and staffing demands continue to increase, our facility managers and team members are pro-active monitoring cost effectiveness, doing everything we can to reduce expenditure within other allowable expenses while maintaining our high level of quality care. With the additional costs from this proposed and Unfunded Mandate rule, our operational viability will be severely threatened as we are already faced with the increased expense of having to use agency and travel staff due to the challenge of finding staff and not generating enough revenue to compete with neighboring facilities.

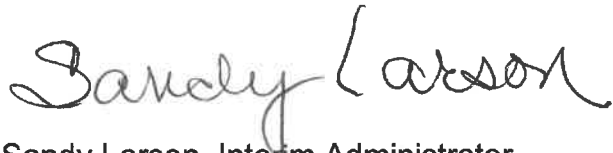
The standards "one size fits all" approach does not represent geographic wage differences, historical rate differences, or the available workforce to support the standard. Fair Meadow Nursing Home and Assisted Living is in rural northern Minnesota, where we are already competing with other nursing homes, other assisted living communities, and home community-based providers for the same limited healthcare workforce.

Fair Meadow Nursing Home and Assisted Living is unique, we are city owned. The Board's "one size fits all" approach does not consider what the Unfunded Mandate impact would have on our small rural community. Our city's taxpayer levy is used to support the city operations, there is not an excess of taxpayer funds to cover the increased wage expense if we expect to comply with the mandated wage rule. Without additional state and federal funding to support the mandated wage rule, a real possibility is our nursing home and assisted living community will not be able to continue operate for our older adults requiring supportive care in our assisted living or nursing home. This would have an overall negative impact on our residents, our families, our employees, and our community.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Mandating providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Again, it will have a negative impact directly felt by residents, their families, and communities. Accordingly, I am opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for a public hearing.

Respectfully,

A handwritten signature in cursive script that reads "Sandy Larson". The signature is written in black ink and is positioned above the typed name and title.

Sandy Larson, Interim Administrator
Fair Meadow Nursing Home and Assisted Living

Submitted by email to dli.rules@state.mn.us

From: [Davis, Jaime](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Ilten, Katherine](#); [McGarraugh, Pari](#)
Subject: Proposed Expedited Permanent Rules Establishing Minimum Nursing Home Wage Standards (Proposed Minnesota Rules 5200.2060 – 5200.2090)
Date: Wednesday, July 24, 2024 8:23:39 AM
Attachments: [image001.png](#)
[2024 07 24 Letter to NHWSB re Proposed Rules.pdf](#)

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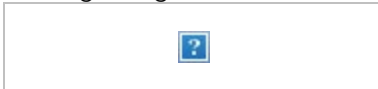
Good morning,

On behalf of the Long-Term Care Imperative, a working group of LeadingAge Minnesota and Care Providers of Minnesota, attached is a written comment to the Nursing Home Workforce Standards Board's Proposed Expedited Permanent Rules Establishing Minimum Nursing Home Wage Standards, proposed Minnesota Rules 5200.2060 through 5200.2090.

Thank you,

Jaime Davis

Paralegal/Legal Administrative Assistant



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July 24, 2024

Leah Solo
Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155
Via email only – dli.rules@state.mn.us

Re: Proposed Expedited Permanent Rules Establishing Minimum Nursing Home Wage Standards (Proposed Minnesota Rules 5200.2060 – 5200.2090): Written Comment Submitted on Behalf of the Long-Term Care Imperative (LeadingAge Minnesota and Care Providers of Minnesota)

Dear Nursing Home Workforce Standards Board:

Pursuant to Minnesota Statutes, section 14.389, subdivision 2, and on behalf of the Long-Term Care Imperative, a working group of LeadingAge Minnesota (“LeadingAge MN”) and Care Providers of Minnesota (“Care Providers”), we submit this written comment to the Nursing Home Workforce Standards Board’s (“NHWSB”) Proposed Expedited Permanent Rules Establishing Minimum Nursing Home Wage Standards, proposed Minnesota Rules 5200.2060 through 5200.2090 (the “Proposed Rules”).¹ For the reasons discussed below, the Long-Term Care Imperative strongly urges NHWSB to withdraw the Proposed Rules and issue revised rules after revisiting the incomplete data and sometimes false assumptions on which the Proposed Rules are currently based.

To be clear, the Long-Term Care Imperative has long advocated for increases to the wages of nursing home workers, and recognizes that many concerns about workforce stability and community access can be ameliorated by higher wages for these workers. This must be done through a partnership between the State of Minnesota and providers, recognizing that the Minnesota Legislature (the “Legislature”) controls the funding needed to support better wages. However, the Proposed Rules are not realistic. Despite a clear statutory requirement that the Proposed Rules will not be effective unless adequate appropriations are made, neither the Proposed Rules nor the supporting fiscal note and analysis adequately or realistically define the appropriations necessary to make up the significant—and debilitating—increased costs to facilities that the Proposed Rules will create. In addition, the Proposed Rules will unconstitutionally impair existing contracts, and call into question whether Minnesota complies with the federal requirement

¹ See 48 Minn. SR 1148-50 (June 24, 2024), available at https://mn.gov/admin/assets/SR48_52_tcm36-628525.pdf (last accessed July 3, 2024).

that each state’s Medicaid program be administered by a single state agency. Thus, while the Long-Term Care Imperative shares the desire to achieve sustainable wages for nursing home workers, the Proposed Rules will not accomplish this laudable goal. The Long-Term Care Imperative urges NHWSB to withdraw the Proposed Rules and to urgently engage with necessary stakeholders to develop a more sustainable and realistic proposal.

This written comment is intended to provide only a high-level summary of the primary concerns of the Long-Term Care Imperative. Additional, detailed information and analysis, and assistance with the revision of the Proposed Rules, is readily available upon request. The Long-Term Care Imperative reserves the right to advance additional arguments in the event a further challenge of the Proposed Rules, or any variation thereof, becomes necessary.

I. The Proposed Rules Inadequately Define the Appropriation Necessary for the Proposed Rules to Come into Effect.

The enabling legislation for the Proposed Rules requires that, “[i]n considering wage and benefit increases,” NHWSB must determine the impact of the proposed increases on nursing facilities’ operating payment rates and external fixed costs payment rates as determined under the Minnesota nursing facility rate system established at Minnesota Statutes, Chapter 256R. If the proposed wage increases will increase these payment rates, NHWSB is required to report to the Legislature the funding required to meet the increases and “must make implementation of any new nursing home employment standards contingent upon an appropriation, as determined by [Minnesota Statutes,] sections 256R.21 and 256R.25, to fund the rate increase necessary to comply with the new licensing standards.”²

In issuing the Proposed Rules as written, NHWSB has failed to meet the plain language statutory requirement of an “appropriation, as determined under [Minnesota Statutes, sections] 256R.21 and 256R.25.” NHWSB has interpreted this statutory requirement as applying only to appropriations needed for future Medicaid rates that are not already reflected within the State Budget Forecast. This tortured interpretation of the law borders on the absurd and, in ignoring the plain meaning of the statutory requirement, the Proposed Rules conceal the true cost of these mandates from lawmakers. Naturally, because Minnesota’s nursing home reimbursement system does not recognize costs in rates until nearly two years after they are incurred, these costs will not have an immediate impact on the state budget. However, because of the cost-based reimbursement system for many care-related categories, including wages and benefits for direct care staff, the Proposed Rules will most certainly have a future impact on the state budget. In essence, nursing home providers will need to absorb nearly \$200 million or more in additional costs in 2026 and 2027 without a single penny of additional state funding to cover these new costs. During this time, rates will reflect older costs, and it would be inappropriate to expect providers to use these funds that are designed to reimburse for other costs they have already incurred.

² Minn. Stat. § 181.213, subd. 2(c).

Moreover, the Proposed Rules neither identify the level or amount of an appropriation that would be “sufficient to cover the rate increase” nor define the criteria or process by which NHWSB would determine the level of funding it would report to the Legislature.³ Nor do the Proposed Rules indicate when or through what process NHWSB will notify providers that NHWSB has determined the adequate appropriation has been made. Despite the clear legislative intent to retain some level of oversight and control over the potential budget impacts of these rules, NHWSB avoided the requirement to clearly articulate what appropriation would be needed or how it would be calculated. As a result, the Proposed Rules fail to give regulated parties fair notice of when—or even if—they will be effective, and therefore they are intolerably vague and uncertain.

Perhaps NHWSB intends to rely on its fiscal note and supporting analysis to determine the level of appropriation necessary to bring the Proposed Rules into effect. If this is NHWSB’s intent, it is not apparent from the face of the Proposed Rules and, as discussed below, the fiscal note is deeply flawed and does not produce accurate estimates of the impact of these Proposed Rules.

The Long-Term Care Imperative submits that the Proposed Rules should be withdrawn, and, at a minimum, a clearer and more concrete description of the necessary appropriation should be included to promote certainty.

II. Because NHWSB based the Proposed Rules on an incomplete investigation of market conditions and related considerations in violation of Minnesota Statutes, section 181.213, the Proposed Rules must be withdrawn.

Minnesota Statutes, section 181.213 (“Section 181.213”), subdivision 2 requires NHWSB to set standards of compensation for nursing home workers based on an investigation of the “market conditions and existing wages, benefits, and working conditions of nursing home workers *for specific geographic areas* of the state and *specific nursing home occupations*.” Rather than comply with this mandate, NHWSB based the Proposed Rules on averages derived from partial data collected from a mere 30 percent of Minnesota’s nursing home employers. The fiscal analysis underlying the Proposed Rules further relies on averages which flatten the variation among even the small sample of facilities surveyed, losing critical nuance. Because of the significant and well-recognized⁴ variation in the size, operating budget, financial pressures, and local economic conditions of nursing homes across Minnesota, this misguided approach fails to show the true impact of the Proposed Rules on nursing home providers in violation of the Legislature’s specific direction to NHWSB.

Based in part on information provided to the Long-Term Care Imperative by individual nursing home providers, the Proposed Rules will disproportionately and adversely affect nursing home providers serving Minnesota’s rural communities (which tend to pay wages that reflect the cost of

³ Minn. Stat. § 181.213, subd. 2(d)(3).

⁴ See, e.g., Minn. Stat. § 181.213, subd 2 (repeatedly requiring analysis of conditions in “specific geographic areas”).

living in their respective communities) and smaller nursing home providers in rural and urban settings (which often have smaller operating budgets and are therefore less able to carry unfunded costs from year to year⁵). More specifically, these adverse effects will likely result in diminished services and, in some cases, the closure of nursing homes, thus negatively impacting both nursing home residents and the very nursing home workers NHWSB is tasked with helping to protect. LeadingAge MN and Care Providers urge NHWSB to comply with Section 181.213's investigation mandate in both letter and spirit, and revise the Proposed Rules after conducting a nuanced, thoughtful, and statutorily compliant investigation of market conditions and related considerations.

III. NHWSB's failure to properly consider and account for the impact of the Proposed Rules on individual nursing home providers violates Section 181.213, and mandates the withdrawal of the Proposed Rules.

NHWSB's Proposed Rules are further flawed because they fail to satisfy the statutory requirement to consider costs to nursing homes.

The Legislature clearly intended NHWSB to consider and account for costs to both Minnesota and nursing home providers when developing the Proposed Rules. This is shown, in part, through Section 181.213's numerous cross-references to sections of Minnesota Statutes, chapter 256R, a statutory chapter that establishes the individualized Medical Assistance rate setting system for *each* nursing facility.

In developing the Proposed Rules, NHWSB analyzed and accounted for costs to Minnesota, but chose to—at best—gloss over the significant costs to nursing home providers. In so doing, NHWSB misled the public as to the overwhelming and unfunded costs that individual nursing home providers will incur if the Proposed Rules are adopted without revision and violated Section 181.213. In addition, because NHWSB's flawed fiscal analysis fails to consider nursing home provider costs, which are “an important aspect of the problem,” the Proposed Rules are arbitrary and capricious. *See In re Appeal by Meridian Servs., Inc.*, No. A16-1329, 2017 WL 1375310, *5 (Minn. Ct. App. Apr. 17, 2017); *Peterson v. Minn. Dep't of Labor & Indus.*, 591 N.W.2d 76, 79 (Minn. Ct. App. 1999) (applying the arbitrary and capricious standard to a challenge to an administrative rule). For these reasons, the Proposed Rules will not survive judicial review.

⁵ The impact on smaller facilities with less flexibility in their year-to-year budgets is especially significant because, even if some of the costs of compliance with the Proposed Rules are offset by higher Medical Assistance reimbursement, that offset will be delayed several years. Medical Assistance nursing home payment rates are set based on retrospective costs, meaning that there will necessarily be a delay of nearly two years (or more) between when nursing homes are expected to incur these additional costs and when they will receive any enhanced reimbursement to cover, at least in part, the increased costs. For some nursing homes, this delay may be insurmountable and force them to cease operations.

Examples of this oversight on the part of NHWSB include, but certainly are not limited to, the following:

- NHWSB asserts that “the primary fiscal impact [to Minnesota] of these [wage] standards will result from higher [Medical Assistance] per diems for care in nursing homes,” and suggests, inaccurately, that these higher Medical Assistance rates will fully compensate nursing home providers for the increased wage-related costs that they will incur as a result of the new wage standards.⁶ NHWSB also acknowledges, but expresses no concern, that because of how Minnesota sets nursing facility rates, there will be a rolling two-year delay between when nursing home providers incur these increased costs and when they receive the higher Medical Assistance rates which, in theory, cover these costs.⁷ From a practical perspective, this means that all nursing home providers—including smaller nursing home providers with minimal cash reserves—will be required to carry additional costs for years before receiving, at best, only partial relief from the State in the form of increased Medical Assistance rates. Further, even assuming nursing home providers can remain operational while carrying these additional costs, increased Medical Assistance rates will not make nursing home providers financially whole—or even close. In the materials supporting the Proposed Rules, NHWSB fails to recognize that many nursing home providers also serve private pay residents whose rates are tied to the then-current Medical Assistance rates. Because providers cannot, two years after the fact, demand additional payment from their private pay residents based on delayed Medical Assistance rate adjustments, the anticipated Medical Assistance rate adjustment will not offset, in any way, the additional costs incurred by providers associated with serving residents who are not Medical Assistance recipients.
- In adopting a “one size fits all” approach, NHWSB failed to consider how the increased wage rates will impact the nearly 40 nursing homes that are owned, managed, or operated by a Minnesota city, county, or hospital district. For the reasons discussed herein, the Proposed Rules, if adopted, will increase the cost of operating these nursing homes. NHWSB neglected to acknowledge, let alone account for, the likely effect of these increased costs on the taxpayers who help fund these publicly operated nursing homes.
- NHWSB failed to consider how the wage rates will impact the prices charged by contractors to their nursing home provider clients. If adopted, the Proposed Rules will govern the wages of “nursing home workers.” “Nursing home worker” is statutorily defined as follows:

⁶ NHWSB Fiscal Analysis of Workforce Standards Board Scenario (a/k/a Copy of Fiscal Analysis for the Board), available for download at <https://www.dli.mn.gov/about-department/boards-and-councils/nhwsb-meeting-materials> (last accessed July 3, 2024).

⁷ See, e.g., Fiscal Note, Narrative Tab, Line 17 (stating that “the additional costs that nursing homes incur through meeting these standards beginning 1/1/26 will be reflected in higher MA operating rates beginning 1/1/28”).

“Nursing home worker” means any worker who provides services in a nursing home in Minnesota, including direct care staff, non-direct care staff, and *contractors*, but excluding administrative staff, medical directors, nursing directors, physicians, and individuals employed by a supplemental nursing services agency.⁸

Based on publicly available information, NHWSB did not have a clear understanding of the wages currently paid to employees of third-party contractors (which are, with rare exception, outside the control of nursing home providers), nor how these contractors will pass the increased wage costs onto their nursing home provider clients. While this oversight may not impact NHWSB’s calculations of the costs to the State, it undermines NHWSB’s already uninformed conclusions as to how the wage increases will—and will not—impact individual nursing home providers.

- Neither the Proposed Rules nor the supporting documentation generated by NHWSB provide clear guidance to the nursing homes on how they are to consistently comply with the Proposed Rules. Examples of this oversight include, but are not limited to, the following:
 - To date, NHWSB has not clarified which employees are “administrative staff” and thus excluded from the “nursing home worker” wage requirements imposed by the Proposed Rules.⁹ Because “administrative staff” is an ambiguous term that could encompass positions ranging from front office workers to those in leadership positions, nursing home providers are again unfairly asked to implement onerous requirements without clear guidance. While NHWSB was not expressly tasked with providing this clarity, its failure to do so shows, once again, a disregard for the practical implications and challenges of implementing the Proposed Rules.
 - Section 181.213 requires NHWSB to “adopt procedures for considering temporary variances and waivers of the established standards for nursing home based on [NHWSB’s] evaluation of the risk of closure or receivership...” Despite the substantial risk of nursing home closure or receivership due to the Proposed Rules, NHWSB has yet to develop these procedures. This leaves nursing home providers with little clarity on when or how they may obtain the relief necessary to avoid closure and the resulting loss of beds and employment for nursing home residents and workers, respectively.

⁸ Minn. Stat. § 181.211, subd. 9 (emphasis added).

⁹ *Id.* (defining “nursing home worker” to exclude “administrative staff”).

Absent such guidance in the Proposed Rules or other NHWSB-generated resources, nursing home providers are unfairly asked to incur substantial costs or otherwise risk sanction if, despite their best efforts, they fail to comply with ambiguous statutes and rules.

- NHWSB minimizes the fiscal impact of the Proposed Rules on nursing home providers by assuming that, even without the Proposed Rules, nursing home providers will uniformly increase wages, and subtracting these increases from the projected appropriation. NHWSB’s decision to punish nursing home providers for voluntarily increasing wages by asserting that those increases do not need to be offset by increased reimbursement is deeply misguided and disappointing.
- NHWSB obscures the fiscal impact of the Proposed Rules on nursing home providers by assuming that nursing homes will decrease costs in other areas to comply with the increased wage rule. In other words, NHWSB assumes that nursing home providers will simply absorb the increased costs by cutting services, reducing staff in other areas, or making other adjustments. This is precisely what the Legislature sought to avoid by requiring NHWSB to secure appropriations necessary to cover additional costs. NHWSB’s attempt to hide the true cost of the Proposed rules violates its enabling legislation.

The Long-Term Care Imperative estimates that the Proposed Rules, if adopted without revision, will cost the State’s nursing home providers approximately **193 million dollars** over the four years following their effective date. This amount far outpaces the NHWSB-anticipated cost to Minnesota of 9 million dollars and is unacknowledged by NHWSB. NHWSB has no practical plan for where the money to cover this shortfall will come from, and demonstrates no concern for how the unfunded mandate will compromise the long-term viability of nursing homes or access to nursing home care for Minnesotans. NHWSB’s failure to consider and account for these overwhelming and potentially devastating costs to nursing home providers violates Section 181.213 and requires the withdrawal of the Proposed Rules.

IV. The Proposed Rules violate the U.S. Constitution and the Minnesota Constitution by unreasonably interfering with nursing home providers’ existing contractual relationships.

As interpreted by the U.S. Supreme Court, both the U.S. Constitution¹⁰ and the Minnesota Constitution¹¹ limit Minnesota’s ability to enact legislation and, by extension, administrative rules that impair existing contractual relationships. According to the U.S. Supreme Court, “[l]egislation

¹⁰ See U.S. Const. art. 1, § 10, cl. 1 (stating that “[n]o State shall...pass any...Law impairing the Obligation of Contracts...”).

¹¹ Minn. Const. art. 1, § 11 (stating that “[n]o...law impairing the obligation of contracts shall be passed...”).

adjusting the rights and responsibilities of contracting parties must be upon reasonable conditions and of a character appropriate to the public purpose justifying its adoption.”¹²

Here, the Proposed Rules may conflict with existing contracts with nursing home vendors and employees. For example, existing contracts with housekeeping vendors may not address the wages that must be paid to the vendor’s employees. Similarly, to the extent that NHWSB expects nursing home providers to internally shift costs to meet the unfunded mandate reflected in the Proposed Rules, compliance with the Proposed Rules may require nursing home providers to breach their existing contracts. NHWSB has made no effort to investigate the likely impact of the Proposed Rules on existing contracts, let alone weighed whether those impacts are reasonable in light of the purpose of the Proposed Rules.

V. The Proposed Rules violate the federal requirement that a single state agency administer Minnesota’s Medical Assistance.

Under federal law, each state is required to designate a “single state agency” to administer and supervise its Medicaid state plan.¹³ 42 U.S.C. § 1396a(a)(5); 42 C.F.R. § 431.10(b). Minnesota has designated the Minnesota Department of Human Services as its single state agency. NHWSB, if it adopts the Proposed Rules, will invade the Minnesota Department of Human Services’ role as Minnesota’s single state agency.

Under federal regulations, the single state agency may not delegate to any other agency the authority to “develop or issue policies, rules, and regulations on program matters.” 42 C.F.R. § 431.10(e). NHWSB is not a part of the single state agency, but its authority is nevertheless established specifically to regulate the workforce of “licensed, Medicaid-certified facilit[ies] reimbursed under chapter 256R”—a statutory chapter administered by the Minnesota Department of Human Services. *See* Minn. Stat. §§ 181.213, subd. 1 (NHWSB authority over nursing homes); 181.211, subd. 8 (defining “nursing home employer” with explicit reference to Medicaid). The Proposed Rules further invade the authority of the single state agency by piggybacking on the Minnesota Department of Human Services’ rate-setting system, a system specific to the Medicaid program.

Because the Proposed Rules conflict with federal law, they would not survive judicial review. *See e.g., Sellner Mfg. Co. v. Comm’r of Taxation*, 202 N.W.2d 886, 888 (Minn. 2013). NHWSB should withdraw the Proposed Rules for this reason as well.

¹² *U.S. Trust Co. v. New Jersey*, 431 U.S. 1, 22 (1977).

¹³ 42 U.S.C. § 1396a(a)(5); 42 C.F.R. § 431.10(b).

VI. Expedited rulemaking is inadequate to sufficiently ventilate the issues raised by the Proposed Rules.

While the Long-Term Care Imperative recognizes that the Legislature gave NHWSB the option to pursue rulemaking via the expedited process, the Legislature did not require rules be adopted on an expedited basis.¹⁴ The Long-Term Care Imperative submits that these issues, which will significantly affect every nursing facility in the State, their workers, and those who require nursing facility care now or into the future, would benefit from a more transparent rulemaking process. In particular, a public hearing is necessary to fully ventilate the far-reaching impact of these Proposed Rules on the financial stability of Minnesota’s nursing facilities and, consequently, on Minnesotan’s access to these necessary services in the future.

As NHWSB is aware, Minnesota’s population is aging. For the first time, Minnesota’s 65-plus population has eclipsed the number of school-aged children.¹⁵ This trend is especially pronounced in rural areas where Minnesotans are twice as likely to be age 80 or older as compared to urban areas of the state.¹⁶ At the same time, nursing facilities, which play an essential role in caring for the most vulnerable Minnesotans, face unprecedented financial pressures which imperil their ability to meet the growing need for their services. Despite the increased demand for nursing home services, in recent years, Minnesota has lost nursing home beds due to these pressures.

Addressing these urgent challenges is complex and requires the input of a diverse group of stakeholders. The expedited rulemaking process selected by NHWSB is inadequate to solicit the views of these stakeholders or to sufficiently consider them. The Long-Term Care Imperative urges NHWSB to pursue rulemaking via the process outlined at Minnesota Statutes, sections 14.131 through 14.20, including a public hearing to ensure that all voices are heard, and a comprehensive, adequately funded rule is ultimately promulgated.

* * *

The Long-Term Care Imperative strongly supports the ability of nursing home workers to earn family-sustaining wages and the creation of a healthy, sustainable workforce, which is good for everyone involved in long-term care—including employees, employers, and the seniors who receive critical care in nursing home facilities every day. However, LeadingAge MN and Care Providers agree with the Legislature that such efforts must be done only after thoughtfully

¹⁴ See Minn. Stat. § 181.213, subd. 1 (b) (stating that NHWSB “may use the authority in section 14.289 to adopt rules under this paragraph” (emphasis added)).

¹⁵ Minnesota Board on Aging, *Minnesota State Plan on Aging FFY 2024-2027*, available at https://mn.gov/board-on-aging/assets/FFY2024-2027-MN_State-Plan-On-Aging_tcm1141-571955.pdf (last accessed July 16, 2024).

¹⁶ See MDH, *Rural Health Care in Minnesota: Data Highlights* (Nov. 17, 2022), available at <https://www.health.state.mn.us/facilities/ruralhealth/docs/summaries/ruralhealthcb2022.pdf> (last accessed July 16, 2024).

investigating and accounting for how the contemplated wage standards will impact both Minnesota (and, by extension, its taxpayers) and individual nursing home providers. NHWSB's failure to understand and account for these impacts violates the plain language of Section 181.213 as well as its intended purpose. The Long-Term Care Imperative urges NHWSB to immediately withdraw the Proposed Rules and issue revised proposed rules after faithfully performing its statutorily mandated duties.

Sincerely,

FREDRIKSON & BYRON, P.A.

/s/ Katherine B. Ilten

Katherine B. Ilten
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/s/ Pari I. McGarraugh

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To: [RULES, DLI \(DLI\)](#)
Subject: Workforce Standards Board Comment Letter and Financial Impact
Date: Tuesday, July 23, 2024 1:13:46 PM
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Thanks,

Angie

Angie Urman

VP of Managed Partnerships

2209 Jefferson St, Suite 201, Alexandria, MN, 56308

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Leah Solo,

Executive Director Nursing Home Workforce Standards Board

443 Lafayette Rd. N., St. Paul MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Glenwood Retirement Village has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I am currently the Administrator at Glenwood Retirement Village in Glenwood, MN. Glenwood Retirement Village is located in a rural community in West Central MN. I

have worked in long term care for 32 years. I have always had a passion for serving seniors, preserving their dignity and creating a home like environment to the best of my ability and keeping residents in the communities that they have called home.

Glenwood Retirement Village is licensed to serve 64 residents and the census has averaged 58 this past year. We are nonprofit and have been in the Glenwood Community for 61 years.

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

We have recently completed a calculation which shows the impact of the 2026 and 2027 minimum wage increases for Glenwood Retirement Village. This would add an additional expense of over \$550,000 and demonstrates that we currently do not have the financial resources to support this wage increase knowing that reimbursement for this increase will not be given to us for 18-24 months later.

Glenwood Retirement Village has an attached assisted living building. We would likely be challenged with increasing the wages for the staff working in our assisted living to be equitable with the proposed wages given in the SNF.

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs. We must ensure nursing homes are reimbursed for the true cost of the care they provide.

Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.

With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our

funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

Glenwood Retirement Village is a staple in the community and as I stated above serving an average of 58 residents, with a large number of these residents admitting from the local hospital. If we were unable to financially keep the staff that we have and serve the number that we are currently serving, the hospital would need to keep these individuals until we would have the ability to accept the admission.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Respectfully submitted,

Angie Urman

Angie Urman

VP of Managed Partnerships

Angie.urman@knutenelson.org

(320) 763- 1163

From: [Rogers, Kiona](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Proposed Accelerated Regulations for Initial Wage Standards for Nursing Home Employees
Date: Wednesday, July 24, 2024 5:56:40 PM
Attachments: [Outlook-u15zuhas.png](#)
[Minimum Wage Standard.docx](#)

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Greetings,

Please find the attached document pertaining to the “Proposed Accelerated Regulations for Initial Wage Standards for Nursing Home Employees” under Minnesota Rules, Part 5200.2060.

Thank you kindly.

Kiona Rogers, MSIG|LNHA
Campus Administrator - Albert Lea
Good Samaritan Society | Entity 70097 | Route 25004| Center 3810
75507 240th St. | Albert Lea Minnesota, 56007 | kiona.rogers@good-sam.com
p. (507)-379-2701 | f. (507)-373-3229
2 Thessalonians 3:16



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Date: July 25, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Good Samaritan Society- Albert Lea.

People Served: Good Samaritan Society - Albert Lea provides intensive skilled medical care, primarily for older adults transitioning from hospital stays or needing long-term care. The goal is to maintain their quality of life by addressing physical, social, medical, and psychological needs.

Administrator’s Role: As the Administrator, I manage staff, budgets, regulatory compliance, and care standards for our 80-bed facility, ensuring continuous care.

Current Challenges:

Financial Pressures: Thin margins due to low Medicaid reimbursement and declining private-pay numbers.

Staffing Shortages: Workforce shortages, potentially worsened by CMS’s proposed staffing mandate.

Rising Patient Acuity: Increasingly complex medical needs of an aging population.

MDS Changes: Significant updates to the Minimum Data Set as of October 1, 2023.

Medicare Advantage: Growth of MA plans leading to high claims denials and margin impacts.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$278,206
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$278,206
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$0

Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$0
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$156,863
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$0
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$713,275

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Government regulation of funding and rates aims to shape policy, provide essential services, and ensure accessibility. However, this control restricts the Center’s ability to set their own prices, making it a multifaceted issue.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Raising the minimum wage can lead to wage compression, higher costs, and staffing issues in assisted living facilities.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

A lack of internal equity within an organization can lead to several negative outcomes: Reduced productivity: When employees perceive inequity, they may not be motivated to work as hard or perform at their best, leading to a decrease in overall productivity. Negative workplace culture: Inequity can breed resentment and dissatisfaction, which can contribute to a negative workplace culture. Increased turnover rates: Employees who feel they are not being treated fairly are more likely to leave the organization, resulting in higher turnover rates. Lower employee engagement: Employees who perceive inequity are less likely to be engaged with their work, which can impact their performance and the overall success of the organization. Collaboration challenges: Inequity can lead to a lack of trust and cooperation among employees, making it more difficult for teams to work together effectively. It’s crucial for organizations to strive for internal equity to maintain a positive and productive work environment.

Thank you for your consideration.

Sincerely,

Kiona Rogers, Campus Administrator, MSIG, Good Samaritan Society- Albert Lea

From: [Salonek, Laura](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Comments regarding Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060
Date: Wednesday, July 24, 2024 3:50:08 PM
Attachments: [GSS Howard Lake NHWSB letter minim wage standard.docx](#)

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Please see the attached letter.

Thank you,

Laura

Laura Salonek, HSE

Administrator

Good Samaritan Society

413 13th Ave, Howard Lake, MN 55349

Phone: (320) 543-4400

Fax: (320) 543-2305

lsalonek@good-sam.com | www.good-sam.com/howardlake

Responsibility | Achiever | Ideation | Developer | Belief

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Date: July 26, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Good Samaritan Society – Howard Lake.

Howard Lake is a tight-knit community of 2,200 people, located 45 miles west of Minneapolis.

Our 32-bed skilled nursing facility serves seniors who have lived their entire lives in our community, but we also serve as a lifeline for patients who need to be discharged from nearby hospitals in the Twin Cities that can't find a nursing home in the metro where they live. Three out of our top five referring hospitals are one hour away from us – two of them being in the Twin Cities.

We are a 5-star location and provide highly specialized care and services. We are the only contracted VA facility for our county, serving an average of four Veterans every day.

We provide an array of services including short term rehabilitation, long term care, outpatient therapy, respite care, end of life care and meals delivered to the home.

We are also a major employer in our community.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$54,790
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$54,790
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$94,214
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$94,214

Direct Cost of Jan 1, 2027 Standard (CY2027)	\$42,932
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$68,210
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$409,149

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity. As you can see from the table above, the indirect costs are much higher than the direct costs.

Thank you for your consideration.

Sincerely,

Laura Salonek
 Administrator
 Good Samaritan Society – Howard Lake

From: [Amundson, Melissa](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Minimum Staffing rule
Date: Wednesday, July 24, 2024 4:29:20 PM
Attachments: [NHWSB_Minimum_wage_standard.docx](#)

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Thank you for your consideration.

Melissa Amundson, RN
Director of Nursing
Good Samaritan Society Howard Lake
413 13th Ave Howard Lake, MN 55349
Phone: 320-543-4406
Fax: 320-543-2305

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Date: July 26, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Director of Nursing at Good Samaritan Society Howard Lake.

Here in Howard Lake, we are a 32-bed facility serving our rural community in long term care services, post-acute, outpatient rehab services, and meals on wheels program for our community.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate.

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

Melissa Amundson, RN
Director of Nursing services
Good Samaritan Society Howard Lake

From: [Jensen, Susan](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Wage standards comments
Date: Monday, July 22, 2024 11:28:57 AM
Attachments: [Maplewood Ctr NHWSB fill in letter for minimum wage standard-Multi v2.docx](#)

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Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the administrator at Good Samaritan Society Maplewood, St. Paul, MN
I serve a 71 bed LTC facility. We serve the surrounding hospitals in providing short term rehab and LTC to the patients and residents in the community.
I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$7,551
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$7,551
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$0
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$0
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$6,257
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$0
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$21,359

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Third, the mandated minimum wage standards create specific problems for our nursing facility.

The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

Thank you for your consideration.

Sincerely,

Susan Jensen
Administrator
Good Samaritan Society Maplewood

From: [Wepplo, Nancy](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Wage Standards Letter
Date: Wednesday, July 24, 2024 3:30:04 PM
Attachments: [image001.jpg](#)
[wage standards letter july 24 2024.docx](#)

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Dear Leah:

Please find attached my letter/comments related to the Wage Standards proposal. The website did not send me an email to give me access, so I am sending it, as directed, to you instead.

If you should have any questions, please contact me. Thank you.

Nancy E. Wepplo

Campus Administrator
GSS-Windom, #4290/4115
507-831-1788

Where the will of God leads you, the grace of God will keep you.



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Date: July 25, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Good Samaritan Society-Windom in Windom, MN.

We are a 63-bed skilled nursing facility. We serve short-stay (rehab) clients, patients on hospice services, and long-stay clients. In addition, we also operate a 24-unit assisted living and a 28-unit independent living apartment building. We are the third largest employer in Windom and are an integral part of the healthcare services provided in our community.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$297,786
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$297,786
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	Unknown
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	Unknown
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$153,487
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	Unknown
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$749,060

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Of the 24 units in our assisted living, about half are filled with clients on waiver services which often do not cover the full cost of living in that setting. We have no mechanism to increase the rates set by the county and therefore are limited in increasing rates in that setting as well to offset additional wages. Private pay rates can only absorb so much in any particular market.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

As noted above, we operate an assisted living on our campus and we often have employees who work in both buildings. Because of this, the wage standards will affect all of our employees in all service levels, not just the skilled nursing home.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

As noted in the graph above, it is very difficult to determine the ripple effect these wage standards will have on all positions on our campus. Our professional positions carry a heavy burden of being on call during off hours and being responsible 24/7 for operations within their departments. The wage standards will have an unintended effect of causing wage disparities and needing to raise the wages of these positions as well.

Thank you for your consideration.

Sincerely,

Nancy Wepplo

Administrator

Good Samaritan Society-Windom

From: [Swanson, Mary](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Letters and comments for the public comment review.
Date: Wednesday, July 24, 2024 2:08:28 PM
Attachments: [image001.png](#)
[doc08003720240724140315.pdf](#)
[doc08003620240724140309.pdf](#)
Importance: High

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The website is allowing us to sign in but not sending us a confirmation email, therefore we can not submit our comments or letters for the public comment timeframe.

I have attached out letters for the Administrative Law Judge Mortenson to review.

Thanks

Mary

Mary Swanson

Administrator

Good Samaritan –Westbrook

507-274-6677

mary.swanson@good-sam.com



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Date: July 24, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Director of Nursing at Good Samaritan Society, Westbrook Minnesota

I am the Director of Nursing at a 32 bed long term care facility. We are in a rural community with a population of 832 people. The people that we care for were born and raised in this area with connections to other residents and staff alike.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$123,155
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$123,155
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	Unknown
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	Unknown
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$61,363
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	Unknown
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$307,672

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

Teresa Drey, RN/ DNS Good Samaritan Society- Westbrook

Date: July 12, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Good Samaritan Society of Westbrook MN.

We are a facility that currently has 32 beds and serves a community of 750 people as well as the surrounding communities in southwest Minnesota. We are currently one of the largest employers of the community. We also are already competing with the other large employer the Westbrook Hospital and Clinic in town. We currently employ 45 people on our staff at the facility.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$123,155
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$123,155
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	Unknown
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	Unknown
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$61,363
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	Unknown
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$307,672

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions. The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Mary Swanson". The signature is written in a cursive, flowing style.

Mary Swanson, MBA, LNHA
Administrator
Good Samaritan Society
Westbrook MN

From: [Samantha Colbenson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Impact of Nursing Home Workforce Standards Board Proposal
Date: Wednesday, July 24, 2024 2:18:55 PM
Attachments: [Outlook-os4ldid1.png](#)
[Impact of NHWB Letter.docx](#)

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Please find my comments regarding the Nursing Home Workforce Standards Board Proposal.

Samantha Colbenson, LNHA, LALD
Administrator
Good Shepherd Lutheran Services
800 Home St ~ PO Box 747
Rushford MN 55971
Phone: 507-864-7714
Fax: 507-864-2842

Email : scolbenson@gsrushford.org * Email has changed effective 10/23/23

Website : www.goodshep-rushford.org



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Good Shepherd Lutheran Services



“People Matter at Every Age”

Submitted Electronically

7/23/24

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor’s ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Good Shepherd Lutheran Services has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state’s elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board’s standard fails to guarantee access to quality care for Minnesota’s seniors and is likely to decrease access to services available to our state’s older adults.

My name is Samantha Colbenson and I am the Campus Administrator at Good Shepherd Lutheran Services. Our campus serves people from the age of six weeks to 100+ and so many in between. Our campus is in Rushford, Minnesota. Rushford is a small community with just under 2000 people. We are a non-profit facility that was established in 1965 by nine community churches who came together to fill the need for care for seniors in this area. In 1980, thirty-two HUD Subsidized Apartments opened. The apartments are home to those who are sixty-two years of age or older or those who have a documented disability. In 1983, there was a large addition built onto our nursing home, this created a space for a child care center. Today, our child care center has a average daily census of 55 children. Bremmer Suites, our Assisted Living, was built in 1997. Our assisted living is licensed for 17 residents. We truly do serve people of all ages, as well as employ approximately 140 employees. Good Shepherd is vital part of our community. We are valuable to our community, not only because of the services we provide to residents and children in our care, but also the number of jobs we create within our community.

I began my career at Good Shepherd back in 2005 as a nursing assistant. I began working here with the goal of going back to school to be a registered nurse. I applied to nursing school and was accepted, but decided the opportunity to work as the Housing Director was more appealing. I was the Housing Director for our Assisted Living and Independent Apartments from 2006-2021. During my time in that position, I was heavily involved in matters regarding our nursing home and eventually became a Licensed Nursing Home Administrator. In 2021, I became the Campus Administrator for Good Shepherd. Working in long term care for the past 19 years has been very rewarding, but it has not been without its challenges like COVID, funding, staffing, and increasing regulation. The Workforce Standards Board has created an unfunded mandate that if enacted without the appropriate funding, could put the residents and children we currently serve at risk of not being to access these services in the future.

Facilities would be required to pay their employees according to the standards set forth by the Board. There is no plan for immediate funding to assist with the implementation. Good Shepherd's estimated cost for 2026 is \$301,672 and in 2027, it will increase to \$425,234. This total is a very rough estimate, it only includes the wages that will have to be increased to meet the minimum requirements, it does not include the cost of raising the higher end of wage scales to adjust for experience, longevity, skills, etc. It also doesn't include the positions that are not included in the wage proposals, like Management, Administration, Business Office, or Registered Nurses. At this time, we are looking at ways that we can position ourselves to allow us to be viable through the two years that it takes for the money we spend to be built into our rates. So far, we have determined we would likely have to use much of our reserves and postpone any major updates and upgrades unless they are vital to our operation.

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board's proposed minimum wages are implemented, then lawmakers must take steps to fund the increases before the new standards can be effective. Nursing Homes cannot be expected to weather this without some type of solution for the funding. Many facilities will not survive. Skilled Nursing Facilities are stuck, with the equalization of Medicaid and private pay rates, state funded managed care programs (MSC + and MSHO) and Medicare, nearly all funding and rates are controlled and set by the state and federal governments. We are not like other businesses; we cannot choose to raise our rates to reflect our rising expenses, we are not able to shorten our hours of operations to make things more cost efficient. As a skilled nursing facility, we are

staffed 24-hours a day, seven days per week, rain or shine, storms, holidays, it doesn't matter, our residents rely on us to provide good quality care at all times.

The approach to setting wages by the Board did not take into account our geographic location. Our facility is located in a small community. We are required to pay the same wages to our employees as those located in the Metro where the cost of living is much different.

The Standards Board also appears to have overlooked the nursing homes that are part of a campus. When required to raise the wages in Nursing Homes, we must also raise the wages of employees working in other service lines, like our Assisted Living or Child Care. If we do not make adjustments to these, we may find it difficult to keep people in these positions that are not impacted by the Boards standards. Historically, we have given raises to all service lines and treated them similar when it comes to cost of living raises and wage adjustments. Although the Board's intention was for nursing homes, Assisted Livings across our state will also need to raise their wages to prevent employees from leaving their facilities for nursing homes that may be paying more due to the new standards.

If these minimum wage standards are made effective with the current reimbursement system in place, I am unsure how long our facility will be viable until we can gather all of the financial data that will be impacting us. Nursing homes in MN have other regulations and changes that are impacting our rates and costs: the \$12.00+ rate add on will be eliminated after 12/31/24, the requirement of adding extra Holiday pay for nursing home employees in 2025 (also not funded), the requirement to have an RN on duty 24/7, as well as the rising cost of utilities, insurance, food and supply cost. Good Shepherd has been such an important part of our community since 1965. I firmly believe that if these minimum wages are made effective without a solution to reimbursement, the State of Minnesota is doing a huge disservice to their seniors. Without funding there will be several organizations that will be forced to close their doors or reduce the services we can provide. During the height of COVID, nursing homes weren't admitting, headlines from across the country talked about the overcrowding in hospitals. We experienced the diversion of patients at more than one of the hospitals we routinely work with. Many hospitals were tasked with housing patients who had chronic illness that had been stabilized and no longer needed hospital care, but had nowhere to go. This led to hospitals being unable to admit new patients. Not all patients are able to go home after a hospital stay and need somewhere to go until they are rehabilitated, find support services to come into their home or find a new place to live. If we have less nursing homes to take care of residents, where will our aging population go? Staying in the hospital isn't efficient and takes up the space that might be needed of someone who is acutely ill and needs help. Some seniors may have family members, they could possibly live with or rely on their friends and neighbors to provide care in the senior's home, however, depending on the care they need, more people will be leaving the workforce to care for them.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Samantha Colbenson, CEO/Administrator

Good Shepherd Lutheran Services, Rushford, Minnesota

From: [Stephanie Fairchild](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Comment on Work Force Standard Board ruling
Date: Wednesday, July 17, 2024 1:45:53 PM
Attachments: [Outlook-lfcto411.png](#)
[NHWSB CommentLetter HLC 2024.docx](#)

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Stephanie Fairchild, LNHA, LALD
Executive Director



Heritage Living Center - The Cottages on 6th
Heritage Manor
619 West 6th Street
Park Rapids, MN 56470
stephanie.fairchild@heritageparkrapids.org
218-237-8312



Submitted Electronically

July 12, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Heritage Living Center has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

I want to focus on my serious concerns about the proposed minimum wage standards.

My name is Stephanie Fairchild, I am the Executive Director at Heritage Living Center. I have been working in long-term care for over seven years and I find my joy in providing safe, caring home environments for our aging population.

Heritage Living Center is owned by Hubbard County and has been a part of Park Rapids for over 50 years. We are a 64-bed facility but currently have 10 beds laid away. We are the only care center in Hubbard County. The County was actively trying to sell the care center as it lost significant income throughout covid, but ultimately decided Heritage Living Center was crucial to our regional medical system and chose to invest in its success. We employ 110 employees throughout our campus and pride ourselves in the care we provide for the residents who choose to make their home with us.

Some nursing facilities are unique in the fact they are city or county owned, managed or operated. The Board's "one size fits all" approach does not consider the impact to these municipalities and requirement to use their taxpayer dollars. Maybe next year with these additional financial constraints, the County will choose to make a different decision and folks in our County will have to go elsewhere for care.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

To rely on 256R.25 and 256R.21 to pay for these proposed wage increases is unrealistic. The long-term care industry is one of the few industries in the country that must wait 15 months before they can recoup today's paid expenses. To propose wage increases of that magnitude and not present a viable option to pay for them will result in thousands of seniors displaced in Minnesota due to nursing home closures. Heritage Living Center lost \$678,474 in 2023 throughout its campus (care center, memory care and assisted living). We are still trying to break even in 2024. Implementing these wages without a planned payment source for the increases will result in closures that will have a chain effect. If a nursing home closes, that means that residents will have to travel FAR away from their home to be assisted. It means that the local hospital will not be able to empty their acute care beds for patients that need that level of care, so those patients will be moved to another hospital further away to receive care. Our referral base includes a wide area of northern Minnesota. All those hospitals will continue to struggle to find placement for seniors. What will happen to our aging population? Considering this mandate without new funding will be at the detriment of the population we serve. Please consider all the people involved when making this decision.

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any**

additional funding. No other industry is regulated by these types of rules without a source of reimbursement.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Stephanie Fairchild

Stephanie Fairchild, LNHA, LALD

Heritage Community

Heritage Living Center, Heritage Manor and Heritage Cottages on 6th

619 W. 6th Street, Park Rapids, MN 56470

218-237-8312

From: [Mark Schulz](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Kari Thurlow](#)
Subject: Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060, Revisor's ID Number R-04869
Date: Monday, July 22, 2024 9:25:04 AM
Attachments: [image001.jpg](#)
[image002.png](#)
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[image004.png](#)
[NHWSB_MinimumWage_LAMN_CommentLetter.FINAL.pdf](#)

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On behalf of over 1,000 organizations across the state serving 60,000 older adults every day, attached is the LeadingAge Minnesota comment letter in response to the proposed rules governing initial wage standards for nursing home workers.

Please note this is a copy of our comment letter submitted to the Office of Administrative Hearings eComments website.

Kindly,

Mark Schulz

[Mark Schulz](#) | VP of Policy and Regulatory Affairs | [LeadingAge Minnesota](#)

3001 Broadway Street NE, Suite 300, Minneapolis, MN 55413

(651) 603-3510 | (651) 802-3582 (cell) | mschulz@leadingagemn.org | www.leadingagemn.org



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Submitted Electronically

July 21, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

**RE: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers;
Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100**

Dear Executive Director Solo:

LeadingAge Minnesota appreciates this opportunity to provide our comments on the Nursing Home Workforce Standards Board (the "Board") proposed minimum wage rules ("rules" or "proposed rules") and express our strong opposition to the entire proposed rules and request that they be withdrawn, or alternatively, that their disposition be resolved during a public hearing.

Our membership encompasses over 1,000 organizations statewide. Together with thousands of dedicated caregivers, our members serve 60,000 older adults every day across the full continuum of health care, including home and community-based services, independent senior housing, home care, assisted living communities and nursing homes. We unequivocally recognize that Minnesota's nursing homes and their dedicated caregiving staff provide high-quality, compassionate care to thousands of older Minnesotans every day, and we write to share their experience, perspective and voice relating to the issue at hand.

Our opposition to the proposed rules is not due to a lack of concern for workers. To be clear, LeadingAge MN and our members have strongly supported workers and their ability to earn family-sustaining wages. But this cannot be done through unfunded mandates. For decades, Minnesota's approach to nursing homes has been one of partnership between the state and providers. The state has accepted the responsibility to ensure that Minnesota seniors have access to nursing home level of care in their home communities throughout the state through participation in the Federal Medicaid program.¹ Providers have partnered with the state to ensure the state meets its obligation and embrace their missions of service to provide high-quality, safe care to Minnesota's seniors. And, because Minnesota is only one of two states that has adopted a rate equalization law, it is up to elected officials to ensure that rates are

¹ 42 U.S.C. § 1396a(a)(10)(D).

adequate to cover costs incurred in running nursing homes, including family-sustaining wages for workers.

That is why Leading Age MN, the LTC Imperative and our members have led the charge on behalf of our employees, calling upon lawmakers to appropriate permanent funding for wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To our surprise and disappointment, this proposal, which would have provided immediate wage increases, was opposed by some of the same advocates that sought the establishment of this Board instead and was not passed into law.

Our opposition to these proposed rules relates to the potentially devastating impacts that would ensue if adopted. It appears that the Board has made no effort to understand these potential impacts, and instead has made broad, sweeping generalizations and assumptions to support these proposed rules. Moreover, the Board has failed to provide lawmakers with the information necessary to fully fund these mandates.

Background and Context

Before offering specific comments, we are compelled to describe the difficult conditions in which Minnesota nursing homes currently operate, to place the Board's proposed rules in context. While we recognize that the Board's charge is to specifically focus on the health and safety of workers in nursing home settings, it is also important to consider the financial condition of the sector and the demographic factors that will place more demands on the sector in coming years.

The number of seniors in our state is rapidly growing. Minnesota is now the home to over one million older adults.² 60,000 Minnesotans will turn 65 every year through 2030, when over 20% of our state population will be made up of older adults.³ Seventy percent of adults aged 65+ will require long-term services and supports in their lifetime, with 28 percent of them receiving at least 90 days of nursing home care.⁴ In 2023, persons aged 65+ made up 32% of residents in counties outside of the seven-county metropolitan area where they comprised 19% of that urban population.⁵ Those percentages will continue to increase as the inevitable occurs—our state's population is getting older, and that acceleration is happening more quickly in rural areas of the state.

² See Minnesota State Demographic Center. (2022, January 8). Minnesota's Aging Population and Disability Communities. <https://mn4a.org/wp-content/uploads/2022/03/Minnesotas-Aging-Population-and-Disability-Communities-SBrower2022.pdf>.

³ Minnesota State Demographic Center. (2023, October 13). Aging - Key Findings. <https://mn.gov/admin/demography/data-by-topic/aging/>.

⁴ Office of Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. What is the Lifetime Risk of Needing and Receiving Long-Term Services and Supports. (2019, April). <https://aspe.hhs.gov/reports/what-lifetime-risk-needing-receiving-long-term-services-supports-0>.

⁵ Healthy Minnesota Partnership & Minnesota Department of Health, (2023, October). 2023 Statewide Health Assessment. <https://www.health.state.mn.us/communities/practice/healthymnpartnership/docs/2023statewidehealthassessment-publiccomment.pdf>.

Unfortunately, at a time when demand for services is rising, nursing homes are still financially frail due to the COVID-19 pandemic and historic levels of inflation. A recent survey of long-term care providers shows that in Minnesota, almost 10% of nursing homes have completely exhausted reserves. Twenty-six of Minnesota's nursing homes have closed since 2020, including eight in 2022 and six in 2023, with two closures currently in process and around 10% of nursing homes indicating that they are considering closure or sale.⁶

As more closures have occurred, access to care has greatly diminished for Minnesotans needing nursing home level of care. It has become a far too common story to hear that a senior needs to leave his or her home community to get the care they need, isolating them from friends and family. And the impact extends to access to acute care as well. There have been countless news stories of hospital patients that stay in inpatient care much longer than needed because there are not available nursing homes to accept those patients. That means that hospitals have also had extended waiting times in their emergency departments and have suffered financial losses.

It is in this context that this Board has proposed a nine-figure, unfunded mandate. Our fear is that the Board has not given sufficient consideration of this context nor accounted for the likelihood that these proposed rules will exacerbate these dire circumstances, undermining the state's responsibility to ensure that Minnesotans have access to safe, quality care in their communities.

Comments on Minimum Wage Rules ⁷

UNFUNDED MANDATE

The constant, recurring theme with the proposed rules is simple. The statute establishing this Board and the creation of standards made clear that new standards should be adequately funded before becoming effective, implying such funding was meant to be available upon the rules' effective date, not delayed via the current nursing home rate process (to be made available 15 to 21 months into the future).⁸ It seems clear that the Legislature intended to preserve its oversight over budget impacts to the state and did not wish to pass unfunded mandates onto providers. Because the Board has not appropriately met this requirement, the proposed rules must be remedied.

Issue: The Board incorrectly interpreted the statute to require only an appropriation for the future increase in Medicaid rates under 256R. This is inconsistent with the legislative intent and would require providers to absorb over \$100 million in additional costs in 2026 and 2027 without state funding.

⁶ Long-Term Care Imperative. LTC Imperative Legislative Summary. (2024).

⁷ This written comment is intended to provide only a high-level summary of the primary concerns of LeadingAge MN. LeadingAge MN also supports and incorporates the comments submitted by the Long-Term Care Imperative into our comments. Additional, detailed information and analysis, and assistance with the revision of the proposed rules, is readily available upon request. LeadingAge MN reserves the right to advance additional arguments in the event a further challenge of the proposed rules, or any variation thereof, becomes necessary.

⁸ See Minn. Stat. §181.213, subd. 2(c).

Comment: The Board's interpretation of its statutory requirements to assess the fiscal impact to the state, while creative, allows it to promulgate these proposed rules without the fiscal transparency required by the Legislature. Lawmakers are essentially being kept in the dark about the costs of these new rules, as the Board has determined that no appropriation, and therefore no report describing an appropriation, is needed. This interpretation defies logic. It has been acknowledged that this proposal will, in fact, result in a fiscal impact to the state. The question is when those costs will be recognized in rates.

But, the statute does not limit the timeframe in consideration of the impact on rates. The enabling legislation reads in relevant part:

"If the board, in consultation with the commissioner of human services, determines the operating payment rate and employee benefits portion of the external fixed costs payment rate will increase to comply with the new employment standards, the board shall report to the legislature the increase in funding needed to increase payment rates to comply with the new employment standards and must make implementation of any new nursing home employment standards contingent upon an appropriation, as determined by sections 256R.21 and 256R.25, to fund the rate increase necessary to comply with the new employment standards." (Emphasis added.)⁹

Should the Board proceed with its interpretation that no appropriation is necessary until costs are reflected in the Medicaid rates through the existing rate-setting process, nursing homes will have to reallocate existing Medicaid revenue, which is based on costs that were incurred nearly two years ago. This is a bait and switch from our current reimbursement structure and fails to make providers whole for their costs. Surely the legislature did not intend this change in reimbursement policy.

Moreover, it is arguable that these costs will eventually be reflected in reimbursement rates, thus impacting the state budget. The fact that this will occur beyond the current budget forecast should not negate the requirement to report a needed appropriation and fiscal impact to the legislature. We cannot stress enough that nursing homes cannot bear the weight of this mandate without funding.

To date, Minnesota has seen dozens of nursing homes close, and almost all of them in rural areas of our state. We have also seen a quickening decline in nursing home bed capacity as surviving nursing homes reduce the number of beds they have in operation. Our fear is that these proposed rules will result in an even greater erosion of nursing home care throughout the state, placing our state at risk of being out of compliance with federal safety net requirements and leaving thousands of vulnerable seniors without the care they need.

OTHER FINANCIAL CHALLENGES

Issue: The Board has failed to account for the additional impacts providers will incur as they attempt to address wage compression created by these proposed rules.

⁹ Minn. Stat. §181.213, subd. 2(c).

Comment: The Board has failed to adequately consider geographic wage differences, historical wage differences, or the availability of workforce to support the standard as required by statute. Importantly, the Board has failed to evaluate the impact of the rules on nursing home workers that are currently paid “at or above” the rules’ wage standards. This is a critical factor for providers, as wage scales will be necessarily adjusted not just for those that are currently compensated below the standard. In order to ensure retention of employees, those that are currently compensated above the proposed standard will also need increases.

The omission of this factor in the Board’s analysis represents the Board’s failure to comply with its enabling statutes. While there were repeated attempts by Board meeting participants to raise this issue for discussion, it is not reflected in the proposed rules. The Board should account for this issue in fiscal analyses and appropriations recommended to the legislature.

CITY/COUNTY NURSING HOME CHALLENGES

Close to 40 nursing homes are unique in that they are city, county, or hospital district-owned, managed or operated. The Board’s “one size fits all” approach does not consider the impact to these local municipalities and what will be their requirement to use their taxpayer dollars to implement the rules.

Issue: The proposed rules, and the process used to develop them, failed to address these unique city, county, or hospital-district nursing homes and the impact of the rules on local taxes.

Comment: It is likely that the proposed rules will have an impact on local taxes to cover the rules’ implementation costs. In the alternative, the costs would have to be absorbed by local units of government, and it appears that these impacts have not been considered by the Board. Minnesota Statutes section 14.131 requires all state agencies to analyze the impact of proposed rules on local governments and prepare a Local Impact Note.¹⁰ The note must detail the estimated cost to local governments and must be prepared in consultation with representatives of cities, counties, and school districts that may be affected by the proposed rules.

This process ensures that the potential financial effects on local governments are considered and communicated during the rulemaking process, allowing for a more informed decision-making process that accounts for the needs and resources of local entities.

There is nothing in the enabling legislation that absolves this Board from conducting this analysis, yet it appears that this analysis has not been conducted. The Board should be directed to conduct this analysis before moving forward in finalizing the proposed rules.

¹⁰ See also Minn. Stat. §14.128 stating “An agency must determine if a local government will be required to adopt or amend an ordinance or other regulation to comply with the proposed agency rule. An agency must make this determination before the close of the hearing record or before the agency submits the record to the administrative law judge if there is no hearing.”

OTHER BUSINESSES IMPACTED

Issue: The Board's rules fail to account for the impact of its rules on other businesses and Medicaid service recipients in the state.

Comment: Minnesota has a proud track record of providing a continuum of options for long-term care services and supports to Minnesota's seniors, from nursing facilities to home and community-based services. We can assume that the impact of these proposed rules will extend beyond nursing facilities to the entire continuum of care. However, those potential impacts have not been studied by this Board, creating a potential blind spot for policymakers which could lead to unintentional consequences.

While the Board's rules attempt to increase the wages for a specific portion of long-term care caregivers, their impact will be felt by a broad group of providers. We are especially concerned about the potential impacts on small, independent providers who overwhelmingly provide services to individuals who rely on state Medicaid waivers to pay for their services. These providers may be significantly impacted, as Medicaid waiver reimbursement rates already fall below the actual cost of care and are not cost-based. Yet, because they will compete in the same market for the same workers, they may have to raise wages to recruit and retain workers. In this circumstance, providers will have limited options, and realistically may choose to further limit access to their services to Medicaid waiver recipients and pass on costs to private-paying consumers. Neither of these scenarios have been considered by the Board.

Seniors on Medicaid waivers should not have to worry about whether there will be access to a provider willing to accept state Medicaid waiver recipients in the future.

Conclusion

We appreciate the Board's effort to raise awareness to the undeniable fact that more funding is needed to raise wages within nursing homes by these proposed rules. Ensuring that caregivers earn a livable wage is a laudable goal that we support and will continue to advocate for at the legislature. However, we cannot support these proposed rules without adequate funding appropriated by the legislature.

The Board has failed to fully understand the potential consequences of moving forward with an unfunded mandate, including the impacts on providers, consumers, other health care providers and local governments. While we acknowledge that this is a complex and dynamic analysis we are requesting, there is too much at stake to proceed as is. In the worst scenario, more nursing homes will close as a result of these proposed rules, thereby reducing seniors' access to care in their local communities. Individuals will be forced to choose between going without needed skilled care or relocating to a nursing home farther away—if an opening is available. Neither of these options support our goal of ensuring that every senior has access to safe, quality care when they need it in their home communities.

We believe that this is an inflection point in Minnesota, and we have a powerful opportunity to come together to reaffirm the state's commitment to adequately funding senior care so that caregivers can earn family-sustaining wages and seniors have access to care in all the places we call home. But this

Executive Director Leah Solo

July 21, 2024

Page 7 of 7

cannot be achieved by ignoring the complex and interwoven factors discussed in this comment letter. We urge the Board to withdraw these proposed rules and conduct the analyses that are not only required by law, but necessary to ensure that the impacts of these proposed rules are well understood. In the alternative, we ask that these issues be resolved in a public hearing.

Thank you for considering these comments and this request for public hearing.

Sincerely,

A handwritten signature in cursive script that reads "Kari Thurlow".

Kari Thurlow,
President and CEO

From: [Keith Okeson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: FW: NHWSB Comment Letter
Date: Tuesday, July 23, 2024 3:18:33 PM
Attachments: [image001.png](#)
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Keith Okeson, President/CEO

LifeCare Medical Center

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July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, LifeCare Medical Center has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on the unfunded mandate and the financial challenges it creates.

For background, I am the President/CEO of LifeCare Medical Center in Roseau, Minnesota. I have served in this role for 19 years. LifeCare Medical Center is made up of a 25-bed Critical Access Hospital; two nursing homes, Greenbush Manor (40 beds) and Roseau Manor (40 beds); two Assisted Living facilities with a total of 54 units; EMS; Home Care; Hospice; and Public Health. We are located in Roseau County, along the Canadian border, and we serve a rural population of approximately 17,000 people.

Unfunded mandate and Financial challenges

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

The wage standards are an unfunded mandate. We have calculated the impact on our two nursing homes to be approximately \$400,000.00 in unfunded salary dollars to meet the proposed mandated minimum wages. This will further increase the losses we already incur with our nursing homes due to underfunding the cost of operations.

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs. We must ensure nursing homes are reimbursed for the true cost of the care they provide.

Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.

With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

The unfunded costs will jeopardize the future operation of our nursing homes. We are currently struggling with our financial losses and we cannot afford additional unfunded costs.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Keith Okeson, President/CEO
LifeCare Medical Center

From: [Amanda Johnson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060
Date: Wednesday, July 24, 2024 7:27:25 AM
Attachments: [image001.png](#)
[NHWSB fill in letter for minimum wage standard-Multi.docx](#)

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To: Leah Solo
Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul, MN 55155

Thank you for the opportunity to provide comments to the proposed rules. Please see my attached comments.



Amanda Johnson

VP of Clinical Excellence, Chief Compliance Officer

Direct: 612-451-4557 | Cell: 612-968-5530
Main: 952-345-8770 | Fax: 952-345-8771
Email: ajohnson@lifespark.com

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Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Vice President of Talent and Human Resources at Lifespark as well as the Chairperson of the Board for Care Providers of Minnesota.

I have had the honor and privilege to work in long term care for over 30 years in several capacities as a nurse, administrator, and executive leader. Our organization services over three thousand seniors in Minnesota across the continuum of care spectrum including over three hundred individuals residing in skilled nursing communities.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facilities for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$224,000
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$224,000
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$306,000
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$306,000
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$188,000
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$305,000
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$1,553,000

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

These new standards will put undue hardship on many Minnesota nursing facilities creating unfunded increase in expenses with no ability to increase revenue to cover these costs causing closures in all ready underserved areas and compounding the access issues our health care system is already experiencing. Within our organization, these standards will create over \$1.5 Million in increased costs over the next 3 years.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

The long-term care industry continues to struggle with a workforce crisis. Increasing wages alone has proven ineffective in solving these challenges. As wages and benefits increase within the nursing facilities the pressure will be placed on other sectors in the health care continuum. With dependency on state and federal funding, without increase, these other sectors will also not be able to meet these unfunded burdens, forcing declines in services offered, pricing increases pushed to consumers, and even closures of local assisted livings and home care agencies.

Thank you for your consideration.

Sincerely,

Amanda Johnson, RN, LNHA, LALD

From: [Jennifer Gleason](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Letter regarding Wage Standard Rules
Date: Wednesday, July 24, 2024 4:30:48 PM
Attachments: [Letter Regarding Wage Standard from Living Services Foundation.pdf](#)

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Dear Ms. Solo,
Please see the attached letter regarding the rules. Thank you for your consideration,
Jennifer Gleason
CEO
Living Services Foundation

Date: July 24, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Chief Executive Officer of Living Services Foundation, the non-profit owner of St. Clare Living Community of Mora in Mora, Minnesota.

Our non-profit aims to serve seniors in rural Minnesota. One of our core values we emphasize with community is trust. We build trust in our communities with transparency and always doing our best to serve our residents and employees honestly.

We do not solicit donations or rely on an endowment. Instead we rely on revenue from services we provide. We are very sensitive to changes in State of Minnesota payment rates and changes in expenses. We make every effort to put any free cash flow into employee wages and salaries and our employees have responded with high retention and high job satisfaction.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	252,043	252,043	504,085
Direct Cost of January 1, 2027 Standard		119,883	119,883
Estimated Annual Cost:	252,043	371,875	623,918

Because we are in an outstate location, these wage standards require substantially larger raises than one may see in the Minneapolis/St. Paul metro area. For some of our entry level staff without training or certification, this is a 45% wage increase. The impact of this is the compression of our wage scale from our least tenured employees to our most tenured. This wage compression is seen all the way through our LPN and RN wage scales. We anticipate that spending no less than an additional 80% of the total cost of implementing the standard in raising wages to address the compression issue. This is an additional \$500,000 of cost over two years, bringing our total cost well over \$1 million. Without spending additional dollars on wages that are not directly impacted by the standard, we believe we would not retain our long

term or highest skilled employees. Everyone can understand how difficult it would be to watch some employees get 30-45% raises when most of the people who have worked with us the longest (in numerous cases, 20+ years) don't see any raise. Retaining and recruiting workforce is the biggest issue facing our industry. Since the pandemic, we have taken fewer admissions than we technically could or are asked to because we cannot staff the beds. Losing our long time workforce due to this standard would be devastating to the trust we have built with our employees, and also for what it would mean for our ability to continue to staff beds that are currently utilized.

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

The rules suggest that these funds are already allocated for in the State budget, but asking us to carry the cost of the proposed standard above for 27 months until it shows up in our rates means that the actual impact from a capital standpoint is much greater than just the cost itself. As an example, if I spend \$252,000 in calendar year 2026, I will report 9 months of those costs in the cost report year ended 9/30/26, and I will see $\frac{3}{4}$ of that money in my 2028 rates- a full two years after first spending dollars on this standard.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Our wage scales are the same between our nursing facility and our assisted living facility. We have no ability to raise prices for our Elderly Waiver (or Medicaid funded) assisted living residents, and our private pay residents will struggle to absorb the cost of major wage increases in our small rural community.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

There has been so much volatility for our organization following COVID that our Board of Directors has had multiple discussions regarding how we can maintain a sustainable operation. We are one of the only facilities in the 3 county area and we provide a much needed service. This wage standard places our operation at significant risk.

Thank you for your consideration.

Sincerely,
Jennifer Gleason
Chief Executive Officer
Living Services Foundation for St. Clare Living Community of Mora

From: [Christopher Knoll](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100
Date: Wednesday, July 24, 2024 2:58:13 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
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Hello, my comment for submission. Thank you.... Chris

Christopher R. Knoll

Chief Executive Officer

Minnewaska Community Health Services

Direct: 320-239-7104

Cell: 320-980-6166

Fax: 320-239-7144



Main: 320-239-2217
Fax: 320-239-7144
605 Main Street
P.O. Box 40
Starbuck, MN 56381
www.mchs-healthcare.org



July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

Minnewaska Community Health Services has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law. This is the continued theme from the state of MN and elected officials for the 10 years I have been in the business.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unconstitutional and unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve. I as a citizen of the state of Minnesota deserve representation upon any rules that are set. This rule is not a rule of the people, but a rule set by unions and career bureaucrats. Furthermore, when bureaucrats stepped up to explain the funding implications and how unaffordable this is for all Minnesotans they were muzzled by union voices. Not a fair way to set rules respectively.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically,

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards, financial impact, on-going access issues, consumer/taxpayer considerations, and the unintended consequences of mandates. I am Christopher Knoll and started my career in senior care a little over 10 years ago. I am currently the CEO of Minnewaska Community Health Services (MCHS) a rural not-for-profit serving multiple sites in ownership and management across rural Minnesota. MCHS owns and manages approximately 230 SNF beds across 7 rural communities. Additionally, it serves approximately 300 assisted living units across 11 communities. In total MCHS serves approximately 500 seniors all in rural communities. Also, assist multiple sites in a consulting role.

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal is responsible for providing much of the funding to them.

As we have done analysis for a 30-bed nursing home these standards represent an approximate \$300,000 annual impact that is recognized. The unrecognized cost or wage compression will come in the form of wage increases across all healthcare sectors not mentioned in the mandate. With the current system in place that means a small rural facility serving their community will have to outlay a half a million dollars in labor capital costs before the expense will be recognized on its revenue in the form of daily revenue rates. Furthermore, the current structure of the cost-based system discriminates against certain class of employees when reimbursing "direct care." Meaning some of the cost will be burdened on the already nonsexist bottom line of skilled nursing facilities This is a glaring weakness in the system to not keep up with the actual cost of care on a timelier basis.

I continue to find it astonishing that a business that receives close to 70% of its funding from state and federal dollars is being made to spend taxpayer dollars by an unelected board made up of union members and career bureaucrats. Some nursing facilities are unique in the fact they are city or county owned, managed or operated. The Board's "one size fits all" approach does not consider the impact to these municipalities and requirement to use their taxpayer dollars.

In a time of record wage inflation, record regulatory pressures, and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

The legislature had to produce significant investment in a mostly one-time investment into the long-term care sector at the 2023 legislative session. These funds were much needed to prop up an industry from a total collapse. Mainly due to the significant labor capital investment and the delay in the payment system during the pandemic. The payment structure in place does not assist in a hyper inflated market. It furthermore will not assist in mandates on what to pay staff and will put the industry back in peril with the advancement of this partisan agenda. Note it now: rural providers will not be able to afford this mandate and will begin to see more closures like the ones we have seen in the last 5 years. Also, take into consideration the 3,000 plus SNF beds that have been de-licensed. You are looking at close to 40 – 40 bed SNF that have closed since the pandemic. This along with the lack of labor capital is producing access to care issues felt across the state.

We are at a point in time where hospital partners need more placement of residents not less and this mandate will surely result in closures to financially distressed homes primarily in rural parts of the state.

The long-term care spectrum of services is not only about nursing facility level of care. It involves a variety of other home and community-based products to service senior Minnesotans. Home and community-based providers are also competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across the service system. Anytime the government forces its might upon wage minimums the consumer and business suffer.

This mandate will have unrecognized financial effects on all senior care lines of business on the form of wage compaction. The unintended consequences of this mandate will be real and will cost real dollars to the organizations serving seniors, taxpayers, and private pay consumers. The consumer, like all government mandates, is the loser in the end. At a point where we will see more seniors in this state than ever before. The assisted living consumer will be burden now paying double the cost to afford the wage mandate being put forth in the skilled setting. Nursing home residents already pay well over \$10,000 a month. It feels as though the government wants all care to cost over \$10,000 a month and to limit the consumers ability to choose care settings. That is just not American! The reason for these high costs is unfunded mandates, burdensome regulations or even worse redundant regulations, and an environment not focused on patient care but on government compliance documentation. Providers have always lobbied for patients over paperwork, and this is again an assault on that directive.

The legislature passed new assisted living rules that went into effect on August 1, 2021. As the consumer advocacy was very vocal on this new law. The net effect that has taken place is prices to adhere to new burdensome regulations has the consumer paying close to 40% more than they did prior to the new rules. An unintended consequence that many spoke up about but went unheard. Let's not have a repeat of that with this mandate. Furthermore, to allow our

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

government to think that they know what is in the best interest of the constituents they serve is naive. Anytime the government makes mandates it does not end in the outcome they expect. You also have lawmakers that stand on the senate floor and declare their pleasure in bestowing mandates upon the constituency. Not remnants of a free society nor again the America that I have known. Case and point the unconstitutional vaccine mandate. Studies now coming out show a decrease in vaccination due to people feeling lied, betrayed, and duped into the decision.

Lastly, and what I feel is the most sickening part of this practice. The discriminatory nature of this mandate to say one type of worker in one setting/industry i.e. skilled nursing is more deserving of a higher wage than a counterpart doing the same job in a different setting i.e. assisted living, home health care should be reason enough to throw out this rule. The government's primary job is to ensure equality for its citizenry. This completely misses the mark and divides workers.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded unconstitutional mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Knoll', with a stylized flourish at the end.

Christopher Knoll

CEO Minnewaska Community Health Services

From: [Brinkman, Christy M](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Askew, Andrew](#)
Subject: Nursing Home Workforce Standards Board Comment Letter
Date: Wednesday, July 24, 2024 2:23:34 PM
Attachments: [NHWSB Comment Letter Essentia Health Oak Crossing Detroit Lakes.pdf](#)

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Executive Director Soto,

On behalf of Essentia Health and our Detroit Lakes nursing home, Oak Crossing, I am submitting a response to the proposed minimum wage standard.

Thank you!

Christy



July 24, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

RE: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Submitted Electronically via Email to dli.rules@state.mn.us

Dear Executive Director Solo:

On behalf of Essentia Health-Oak Crossing, thank you for the opportunity to comment on the proposed expedited rules governing the minimum wage for nursing home workers issued by the Minnesota Nursing Home Workforce Standards Board (NHWSB). I currently serve as the Administrator at Essentia Health Oak Crossing in Detroit Lakes and have done so for the past 20 years. Overall, I have major concerns about the proposal and respectfully urge the Nursing Home Workforce Standards Board to reconsider this rule.

As part of Essentia Health, our nursing home employees are incorporated into the compensation and benefit program philosophy and structure of the entire organization. Our nursing home is part of a larger campus that includes a hospital, clinic, assisted living, and senior apartments- all of which are the same legal entity. As part of our strong focus on market-based compensation based on position type and our Benedictine value of Justice, employees with the same position are compensated on the same pay scale regardless of location (excluding those under labor contracts). Benefit packages are also similar across the organization to account for this equity.

Essentia Health Oak Crossing estimates the following incremental costs to bring its nursing home-based employees to the proposed minimum standards:

- Annualized incremental cost for calendar year 2026- \$665,000
- Annualized incremental cost for calendar year 2027- \$285,000
- Total direct incremental costs of \$950,000

These estimates do not include the non-direct cost of wage increases for hospital-based employees whose position supports the nursing home - specifically, cooks and nutrition workers who prepare the food for the residents or the supply chain staff members who deliver and stock supplies to the nursing home. Nor does it include the cost of increasing wages for the same positions in our assisted living facility.



The current nursing home reimbursement system would allow additional reimbursement for Medicaid and Private Pay residents to help offset these costs. However, it is imperative that the Board understand the delay in that reimbursement. Additionally, the Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.¹

I'd like to illustrate how this plays out for my facility. For these incremental costs for wage increases in 2026, Essentia Health Oak Crossing would expect to have its rates adjusted on January 1, 2028, to reflect \$428,925 (86% of the \$665,000) in additional payments to be received during the calendar year 2028. Total incremental costs (86%) of the mandated wage increase for 2026 and 2027 would not be fully integrated into the rate system until January 1, 2030 (with payments received through December 31, 2030). Nursing homes simply don't have the cash or ability to offset incremental costs starting January 2026 for 60 months (5 years).

Without a funding source, this mandate would force Essentia Health to reduce food quality and decrease caregiver time at the bedside for our nursing home residents, but it would also require us to close or reduce programs in other areas of our mission. Ultimately, this would impact those living in communities and counties across northern Minnesota.

I believe it is an ethical and legal responsibility of the Board, our lawmakers and our Governor to secure a funding source for 100% (not 86%) of the implementation costs, effective January 1, 2026. The unintended consequences of this unfunded mandate will be widespread and devastating to health care access and quality for all Minnesotans.

In sum, on behalf of Essentia Health-Oak Crossing in Detroit Lakes, this proposed standard requires nursing homes to pay wages that are not currently part of reimbursement rates. In simple terms, it is an unfunded mandate. Requiring providers to meet a potentially unattainable and unfunded standard will not have the intended impact the Board believes it will. Rather, it will unfortunately have the opposite effect, as facilities may have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will directly affect residents, their families, and communities.

I appreciate the chance to comment; please contact me with any questions on how this rule would impact our operations and access to post-acute care.

¹ Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



Essentia Health

Essentia Health-Oak Crossing
1040 Lincoln Ave
Detroit Lakes, MN 56501

Sincerely,

Christy Brinkman

Christy Brinkman

Licensed Nursing Home Administrator
Essentia Health- Oak Crossing
Detroit Lakes, MN
218-844-0700

Essentia Health is an integrated health system serving patients primarily in rural communities throughout Minnesota, Wisconsin, and North Dakota. Headquartered in Duluth, Minnesota, Essentia Health combines the strengths and talents of 15,000 employees, including 2,200 physicians and advanced practitioners, who serve our patients and communities through the mission of being called to make a healthy difference in people's lives. The organization lives out this mission with a patient-centered focus at 14 hospitals, 77 clinics, six long-term care facilities, five assisted and independent living facilities, 25 retail pharmacies, and a rural health research institute.

From: [Paula Rocheleau](#)
To: [RULES, DLI \(DLI\)](#)
Subject: FW: Comments for NHWSB minimum standards
Date: Tuesday, July 23, 2024 2:00:47 PM
Attachments: [image001.jpg](#)
[NHWSB letter for minimum wage standard-Multi.docx](#)

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Thank you for taking our comments.

Paula Rocheleau

CEO

Office: 320-302-0192

Cell: 320-232-0224



Date: July 26, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am one of the Owners at Colonial Manor located in Lakefield MN, Pierz Villa located in Pierz MN and Seasons HealthCare in Trimont MN and CEO of Partners Senior Living Options. A Management Company that manages nursing homes, assisted livings, group homes and senior independent housing throughout MN. Most of our properties are considered rural communities.

My company owns these 3 facility in rural MN. Total beds for these three sites is 112 medicare/Medicaid certified beds. They are small rural homes. These facilities are the only nursing homes in their communities and one the top employers in that community. In addition to the 3 homes we own, we manage 2 additional communities in Austin (38 beds) and Carlton (80 beds) MN. We were asked to manage these homes as they currently have forbearance agreements in place with their Trustees and they were looking for a company to turn around the financials moving forward. The cost of the proposed wage standards noted below does not include these two homes. The cost for these additional homes is estimated to be \$203,264 annually for the facilities to increase their wages to the proposed minimum. Of these 5 homes 4 currently have bargaining units and 2 of them have 2 units represented in the facility.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$270,457
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$270,457
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$199,981
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$199,981
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$168,231

Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$109,990
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$1,219,097

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Because of this delay in funding each facility will have to fund these increased wages on rates that were calculated on expenses from 15 to 27 months prior. Many homes cannot afford to do this, especially in rural MN. I currently serve on the Workforce Standards Board and it is my opinion that due to the expedited rule making we did not have the time to analyze how these standards will affect each home. Facility rates have developed from years of underfunding and no 2 facilities have the same rate. Therefore, I believe having one minimum standard will bring some facilities, that are already on the brink of bankruptcy, to the point of closure. Which will lead to limited access for our seniors. We need to fund this mandate before it takes place, not 1 to 2 years after the facility has already paid the price.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

As stated above, every facility and every region is different economically, population and regarding employees available to fill positions. The time needs to be taken to analyze the effect this will have on each facility before a standard goes into effect.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

The wage standards do not consider the costs associated with providing raises to staff “at or above” a standard.

In addition to meeting the minimum standard for those who are not at this wage currently, the facilities also need to make sure there is additional funding for our long-term employees that may be slightly above the standard due to their loyalty and longevity. This will have a ripple effect throughout the facility. If we increase the newly hired employee’s starting wage by \$3 per hour, the staff that have been there 10+ years will be expecting the same. This “ripple effect” is not in the fiscal note DHS has calculated but is a very big concern for nursing homes throughout the state.

Thank you for your consideration.

Sincerely,

Paula Rocheleau

CEO
Partners Senior living Options,LLC

From: [Hendrickx, Tracy](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Minnesota Nursing Home Workforce Standards Board Comment
Date: Tuesday, July 23, 2024 8:18:05 PM
Attachments: [Outlook-z5l0qw5q.png](#)
[2024.07 Nursing Home Workforce Standards Board Comment.pdf](#)

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Executive Director Solo:

Please find my comment letter to the Minnesota Nursing Home Workforce Standards Board Proposed Rule Comment attached.

Thank you,

Tracy Hendrickx, MBA, LNHA, LALD
Vice President of Long-Term Care
Perham Health
218-347-1307

Dedicated to health and wellness throughout life.



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Submitted Electronically

July 16, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the minimum wages standards proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

Perham Living has always supported our workers and their ability to earn a life-sustaining wage. However, as you are aware, Minnesota has a complex rate-setting and reimbursement system, which means we must rely on our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Without the leadership and support from the Legislative and Executive Branches, this proposed rule becomes an unfunded mandate, forcing providers like me to divert funding from other critical needs to afford these wages. This jeopardizes our ability to provide quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards. Moving forward with the standards as proposed could recklessly put access to essential nursing home care in jeopardy for communities across Minnesota. According to the Minnesota State Demographer, Minnesota is and will continue to experience a decline in workers. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on the impact this mandate will have on Minnesota's older adults, as well as the financial impact including the negative effect this mandate will have on our communities and health systems across the state.

I currently have the privilege of serving in a leadership position at Perham Health, a critical access hospital in Otter Tail County in rural Minnesota. My role includes oversight of our older adult services on the Perham Living campus, which includes the full continuum of services: a 96-bed skilled nursing facility, memory care assisted living, a community home health agency, adult day services, independent senior housing, and housing for older adults. Additionally, we produce

the food for a number of community services, to include our meals-on-wheels program, a frozen meal program for homebound individuals, as well as two congregate dining locations for older adults in two rural communities. To simply say that the work our team accomplishes impacts our community on a daily basis is an understatement. Perham Living is proud to be a part of what makes our rural community so vibrant. We have the incredible opportunity to walk with people through some of the most beautiful and challenging years of their lives. This is exactly the reason why I, and most of my team, entered this industry. To have the honor to serve older adults as they walk through the later years of their life, with all the wisdom, humor, and grace that they've learned along their journey. This mandate puts many elements of this crucial work in jeopardy.

In our diverse organization, this unfunded mandate would cause a unique and very negative impact on our team, leading to significant financial challenges.

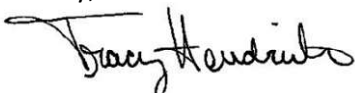
In a time of record wage inflation and market competition for workers, the Board is leaving us with an impossible decision. We can either increase the wages for one group of our employees at an annual increased cost conservatively estimated at \$275,000 with no additional funding to pay for it, or we can take a fair approach, not valuing one group of employees over any other, and increase wages for all like employees, which will have an estimated increased annual cost of well over \$1 million. For our small rural health system, this additional expense is detrimental. The one-size-fits-all approach taken by the Board is ill-advised and will do more harm than good to an already struggling healthcare industry and the individuals we serve.

Additionally, we have significant concerns about the ability of smaller assisted living providers in our community to survive this change. Many have already closed or are on the brink of closure and are unable to compete with nursing home pay rates. This mandate will only exacerbate that issue and will continue to drive small providers, who are essential for the care they provide in our rural communities, out of the industry.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates. In simple terms, it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards. Rather, it will have the opposite effect, as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request that its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

A handwritten signature in black ink that reads "Tracy Hendrickx". The signature is written in a cursive, flowing style.

Tracy Hendrickx, MBA, LNHA, LALD
Nursing Home Administrator-of-Record
Vice President of Long Term Care

From: [Shannon McKenzie](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Comment submission to Discussion 40100 Nursing Home Workforce Standards board
Date: Wednesday, July 24, 2024 2:47:42 PM
Attachments: [NHWSB fill in letter for minimum wage standard-Multi.docx](#)

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Thank you and Have a great day!
Shannon McKenzie, LNHA, MBA, BAHA, HIT
Administrator
Pierz Villa, Inc
119 Faust St SE
Pierz, MN 56364
Main PH: 320-468-6405
Direct Line PH: 320-468-8158
Fax: 320-468-0088
email: shannonm@pierzvilla.com

Date: July 26, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Pierz Villa in Pierz.

Pierz Villa is a Medicare and Medicaid-certified 50 bed skilled nursing facility that serves 24 hour nursing care for both short term rehabilitation and long term care residents. In 2020 and most recent, 2024, we received the AHCA Silver Quality Award. As a facility, we pride ourselves by practicing and incorporating our core values, (Dignity, Professionalism, Humor, Passion, and Integrity) daily. While not all utilize our services, our services are needed to ensure the geriatric population of Pierz and its surrounding area, have the care and services available to them without being placed hours/miles away from their loved ones.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$152,210
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$152,210
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$93,779
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$93,779
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$79,496
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$51,579
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$623,054

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Bottom line is, we don't have additional funding resources. Nursing Home are NOT like retail stores, grocery stores, and other entities are able to raise their prices; nursing homes do NOT have this luxury. Our rates are set by DHS classification system. DHS assigns a value to each classification, which they use to calculate the daily rate of payment for private pay and Medicaid stays. By increasing wages significantly, many nursing homes will not be able to sustain the expense to remain open, without additional funding, especially in rural areas. Having been in LTC for almost 2 decades, it has never crossed my mind to change career paths, pursuing a career outside of LTC, until these last few years. For several decades, the discussion of the baby boomers retiring has been the talk, with no preparation for that future. Well, unfortunately, that future is already here, and is the utmost chaotic, unstructured situation of all time; no guidance being given. It's bad enough that the nursing home industry is always scrutinized publicly because of some 'bad apples' in the bunch. Yes, I agree there are more 'bad apples' than we want to believe, but there are also several AMAZING nursing homes that employ OUTSTANDING workers, busting their butts day in and day out. I am very fortunate to be the Administrator, leading a nursing home where the residents residing in the home are treated like family. Throughout COVID, we adopted a motto, "Our family taking care of your family". We are different from other nursing homes because we CARE, we are COMMITTED to our residents and their families. I am honored and very proud to be leading such an amazing group of individuals who are ROCKSTARS!! Everyone of my employees deserves a raise, no doubt about that, but there also needs to be additional resources funding this expense, NOT just assessments being completed to determine nursing home annual rates. With adding quality measures into all of this, there is hope to distinguish those 'bad apples' from the 'shining stars' of the industry. I challenge the statutory authorities to provide additional sufficient funding to cover the necessary rate increases. By granting this additional funding, you are supporting this industry. Nursing Home workers are not just important and recognized during the COVID pandemic, THEY ARE ALWAYS IMPORTANT.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

Thank you for your consideration.

Sincerely,

Shannon McKenzie,
Administrator
Pierz Villa

From: [Abernathy, Nick 2](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Nursing Home Workforce Standards Board Submission
Date: Wednesday, July 24, 2024 3:01:37 PM
Attachments: [NHWSB letter for minimum wage standard Providence.pdf](#)

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Hi Leah,

Please see submission for Providence Place.

Thank you,

Nick Abernathy

Assistant Executive Director

Providence Place Senior Living

3720 23rd Ave S, Minneapolis, MN 55407

Direct: (612) 238-2564 Fax: (612) 729-6271

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Date: July 24, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Assistant Executive Director at Providence Place in Minneapolis, MN.

We provide skilled nursing services to roughly 140 residents in the community and are licensed for 190 beds. Included in our community are a transitional care unit, a memory-care unit, and long-term care units. My role in the community is to assist in the oversight of daily operations. I am the direct supervisor of the business office, maintenance department, and housekeeping/laundry departments. Some challenges that we are currently faced with are reaching our budgeted census and meeting the required staffing levels needed.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$36,807
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$36,807
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$195,044
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$195,044
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$45,858
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$198,849
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$708,408

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions. To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

Thank you for your consideration.

Sincerely,

Nick Abernathy, Assistant Executive Director, Providence Place

Administrative Rule and Applications Specialist

Pronouns: he/him/his

Office of Administrative Hearings

600 Robert St N
PO Box 64620
St. Paul, MN 55164-0620
P: 651-361-7893
F: 651-539-0310

mn.gov/oah



From: Anderson,Jason <Jason.Anderson@SanfordHealth.org>

Sent: Monday, July 22, 2024 2:40 PM

To: OAH Webmaster (OAH) <OAH.Webmaster@state.mn.us>

Subject: Email Validation Required

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Can you assist please?



Jason Anderson, DPT, MBA-HC, LNHA, LALD
Administrator, LTC Services | Sanford Canby Medical Center-Sylvan Court and Place
Office (507) 223-7277 Ext 265
112 St Olaf Ave South, Canby, MN 56220

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Date: July 12, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Chief Executive Officer at Sanford Canby Medical Center in Canby MN. Sanford Canby Medical Center is a healthcare facility in SW MN with a history of providing over 100 years of care to our community. We have a Rural Health Clinic, Critical Access Hospital, Long Term Care facility, Home Care and Assisted Living on our campus. I oppose the proposed rule language and would like to provide you with my reasons.

First, the wage standards are an unfunded mandate. The ripple effect of these standards for staff who have longevity with the organization would be costly or create wage compression.

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

As a healthcare facility where all employees work on the campus and for all areas of the facility, this legislation would divide a campus where our employees now happily provide care wherever they are needed. I would not even know where to start with dividing our housekeeping, laundry, maintenance and dietary staff for hours worked in LTC versus other areas. Those staff work in all areas right now including LTC and hospital settings.

Thank you for your consideration.

Sincerely,



Lori Sisk CEO Sanford Canby Medical Center

From: [Anderson, Jason](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Anderson, Jason](#)
Subject: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100
Date: Tuesday, July 23, 2024 9:53:46 AM
Attachments: [image002.png](#)
[image003.jpg](#)

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Good Morning,

Please find the attached letter in regards to the Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100.

I was unable to get the electronic submission to work. Can you please confirm receipt of this and assure me that it can be uploaded onto the website?

Thanks,



Jason Anderson, DPT, MBA-HC, LNHA, LALD
Administrator, LTC Services | Sanford Canby Medical Center-Sylvan Court and Place
Office (507) 223-7277 Ext 265
112 St Olaf Ave South, Canby, MN 56220

From: Moore, William (OAH) <William.T.Moore@state.mn.us>

Sent: Tuesday, July 23, 2024 9:01 AM

To: Anderson, Jason <Jason.Anderson@SanfordHealth.org>

Subject: [EXTERNAL] RE: Email Validation Required

Hi Jason,

Thanks for your email and your interest in submitting a public comment, and my apologies that you are experiencing issues signing up. Here are a few solutions that usually resolve the issue you are experiencing:

1. Check your spam and/or junk folders to make sure the email was not inadvertently diverted to one of those folders.
2. Whitelist "Speakup@Granicus.com", OAH.Webmaster@state.mn.us, @granicus.com and @granicuslabs.com. Whitelist means that they are added to the 'approved senders' list within your email account. You can then resend yourself the validation email from the eComments portal. It should come through within 5-10 minutes.
3. Reach out to your company's IT department- sometimes the email gets marked as spam by the internal software and gets filtered out before it reaches you, so your IT department may be able to help you locate the validation email.
4. Try signing up with a personal email address (such as gmail); do this *after* you update your approved senders list in your personal email as outlined in number (2) above.

Please let me know if you are still experiencing issues after troubleshooting with the above solutions. Alternate options would include faxing or mailing the comment to OAH or emailing the comment to dli.rules@state.mn.us (if your comment relates to the NHWSB rulemaking) but typically the above troubleshooting solves the issue.

Thank you,

William T. Moore

From: [Swedzinski, Julie](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers
Date: Tuesday, July 23, 2024 3:00:23 PM
Attachments: [image001.png](#)
[0672_001.pdf](#)

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Attached is a letter to Administrative Law Judge Jim Mortenson regarding the above from Lori Sisk, CEO, Sanford Canby Medical Center. Please confirm that you have received this. Thank you.



Julie Swedzinski
Executive Assistant/Marketing Coordinator
Sanford Canby Medical Center
112 St. Olaf Ave S, Canby MN 56220
(507) 223-7277 x166

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From: [Patrice Goette](#)
To: [RULES, DLI \(DLI\)](#)
Subject: minimum wage letter
Date: Sunday, July 21, 2024 3:52:55 PM
Attachments: [NHWSB fill in letter for minimum wage standard-Multi.docx](#)

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Attached please find my letter regarding my thoughts and feelings regarding the workforce minimum wage standard proposal for nursing facilities.

Thank you,

Patrice

Patrice Goette, LNHA
Seasons Healthcare
303 Broadway Ave. S.
Trimont, MN 56176
507-639-2381
patrice@seasonshc.com

Date: July 26, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Seasons Healthcare in Trimont, MN.

We are a 26 bed SNF located in a community of 750 people. Our current challenge is staffing. Applicants will accept an interview and not show, or they will get hired and will work a week and then never return, leaving us to use agency/pool staff that are extremely costly for a small facility.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$71,140
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$71,140
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	0
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	0
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$37,230
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	0
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$179,509

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

This process doesn't allow for facilities to be able to project revenue and be able to budget for wage increases in a timely manner.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

As a small rural facility, we are in competition for staff not only with other surrounding healthcare entities, but also with fast-food establishments and industrial employers, so the pool of available candidates is much smaller.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

To be fair to our experienced staff, their wages will also need to be adjusted, so this isn't just about having money for the minimum wage staff, but for all of the staff, which could potentially cause my facility to close its doors.

Thank you for your consideration.

Sincerely,

Patrice Goette, Administrator
Seasons Healthcare

From: [Rudina, Parichay J \(OOLTC\)](#)
To: [RULES, DLI \(DLI\)](#)
Subject: NHWSB Rulemaking: Expedited Rules - Wages Comments
Date: Tuesday, July 23, 2024 12:28:48 PM
Attachments: [image001.png](#)
[DLI Rulemaking NHWFB Wage Requirements OOLTC Comments.pdf](#)
[image003.png](#)

Good afternoon,

Please find the Office of Ombudsman for Long-Term Care's comments for the proposed rules regarding wages for direct care workers in nursing homes.

We appreciate the opportunity to participate in the rulemaking process.

Thank you,

Parichay Rudina | Legislative Specialist

Pronouns: she/her/hers

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Office of Ombudsman for Long-Term Care

A Program of the Minnesota Board on Aging

www.mn.gov/ooltc

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Leah Solo
Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul, MN 55155
651-284-5076
dli.rules@state.mn.us

July 23, 2024

Ms. Solo:

Thank you for the opportunity to provide input on the proposed rulemaking governing initial wage standards for nursing home workers; Minnesota Rules Part 5200.2060; Revisor's ID Number R-04869.

The Office of Ombudsman for Long-Term Care (OOLTC) educates, empowers, and advocates with and for residents in long-term care settings, such as nursing homes, and individuals receiving long-term services and supports in their own home. Through our advocacy work, we have seen the need for improved pay for the direct care workers who provide care to residents every day. This is difficult, skilled work that should be well compensated. Additionally, quality and continuity of care require a stable workforce, which adequate pay would help ensure. Therefore, OOLTC supports, with some caveats, the proposed rules governing initial wage standards for these essential workers.

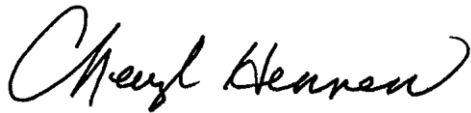
Overall, OOLTC strongly applauds the NHWSB for establishing these minimum wages (Minnesota Rules Part 5200.2080 – 5200.2090). CNAs, LPNs, TMAs, and all nursing home staff most certainly deserve a livable wage. We also recognize the need for a starting point for these wage increases. However, OOLTC is concerned about the impact some workers experienced through wage increases to \$19 per hour that moved workers beyond eligibility for MinnesotaCare and other public safety net programs. A higher wage that comes at the cost of affordable health insurance (or any other benefit) is concerning. While we are concerned that the long-term care industry relies on the public safety net to provide benefits to their staff in the first place, we hope the NHWSB is either raising wages adequately to allow nursing home workers to comfortably purchase health insurance through MNsure or requiring nursing home employers to provide a robust compensation package to staff that includes health insurance, retirement benefits, childcare assistance, and other benefits.

OOLTC is also concerned about requiring the legislature to allocate funds to nursing homes to provide these higher wages (Minnesota Rules Part 5200.2070, subp. 2). Is there a backup plan if the legislature does not decide to allocate funds? Is the legislature compelled in some way to allocate funds? We are also concerned about this as private equity funds and real estate investment trusts, as noted by the [White House](#), have redirected taxpayer dollars meant to pay for quality resident care through direct care worker compensation into profits. The long-term care industry routinely cites a staffing shortage, but we must recognize the impact low wages have on recruitment and retention. A livable wage is the primary tool providers have to reduce any staffing shortage.

OOLTC also wonders if a requirement such as the 80-20 rule for Medicaid Home and Community-Based Services waivers should be implemented. We believe additional funds would be available to pay staff if 80% of Medicare and Medicaid reimbursement went to direct care workers' wages.

Ultimately, OOLTC supports and urges adoption of this rule. Direct care workers absolutely deserve an increase in pay, and the residents they care for deserve staff who can come to work without worrying about paying rent or how to feed their family. While we encourage further action, we recognize this rule as a significant step forward.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Hennen". The signature is written in a cursive, flowing style.

Cheryl Hennen
State Ombudsman for Long-Term Care
Office of Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971

From: [Tessa Larson](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Avi Katz](#)
Subject: NHWSB Rulemaking Comments - Southview Acres Health Care Center
Date: Wednesday, July 24, 2024 2:41:09 PM
Attachments: [image001.png](#)
[NHWSB Letter - Southview Acres - Administrator.docx](#)
[NHWSB Letter - Southview Acres - Owner.docx](#)
[NHWSB Letter - Southview Acres - DON.docx](#)

You don't often get email from tlarson@superiorhcm.com. [Learn why this is important](#)

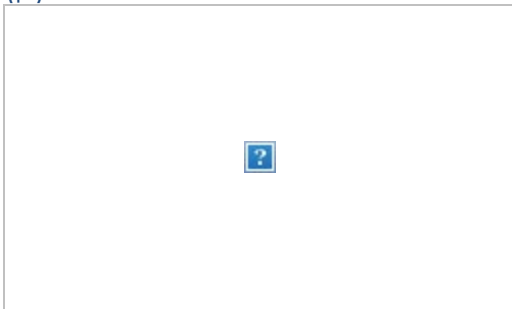
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Please find our comments on the NHWSB rulemaking from our Southview team.
Thank you

Tessa Larson, LNHA

Regional VP of Operations
Superior Healthcare Management
(p): 218.750.7108



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Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Bayshore Residence and Rehabilitation in Duluth, MN.

Our facility cares for 139 seniors, many of whom are vulnerable adults. Since the COVID-19 pandemic, our struggles with staffing have been immense. We have finally started to make up some ground on that front.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$147,640	\$147,640	\$295,279
Direct Cost of January 1, 2027 Standard	\$0	\$70,588	\$70,588
Indirect or Ripple Cost of January 1, 2026 Standard	\$11,369	\$11,369	\$22,739
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$6,542	\$6,542
Estimated Annual Cost:	\$159,009	\$236,139	\$395,148

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

In summation, if this standard is enacted as written, our ability to stay current with our expenses will be severely diminished.

Thank you for your consideration.

Sincerely,

David Uselman, LNHA
Bayshore Residence and Rehabilitation

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

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Thank you for your consideration.

Sincerely,

Colleen Anderson, RN, DON
Bayshore Residence and Rehabilitation

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

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Thank you for your consideration.

Sincerely,

Avi Katz, Operator
Bayshore Residence and Rehabilitation

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Crossroads Care Center in Worthington, MN.

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I oppose the proposed rule language and request a public hearing. Here are my reasons.

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Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$99,175	\$99,175	\$198,350
Direct Cost of January 1, 2027 Standard	\$0	\$55,591	\$55,591
Indirect or Ripple Cost of January 1, 2026 Standard	\$17,814	\$17,814	\$35,629
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$16,950	\$16,950
Estimated Annual Cost:	\$116,990	\$189,531	\$306,521

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Thank you for your consideration.

Sincerely,

Joe Zeutenhorst, LNHA
Crossroads Care Center

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

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Thank you for your consideration.

Sincerely,

Jessica Freking, DON
Crossroads Care Center

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

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Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Highland Chateau Health + Rehabilitation Center in St. Paul, MN.

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Direct Cost of January 1, 2027 Standard	\$0	\$67,227	\$67,227
Indirect or Ripple Cost of January 1, 2026 Standard	\$5,216	\$5,216	\$10,432
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$5,320	\$5,320
Estimated Annual Cost:	\$63,986	\$136,534	\$200,520

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Thank you for your consideration.

Sincerely,

Erika Streit, LNHA
Highland Chateau Health + Rehabilitation

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

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Thank you for your consideration.

Sincerely,

Brandy Forga, RN
Highland Chateau Health + Rehabilitation

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

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Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

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Direct Cost of January 1, 2026 Standard	\$85,005	\$85,005	\$170,010
Direct Cost of January 1, 2027 Standard	\$0	\$42,989	\$42,989
Indirect or Ripple Cost of January 1, 2026 Standard	\$4,966	\$4,966	\$9,932
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$2,444	\$2,444
Estimated Annual Cost:	\$89,971	\$135,403	\$225,374

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Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

In summation, if this standard is enacted as written, our ability to stay current with our expenses will be severely diminished.

Thank you for your consideration.

Sincerely,

Jessica Freking, DON
South Shore Care Center

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Owner at South Shore Care Center in Worthington, MN.

Our facility cares for 48 seniors, many of whom are vulnerable adults. Since the COVID-19 pandemic, our struggles with staffing have been immense. We have finally started to make up some ground on that front.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$85,005	\$85,005	\$170,010
Direct Cost of January 1, 2027 Standard	\$0	\$42,989	\$42,989
Indirect or Ripple Cost of January 1, 2026 Standard	\$4,966	\$4,966	\$9,932
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$2,444	\$2,444
Estimated Annual Cost:	\$89,971	\$135,403	\$225,374

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

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The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

In summation, if this standard is enacted as written, our ability to stay current with our expenses will be severely diminished.

Thank you for your consideration.

Sincerely,

Avi Katz, Operator
South Shore Care Center

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Southview Acres Healthcare Center in West Sait Paul MN.

Our facility cares for 220 seniors, many of whom are vulnerable adults. Since the COVID-19 pandemic, our struggles with staffing have been immense. We have finally started to makeup some ground on that front.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$843,248	\$843,248	\$1,686,497
Direct Cost of January 1, 2027 Standard	\$0	\$483,076	\$483,076
Indirect or Ripple Cost of January 1, 2026 Standard	\$46,898	\$46,898	\$93,796
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$42,380	\$42,380
Estimated Annual Cost:	\$890,146	\$1,415,603	\$2,305,750

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

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The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

In summation, if this standard is enacted as written, our ability to stay current with our expenses will be severely diminished.

Thank you for your consideration.

Sincerely,

Dr. Greg Shahum, LNHA
Southview Acres Health Care Center

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Director of Nursing at Southview Acres Healthcare Center in West Sait Paul MN.

Our facility cares for 220 seniors, many of whom are vulnerable adults. Since the COVID-19 pandemic, our struggles with staffing have been immense. We have finally started to makeup some ground on that front.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

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The wage standards do not take into account the costs associated with providing raises to staff “at or above” a standard.

In summation, if this standard is enacted as written, our ability to stay current with our expenses will be severely diminished.

Thank you for your consideration.

Sincerely,

Rhonda Lewis, RN, DON
Southview Acres Health Care Center

Date: July 25, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Owner at Southview Acres Healthcare Center in West Sait Paul MN.

Our facility cares for 220 seniors, many of whom are vulnerable adults. Since the COVID-19 pandemic, our struggles with staffing have been immense. We have finally started to makeup some ground on that front.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

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The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

In summation, if this standard is enacted as written, our ability to stay current with our expenses will be severely diminished.

Thank you for your consideration.

Sincerely,

Avi Katz, Operator
Southview Acres Health Care Center

From: [Schema,Nathan](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060
Date: Wednesday, July 24, 2024 12:25:26 PM
Attachments: [image001.png](#)
[Comment Letter - Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers - Nathan Schema.pdf](#)

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Ms. Solo

I attempted to submit this through the website but did not receive a confirmation email so am sending this directly to you. Please accept this comment letter to share with Judge Mortenson.

Thanks.

Nathan Schema

Good Samaritan – President & CEO

Office: 605-362-5431



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July 24, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

Dear Judge Jim Mortenson,

My name is Nathan Schema, and I am the President and CEO of the Evangelical Lutheran Good Samaritan Society, the nation's largest nonprofit provider of skilled nursing services. We are privileged to serve thousands of Minnesota's seniors in 23 communities across the state in our skilled nursing locations. We also provide assisted and independent living services, rehabilitation therapy and home- and community-based services. The work we do in Minnesota is especially personal to me. It's where I grew up and trained to become a nursing home administrator. I have many family members who have worked in health care in the state and others who have been on the receiving end of care. It's truly an honor to help support the needs of older adults in Minnesota.

Our skilled nursing centers are located predominantly in rural areas:

- Albert Lea
- Austin
- Battle Lake
- Bemidji
- Brainerd (2)
- Blackduck
- Canby
- Howard Lake
- International Falls
- Inver Grove Heights
- Jackson
- Maplewood
- New Hope
- Pine River
- Pipestone
- Robbinsdale
- St. James
- Stillwater
- Waconia
- Westbrook
- Windom
- Luverne

In these rural communities with populations of 500 to 5,000, we often have the only skilled nursing center in town, and the residents we serve are retired teachers, farmers, pastors, business owners and veterans. As a nonprofit provider with more than 70% of our residents living in rural areas, we wake up every day asking ourselves how we can solve the unique challenges of rural health care delivery so we can protect access to care. Unfortunately, access has been strained across the state in the last few years, which means Minnesotans have to move further away from home to receive skilled nursing care. As an example, our location in Howard Lake is an hour outside the Twin Cities. Our team consistently receives calls from hospitals in the metro that

are struggling to find placement for patients. We accept as many of these patients as we can, but that means the patients are moving an hour away from home to receive the care they need.

While we understand the intent behind the Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers, we oppose the proposal because we are concerned it will exacerbate the access issues already adversely affecting Minnesota's seniors, their families and health care providers. Considering the widespread and long-term implications of the rule on seniors, nursing homes and the health care sector, we request a public hearing to ensure all voices can express input on this decision.

These are our greatest concerns with the proposed rule:

The proposed rule is unfunded. The total cost to implement the wage increase is nearly \$7 million across our locations. This total does not consider the additional wage increases we would implement to maintain wage parity in other positions.

To be clear, we are not against wage increases for our caregivers. Our organization is constantly reviewing pay rates across all positions, and we make performance- and market-based adjustments annually. We also offer incentives, premiums, bonuses and a robust total rewards package as part of our comprehensive, people-first strategy to recruit and retain team members. Just like in any other industry, we are required to balance our budget and ensure that any investment does not put a center at risk of going out of business. Requiring skilled nursing locations to increase wages without providing the funds to do so will be a tipping point for many rural centers already struggling financially. It will also drive up the wages of agency workers who we already pay at 2x the rate of a full-time employee.

The proposed rule does not account for the unique challenges and characteristics of rural communities. This rule would have a disproportionate impact on rural skilled nursing centers. Because the labor market and standard of living varies widely between metropolitan and greater Minnesota, rural centers will have a higher hill to climb to close the gap between current wages and the new proposed minimums. A one-size-fits-all standard puts rural Minnesotans at greater risk of losing access to care close to home. Local nursing homes must retain the ability to make pay decisions based on the local labor market, staffing needs and operational sustainability.

The proposed rule fails to recognize or address the acute shortage of qualified candidates available to hire. While pay is one factor that helps long-term care centers attract and retain staff, pay increases alone do not create the caregivers we need to maintain the strong workforce our sector needs into the future. Our skilled



nursing centers in rural communities face increasing challenges finding qualified, permanent staff to fill critical leadership and caregiving positions, despite pursuing creative operational solutions and continuously investing in our people. Implementing a one-size-fits-all wage increase without a strategy to build Minnesota's caregiving pipeline will not solve the nursing home workforce challenges we face today.

Access to care will be at risk in more communities if this proposal is finalized. We recently made the extremely difficult decision to close our skilled nursing and assisted living location in Arlington. While we had plenty of seniors to serve in the community, we could not find enough team members to fill our open positions. For over a year we hired agency staff and pulled our own team members from other locations in the state to help fill the gaps. We also increased wages and offered sign-on bonuses to help with recruitment and retention, but the workforce simply was not available in this rural community. While experiencing staffing challenges, we had to limit the number of residents we could serve. Ultimately, we reached an unsustainable situation and will unfortunately close our doors on August 26, 2024.

There are other nursing homes in rural communities that are working around the clock to recruit and retain staff and deliver quality care while maintaining sustainable operations. As a former administrator, I know it's no easy task, especially when our reimbursement rates for Medicaid and private pay are set by the state. More centers will have to reduce their capacity or close permanently if this rule is finalized. We care deeply about our residents, who are like family to us. When one of our locations closes, we are committed to helping residents find new homes, including at nearby Good Samaritan Society locations. But it is still an extremely difficult and stressful situation for seniors and their families, which is why closure is always a last resort.

We respectfully request that this rule be withdrawn so we can protect access to care for Minnesota's seniors, especially those living in rural areas. Local operators, who know their communities, team members and residents best, must retain the ability to set their own wages.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Nathan Schema". The signature is fluid and cursive, with a prominent initial "N" and "S".

Nathan Schema
President & CEO
The Evangelical Lutheran Good Samaritan Society



From: [North Ridge HC - Administrator](#)
To: [RULES, DLI \(DLI\)](#)
Subject: North Ridge Comments
Date: Wednesday, July 24, 2024 11:05:44 AM
Attachments: [image001.jpg](#)
[image002.png](#)
[North Ridge HC - Administrator_202407241044.pdf](#)
Importance: High

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David McCray, MPA, MHA, LNHA, LALD, RAC-CT | [Campus Administrator](#)

North Ridge Health & Rehab

5430 Boone Avenue North | New Hope, MN 55428

📞: www.northridgehealthandrehab.com

The Residence at North Ridge

5500 Boone Ave North | New Hope, MN 55428

New Hope, MN 55428

P: 763.486.7351 | dmccray@nr-hc.com





I am submitting these comments on behalf of North Ridge Health and Rehab (“North Ridge”) to express our concerns regarding proposed rules increasing wages and setting other minimum employment standards for Certified Nursing Assistants (CNAs), Trained Medication Aides (TMAs), and ancillary staff. While we recognize and value the vital contributions these dedicated professionals contribute to the quality of care we provide, we believe imposing these standards at this time, without also providing adequate funding to cover these significant increased costs will have significant negative consequences for our facility and our residents, including a further reduction in beds and a reduction in staff.

North Ridge is a large continuing care retirement community that has a Skilled Nursing Center, Assisted Living, Adult Day Care, Child Day Care and Dialysis services. The Skilled Nursing Center is certified for 320 beds. Because of inadequate funding and other circumstances further described below we are currently only able to operate 290 beds consistent with our high standards of quality care. North Ridge is committed to the highest standards of quality care and our CARES values of Character, Attitude, Respect, Excellence and Service guide us in all we do each and every day to deliver the excellent services that our residents, their families, and staff expect.

North Ridge operates on a tightly controlled budget where wages and benefits constitute approximately 70% of the organization’s operating expenses. North Ridge like other Minnesota facilities relies almost exclusively on federal and state reimbursements to cover these labor costs and other operating expenses. In addition, North Ridge is reimbursed for the care it provides roughly 18 months (or longer) after costs have been incurred. Because of significant inflationary increases post COVID this has resulted in North Ridge operating at a deficit in five of the last six years. In the past three and a half years North Ridge has lost over \$10,000,000. Finally, and importantly, attracting and retaining personnel remains a challenge as the state’s antiquated and inadequate reimbursement system for long-term care facilities makes it extremely difficult to offer competitive wages and benefits.

It is against this backdrop that the proposed rules seek to impose significant new labor costs on our facility without a way to pay for them. This amounts to an unfunded mandate that does not work.

The Proposed Rules Are an Unfunded Mandate Significantly Increasing Operating Costs at North Ridge

After analyzing the impact of the proposed rules on our facility we estimate that, if implemented, labor costs will increase approximately 10% in 2026 roughly one million dollars plus. The additional increase in 2027 will result in another two million dollars in additional labor costs. When considering labor costs account for nearly 70% of North Ridge’s overall expenses these proposed rules will undeniably result in a significant increase in overall operating costs at North Ridge.

North Ridge Has No Way to Cover These Costs as They are Incurred Resulting in Additional Operating Losses.

The proposed rules do not provide additional funding to cover the increased labor/operating costs it proposes imposing on the state's long-term care facilities. North Ridge's revenue is generated almost exclusively by state and federal reimbursements. Even if it wanted to North Ridge, unlike other types of businesses, is unable to raise its prices to meet these new costs. North Ridge's only option is to absorb these significant new costs for 18 months (or longer) until reimbursement rates hopefully "catch up". This problem is exacerbated by the Minnesota Department of Human Services' current auditing process which makes it impossible for North Ridge to know what their rates will be until forty-five days prior to January 1st of each year.

Absorbing These New Costs Will Severely Impact North Ridge's Operational Integrity

Without funding to cover these mandated wage increases, North Ridge's operational integrity and ability to provide high standards of quality care will be severely impacted as it will be forced to absorb these additional costs. This will have to be done by reducing expenditures from other allowable expenses.

For example, these increased costs may result in North Ridge decreasing its' workforce. A decreased labor force and the increase in job assignments will place more stress and hardship to our already thin and challenged personnel.

Another possibility is further reducing beds at our facility. Providing high standards of quality care and services to our senior population is essential. If staffing levels decrease it will be necessary to also reduce the number of beds to maintain these high standards. Minnesota has experienced an estimated loss of 2000 beds in the last few years, which is the result of inadequate state funding and staffing shortages. North Ridge has not been immune, reducing its number of beds 10% in the last four years. Further decreases in staffing will likely accelerate bed loss and access to care for Minnesota's elderly population.

North Ridge's other options are to reallocate funds from other important initiatives to cover the increased labor costs proposed by these rules, including reductions in essential training, technology, and facility improvements to maintain and elevate the quality care and services to our residents.

Conclusion

In providing competitive, fair compensation to our amazing and hardworking CNAs, TMAs, LPNs, and ancillary staff, it is imperative that the broader financial impact to North Ridge also be considered. We are committed to providing better and more competitive compensation to our employees and for the past two years have lobbied state officials for increased state reimbursements and a quicker reimbursement process, necessary prerequisites for increasing wages and benefits for our employees. Unfortunately, these pleas have fallen on deaf ears. Attempting to increase wages and benefits without paying for them, which is what these rules propose to do, will likely result in reductions of work force, create more stress on those employees who remain, severely impact the operational integrity of North Ridge, and accelerate the nursing home crisis that exists in Minnesota. For these reasons we respectfully oppose the proposed rules, requesting that any adoption be conditioned on the state increasing reimbursements or otherwise identifying and implementing revenue sources that will cover the increased costs they will impose on facilities like North Ridge.

David McCray, Campus Administrator

From: [Atkinson, Linda](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Nursing Home Workforce Standards Rule - Comments from Lake Winona Manor/Winona Health
Date: Thursday, July 18, 2024 9:26:53 AM
Attachments: [Nursing Home Workforce Standards Rule- Impact and request for public hearing Lake Winona Manor.docx](#)

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Please accept the attached commentary regarding the unfunded wage increases proposed by the Nursing Home Workforce Standards rule on behalf of Lake Winona Manor and Winona Health Services.

Linda Atkinson, RN, BSN, LNHA, ALD

Administrator
Winona Senior Services
Phone: 507.457.7603
Latkinson@winonahealth.org

Since 1894 - We Are Winona.

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Winona Health • winonahealth.org

Winona Health

Submitted Electronically

July 18, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Winona Senior Services dba Lake Winona Manor has always supported our workers and their ability to earn a life-sustaining wage. Winona Senior Services is a part of a larger independent community healthcare system known as Winona Health. As a health care continuum including inpatient, primary care, and emergency/urgent care services, our wages have been consistently competitive. Creating a system where nursing assistants in long term care are lifted beyond the normal market to attract workers is part of a larger solution. However, stressing already financially strapped facilities without clear support will only result in decreasing access to long term care beds in the future. It is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically,

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf



Winona Health

the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on our long term care facility, Lake Winona Manor.

As the administrator for Lake Winona Manor for over 5 years, and as a Registered Nurse in the long term care industry for 22+ years, I have been committed to Minnesota elders for half of my lifetime. I continue to work in long term care, as taking care of those who sacrificed to shape our world is one of the most rewarding gifts I will ever experience. My hope is to inspire others who are called to do this work.

For the past 17 years, I have been fortunate to work in Lake Winona Manor, the skilled nursing facility service at Winona Health. This facility provides a unique service in supporting a health care continuum where many of our residents receive skilled nursing in a facility with hallway access to most of their other healthcare services including dialysis, podiatry, Emergency Care, orthopedics, and more. We have been very proud to be able to offer these services.

Lake Winona Manor is licensed for 80 skilled nursing beds, all private. We serve between 10-15% of skilled residents who are recovering from a medical illness or condition generally to return to their home in the community. As a not-for-profit healthcare organization, each year becomes more challenging to financially support our services and physical structures. Since the pandemic, we have struggled to achieve a positive operating margin. The last fiscal year alone, our senior care areas lost \$1.2 million dollars. This year we are planning on another significant loss. We have not been able to keep up on our physical plant, and it shows. This particular statute, if it takes effect, will add another \$55K to our expenses in 2025, and \$125,000 additional in 2026. The overall financial situation of a negative operating margin that will only get more negative. If that continues there will be no nursing homes left (non profit) to care for folks in our communities. Certainly, the viability of this service is already in question at Winona Health. As the hosting facility of a tri-county residential services meeting which meets monthly, I can confirm 80% of our area nursing homes are financially suffering to the point of negative operating margins in the current state. Adding on further financial burden without funding is a detrimental action. **To be clear, this will close nursing home beds across the state without funding.** The end result is a lack of placement options for our aging population.

As a part of a health care system with a mission to serve our community, this mandate has tentacles that reach even further into the ability to provide birth to end-of-life services as a system.

In addition to the salary impacts above, the following financial impacts must be considered:

1. A wage increase directly impacts our benefit costs (PTO banks, Unemployment cost/ins, etc.).
2. Wages outside LWM across Winona Health for the same roles have to be considered for adjustments (LPN's, NA's, EVS, FNS) as a health care system. This extends the burdens to birth to end-of-life services into other vitals services.
3. This plan does not account for compression, which further adds to the impact. It is estimated to make this wage increase fair to our seasoned staff, we may again see



Winona Health

\$40,000 in additional expenses. If we do not treat our seasoned staff in respect to their years of service, skill level, and loyalty, we absolutely risk great turn-over within our long term care area. This is the exact opposite of the intent of this ruling.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide. As a rural area provider, 70% of our customers require and are utilizing Medicaid for their long term care stay.

Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.

With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



Winona Health

City/County challenges

Some nursing facilities are unique in the fact they are city or county owned, managed or operated. The Board's "one size fits all" approach does not consider the impact to these municipalities and requirement to use their taxpayer dollars.

Winona Health is a local non-profit community owned system. This system is a leader in the industry due to our long history of utilizing Lean Methodologies, developing innovative service models and consistently exceeding quality standards while maintaining a lower cost of care than our competitors. As an organization, we have been doing the right work to eliminate unnecessary waste in our industry. We continue to be a source entity for other industries in terms of best practices in our core services and leadership. Winona Health has been able to adapt to changes in healthcare, but in recent years, all of health care has suffered great financial losses. As a full healthcare system, we have not been immune from significant negative operating margins. This means additional expenses are not able to be funded by our healthcare system, and would certainly have a negative impact on other birth to end-of-life services.

Assisted living challenges

The long-term care spectrum of services is not only about nursing facility level of care. It involves a variety of other home and community-based providers including assisted living providers who are also competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across the service system.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Linda Atkinson, RN, BSN, LNHA, ALD
Administrator
Winona Senior Services



Winona Health

Phone: 507.457.7603
Latkinson@winonahealth.org

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From: [Bowling, Joshua](#)
To: [RULES, DLI \(DLI\)](#)
Subject: I am having difficulty submitting this via the Office of Administrative Hearings Rulemaking eComments website
Date: Wednesday, July 24, 2024 2:43:48 PM
Attachments: [Signed Letter.pdf](#)

You don't often get email from jbowling@woodburyseniorliving.com. [Learn why this is important](#)

This message may be from an external email source.

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I have attached my letter concerning the proposed wage standards.

Joshua D. Bowling RN

Director Of Nursing
Woodbury Health Care Center
Phone: 651-287-6520
Fax: 651-735-0075
7012 Lake Road Woodbury, MN 55125

Date: July 24, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Director of Nursing at the Woodbury Healthcare Center.

Here at the Woodbury Healthcare Center (WHCC) we serve both transitional and long-term care residents. I am the director of nursing and would like to share the challenges we are facing. Bureaucratic burden is our biggest challenge to date. With this proposition on the docket and with the most recent minimum staffing changes set forth it will likely end in disaster for a large amount of nursing homes. Unfortunately, with the new staffing mandate we will be stifled by the increased costs. It is disheartening that we are forced to increase staffing and pay with no increase in reimbursement to cover the costs. We do our best to take care of the most vulnerable among us, however very soon with all these regulations we may lose our ability to make it a financially viable endeavor.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$114,633
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$114,633
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$63,612
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$63,612
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$89,172
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$61,700
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$422,994

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not consider geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. D. Bowling' with a large, stylized flourish extending to the right that ends in the initials 'JDB'.

Joshua D Bowling
Director of Nursing
Woodbury Healthcare Center

From: [Miller, Megan](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Comment Letter for new wage standard
Date: Wednesday, July 24, 2024 2:43:10 PM
Attachments: [Outlook-twewnftr.jpg](#)
[Wage Standard Letter.pdf](#)

You don't often get email from mmiller@woodburyseniorliving.com. [Learn why this is important](#)

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Hello-

Attached is my letter regarding the proposed new wage standard.

Thank You,



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Date: July 24, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Assistant Executive Director at Woodbury Health Care Center.

Woodbury Health Care Center is a 155 bed Skilled Nursing Facility that provides long term care, memory care, and transitional rehabilitation to seniors. We face several challenges including staffing shortages, regulatory burden, complex residents, lack of financial payor and high costs associated with care. The facility itself rarely breaks even as is.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$114,633
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Direct Cost of Jan 1, 2027 Standard (CY2027)	\$89,172
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$61,700
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$422,994

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Megan Miller". The signature is fluid and cursive, with a long horizontal stroke at the end.

Megan Miller, Assistant Executive Director, Woodbury Health Care Center

From: [Karel, Michael](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Nursing Home Workforce Standard Board
Date: Wednesday, July 24, 2024 2:28:56 PM
Attachments: [Wage Standard Letter.pdf](#)

You don't often get email from mkarel@woodburyseniorliving.com. [Learn why this is important](#)

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Please see the attached letter as I was not able to submit through the Office of Administrative Hearing Rulemaking eComments website.

Thank you,
Michael Karel

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Executive Director at Woodbury Health Care Center in Woodbury, MN.

The Woodbury Health Care Center is a 155 bed Skilled Nursing Facility providing long term care support, memory care support and transitional rehabilitation to seniors. I am the Executive Director for the Woodbury Health Care Center as well as the Campus Director. We face several challenges including staffing shortages, regulatory burden, complex residents often involving significant mental health and substance abuse issues, lack of a financial payor and high costs to providing care. It is rare the facility breaks even at best.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$114,633
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Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$61,700
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$422,994

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

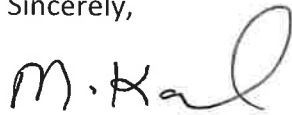
With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses. Inflation and the costs of providing the level of care expected outpaces the reimbursement levels Skilled Nursing Facilities receive.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions. To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "M. Karel". The signature is written in a cursive style with a large loop for the letter 'l'.

Mike Karel, Campus Director, Woodbury Health Care Center

From: evanmoon@everyactioncustom.com on behalf of [Evan Moon](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Better Work Makes a Better World
Date: Wednesday, July 10, 2024 6:50:14 PM

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Dear Standards Board,

People don't understand that when you treat healthcare workers better, it creates a better healthcare system! You wouldn't want your surgeon to be finishing up a double shift with no sleep when they get to you! You wouldn't want your nurse to be unable to get to the facility to take care of you or your loved one because they can't afford gas!

Treating your healthcare workers better means you get better treatment!

Sincerely,
Evan Moon
310 Fulton St Mankato, MN 56001-2523
evanmoon@ymail.com

From: bjennyce@everyactioncustom.com on behalf of [Beatrice Nyaosi](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Better working conditions for employees that trickle down to the residents
Date: Wednesday, July 10, 2024 6:56:20 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Beatrice Nyaosi
15108 Park Ave Burnsville, MN 55306-5143
bjennyce@gmail.com

From: [Shelley Kendrick](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Comment on proposed rules
Date: Tuesday, July 23, 2024 11:41:47 AM
Attachments: [Outlook-jni42mhx.png](#)

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Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024
Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

As the president & CEO of Ecumen, a leading nonprofit, faith-based provider of health care and housing for older adults, I'm writing to share my opposition to the proposed rule language and share the impact these proposed wage standards will have.

While Ecumen supports (and has) increased wages, **these standards are an unfunded mandate**. The estimated total cost to Ecumen alone is \$3,840,741 for two years.

This is coming at a time when our industry is emerging from the struggles brought on by COVID, followed by an unprecedented workforce shortage. Ultimately, it's the older adults our industry serves who will be hurt by this unfunded mandate as more nursing homes will close their doors.

The mandated minimum wage standards are not supported by state or federal reimbursement. Most of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are not able to raise our prices to meet new expenses.

The costs associated with these standards are not limited to nursing facilities. Our nursing facilities are part of a campus with other services and living arrangements. Additionally, we have stand-alone Assisted Living communities. While the minimum wage standards don't apply to assisted living providers, we will see a ripple effect of these standards. In a time when our communities are facing challenges in finding team members, many assisted living facilities won't be able to compete for the same staff.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity, nor do they take into account the costs associated with providing raises to our team members "at or above" a standard.

As I said, we do want to pay our team members more for the important work they do, but any mandates from the state must also come with a corresponding increase in reimbursement. This is essential to ensure that our state's older adults can access the care they need.

Thank you for your consideration.

Sincerely,

Shelley Kendrick

President & CEO

Ecumen

Shelley Kendrick

President & CEO

office: 651-766-4337 | mobile: 612-321-6555 | shelleykendrick@ecumen.org



Ecumen | 3530 Lexington Ave. N, Shoreview, MN 55126

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From: [Bonnie Otto](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Comment on rule making
Date: Wednesday, June 26, 2024 12:37:52 AM

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I believe the rule needs clarity.

While the nursing home accountability board has defined “all nursing home workers”, the clarification is only guided to certified nursing assistants, LPN’s, etc (basically nursing).

The clarity of “all nursing home workers” is broad, and isn’t clarified to those in training who may not be management, management, administration, housekeeping, dietary, maintenance, grounds keepers, nor if the standard would apply to outside contractors who would work in nursing homes as well. Inclusive to therapeutic services.

While there are union contracts that may clarify this, outside of the actual definition of the rule, it leaves the door open for interpretation and elongation of negotiation as well as the hiring process to the clarity of each area.

The level of minimum wage should clarify to what area, as nursing seems clear and concise, however, no other area, and it is left broad to interpret if that means an entry level administration, project managers, regionals, and so forth. While that may not be included as part of the rule making, it is neither clarified or excluded.

It should be in writing for clarity to better guide unions and hiring anyone working in nursing’s homes as a clarity point for all persons who currently or want to join a nursing home.

Thank you for your time!

Bonnie Otto
9522108303
Sent from my iPhone

From: [Steffanie Jarvis](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Comments relating to the NHWSB rulemaking
Date: Wednesday, July 24, 2024 3:30:37 PM

You don't often get email from steffaniej@eldercaremn.com. [Learn why this is important](#)

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Good afternoon,

I am having difficulty getting the validation email and so it also says it is approximate to send an email to this address. Please record the below comments.

The proposed wage standards are an unfunded mandate. The LTC imperative calculator shows the impact of the 2026 and 2027 minimum wage increases on nursing facilities based on their actual wage structure.

Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.

Thank you,

Steffanie K. Jarvis
Director of Operations
ElderCare of MN
Cell: 1-636-284-8260
Fax: 1-636-922-0001
Email: steffaniej@eldercaremn.com

"Inspired by our Christian values and beliefs, we provide options for Seniors to remain in their own communities."

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From: debi.hilmer@everyactioncustom.com on behalf of [Debi Hilmer](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Crisis in Nursing Care Senior facilities
Date: Friday, July 12, 2024 8:59:43 AM

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Dear Standards Board,

never got the chance to complete the form.

Our Seniors need, love, empathy, comfort, care, and utmost respect of their individuality.

Having my grandparents go through some unrealistic events while in Nursing Home, I actually could be an advocate for this subject.

I have so much to address and with our Government. Now my parents are 95 & 89 and refuse to be in those care centers.

I would look forward to sharing my thoughts and challenges, to insure safer environments for our seniors and the staff. Both of them deserve the recognition and support due to them.

I have a sister-in-law who would like to have input as well.

What congressional person may I too contact?

Very serious and needed input from persons living through this.

Respectfully always,

Debi Hilmer

Sent from the all new AOL app for

Sincerely,

Debi Hilmer

2232 Evelyn Ln NW Rochester, MN 55901-2128

debi.hilmer@aol.com

40100 Nursing Home Workforce Standards Board Notice of Intent to Adopt Expedited Rules

Closed Jul 24, 2024 · Discussion · 72 Participants · 1 Topics · 72 Answers · 0 Replies · 16 Votes

72

PARTICIPANTS

1

TOPICS

72

ANSWERS

0

REPLIES

16

VOTES

SUMMARY OF TOPICS

SUBMIT A COMMENT

 72 Answers · 0 Replies


Important: All comments will be made available to the public. Please only submit information that you wish to make available publicly. The Office of Administrative Hearings does not edit or delete submissions that include personal information. We reserve the right to remove any comments we deem offensive, intimidating, belligerent, harassing, or bullying, or that contain any other inappropriate or aggressive behavior without prior notification.

Amy Porter · Citizen · (Postal Code: unknown) · Jul 12, 2024 5:28 pm

 4 Votes

Thank you for the opportunity to make a comment on this topic. Please see the attachment.

Kayla Linn · Citizen · (Postal Code: unknown) · Jul 15, 2024 1:39 pm

 1 Votes


Please see attached for my comments. Thank you so much!

Carol Ehlinger · Citizen · (Postal Code: unknown) · Jul 17, 2024 5:46 am

 2 Votes

Please see attached comments. I appreciate the opportunity to share my comments with you.

Emily Kollar · Citizen · (Postal Code: unknown) · Jul 17, 2024 11:41 am

 1 Votes

Thank you for considering my comments attached.

40100 Nursing Home Workforce Standards Board Notice of Intent to Adopt Expedited Rules

Closed Jul 24, 2024 · Discussion · 72 Participants · 1 Topics · 72 Answers · 0 Replies · 16 Votes

Mark Rustad · Citizen · (Postal Code: unknown) · Jul 17, 2024 12:39 pm

👍 1 Votes

Please see attached for my comments. Thank you.

James Vrchota · Citizen · (Postal Code: unknown) · Jul 17, 2024 1:20 pm

👍 1 Votes

Please see attached comments. Best hopes on coming to an equitable arrangement.

Carolyn Hervin · Citizen · (Postal Code: unknown) · Jul 18, 2024 10:20 am

👍 2 Votes

Please see attached for my comments. Thank you

Morgan Hviding · Citizen · (Postal Code: unknown) · Jul 18, 2024 3:26 pm

👍 1 Votes

Please see attached for comments. Thank you

Teresa Hildebrandt · Citizen · (Postal Code: unknown) · Jul 18, 2024 4:07 pm

👍 1 Votes

Please see attached for comments. Thank you for your consideration of my comments.

Darrel Dulinski · Citizen · (Postal Code: unknown) · Jul 19, 2024 10:22 am

👍 1 Votes

Please see attached for my comments. I appreciate the ability to voice my concerns. Thank you.

Paxton Wiffler · Citizen · (Postal Code: unknown) · Jul 19, 2024 2:57 pm

👍 2 Votes

Please see my attached comments. Thank you in advance for your review, and giving me the opportunity to voice my concerns regarding this proposed rule.

Brian Hinrichs · Citizen · (Postal Code: unknown) · Jul 19, 2024 3:17 pm

👍 1 Votes

Please see my attached comments. Thank you in advance for your review, and giving me the opportunity to voice my concerns regarding this proposed rule.

Michael Dolinsky · Citizen · (Postal Code: unknown) · Jul 20, 2024 8:37 am

👍 1 Votes

40100 Nursing Home Workforce Standards Board Notice of Intent to Adopt Expedited Rules

Closed Jul 24, 2024 · Discussion · 72 Participants · 1 Topics · 72 Answers · 0 Replies · 16 Votes

Please see attached. I appreciate the ability to voice my concerns. Thanks.

Mark Schulz · Citizen · (Postal Code: unknown) · Jul 22, 2024 9:16 am

👍 1 Votes

Please find the attached comments from LeadingAge Minnesota.

Matthew Fischer · Citizen · (Postal Code: unknown) · Jul 22, 2024 9:33 am

👍 0 Votes

Please see my attached comments. Thank you in advance for your review, and giving me the opportunity to voice my concerns regarding this proposed rule.

Lynn Hogendorn · Citizen · (Postal Code: unknown) · Jul 22, 2024 10:54 am

👍 0 Votes

Please find my attached comments. I appreciate the opportunity to voice my concerns.

Crystal Ellefson · Citizen · (Postal Code: unknown) · Jul 22, 2024 11:56 am

👍 0 Votes

Please see attached document. Thank you for letting me represent my communities voice on the matter.

Tom Stevens · Citizen · (Postal Code: unknown) · Jul 22, 2024 1:01 pm

👍 0 Votes

Please see attached documents. The opportunity to voice concerns regarding this matter is much appreciated. Thank you.

Mark Hayes · Citizen · (Postal Code: unknown) · Jul 22, 2024 2:01 pm

👍 0 Votes

I appreciate the opportunity to share my concerns. Please see the attached comments.

Brian Bernander · Citizen · (Postal Code: unknown) · Jul 22, 2024 2:12 pm

👍 0 Votes

Please see attached for concerns related to the proposed unfunded wage rule.

Zachary Schmitz · Citizen · (Postal Code: unknown) · Jul 22, 2024 2:13 pm

👍 0 Votes

Please see attached. Thank you for the opportunity to share my concerns.

40100 Nursing Home Workforce Standards Board Notice of Intent to Adopt Expedited Rules

Closed Jul 24, 2024 · Discussion · 72 Participants · 1 Topics · 72 Answers · 0 Replies · 16 Votes

MARIE BARTA · Citizen · (Postal Code: unknown) · Jul 22, 2024 2:23 pm

👍 0 Votes

Please see attached for comments on the unfunded minimum wage rule. Thank you for the opportunity to comment.

Drew Hood · Citizen · (Postal Code: unknown) · Jul 22, 2024 2:37 pm

👍 0 Votes

Please see attached for comments. We are expressing our concern as an assisted living provider. The proposed rules will have negative downstream effects. More discussion needs to occur to understand the larger implications of these rules.

Leah Novelan · Citizen · (Postal Code: unknown) · Jul 22, 2024 2:48 pm

👍 0 Votes

Please see my attached comments. Thank you in advance for your review and giving me the opportunity to voice my concerns regarding this proposed rule.

STEVEN CHIES · Citizen · (Postal Code: unknown) · Jul 22, 2024 2:56 pm

👍 0 Votes

Here are our comments.

Betty Singer-Towns · Citizen · (Postal Code: unknown) · Jul 22, 2024 4:26 pm

👍 0 Votes

Please see my attached comments

Ashley Linkert · Citizen · (Postal Code: unknown) · Jul 22, 2024 7:15 pm

👍 0 Votes

Please see attached comments. Thank you for the opportunity to voice concerns on the proposed changes.

Teresa Debevec · Citizen · (Postal Code: unknown) · Jul 23, 2024 6:23 am

👍 0 Votes

Please see my attached letter.

Ross Rivard · Citizen · (Postal Code: unknown) · Jul 23, 2024 7:48 am

👍 0 Votes

Letter attached. Thank you for the opportunity to comment on this issue.

40100 Nursing Home Workforce Standards Board Notice of Intent to Adopt Expedited Rules

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Anne Major · Citizen · (Postal Code: unknown) · Jul 23, 2024 7:56 am

👍 0 Votes

Please see attached for my comments, thank-you.

Kathy Holland · Citizen · (Postal Code: unknown) · Jul 23, 2024 11:29 am

👍 0 Votes

Please see the attached letter. I appreciate the opportunity to comment

Max Stodola · Citizen · (Postal Code: unknown) · Jul 23, 2024 11:39 am

👍 0 Votes

Please see my attached comments. Thank you in advance for your review, and giving me the opportunity to voice my concerns regarding this proposed rule.

James Newbrough · Citizen · (Postal Code: unknown) · Jul 23, 2024 1:23 pm

👍 0 Votes

Thank you for the opportunity to comment on this issue. I appreciate your attention to this very important issue.

Nick Duerst · Citizen · (Postal Code: unknown) · Jul 23, 2024 1:27 pm

👍 0 Votes

I appreciate the opportunity to share my concerns. Please see my attached document, thanks.

Cade Rose · Citizen · (Postal Code: unknown) · Jul 23, 2024 1:48 pm

👍 0 Votes

Please see attached letter. Thank you.

deb barnes · Citizen · (Postal Code: unknown) · Jul 23, 2024 3:35 pm

👍 0 Votes

Please see attached letter.

Todd Bergstrom · Citizen · (Postal Code: unknown) · Jul 23, 2024 4:40 pm

👍 0 Votes

Please find the attached comments from Care Providers of Minnesota. We request a formal hearing on the matter.

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Rick Varco · Citizen · (Postal Code: unknown) · Jul 23, 2024 5:29 pm

👍 0 Votes

Please see attached letter for comments from SEIU Healthcare Minnesota & Iowa

Vikki Knigge · Citizen · (Postal Code: unknown) · Jul 23, 2024 9:53 pm

👍 0 Votes

I am Vikki Knigge LPN IN a nursing facility for 9 years. We have seen a lot of changes. Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers like myself supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Thank you,
Vikki Knigge LPN

Dr. Cami Peterson-DeVries · Citizen · (Postal Code: unknown) · Jul 24, 2024 8:35 am

👍 0 Votes

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo,

Thank you for the opportunity to comment on the proposed minimum wage standard rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, St. Francis Health Services of Morris has always supported our workers and their ability to earn a life-sustaining wage. However, it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like ours have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To our surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like us to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

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The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards. Moving forward with the standards as proposed could recklessly put access to essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on several key elements:

1. Unfunded Mandate:

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal government are responsible for providing the funds.

- o The wage standards are an unfunded mandate.

- o According to our calculations, the total wage increase impact for St. Francis Health Services of Morris is over \$1.2 million annually. Additionally, the increased cost of implementing eleven paid holidays annually is estimated to be over \$652,000.

- o Developing and projecting a yearly budget that takes these standards into account without a corresponding increase in reimbursement will be impossible.

- o The realistic impacts of this standard could force us to reduce expenditures from other critical areas or potentially close our doors, significantly impacting the community we serve.

- o This comes on top of the new 2024 legislation of Employee Sick and Safe Time.

2. Financial Challenges:

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. The Board is asking nursing homes to do the impossible - pay staff more without any additional funding.

- o Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates them 45 days prior to January 1 of each year.

- o Unlike other businesses, we are unable to raise our prices to meet new expenses due to the equalization of Medicaid and private pay rates, the state-funded managed care programs for seniors (MSC+ and MSHO), and Medicare.

- o The wage standards do not account for the costs associated with providing raises to staff "at or above" the standard or consider the increased costs associated with providing raises to all other positions and maintaining wage parity. The mandated increases will significantly impact our campuses where other services are provided, further widening pay discrepancies or having to increase costs due to aligning pay throughout the campuses.

- o This "one size fits all" approach does not represent geographic wage differences, historical rate differences, or the available workforce to support the standard.

3. Impact on Services and Community:

If these standards are implemented without adequate funding, we will be forced to make difficult decisions that will directly impact our ability to provide high-quality care. This

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could include reducing services, laying off staff, or even closing our facility, which would be devastating to our residents, their families, and our community.

- o We mainly operate rural nursing homes, and the ability for those rural nursing homes to survive the required increases to meet the mandate could result in some of those rural nursing homes closing.

- o The impact on our local healthcare system will be significant, potentially resulting in individuals in the hospital not being discharged due to a lack of services.

- o Our facility's closure would create more access issues for seniors in our community, further exacerbating the challenges faced by our healthcare system.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards. Rather, it will have the opposite effect, as facilities may have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

Dr. Cami Peterson-DeVries


Vice President of Senior Services

St. Francis Health Services of Morris

801 Nevada Ave, Morris, MN 56267

320.287.0313

Jeffrey Heinecke · Citizen · (Postal Code: unknown) · Jul 24, 2024 8:38 am

 0 Votes


Please find the attached comments.

Kimber Wraalstad · Citizen · (Postal Code: unknown) · Jul 24, 2024 8:49 am

 0 Votes

Please see the attached comments regarding the Nursing Home Workforce Standards Board proposed wage standards. Thank you for the opportunity to comment.

Christine Bakke · Citizen · (Postal Code: unknown) · Jul 24, 2024 8:58 am

 0 Votes

Executive Director Solo and Members of the Nursing Home Workforce Standards Board, I am writing on behalf of all 14 of our care centers within of St. Francis Health Services of Morris, to express our grave concerns regarding the recently published rule in the Minnesota State Register. The proposals include the addition of four holidays effective January 1st, 2025 and significant increases in minimum wages for various nursing home positions effective January 1, 2026, with further increases on January 1, 2027. While we appreciate the intention to improve benefits and compensation for nursing home employees, the financial impact of this unfunded mandate is of immense concern to our organization. This also adds to the burden of the already implemented Employee Sick and Safe Time that began on January 1s, 2024.

The proposed rule sets minimum wages at \$22.50 for Certified Nursing Assistants

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(CNAs), \$23.50 for Trained Medication Aides (TMAs), \$27 for Licensed Practical Nurses (LPNs), and \$19 for all other nursing home employees. Additionally, an increase of \$1.50 for each of these positions is scheduled for January 1, 2027. These changes, combined with the anticipated rule mandating eleven paid holidays starting in calendar year 2025, represent a substantial financial burden.

Our Care Centers are committed to providing high-quality care to our residents, reflecting our mission of expressing Christ's love by providing care that values every human life. However, the financial implications of this rule will cost us \$1.9 million to meet the requirements. Without adequate funding, these increased costs will jeopardize our ability to continue delivering essential services to our aging population.

The impact on our budget is not merely a matter of operational adjustments; it poses an existential threat to our facility. The requirement for such a substantial increase in wages, without corresponding funding, is not sustainable. This rule, if implemented without proper financial support, will force us to make difficult decisions, including potential reductions in staff, services, and possibly the closure of our facility. This outcome would be devastating to the residents who depend on us for their care and well-being.

We urge the Nursing Home Workforce Standards Board to consider the broader implications of this rule. The focus on Medicaid rate increases to offset these costs does not provide immediate relief and does not account for the significant upfront financial burden. It is crucial to address the need for funding that ensures nursing homes can meet these new requirements without compromising the quality of care or access to services.

We strongly encourage the Board to collaborate with LeadingAge Minnesota and other stakeholders to develop a more balanced approach. This should include securing the necessary funding from the Legislature to support these wage increases and prevent undue hardship on nursing homes and the vulnerable populations we serve.


We also recommend extending the comment period and conducting additional impact assessments to fully understand the ramifications of this rule. Transparent and comprehensive discussions involving all stakeholders, including nursing home providers, are essential for creating policies that are both fair and sustainable.

Thank you for considering our concerns. We remain committed to working collaboratively to find solutions that support our dedicated workforce while ensuring the continued provision of high-quality care for Minnesota's aging residents.

Sincerely,


Christine Bakke, LNHA, MHA, HSE
Regional Director - Operations
St. Francis Health Services of Morris

Cate Davis · Citizen · (Postal Code: unknown) · Jul 24, 2024 9:06 am

 0 Votes

Please see the attached comments of concern regarding the Nursing Home Workforce Standards Board proposed wage standards. Thank you for the opportunity to comment.

Autumn Herzog · Citizen · (Postal Code: unknown) · Jul 24, 2024 9:09 am

 0 Votes

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Thank you for the opportunity to comment regarding the Nursing Home Workforce Standards Board proposed wage standards. I appreciate your attention to this very important issue.

Wendy Henning · Citizen · (Postal Code: unknown) · Jul 24, 2024 9:22 am

👍 0 Votes

Dear Executive Director Solo and Members of the Nursing Home Workforce Standards Board,

I am writing on behalf of Renville Health Services, a subsidiary of St. Francis Health Services of Morris, to express our grave concerns regarding the recently published rule in the Minnesota State Register. The proposals include the addition of four holidays effective January 1st, 2025, and significant increases in minimum wages for various nursing home positions effective January 1, 2026, with further increases on January 1, 2027. While we appreciate the intention to improve benefits and compensation for nursing home employees, the financial impact of this unfunded mandate is of immense concern to our organization. This also adds to the burden of the already implemented Employee Sick and Safe Time that began on January 1s, 2024.

The proposed rule sets minimum wages at \$22.50 for Certified Nursing Assistants (CNAs), \$23.50 for Trained Medication Aides (TMAs), \$27 for Licensed Practical Nurses (LPNs), and \$19 for all other nursing home employees. Additionally, an increase of \$1.50 for each of these positions is scheduled for January 1, 2027. These changes, combined with the anticipated rule mandating eleven paid holidays starting in calendar year 2025, represent a substantial financial burden.

Renville Health Services is committed to providing high-quality care to our residents, which reflects our mission of expressing Christ's love by providing care that values every human life. However, the financial implications of this rule will cost us \$73,808 to meet the requirements. Without adequate funding, these increased costs will jeopardize our ability to continue delivering essential services to our aging population.

The impact on our budget is not merely a matter of operational adjustments; it poses an existential threat to our facility. The requirement for such a substantial increase in wages, without corresponding funding, is not sustainable. This rule, if implemented without proper financial support, will force us to make difficult decisions, including potential reductions in staff, services, and possibly the closure of our facility. This outcome would be devastating to the residents who depend on us for their care and well-being.

Renville Health Services is in a rural area. There is potential funding immediately available for nursing facilities, which is being used by hospitals for swing beds. The current allowed days are 3800, which is 10 swing bed patients per day. With the higher rate the hospital receives, it is a revenue loss of 17% for the nursing facility. I would like to see this revenue returned to the nursing facilities, along with the nursing facilities right of first refusal for hospital swing bed stays.

We urge the Nursing Home Workforce Standards Board to consider the broader implications of this rule. The focus on Medicaid rate increases to offset these costs does not provide immediate relief and does not account for the significant upfront financial burden. It is crucial to address the need for funding that ensures nursing homes can meet these new requirements without compromising the quality of care or access to services.

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We strongly encourage the Board to collaborate with LeadingAge Minnesota and other stakeholders to develop a more balanced approach. This should include securing the necessary funding from the Legislature to support these wage increases and prevent undue hardship on nursing homes and the vulnerable populations we serve. We also recommend extending the comment period and conducting additional impact assessments to fully understand the ramifications of this rule. Transparent and comprehensive discussions involving all stakeholders, including nursing home providers, are essential for creating policies that are both fair and sustainable.

Thank you for considering our concerns. We remain committed to working collaboratively to find solutions that support our dedicated workforce while ensuring the continued provision of high-quality care for Minnesota's aging residents.

Sincerely,

Wendy Henning, LNHA
Administrator
Renville Health Services, subsidiary of St. Francis Health Services of Morris

Kristi Petersen · Citizen · (Postal Code: unknown) · Jul 24, 2024 9:52 am
👍 0 Votes

Please see attached PDF. Thank you for the opportunity to respond to this proposed rule.

Karrie Tipler · Citizen · (Postal Code: unknown) · Jul 24, 2024 10:00 am
👍 0 Votes

Please consider comments in the attached document, thank you.

Juliana Lundberg · Citizen · (Postal Code: unknown) · Jul 24, 2024 10:15 am
👍 0 Votes

Thank you for the opportunity to respond to the proposed rule.

Murray Finger · Citizen · (Postal Code: unknown) · Jul 24, 2024 10:25 am
👍 0 Votes

Please see attached PDF. Thanks for the opportunity to respond to this proposed rule.

justin boldt · Citizen · (Postal Code: unknown) · Jul 24, 2024 10:44 am
👍 0 Votes

I appreciate your attention to this very important issue. Please review attached letter.

Chester Fishel · Citizen · (Postal Code: unknown) · Jul 24, 2024 10:47 am
👍 0 Votes

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Please see the attached PDFs for both of my care centers located in Duluth. Thank you for the opportunity to respond to the proposed rule.

Etta DiGiacomo · Citizen · (Postal Code: unknown) · Jul 24, 2024 12:31 pm

👍 0 Votes

Please read attached and note the financial implications outlined in the table, embedded in the letter. Thank you.

Danielle Olson · Citizen · (Postal Code: unknown) · Jul 24, 2024 12:55 pm

👍 0 Votes

Please see my attached comments. Thank you for the opportunity to voice my comments on the proposed rule.

Blaine Gamst · Citizen · (Postal Code: unknown) · Jul 24, 2024 1:19 pm

👍 0 Votes

Please see my attached letter which includes my comments related to the proposed rule. Thank you for the opportunity to share my comments on the matter.

Katherine Ilten · Citizen · (Postal Code: unknown) · Jul 24, 2024 1:26 pm

👍 0 Votes

Please see attached letter.

Ethan Martin · Citizen · (Postal Code: unknown) · Jul 24, 2024 1:50 pm

👍 0 Votes

Please see my attached comments. I appreciate the opportunity to respond and comment on the proposed rule.

Laura Steffen · Citizen · (Postal Code: unknown) · Jul 24, 2024 1:56 pm

👍 0 Votes

Please see attached comments. Thank you for the opportunity to share my comments on this important matter.

Tom Henry · Citizen · (Postal Code: unknown) · Jul 24, 2024 2:06 pm

👍 0 Votes

Please see the attached letter. I'm thankful for a forum for everyone to share their thoughts

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Penny Solberg · Citizen · (Postal Code: unknown) · Jul 24, 2024 2:15 pm

👍 0 Votes

Please see the attached letter. Thank you for the opportunity to share my comments.

Tara Adkins · Citizen · (Postal Code: unknown) · Jul 24, 2024 2:24 pm

👍 0 Votes

Thank you for the opportunity to comment, please see my attached letter.

Kimberly Smith · Citizen · (Postal Code: unknown) · Jul 24, 2024 2:25 pm

👍 0 Votes

NHWSB Letter

Jordin Miller · Citizen · (Postal Code: unknown) · Jul 24, 2024 2:34 pm

👍 0 Votes

Please see the attached letter. Thank you for the opportunity to share my comments.

Kayla Luraas · Citizen · (Postal Code: unknown) · Jul 24, 2024 2:42 pm

👍 0 Votes

Please see my attached letter which includes my comments related to the proposed rule. Thank you for the opportunity to share my comments on the matter.

Lisa Vogel · Citizen · (Postal Code: unknown) · Jul 24, 2024 2:58 pm

👍 1 Votes

Thank you for this opportunity to share our comments, please see attachment.

Shannon Carlson · Citizen · (Postal Code: unknown) · Jul 24, 2024 3:14 pm

👍 0 Votes

Thank you for allowing the opportunity to comment.

ronald donacik · Citizen · (Postal Code: unknown) · Jul 24, 2024 3:33 pm

👍 0 Votes

Thank you for allowing the opportunity to comment.

Mac Harnisch · Citizen · (Postal Code: unknown) · Jul 24, 2024 4:02 pm

👍 0 Votes

Please see the attached letter. Thank you for allowing the opportunity to share my

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comments.

Joseph Schulte · Citizen · (Postal Code: unknown) · Jul 24, 2024 4:07 pm

👍 0 Votes

Please see the attached comment from AFSCME Council 65.

Denise Baker · Citizen · (Postal Code: unknown) · Jul 24, 2024 4:21 pm

👍 0 Votes

Please see the attached comment. Thank you for allowing the opportunity to comment.

Jackson Bires · Citizen · (Postal Code: unknown) · Jul 24, 2024 4:26 pm

👍 0 Votes

Please see attached for comment. Thank you for allowing me the opportunity to share my comments.

Anna Olinger · Citizen · (Postal Code: unknown) · Jul 24, 2024 4:27 pm

👍 0 Votes

Please see the attached comment. Thank you for allowing the opportunity to comment.

Date: July 16, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Aftenro Home in Duluth, MN.

Aftenro, a not-for-profit organization, was founded in 1921 by a group of Duluth women who recognized that there were seniors in the community without sufficient means to afford and or to care for themselves. The mission was to provide assistance to those in need. The group set to work fundraising. A generous gift from A.M. Miller made it possible for the construction of Aftenro which means "Evening Rest", in Norwegian. 103 years later, Aftenro remains true to its mission. Aftenro is governed by a dedicated volunteer Board of Directors. Throughout the years, there have been two additions to the original building. We now have room to serve 54 residents. We provide 24 hour nursing care. Ninety-eight percent of our residents are Medicaid recipients. Two percent are private paying. Minnesota has rate equalization. We are unable to charge private paying residents more than those on medical assistance.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Table 1: Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$155,356	\$155,356	\$310,712
Direct Cost of January 1, 2027 Standard	\$0	\$94,139	\$94,139
Indirect or Ripple Cost of January 1, 2026 Standard	\$0	\$0	\$0
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$0	\$0
Estimated Annual Cost: Aftenro Home	\$155,356	\$249,496	\$404,852

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1.

Aftenro operates on a razor thin margin. Aftenro does not have the ability to provide the proposed wage increases upfront. We are on a cost-based reimbursement system. The costs we incur today, are not reimbursed for 15 to 27 months after the costs are incurred.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Aftenro is located in an urban classified region. Duluth has two hospital systems and other long term care communities. Staff are recruited at a premium. We pay our employees what the market demands in order to retain them. If we did not, we would not have employees enough to care for our residents.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

We have been forced to reduce our expenses already to remain viable. Labor costs, make up at least 75% of our expenses. The staff that we have are necessary to provide quality care for our residents which they deserve. We have no fat to trim elsewhere. Our only option would be to reduce staff.

Thank you for your consideration.

Sincerely,

Amy Porter, Administrator Aftenro Home



801 Main Avenue, Suite 201
Moorhead, MN 56560
218-291-2230 | fax: 218-477-3250

July 15, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers;
Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule.

My name is Kayla Linn, and I am the Vice President of People and Culture at Eventide. Eventide is a faith-based, non-profit senior healthcare organization based in Moorhead, Minnesota. We provide a full range of lifestyle and service options, including independent and assisted living, memory care, skilled nursing care and transitional care. With over 1,100 employees, Eventide serves over 1,200 residents daily at our locations in Moorhead, MN, Fargo, West Fargo, Jamestown and Devils Lake, ND.

In my role, I oversee the Human Resources functions for the organization. I have been with Eventide for about eight years, and have seen the shift of the workforce pre and post pandemic. Over the last several years, Eventide has made it a priority to ensure that we offer competitive wages to our employees, while also ensuring we operate within the means of our revenues.

I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

Eventide has always supported our workers and their ability to earn a life-sustaining wage. However, it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home

care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on the fact that this is an unfunded mandate and the financial challenges this will create.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards create alone, especially when the state and federal government is responsible for providing the funds to them.

Eventide will experience around a \$70,000 annual impact to its operating expenses for these wage mandates. As an organization, we want to continue to increase our front-line employee wages and have done so over the last few years. Thankfully we are already near or at the wage levels proposed by this rule for many of the employee groups; but there are some that are still below the threshold this rule will create. Without additional funding provided by the state, it will be very difficult to continue to focus our efforts on not only increasing staff wages each year but also putting funds/dollars towards other enhancements for organization to improve the services and quality of life for our residents. I fear that based on these mandates and no additional state funding, we put not only Eventide, but many other organizations in our industry at risk of closing their doors due to financial deficits.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

year; therefore, resulting in facilities having to manage the additional expense without additional revenue until years later.

Eventide also has other senior living services that the proposed wages do not impact. At our Eventide on Eighth location, we have a care center, assisted living, memory care and independent living. It will make it very challenging to have these wage scales implemented in our care center (nursing home) and then not have them be applied to the assisted living that is a connected community on our campus. The disparity this creates could ultimately result in perpetuating an already difficult staffing/recruitment landscape.

We are also a border city between the states of North Dakota and Minnesota. Eventide has several locations just 10 minutes away from our Minnesota campus, it will be very challenging to have the proposed wages go into effect in one of our buildings and not the other. To again echo the financial impact this will have, we would love to increase our wages across all location and all buildings, but without the funding and financial support to do this we not be able to maintain our operations long term.

With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet the new expenses these wage requirements create.

The wage standards do not consider the costs associated with providing raises to staff “at or above” the standard, or consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

In addition, the standard’s “one size fits all” approach does not represent geographic wage differences, historical rate differences, or the available workforce to support the standard.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

Kayla Linn

Vice President of People and Culture
Eventide Senior Living



July 17, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Benedictine Living Community-Winona has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

My name is Carol Ehlinger and I am the Executive Director for Benedictine Living Community-Winona. I have been with Benedictine-Winona in several capacities since October of 1990. My love for the senior population and advocating for superior care is my driving force. I believe our seniors deserve nothing less than excellent care as they once took care of us.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

Benedictine-Winona is a campus consisting of a 109 bed Skilled Nursing Facility, a 105 apartment Assisted Living, Adult Day Program, and Training Center Program. We are located in Southeastern Minnesota and are considered rural for Medicare reimbursement. This is despite the close proximity to large health systems such as Mayo and Gundersen. We employ approximately 240 staff members throughout our campus.

Benedictine-Winona is an important part of the Winona community and local residents consider us a cornerstone and premium provider of healthcare services. We are an important piece of Winona history and collaborate with other leading industries in our community.

The proposed minimum wage standard causes angst for several reasons. I would like to expand on a few of them.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

For Benedictine-Winona, the additional salaries and payroll taxes for those individuals directly impacted by the Minimum Nursing Home Wage Standards is approximately \$688,000. The anticipated ripple effect of increasing other associates' wages due to implementing the Minimum Wage Standards is an additional \$638,000, resulting in a total of \$1,326,800 of unreimbursed costs during 2026 and 2027 as a result of implementing the Minimum Nursing Home Wage Standards.

The wage standards are an unfunded mandate and the viability of our organization is threatened by the unfunded mandate. With the already low profit margin of most nursing homes, the mandate would be detrimental to the continuation of operations due to lack of cash flow.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

Currently, our nursing facility's Medicaid and Private Pay rates are determined with allowable costs incurred between 15 to 27 months prior. It would be impossible to develop a break even budget when almost two years worth of increased salaries would need to be funded by our organization before we even see the costs included in our rate structure.

Our current resident population primarily consists of Medicaid and Private Pay residents. This means nearly all of our funding is controlled by state and federal governments. We are unable to raise our prices to meet new expenses like other businesses are able to.

Assisted living challenges

The long-term care spectrum of services is not only about nursing facility level of care. It involves a variety of other home and community-based providers including assisted living providers who are also competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across the service system.

As I mentioned earlier, our campus consists of four lines of business. We would need to implement these standards across all lines of business as these standards are not limited to nursing facilities.

The assisted living rates for Medicaid services only change when the legislature provides funding. Currently this funding could not support the minimum wage standards being proposed. Private pay rates could be increased to meet the unexpected expenses; however, with competition in Winona for assisted living, we would potentially see a steep decline in our assisted living population.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

Carol Ehlinger
Executive Director
Benedictine Living Community-Winona



July 17, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers;
Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the minimum wages standard proposed rule.

My name is Emily Kollar and I am the Executive Director at Eventide in Moorhead, Minnesota. I have been in my role for four years and with Eventide for five years. I love the work my team and I do that contributes to great care for our residents here in their homes at Eventide. I work in long-term care because I am passionate about not only providing great care, but also providing a great home and sense of community for our residents, staff, and guests.

Eventide is a faith-based, non-profit senior healthcare organization based in Moorhead, Minnesota. We provide a full range of lifestyle and service options, including independent and assisted living, memory care, skilled nursing care and transitional care. With over 1,100 employees, Eventide serves over 1,200 residents daily at our locations in Moorhead, MN, Fargo, West Fargo, Jamestown and Devils Lake, ND.

I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule referenced above.

Eventide has always supported our workers and their ability to earn a life-sustaining wage. However, it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota.

Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on the fact that this is an unfunded mandate and the financial challenges this will create.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards create alone, especially when the state and federal government is responsible for providing the funds to them.

Eventide will experience around a \$70,000 annual impact to its operating expenses for these wage mandates. As an organization, we want to continue to increase our front-line employee wages and have done so over the last few years. Thankfully, we are already near or at the wage levels proposed by this rule for many of the employee groups, but there are some that are still below the threshold this rule will create. Without additional funding provided by the state, it will be difficult to continue to focus our efforts on not only increasing staff wages each year, but also funding other enhancements for organization to improve the services and quality of life for our residents. I fear that based on these mandates and no additional state funding, we put not only Eventide, but many other organizations in our industry at risk of closing their doors due to financial deficits.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year; therefore, resulting in facilities having to manage the additional expense without additional revenue until years later.

Eventide also has other senior living services that the proposed wages do not impact. At our Eventide on Eighth location, we have a care center, assisted living, assisted living memory care and independent living. It would be challenging to implement the proposed wage scales in our care center (nursing home) and not be financially able to apply the same scales to the assisted living connected within our campus. The disparity this creates could ultimately result in perpetuating an already difficult staffing and recruitment landscape.

We are also a border city between the states of North Dakota and Minnesota. Eventide has several locations just 10 minutes away from our Minnesota campus, it will be very challenging to have the proposed wages go into effect in one of our buildings and not the other. To again echo the financial impact this will have, we would love to increase our wages across all location and all buildings, but without the funding and financial support to do this we not be able to maintain our operations long term.

With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet the new expenses these wage requirements create.

The wage standards do not consider the costs associated with providing raises to staff "at or above" the standard, or consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

In addition, the standard's "one size fits all" approach does not represent geographic wage differences, historical rate differences, or the available workforce to support the standard.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,



Emily Kollar, MHA, LNHA, LALD

Executive Director – Eventide Moorhead

Date: July 17, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Valley Care and Rehab in Barnesville.

Valley Care and Rehab is a stand-alone, independently owned, and operated facility. Valley Care and Rehab is the largest employer outside of the public school in the town of Barnesville. Not only do we serve the community by caring for the most vulnerable population but also as an employer and educator for our future care givers. We provide podiatry, audiology, optometry, and mental health services within our facility. While we are not a locked memory care unit, we do provide care for individuals with dementia as well as those who simply are not safe to live alone.

Our medical director, who is also our primary care physician, has been with the community for more than 50 years and has provided medical care to most of those who reside with us. This continuity of care is essential in providing the best possible care.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$155,144	\$155,144	\$310,288
Direct Cost of January 1, 2027 Standard	\$0	\$74,033	\$74,033
Indirect or Ripple Cost of January 1, 2026 Standard	\$9,249	\$9,249	\$18,498
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$0	\$0
Estimated Annual Cost:	\$164,393	\$238,426	\$402,819

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

We don't have additional funding sources! The 2-year lag in cost-based reimbursement is not sustainable for us. We're essentially trying to float 3 years' worth of expenses.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

We CAN NOT afford to pay the same wages as those living in the Twin cities metro area!

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

Mark Rustad, Administrator
Valley Care and Rehab



July 17, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Benedictine Living Community-Winona has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

My name is James J. Vrchota and I am the on the Board (Past Chair) for Benedictine Living Community-Winona. I have been a board member for 6 years. I serve the board because of my love for the senior population and advocating for superior care is my driving force. I believe our seniors deserve nothing less than excellent care as they once took care of us.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

Benedictine-Winona is a campus consisting of a 109 bed Skilled Nursing Facility, a 105 apartment Assisted Living, Adult Day Program, and Training Center Program. We are located in Southeastern Minnesota and are considered rural for Medicare reimbursement. This is despite the close proximity to large health systems such as Mayo and Gundersen. We employ approximately 240 staff members throughout our campus.

Benedictine-Winona is an important part of the Winona community and local residents consider us a cornerstone and premium provider of healthcare services. We are an important piece of Winona history and collaborate with other leading industries in our community.

The proposed minimum wage standard causes angst for several reasons. I would like to expand on a few of them.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

For Benedictine-Winona, the additional salaries and payroll taxes for those individuals directly impacted by the Minimum Nursing Home Wage Standards is approximately \$688,000. The anticipated ripple effect of increasing other associates' wages due to implementing the Minimum Wage Standards is an additional \$638,000, resulting in a total of \$1,326,800 of unreimbursed costs during 2026 and 2027 as a result of implementing the Minimum Nursing Home Wage Standards.

The wage standards are an unfunded mandate and the viability of our organization is threatened by the unfunded mandate. With the already low profit margin of most nursing homes, the mandate would be detrimental to the continuation of operations due to lack of cash flow.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

Currently, our nursing facility's Medicaid and Private Pay rates are determined with allowable costs incurred between 15 to 27 months prior. It would be impossible to develop a break-even budget when almost two years' worth of increased salaries would need to be funded by our organization before we even see the costs included in our rate structure.

Our current resident population primarily consists of Medicaid and Private Pay residents. This means nearly all of our funding is controlled by state and federal governments. We are unable to raise our prices to meet new expenses like other businesses are able to.

Assisted living challenges

The long-term care spectrum of services is not only about nursing facility level of care. It involves a variety of other home and community-based providers including assisted living providers who are also competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across the service system.

As I mentioned earlier, our campus consists of four lines of business. We would need to implement these standards across all lines of business as these standards are not limited to nursing facilities.

The assisted living rates for Medicaid services only change when the legislature provides funding. Currently this funding could not support the minimum wage standards being proposed. Private pay rates could be increased to meet the unexpected expenses; however, with competition in Winona for assisted living, we would potentially see a steep decline in our assisted living population.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

*James J. Vrchota
Board Member/Past Chair
Benedictine Living Community-Winona*

Date: July 19, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Executive Director at Sterling Park Senior Living of Waite Park, MN.

Our community serves both short term rehabilitation residents and long term care residents with a total census of 40 residents. We have a small home like community that recently received the AHCA Bronze Quality Award. We pride ourselves on being an extension of our residents family and offering a more intimate care setting.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$77,469
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$77,469
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$53,210
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$210,563

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Our community also can not decrease the number of residents to meet the mandate as then our revenue would not be enough to support expenses causing our facility to close.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Because we are attached to a licensed assisted living facility there would be a ripple effect into that community related to wages or available staff. If there is a significant increase in long term care we will see an exit from assisted living employee to receive higher pay. Because our assisted living is mostly consistent of Elderly Waiver residents, we are not able to increase costs to provide higher wages in this area.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Our community bases initial hiring wages on a 10 year experience scale. After that initial hire we do annual merit based raises. If the incoming wage is increased then we must increase our existing staff who have been with the organization a long time or are very experienced workers. There is no consideration for where these costs will come from indicating they are not being considered by law makers.

Thank you for your consideration.

Sincerely,

Carolyn Hervin
Executive Director
Sterling Park Senior Living



7/18/2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Benedictine Living Community Ada has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on operational viability, facility operational effects, and community effects.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

My name is Morgan Hviding and I am the Executive Director of Benedictine Living Community Ada. I have been an administrator for the last 5 years and have worked in long-term care for 12 years.

Our facility is located in Ada, MN, a population of 1,719. We are a small, rural, tight knit community that takes care of its own and many others in the surrounding communities. We are a 49-bed facility that has been operating out of our current location since 2001, after the facility had been rebuilt by FEMA following a large flood in 1997.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

These wage standards are an unfunded mandate. Our operational viability will be threatened by this mandate due to being a small rural community that does not see the kind of revenue that other larger suburban facilities see.

Each year we must budget for the next based on our revenue and expenses. We already struggle to find a way to be profitable while maintaining the salary of our employees at the current rates we operate at. Allowing this unfunded mandate will force us to make organizational cuts that not only impact our associates, but will impact the overall care of our residents we serve. Allowing this mandate would put a great strain on us as an organization and would be detrimental to our future operations.

The impact on our community if this mandate is put into effect would be life changing and devastating. As one of the largest employers in the community, if we were to have to close our doors, this community would greatly suffer and all facility residents would be forced out of their own community to find a new home.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.

We provide culinary services to an on-site daycare and a hospital which we are attached to. If this mandate were to take effect and we could no longer financially operate, the hospital would suffer greatly as they rely on those services for their patients and the daycare relies on these services to feed the children they care for. The daycare would also be forced to vacate and find a new location, which is not an easy task for a rural community with a population of less than 2,000.

With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses. The additional salaries and payroll taxes for those individuals directly impacted by the Minimum Nursing Home Wage Standards is approximately \$66,500. The anticipated ripple effect of increasing other associates' wages due to implementing the Minimum Wage Standards is an additional \$120,100, resulting in a total of \$186,600 of unreimbursed costs during 2026 and 2027 as a result implementing the Minimum Nursing Home Wage Standards.

This "one size fits all" approach does not represent the small rural facilities. We cannot operate at the same level as a large suburban facility that has a larger population to take care of. We are limited in our area. Forcing us all to pay the same wages as larger facilities would also mean we would not be able to compete to keep our staff, let alone pay them.

We would need to make several cuts in other departments if this mandate were to take effect. People who already wear multiple hats within our facility would be forced to take on more responsibilities, inevitably causing a high turnover rate, an unsuccessful business, and an unsafe home for our residents if the doors were even able to remain open.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

Morgan Hviding
Executive Director
Benedictine Living Community Ada



Submitted Electronically

July 18, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers;
Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100
Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, *Benedictine Living Community-St Peter* has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

Please allow me to introduce myself. I am Teresa Hildebrandt, Executive Director of Benedictine Living Community-St Peter. BLC-St Peter is a 79-bed skilled nursing facility that includes a 19-bed short term rehabilitation unit as well as a 20-bed dementia unit. We are the only skilled nursing facility in Nicollet County. In addition, our campus has a 46-unit assisted living facility and a 28-unit independent housing. We have 140 staff who provide care and services to those entrusted to our care.

BENEDICTINE CARE COMMUNITY

1907 Klein Street
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PH (507) 934-2203
FX (507) 934-8392

BENEDICTINE COURT

1906 Sunrise Drive
St. Peter, MN 56082
PH (507) 934-8817
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BENEDICTINE HERITAGE MEADOWS

1302 Traverse Road
St. Peter, MN 56082
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I have been an administrator in long term care for over 37 years. It is my life's work and I am passionate about our elderly population receiving quality care. I have always been a strong proponent and advocate for providing a living wage those who work in long term care. I have lost count of the number of times I have appeared before my local state legislators and written letters to the Governor asking for funding specifically to increase wages for our dedicated caregivers. More often than not, those requests have gone unanswered and unfunded. As was the case, again, during the most recent legislative session. It is incomprehensible to expect providers to financially absorb such a wage standard without the upfront funding to offset the increase in expense to providers.

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal government is responsible for providing the funds to them.

In my facility alone, the additional salaries and payroll taxes for those individuals directly impacted by the Minimum Nursing Home Wage Standards is approximately \$143,400. The anticipated ripple effect of increasing other associates' wages due to implementing the Minimum Wage Standards is an additional \$184,500, resulting in a total of \$327,900 of unreimbursed costs during 2026 and 2027 as a result of implementing the Minimum Nursing Home Wage Standards.

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The long-term care spectrum of services is not only about nursing facility level of care. As I mentioned before, our campus has an assisted living facility connected to our skilled nursing facility. Since assisted living rates for Medicaid services only change when the legislature provides funding, private pay rates will need to be raised to meeting the unexpected expenses. This may result in a decline in the assisted living population as they will be unable to afford our services.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

Teresa Hildebrandt
Executive Director

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Date: July 19, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Director of Nursing at Aftenro Home in Duluth, MN.

Aftenro, a not-for-profit organization, was founded in 1921 by a group of Duluth women who recognized the need to support seniors in the community who lacked the means to afford care for themselves. Their mission was to provide assistance to those in need, and they set to work fundraising. A generous gift from A.M. Miller made the construction of Aftenro, meaning "Evening Rest" in Norwegian, possible. Now, 103 years later, Aftenro remains true to its mission, governed by a dedicated volunteer Board of Directors. Over the years, two additions have been made to the original building, allowing us to serve 54 residents and provide 24-hour nursing care. Ninety-eight percent of our residents are Medicaid recipients, while two percent are private payers. Due to Minnesota's rate equalization, we cannot charge private-paying residents more than those on medical assistance.

I oppose the proposed rule language and request a public hearing for the following reasons:

First, the wage standards constitute an unfunded mandate. We have conducted our own analysis of the standards using the LTC Imperative Excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

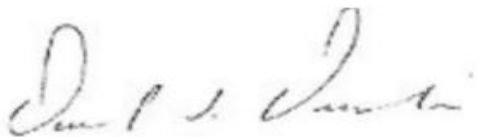
Table 1: Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$155,356	\$155,356	\$310,712
Direct Cost of January 1, 2027 Standard	\$0	\$94,139	\$94,139
Indirect or Ripple Cost of January 1, 2026 Standard	\$0	\$0	\$0
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$0	\$0
Estimated Annual Cost: Aftenro Home	\$155,356	\$249,496	\$404,852

Second, state or federal reimbursement does not support the mandated minimum wage standards. Medicaid and Private Pay Rates are determined based on allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know their rates until DHS calculates them 45 days before January 1. Aftenro operates on a razor-thin margin and does not have the ability to provide the proposed wage increases upfront. We are on a cost-based reimbursement system, meaning the costs we incur today are not reimbursed for 15 to 27 months after they are incurred.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not consider geographic wage differences, historical rate differences, or the available workforce to support the standard. Aftenro is located in an urban classified region. Duluth has two hospital systems and other long-term care communities. Staff are recruited at a premium, and we pay our employees what the market demands to retain them. If we did not, we would not have enough employees to care for our residents.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions. To meet the standards, Aftenro will need to reduce expenditures from other allowable expenses or possibly close our doors. We have already been forced to reduce our expenses to remain viable. Labor costs make up at least 75% of our expenses. The staff we have are necessary to provide the quality care our residents deserve. We have no place else to reduce, therefore our only option would be to reduce staff.

Thank you for your consideration.

A handwritten signature in cursive script, appearing to read "Darrel Dulinski".

Sincerely,

Darrel Dulinski, Director of Nursing, Aftenro Home

Date: July 19, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Chief Operating Officer at Monarch Healthcare.

Our organization has 45 skilled nursing facilities throughout the state of Minnesota, and we are the largest provider of care and service to Medicaid recipients in the state.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$3,730,304
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$3,730,304
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$1,199,480
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	1,199,480
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$3,326,354
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$985,515
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$14,171,437

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

These additional unfunded expenses will put a significant strain on facility operations, and potentially limit our ability to serve all the communities in which we currently operate.

Third, the mandated minimum wage standards create specific problems for our nursing facilities.

The wage standards do not consider geographic wage differences, historical rate differences, or the available workforce to support the standard.

In certain geographic parts of the state, we are able to recruit and retain qualified staff WITHOUT having to increase expense to "one-size" fits all rate. This unwarranted expense creates an undue hardship on some of our facilities.

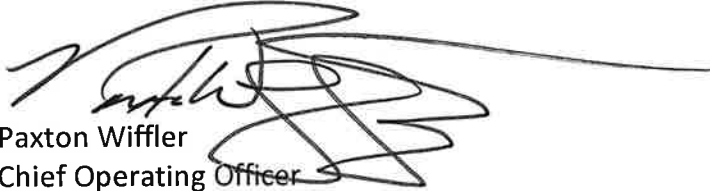
Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

By not fixing the compression issues, a facility will experience a whole host of issues some of which could be discriminatory in nature. No facility wants those unintended consequences, but to fix it...it will be an unfunded expense, and that should not be the sole burden of the facility/organization.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Paxton Wiffler", with a long horizontal line extending to the right.

Paxton Wiffler
Chief Operating Officer
Monarch Healthcare

Date: July 22, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Executive Director at Prairie View Senior Living of Tracy, MN.

Prairie View Senior Living is located in a small bedroom community to the much larger town of Marshall. We are currently one of two Skilled Nursing facilities in Lyon County. Two nursing facilities in our county have closed since 2019 and another facility has closed that was located 20 miles south in the town of Slayton MN. These facilities that closed around us could not maintain a census or financial viability to remain open. This minimum wage standard will most likely cause the same issue for our facility. The projected labor costs are too high for this facility to absorb. I thank you for your time in considering our issues.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$112,347
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$112,347
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$77,252
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$320,821

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

In order to raise the rates for staff effected by this mandate our facility would also need to create a new pay scale and move all staff to an appropriate level because we cannot have new staff making more than staff who have employed for several past years. This cost would be tremendous.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

To meet the standards my nursing facility will need to reduce expenditures from other allowable expenses or possibly close our doors.

Thank you for your consideration.

Sincerely,

Brian Hinrichs, Executive Director LNHA

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Executive Director at Woodlyn Heights of Inver Grove Heights, MN.

At Woodlyn Heights Senior Living, I am dedicated to enhancing the lives of our residents by ensuring they receive compassionate and attentive care. My role involves maintaining strong community ties and managing the facility's operations with a focus on quality and efficiency. Currently, we are addressing financial challenges and optimizing staffing and supply chain processes to continue providing exceptional care.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$44,411
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$44,411
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$35,089
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$123,911

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses. This lack of flexibility means that any increase in labor costs due to the new wage standards will not be offset by corresponding increases in our funding, creating a significant financial burden on our facility.

Third, the mandated minimum wage standards create specific problems for our nursing facility.

These standards fail to account for geographic wage differences, historical rate variations, and the availability of a qualified workforce. In our region, wage levels for similar roles can vary significantly, and the mandated increases may exceed local market rates, making it challenging to attract and retain skilled staff. Additionally, historical rate differences put our facility at a disadvantage compared to others with different wage structures. The standards also assume that a qualified workforce is readily available, but in reality, there may be a shortage of skilled professionals in our area. These factors collectively create substantial strain on our facility's ability to comply with the new wage requirements while continuing to provide high-quality care.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address the full scope of additional costs or potential reductions needed to meet these requirements. Our facility already operates at a loss due to increased expenses and inflation, which has put a significant strain on our budget. The new wage standards will force us to either reduce expenditures from other allowable expenses or face the possibility of closing our doors. This is because the increased labor costs will further exacerbate our financial difficulties, leaving little room to absorb these additional expenses without compromising other essential services or investments. The fiscal note provided by the state does not account for the broader financial impact or the necessary adjustments we would need to make, putting our facility at risk of being unable to sustain operations and continue providing quality care.

Thank you for your consideration.

Sincerely,

Michael Dolinsky, Executive Director, Woodlyn Heights Senior Living



Submitted Electronically

July 21, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

**RE: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers;
Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100**

Dear Executive Director Solo:

LeadingAge Minnesota appreciates this opportunity to provide our comments on the Nursing Home Workforce Standards Board (the "Board") proposed minimum wage rules ("rules" or "proposed rules") and express our strong opposition to the entire proposed rules and request that they be withdrawn, or alternatively, that their disposition be resolved during a public hearing.

Our membership encompasses over 1,000 organizations statewide. Together with thousands of dedicated caregivers, our members serve 60,000 older adults every day across the full continuum of health care, including home and community-based services, independent senior housing, home care, assisted living communities and nursing homes. We unequivocally recognize that Minnesota's nursing homes and their dedicated caregiving staff provide high-quality, compassionate care to thousands of older Minnesotans every day, and we write to share their experience, perspective and voice relating to the issue at hand.

Our opposition to the proposed rules is not due to a lack of concern for workers. To be clear, LeadingAge MN and our members have strongly supported workers and their ability to earn family-sustaining wages. But this cannot be done through unfunded mandates. For decades, Minnesota's approach to nursing homes has been one of partnership between the state and providers. The state has accepted the responsibility to ensure that Minnesota seniors have access to nursing home level of care in their home communities throughout the state through participation in the Federal Medicaid program.¹ Providers have partnered with the state to ensure the state meets its obligation and embrace their missions of service to provide high-quality, safe care to Minnesota's seniors. And, because Minnesota is only one of two states that has adopted a rate equalization law, it is up to elected officials to ensure that rates are

¹ 42 U.S.C. § 1396a(a)(10)(D).

adequate to cover costs incurred in running nursing homes, including family-sustaining wages for workers.

That is why Leading Age MN, the LTC Imperative and our members have led the charge on behalf of our employees, calling upon lawmakers to appropriate permanent funding for wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To our surprise and disappointment, this proposal, which would have provided immediate wage increases, was opposed by some of the same advocates that sought the establishment of this Board instead and was not passed into law.

Our opposition to these proposed rules relates to the potentially devastating impacts that would ensue if adopted. It appears that the Board has made no effort to understand these potential impacts, and instead has made broad, sweeping generalizations and assumptions to support these proposed rules. Moreover, the Board has failed to provide lawmakers with the information necessary to fully fund these mandates.

Background and Context

Before offering specific comments, we are compelled to describe the difficult conditions in which Minnesota nursing homes currently operate, to place the Board's proposed rules in context. While we recognize that the Board's charge is to specifically focus on the health and safety of workers in nursing home settings, it is also important to consider the financial condition of the sector and the demographic factors that will place more demands on the sector in coming years.

The number of seniors in our state is rapidly growing. Minnesota is now the home to over one million older adults.² 60,000 Minnesotans will turn 65 every year through 2030, when over 20% of our state population will be made up of older adults.³ Seventy percent of adults aged 65+ will require long-term services and supports in their lifetime, with 28 percent of them receiving at least 90 days of nursing home care.⁴ In 2023, persons aged 65+ made up 32% of residents in counties outside of the seven-county metropolitan area where they comprised 19% of that urban population.⁵ Those percentages will continue to increase as the inevitable occurs—our state's population is getting older, and that acceleration is happening more quickly in rural areas of the state.

² See Minnesota State Demographic Center. (2022, January 8). Minnesota's Aging Population and Disability Communities. <https://mn4a.org/wp-content/uploads/2022/03/Minnesotas-Aging-Population-and-Disability-Communities-SBrower2022.pdf>.

³ Minnesota State Demographic Center. (2023, October 13). Aging - Key Findings. <https://mn.gov/admin/demography/data-by-topic/aging/>.

⁴ Office of Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. What is the Lifetime Risk of Needing and Receiving Long-Term Services and Supports. (2019, April). <https://aspe.hhs.gov/reports/what-lifetime-risk-needing-receiving-long-term-services-supports-0>.

⁵ Healthy Minnesota Partnership & Minnesota Department of Health, (2023, October). 2023 Statewide Health Assessment. <https://www.health.state.mn.us/communities/practice/healthymnpartnership/docs/2023statewidehealthassessment-publiccomment.pdf>.

Unfortunately, at a time when demand for services is rising, nursing homes are still financially frail due to the COVID-19 pandemic and historic levels of inflation. A recent survey of long-term care providers shows that in Minnesota, almost 10% of nursing homes have completely exhausted reserves. Twenty-six of Minnesota's nursing homes have closed since 2020, including eight in 2022 and six in 2023, with two closures currently in process and around 10% of nursing homes indicating that they are considering closure or sale.⁶

As more closures have occurred, access to care has greatly diminished for Minnesotans needing nursing home level of care. It has become a far too common story to hear that a senior needs to leave his or her home community to get the care they need, isolating them from friends and family. And the impact extends to access to acute care as well. There have been countless news stories of hospital patients that stay in inpatient care much longer than needed because there are not available nursing homes to accept those patients. That means that hospitals have also had extended waiting times in their emergency departments and have suffered financial losses.

It is in this context that this Board has proposed a nine-figure, unfunded mandate. Our fear is that the Board has not given sufficient consideration of this context nor accounted for the likelihood that these proposed rules will exacerbate these dire circumstances, undermining the state's responsibility to ensure that Minnesotans have access to safe, quality care in their communities.

Comments on Minimum Wage Rules ⁷

UNFUNDED MANDATE

The constant, recurring theme with the proposed rules is simple. The statute establishing this Board and the creation of standards made clear that new standards should be adequately funded before becoming effective, implying such funding was meant to be available upon the rules' effective date, not delayed via the current nursing home rate process (to be made available 15 to 21 months into the future).⁸ It seems clear that the Legislature intended to preserve its oversight over budget impacts to the state and did not wish to pass unfunded mandates onto providers. Because the Board has not appropriately met this requirement, the proposed rules must be remedied.

Issue: The Board incorrectly interpreted the statute to require only an appropriation for the future increase in Medicaid rates under 256R. This is inconsistent with the legislative intent and would require providers to absorb over \$100 million in additional costs in 2026 and 2027 without state funding.

⁶ Long-Term Care Imperative. LTC Imperative Legislative Summary. (2024).

⁷ This written comment is intended to provide only a high-level summary of the primary concerns of LeadingAge MN. LeadingAge MN also supports and incorporates the comments submitted by the Long-Term Care Imperative into our comments. Additional, detailed information and analysis, and assistance with the revision of the proposed rules, is readily available upon request. LeadingAge MN reserves the right to advance additional arguments in the event a further challenge of the proposed rules, or any variation thereof, becomes necessary.

⁸ See Minn. Stat. §181.213, subd. 2(c).

Comment: The Board's interpretation of its statutory requirements to assess the fiscal impact to the state, while creative, allows it to promulgate these proposed rules without the fiscal transparency required by the Legislature. Lawmakers are essentially being kept in the dark about the costs of these new rules, as the Board has determined that no appropriation, and therefore no report describing an appropriation, is needed. This interpretation defies logic. It has been acknowledged that this proposal will, in fact, result in a fiscal impact to the state. The question is when those costs will be recognized in rates.

But, the statute does not limit the timeframe in consideration of the impact on rates. The enabling legislation reads in relevant part:

"If the board, in consultation with the commissioner of human services, determines the operating payment rate and employee benefits portion of the external fixed costs payment rate will increase to comply with the new employment standards, the board shall report to the legislature the increase in funding needed to increase payment rates to comply with the new employment standards and must make implementation of any new nursing home employment standards contingent upon an appropriation, as determined by sections 256R.21 and 256R.25, to fund the rate increase necessary to comply with the new employment standards." (Emphasis added.)⁹

Should the Board proceed with its interpretation that no appropriation is necessary until costs are reflected in the Medicaid rates through the existing rate-setting process, nursing homes will have to reallocate existing Medicaid revenue, which is based on costs that were incurred nearly two years ago. This is a bait and switch from our current reimbursement structure and fails to make providers whole for their costs. Surely the legislature did not intend this change in reimbursement policy.

Moreover, it is arguable that these costs will eventually be reflected in reimbursement rates, thus impacting the state budget. The fact that this will occur beyond the current budget forecast should not negate the requirement to report a needed appropriation and fiscal impact to the legislature. We cannot stress enough that nursing homes cannot bear the weight of this mandate without funding.

To date, Minnesota has seen dozens of nursing homes close, and almost all of them in rural areas of our state. We have also seen a quickening decline in nursing home bed capacity as surviving nursing homes reduce the number of beds they have in operation. Our fear is that these proposed rules will result in an even greater erosion of nursing home care throughout the state, placing our state at risk of being out of compliance with federal safety net requirements and leaving thousands of vulnerable seniors without the care they need.

OTHER FINANCIAL CHALLENGES

Issue: The Board has failed to account for the additional impacts providers will incur as they attempt to address wage compression created by these proposed rules.

⁹ Minn. Stat. §181.213, subd. 2(c).

Comment: The Board has failed to adequately consider geographic wage differences, historical wage differences, or the availability of workforce to support the standard as required by statute. Importantly, the Board has failed to evaluate the impact of the rules on nursing home workers that are currently paid “at or above” the rules’ wage standards. This is a critical factor for providers, as wage scales will be necessarily adjusted not just for those that are currently compensated below the standard. In order to ensure retention of employees, those that are currently compensated above the proposed standard will also need increases.

The omission of this factor in the Board’s analysis represents the Board’s failure to comply with its enabling statutes. While there were repeated attempts by Board meeting participants to raise this issue for discussion, it is not reflected in the proposed rules. The Board should account for this issue in fiscal analyses and appropriations recommended to the legislature.

CITY/COUNTY NURSING HOME CHALLENGES

Close to 40 nursing homes are unique in that they are city, county, or hospital district-owned, managed or operated. The Board’s “one size fits all” approach does not consider the impact to these local municipalities and what will be their requirement to use their taxpayer dollars to implement the rules.

Issue: The proposed rules, and the process used to develop them, failed to address these unique city, county, or hospital-district nursing homes and the impact of the rules on local taxes.

Comment: It is likely that the proposed rules will have an impact on local taxes to cover the rules’ implementation costs. In the alternative, the costs would have to be absorbed by local units of government, and it appears that these impacts have not been considered by the Board. Minnesota Statutes section 14.131 requires all state agencies to analyze the impact of proposed rules on local governments and prepare a Local Impact Note.¹⁰ The note must detail the estimated cost to local governments and must be prepared in consultation with representatives of cities, counties, and school districts that may be affected by the proposed rules.

This process ensures that the potential financial effects on local governments are considered and communicated during the rulemaking process, allowing for a more informed decision-making process that accounts for the needs and resources of local entities.

There is nothing in the enabling legislation that absolves this Board from conducting this analysis, yet it appears that this analysis has not been conducted. The Board should be directed to conduct this analysis before moving forward in finalizing the proposed rules.

¹⁰ See also Minn. Stat. §14.128 stating “An agency must determine if a local government will be required to adopt or amend an ordinance or other regulation to comply with the proposed agency rule. An agency must make this determination before the close of the hearing record or before the agency submits the record to the administrative law judge if there is no hearing.”

OTHER BUSINESSES IMPACTED

Issue: The Board's rules fail to account for the impact of its rules on other businesses and Medicaid service recipients in the state.

Comment: Minnesota has a proud track record of providing a continuum of options for long-term care services and supports to Minnesota's seniors, from nursing facilities to home and community-based services. We can assume that the impact of these proposed rules will extend beyond nursing facilities to the entire continuum of care. However, those potential impacts have not been studied by this Board, creating a potential blind spot for policymakers which could lead to unintentional consequences.

While the Board's rules attempt to increase the wages for a specific portion of long-term care caregivers, their impact will be felt by a broad group of providers. We are especially concerned about the potential impacts on small, independent providers who overwhelmingly provide services to individuals who rely on state Medicaid waivers to pay for their services. These providers may be significantly impacted, as Medicaid waiver reimbursement rates already fall below the actual cost of care and are not cost-based. Yet, because they will compete in the same market for the same workers, they may have to raise wages to recruit and retain workers. In this circumstance, providers will have limited options, and realistically may choose to further limit access to their services to Medicaid waiver recipients and pass on costs to private-paying consumers. Neither of these scenarios have been considered by the Board.

Seniors on Medicaid waivers should not have to worry about whether there will be access to a provider willing to accept state Medicaid waivers recipients in the future.

Conclusion

We appreciate the Board's effort to raise awareness to the undeniable fact that more funding is needed to raise wages within nursing homes by these proposed rules. Ensuring that caregivers earn a livable wage is a laudable goal that we support and will continue to advocate for at the legislature. However, we cannot support these proposed rules without adequate funding appropriated by the legislature.

The Board has failed to fully understand the potential consequences of moving forward with an unfunded mandate, including the impacts on providers, consumers, other health care providers and local governments. While we acknowledge that this is a complex and dynamic analysis we are requesting, there is too much at stake to proceed as is. In the worst scenario, more nursing homes will close as a result of these proposed rules, thereby reducing seniors' access to care in their local communities. Individuals will be forced to choose between going without needed skilled care or relocating to a nursing home farther away—if an opening is available. Neither of these options support our goal of ensuring that every senior has access to safe, quality care when they need it in their home communities.

We believe that this is an inflection point in Minnesota, and we have a powerful opportunity to come together to reaffirm the state's commitment to adequately funding senior care so that caregivers can earn family-sustaining wages and seniors have access to care in all the places we call home. But this

Executive Director Leah Solo

July 21, 2024

Page 7 of 7

cannot be achieved by ignoring the complex and interwoven factors discussed in this comment letter. We urge the Board to withdraw these proposed rules and conduct the analyses that are not only required by law, but necessary to ensure that the impacts of these proposed rules are well understood. In the alternative, we ask that these issues be resolved in a public hearing.

Thank you for considering these comments and this request for public hearing.

Sincerely,

A handwritten signature in cursive script that reads "Kari Thurlow".

Kari Thurlow,
President and CEO

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Bethany on the Lake.

My facility provides services to a the largest population of vulnerable adults in Dougals County here in Minnesota. This care is funded primarily by state and federal dollars, and there is minimal ability to increase these rates as expenses unexpectedly rise.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$158,510
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$158,510
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$19,396
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$19,396
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$160,048
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$8,610
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$524,469

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

As mentioned earlier, this additional expense will become the full burden of the facility to bare, as there is no avenue to offset this cost to the nursing facility.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not consider geographic wage differences, historical rate differences, or the available workforce to support the standard.

Not every skilled nursing facility is built/reimbursed the same so to think a “one-size” fits all wage program can be uniformly applied to all facilities is ill-conceived.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

If my facility does not address all positions within the building, and tier for years of service...the unintended consequences will create an environment that does not reward employee retention...and tenured consistent staff is critical for quality care and services.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew Fischer', with a long horizontal flourish extending to the right.

Matthew Fischer
Administrator
Bethany on the Lake

Date: July 19, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Regional Director of Operations at Monarch Healthcare Management.

Our organization has 45 skilled nursing facilities throughout the state of Minnesota, and we are the largest provider of care and service to Medicaid recipients in the state. Of those 45 skilled nursing facilities, I oversee 9 of them.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$685,465
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$685,465
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$316,513
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$316,513
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$686,457
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$258,892
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$2,949,307

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.


These additional unfunded expenses will put a significant strain on facility operations, and potentially limit our ability to serve all the communities in which we currently operate.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions. The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Lynn Hogendorn". The signature is written in a cursive style with a large initial "L".

Lynn Hogendorn
Regional Director of Operations
Monarch Healthcare Management



St. Mark's Living

LOVE. HONOR. COMPASSION.

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Executive Director at St. Mark's Living located in Austin, MN.

St. Mark's Living serves Austin, Mn and greater Mower County residents with senior living options, from independent housing to skilled nursing. Most of the population is on Medicaid and/or social security.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

- Average payroll for a month is \$160,000.00/2024
- Assumed increase per month \$10,000.00/2025

This does not take into account that all wages would need to be right sided according to Wage an hour regulation.

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.



St. Mark's Living

LOVE. HONOR. COMPASSION.

To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

Thank you for your consideration.

Sincerely,

Crystal Ellefson, Executive Director
St. Mark's Living

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am a Regional Director of Operations for Monarch Healthcare Management

Our organization has 45 skilled nursing facilities throughout the state of Minnesota, and we are the largest provider of care and service to Medicaid recipients in the state. Of those 45 skilled nursing facilities, I oversee 9 of them within my region.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$892,200.00
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$892,200.00
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$136,398.00
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$136,398.00
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$758,707.00
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$77,535.00
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$2,893,439.00

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

These additional unfunded expenses will put a significant strain on facility operations, and potentially limit our ability to serve all the communities in which we currently operate.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Stevens', with a large, stylized flourish extending to the right.

Tom Stevens
Regional Director of Operations
Monarch Healthcare Management

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am a Regional Director of Operations for Monarch Healthcare Management, and I am submitting this information on behalf of The Gardens at Foley in Foley, Minnesota.

Our organization has 45 skilled nursing facilities throughout the state of Minnesota, and we are the largest provider of care and service to Medicaid recipients in the state.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$256,369.00
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$256,369.00
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$11,872.00
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$11,872.00
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$175,480.00
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$7,289.00
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$719,251.00

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

These additional unfunded expenses will put a significant strain on facility operations, and potentially limit our ability to serve the Foley community.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Stevens', with a large, stylized flourish extending to the right.

Tom Stevens
Regional Director of Operations
Monarch Healthcare Management

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am a Regional Director of Operations for Monarch Healthcare Management, and I am submitting this information on behalf of The Estates at Delano in Delano Minnesota.

Our organization has 45 skilled nursing facilities throughout the state of Minnesota, and we are the largest provider of care and service to Medicaid recipients in the state.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$44,309.00
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$44,309.00
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$12,562.00
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$12,562.00
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$42,235.00
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$9,812.00
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$165,788.00

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

These additional unfunded expenses will put a significant strain on facility operations, and potentially limit our ability to serve the Delano community.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to be 'Tom Stevens', written in a cursive style.

Tom Stevens
Regional Director of Operations
Monarch Healthcare Management

RECEIVED

By: OAH on 7/22/2024

Mark Hayes Attachment



THE LUTHERAN HOME
ASSOCIATION

July 22, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for allowing providers the opportunity to comment on the proposed minimum wages standard proposed rule.

My name is Mark Hayes. I am the current CEO of The Lutheran Home Association in Belle Plaine, Minnesota. I have been with the organization for 8 years and in my current role for the past two years. The Lutheran Home Association is a nonprofit that has been in Belle Plaine for 125 years. Belle Plaine is a rural community with a population of 7,000. From 2021 to 2024, we have decreased from 96 active beds to only 60 due to the impact of COVID on staffing and admissions. During the initial impact of COVID, we used up our financial reserves and have had to work regularly with our lenders who are concerned about a negative financial trend. We have sold locations to maintain the operations in Belle Plaine. We have delicensed active beds to right-size our Belle Plaine facility and balance our staffing model to run as efficiently as possible and are on track to breaking even by the end of this calendar year. However, our future would again be compromised with the implementation of the mandatory wage increase. For that reason, I respectfully urge the Nursing Home Workforce Standards Board to reconsider this standard and rule.

The Lutheran Home Association is, of course, very much in favor of supporting our workers and providing a wage that honors their difficult and meaningful work. However, our ability to increase the wages of our workers is limited by the rate the state determines for the care we provide. In other words, the employee wage increase is over and above the rates we receive for providing care and we do not have a way to fund it internally. Since we do not have the ability to increase the rates beyond what the state determines due to rate equalization, it is the responsibility and obligation of our state's elected officials to fund these investments.

In our rural Minnesota setting, the mandated wage scale will mean an increase in wages of 20% for CNAs and 60% for housekeeping, maintenance, and dietary team members. The impact on our budget would be devastating, costing a conservatively estimated \$373,000 beyond our annual budget. Our annual budget is calculated according to the reimbursement rates we

The Lutheran Home Association
337 South Meridian Street | Belle Plaine, MN 56011
(952) 873-4746 | www.tlha.org | mlhayes@tlha.org



THE LUTHERAN HOME
ASSOCIATION

receive. We don't have any reserves left to manage that deficit. We have already delayed necessary capital improvements to survive the post-COVID conditions. The reimbursement rates we receive won't come close to filling that gap. After all we have done to remain open to continue to serve this community, we could ultimately be in danger of closure. We simply don't have a way to fund the wage increases without support from the state.

The closure of The Lutheran Home would have a dramatic impact on the community. We are the largest employer in Belle Plaine. We have cared for seniors in this community since 1898. Seniors in need of skilled nursing in our community would have to go into the metro area to receive services. Families who have spent their lives here will no longer be able to receive care in the community they helped to build.

Nursing homes like ours have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the NHWS Board. Unfortunately, this appropriation was not passed into law. That makes this proposed rule an unfunded mandate that forces providers like us to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The NHWS Board has not appropriately considered critical facts and impacts in the development of these standards. As a result, moving forward with the standards as proposed is in danger of putting the access of essential nursing home care in jeopardy for communities all over Minnesota.

Minnesota is and will continue to experience a decline in workers¹. Additionally, the NHWS Board has not taken into account the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most critically, the NHWS Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the NHWS Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase up front and before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal government is responsible for providing the funds to them. The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf



THE LUTHERAN HOME
ASSOCIATION

costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates. In simple terms, it is an unfunded mandate. I believe the NHWS Board is acting in good faith and working hard to support employees in a nursing home environment. However, tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards. Rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

Mark L. Hayes, CEO

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

The Lutheran Home Association

337 South Meridian Street | Belle Plaine, MN 56011

(952) 873-4746 | www.tlha.org | mlhayes@tlha.org



Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I and my wife are the proud owners of St. Otto's Care Center in Little Falls since 2016. We have seen many good days, but a cloud hangs in the past of the most challenging times we have faced. We remain because we believe in the purpose of caring for our residents and caring for our team members with honest relationships and a culture they enjoy and are proud to work together in. We are highly regulated and work tirelessly to exceed these regulations each and every day. We take care of people that also happens to be a business. Both of which, we understand with great precision and passion. Nobody knows our residents or our business better than we do. Nobody knows the sweat and tears it takes to ensure our residents are cared for better than we do. And I guarantee you, nobody knows how to run our business better than we do.

St. Otto's Care Center is a Medicare and Medicaid-certified 91-bed skilled nursing facility in Little Falls, MN, with a population of roughly 9,000 and 34,000 in Morrison County. Throughout the years, St. Otto's has remained a pillar of healthcare in the community because of the 200 dedicated, purpose driven team members who care for our residents. St. Otto's provides short and long-term care to residents of Minnesota from throughout the state, but predominately those residing within 30 miles of the facility. We have put significant efforts towards recruiting and retaining our team members and have done so with remarkable results over the last 2 years. We have 200 team members with an average tenure of over 8 years, an average age of 37 years with 40 percent of our team members under the age of 23. Competitive wages are but just one component of recruitment and retention. Relationships, culture, mentorship, education and support are what drive success in these areas. Located in rural central Minnesota, we compete with your typical small-town employers and have found great benefits by hiring high school and college aged caring individuals to help care for our residents while the "older" community seeking work is stagnant in the local community. We are grateful to have a great team with diverse viewpoints and life experiences. This creates a culture of learning and great opportunities for teamwork and growth.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$244,528	\$244,528	\$489,056
Direct Cost of January 1, 2027 Standard	\$0	\$184,817	\$184,817
Indirect or Ripple Cost of January 1, 2026 Standard	\$48,874	\$48,874	\$97,747
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$14,400	\$14,400
Estimated Annual Cost:	\$293,402	\$492,618	\$786,020

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1.

With the current proposed wage standard language, the facility will need to come up with at least \$293,402 in 2026 to provide these proposed wages without any means to do so. To meet these proposed dollars would mean eliminating the hours of at least 8 team member, 8-hour shifts, which will have a direct impact on the attention and care our residents will receive. I guarantee our current team members would rather have those 8 people working with them each day to make their jobs more enjoyable, meaningful and prevent burnout. Those 8 people eliminated will undoubtedly double in 2027. Do we want healthy team members caring for our seniors, or do we want the workforce to shrink because of burnout?

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

40 percent of our workforce is under the age of 23, either still in high school, or seeking secondary education to become nurses, doctors, therapists among other healthcare related professions. Our offerings to recruit and retain this 40 percent is based on relationships with them, flexibility and a positive work culture so they too can succeed by furthering their education. Increasing the minimum wage here does not make viable sense as they are gaining real life work experience while going to school and working part time. The proposed wage language increases the ripple effect had on tenured staff as they too will expect equity in their pay, but this will be limited due to the delayed reimbursement mechanisms.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

The funding is not offered with these proposed wage increases, which will undoubtedly require reductions in staff, shutting down opportunities for younger employees to get healthcare experience, which will lead to a greater deficit of healthcare workers, which will then limit access to people that need care, which will require everyone to take care of their own loved ones at home or drive hundreds of miles to find the next nursing home bed available, which will lead to residents not seeing their loved ones as their remaining days pass by. We want recruitment and retention as much as anyone. We continue to work on those things day in and day out. Let us care for our residents and team members and allow us to run the business without further regulatory constraints that are impossible to meet without the needed funding from the state. Simply said, expect more nursing homes to close if this unfunded mandate does press forward.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Bernander", with a long, sweeping horizontal stroke extending to the right.

Brian Bernander
Owner/CEO/LNHA
St. Otto's Care Center

Date: July 22, 2024**OAH Docket Number:** 5-9001-40100**Presiding Judge:** Administrative Law Judge Jim Mortenson**Comment Period:** June 24, 2024 through 4:30 p.m. on July 24, 2024**Re:** Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Parmly on the Lake.

My facility provides services to a population of residents requiring a variety of clinical, therapeutic, social services, and other day to day cares. A large part of our population participates in rehabilitation to enter back into the community. Another large part of our population is permanently living here. Both populations are funded primarily by state and federal dollars. With this being the case, we do not have the ability to increase these rates when unexpected expenses rise.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$181,565
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$181,565
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$29,552
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$29,552
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$170,561
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$27,557
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$620,352

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses. As mentioned earlier, this additional expense will become the full burden of the facility to bare, as there is no avenue to offset this cost to the nursing facility.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity. If my facility does not address all positions within the building, and tier for years of service...the unintended consequences will create an environment that does not reward employee retention...and tenured consistent staff is critical for quality care and services.

Thank you for your consideration.

Sincerely,

Zachary Schmitz
Administrator
Parmly on the Lake

July 22, 2024

Dear Executive Director Solo:

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Thank you for the opportunity to comment on the proposed minimum standards proposed rule. I respectfully urge the N. H. Workforce Standards Board to delay the proposed rule until lawmakers can take the necessary steps to fund the wage increase upfront.

Catholic Eldercare has had a 41-year tradition of providing high quality staffing and care to the residents we serve. We are a not-for profit full continuum provider with two campuses in Northeast Minneapolis. We have made significant investment in wages, as we navigate the value-based reimbursement system in Minnesota. We have a full-staffed facility without using outside nursing pool agencies and are proud of our staff to resident ratios.

The workforce standard rule does not address raises to staff at or above the standard or consider the increased costs of providing raises to all other positions and maintaining wage parity. This means the financial impact is higher than just the positions listed in the rule.

The wage standard is unfunded, which means The two-year delay in reimbursement is challenging for maintaining cash-flow, and the unfunded rule would negatively impact the organization by diverting much needed resources to this unfunded workforce standards rule in addition, implementing a rule like this has overlapping impacts on our organization especially in our assisted living and senior housing communities Diverting resources to fund this rule and wages in these settings which are not included in the rule, can create challenges Equity among staff is an important value in our organization.

Again, we urge you to delay implementation of the proposed rule until lawmakers can fund the wage standard up front.

Thank you for considering my comments.

Regards,

Marie Barta
Director of Operations



Oak Terrace
Senior Living
Independent Assisted Memory

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024
Re: Proposed Expedited Rules Governing
Initial Wage Standards for Nursing Home
Workers; Minnesota Rules, Part 5200.2060

Dear Judge Mortenson,

I am Drew Hood, the Licensed Assisted Living Director for Oak Terrace Senior Communities, a family-owned chain of three assisted living communities located in North Mankato, Jordan, and Le Sueur. I also hold a Nursing Home Administrator license and oversee our North Mankato community.

It has been communicated that these proposed rules will not affect assisted living - We believe this is not accurate. I am certain that both assisted living communities connected to care centers AND standalone assisted living communities will be significantly negatively impacted by these rules. Mark Twain said, "*It ain't what you don't know that gets you into trouble. It's what you know for sure that just ain't so.*" The idea that this will not impact assisted living communities or downstream providers is trouble brewing.

Time can help us learn more and understand the downstream effects. The expedited rulemaking process has not provided sufficient opportunity for stakeholders to express their concerns. On matters of such importance it seems unnecessary and ill-advised to expediate the rule making process with such large potential negatives and so little upside.

Additionally, I am concerned because approximately 30 to 40% of our residents at Oak Terrace are enrolled in the Medicaid Elderly Waiver program. Similar to nursing homes, we cannot set the rates for these residents. Presently, the state reimburses Elderly Waiver providers at a rate lower than the wages proposed by the Nursing Home Workers' Standards Board (NHWSB). Should nursing homes be required to pay the wages set by the NHWSB, assisted living communities involved in the Elderly Waiver Program will face a severe competitive disadvantage. We will be unable to increase wages to match market conditions, which will lead to significant access issues for low-income seniors requiring assistance.

To genuinely address the issue of low wages for direct caregivers, the state must provide adequate resources and recognize that seniors and their caregivers exist in various settings. While we fully support increased wages for caregivers, we do not support these proposed rules as they create unfunded mandates and overlook the downstream effects.

Sincerely,
Drew Hood, LALD, LNHA
Oak Terrace Senior Communities

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at The Waterview Woods.

My facility provides services to a diverse type of clinically complex residents, who require a specialized level of care. This care is funded primarily by state and federal dollars, and there is minimal ability to increase these rates as expenses unexpectedly rise.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$52,776
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$52,776
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$14,213
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$14,213
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$62,546
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$12,563
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$209,086

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

As mentioned earlier, this additional expense will become the full burden of the facility to bare, as there is no avenue to offset this cost to the nursing facility.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not consider geographic wage differences, historical rate differences, or the available workforce to support the standard.

Not every skilled nursing facility is built/reimbursed the same so to think a “one-size” fits all wage program can be uniformly applied to all facilities is ill-conceived.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

If my facility does not address all positions within the building, and tier for years of service...the unintended consequences will create an environment that does not reward employee retention...and tenured consistent staff is critical for quality care and services.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Leah", followed by a long, sweeping horizontal line that extends to the right.

Leah Novelan
Administrator
The Waterview Woods

North Cities Health Care, Inc.

Comments Regarding the Nursing Home Workforce Standards Board (NHWSB)

Proposed Rule on Minimum Wages for 1/1/26 and 1/1/127

Introductory Comments:

These comments are being submitted by the operator of the skilled nursing facility provider for our two (2) operations. We are an owner/operator organization that has been in business for sixty years. Increasing wages for any employment category can provide a better outcome for the individual employee but will have an impact and unintended consequences on other parts of a skilled nursing facility operations, the State Medicaid Budget, and on other category of care in the senior care sector.

We are submitting our comments to oppose the execution of this rule on an expedited basis and would request a formal rule hearing. Our opposition will be detailed in the comments below.

- 1- We consider the adoption of this rule to be an unfunded mandate from the Minnesota Legislature and Governor. The rule has significant financial implications for skilled nursing facility providers and the budget for the State of Minnesota. This proposal needs to have full and transparent testimony from the current administration on the future impact of the rule will have on providers and the State budget including how the increased costs will be recognized by both providers and the State of Minnesota as the major payor for skilled nursing facility residents. What is the actual economic impact of this rule? While some fiscal impact has been provided, it is not accurate, nor does it consider other factors that we have detailed in this document.
- 2- Using the proposed wage rates in the rule, we have attempted to estimate the impact of these changes on the facility's operations. Unfortunately, there are too many variables to accurately predict the impact with any certainty. These variables include how this mandate might ripple with other non-mandated positions, the impact of other regulatory changes, and any 2025 and 2026 Minnesota Legislative changes. Regardless, the cost of this mandate must be assessed for each operation prior to the implementation of these requirements.
- 3- Under the current Medicaid payment model the State of Minnesota does not have the financial capacity to absorb mandates in our current budgets. If this proposed rule is forced on to skilled nursing facility providers on the dates being directed, we will need to reduce staffing levels unless significant increases in payment from payors can be provided. This may conflict with item six (6) below.
- 4- As noted above, the increases in wages (and other requirements under consideration both by this Board and federal law) will require an evaluation of this mandate and on other facility positions. This would include RNs, Directors, and other skilled positions. Again, the fiscal impact of the rule must consider this factor.

- 5- The increase in wages in skilled nursing facilities will have an impact on other sectors of the senior care economy. This would include assisted living, home care, hospice, and day care workers as the increased wages will put economic pressure on those care settings in order to be competitive. Again, this will have an impact on State Budgets as Medicaid covers the cost of some of those services.
- 6- Compliance with federal law on Medicaid rates. Federal law requires state Medicaid agencies to report any changes (to CMS) to provider payments that will impact both access to care and quality outcomes. Has the State of Minnesota determined if this rule would impact access to care settings or the quality of care? Seeking federal approval of payments for Medicaid is required by CMS.
- 7- Other changes are being considered by the NHWSB, including increasing other benefits. It is our understanding that the NHWSB will be issuing additional mandates on nursing facilities in the coming months. As the details and impact are not known, nor when such requirements will be required, a full rule hearing needs to be used to clearly understand the overall impact on providers and the State of Minnesota Budget.
- 8- Federal minimum staffing requirements. The Centers for Medicare and Medicaid have proposed adding minimum staffing requirements for skilled nursing facilities that includes changes to the staffing levels of RNs and LPNs. The impact and dates of these requirements are not known at this time, as the rule is still in the rule making process.
- 9- If the costs of these proposals are recognized by the Medicaid payment system for nursing facility providers, it will increase the daily rate on the non-governmental payors, including residents who self-pay. This could pose a burden on that group, including spending down resources and then applying for Medicaid. This will have an impact on the State of Minnesota Budget. Has this impact been considered?
- 10- Other payors, including Medicare (Fee for Service) Medicare Advantage Plans, Veterans Administration, Health Maintenance Organizations, Commercial Insurance, etc.) are payors to skilled nursing facilities in Minnesota. The non-governmental payors negotiate contracts for care with skilled nursing facility providers. Skilled nursing facility providers have limited ability to negotiate increases in rates, especially between contract dates.

Final Comments and Recommendations:

- 1- We would ask the process for this rule to include a full hearing with testimony and input from all stakeholders.
- 2- If a full rule hearing is not selected, we would ask that the dates for implementation be delayed for two (2) years. This would allow the next legislative session to explore the potential impact of these requirements on providers, residents, current and future employees, and the State of Minnesota Medicaid program.
- 3- We would recommend the ALJ reject this proposal and send the rule back to the NHWSB for additional information and transparency.

July 22, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Benedictine Living Community-Winona has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like Benedictine-Winona have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. Unfortunately, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like Benedictine to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

My name is Betty Singer-Towns and I am a current Foundation Board member and a former chaplain at Benedictine Living Community-Winona. I have been associated with Benedictine-Winona since February 2007. Advocating for superior care is important to me and I believe our seniors deserve nothing less.

Benedictine-Winona is a campus consisting of a 109 bed Skilled Nursing Facility, a 105 apartment Assisted Living, Adult Day Program, and Training Center Program. We are located in Southeastern Minnesota and are considered rural for Medicare reimbursement. This is despite the proximity to large health systems such as Mayo and Gundersen. We employ approximately 240 staff members throughout our campus.

Benedictine-Winona is an important part of the Winona community and local residents consider us a cornerstone and premium provider of healthcare services. We are an important piece of Winona history and collaborate with other leading industries in our community.

The proposed minimum wage standard causes angst for several reasons. I would like to expand on a few of them.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal governments are our primary funding source.

The viability of our organization is threatened by this unfunded mandate. With the already low profit margin of most nursing homes, the mandate would be detrimental to the continuation of operations due to lack of cash flow.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

Current basic Medicaid rates only cover 86% of nursing home costs. We must ensure nursing homes are reimbursed for the true cost of the care they provide. Currently, our nursing facility's Medicaid and Private Pay rates are determined with allowable costs incurred between 15 to 27 months prior. It would be impossible to develop a break even budget when almost two years' worth of increased salaries would need to be funded by our organization before we even see the costs included in our rate structure.

Our current resident population primarily consists of Medicaid and Private Pay residents. This means nearly all of our funding is controlled by state and federal governments. We are unable to raise our prices to meet new expenses like many other businesses can..

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

Betty Singer-Towns

Betty Singer-Towns
1261 West Broadway St
Winona, MN 55987

Date: July 22, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Villas of Brookview.

My facility provides services to a diverse type of clinically complex residents, who require a specialized level of care. This care is funded primarily by state and federal dollars, and there is minimal ability to increase these rates as expenses unexpectedly rise.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$69,228
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$69,228
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$27,830
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$27,830
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$74,908
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$21,275
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$290,299

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

As mentioned earlier, this additional expense will become the full burden of the facility to bare, as there is no avenue to offset this cost to the nursing facility.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not consider geographic wage differences, historical rate differences, or the available workforce to support the standard.

Not every skilled nursing facility is built/reimbursed the same so to think a “one-size” fits all wage program can be uniformly applied to all facilities is ill-conceived.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

If my facility does not address all positions within the building, and tier for years of service...the unintended consequences will create an environment that does not reward employee retention...and tenured consistent staff is critical for quality care and services.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Ashley Linkert". The signature is written in a cursive, flowing style.

Ashley Linkert
Administrator
The Villas at Brookview

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo,

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule.

My name is Teresa Debevec, and I am the CEO/Administrator at the Cook Hospital & Care Center. I have worked at Cook Hospital & Care Center for over 33 years.

We are a small critical access hospital with an attached 28-bed skilled nursing facility. Our facility is in Cook, Minnesota with a population of 534. The hospital district service area is 2,500 square miles. We are the largest employer in Cook.

We have always supported our workers and their ability to earn a life-sustaining wage. However, it is the responsibility of our state's elected officials to fund these investments. This is why nursing homes have called for funding to raise wages year after year.

This proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care. This increase will be substantial as we also have an attached hospital and would have to raise those wages because we have staff that work in both areas (ex. Housekeeping, maintenance, dietary etc.).

The Board fails to consider critical facts and impacts in the development of these standards. Minnesota is and will continue to experience a decline in workers. Additionally, the Board has ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

The Cook Hospital is an equal opportunity provider and employer.

The estimated cost of the standards to our nursing facility for 2026 and 2027 is significant because we also have an attached hospital, and this will impact all employees. We have union contracts to abide by.

Table 1: Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$89,723	\$89,723	\$179,445
Direct Cost of January 1, 2027 Standard	\$0	\$68,890	\$68,890
Indirect or Ripple Cost of January 1, 2026 Standard	\$959,225	\$959,225	\$1,918,449
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$738,603	\$738,603
Estimated Annual Cost: Cook Hospital & Care Center	\$1,048,947	\$1,856,441	\$2,905,388

Unfunded mandate

The new standards should be funded with adequate funding before becoming effective. Nursing homes cannot shoulder the burden of these standards alone, the lawmakers must take steps to fund the wage increase upfront.

Our audited 2023 financials show a loss from operations in the nursing home of over \$1 million. The impact of this unfunded mandate will threaten our operational viability. We must have funding provided before the Board can require this.

Financial challenges

Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.

As I stated earlier, Cook Hospital & Care Center has a hospital with an attached nursing home. We would have to address wages for all the positions in the hospital not just the nursing home. We have four union contracts which include MNA (RN staff from the hospital and nursing home), Support Staff (staff from the hospital and nursing home), Technical Staff and LPN. This would be a financial challenge for us as you can see in the chart above.

We are a legislatively created hospital district. This new expense will require us to increase our levy (increase taxes for those in our hospital district) if we expect to comply.

The Cook Hospital is an equal opportunity provider and employer.



Phone: 218.666.5945
Toll Free: 1.866.324.5945
10 Fifth Street SE
Cook, Minnesota 55723
www.cookhospital.org

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning it is an unfunded mandate. We are opposed to this entire rule.

Sincerely,

A handwritten signature in blue ink that reads "Teresa Debevec".

Teresa Debevec
CEO/Administrator
Cook Hospital & Care Center

Date: July 23, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at The Estates at Greeley

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$30,676
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$30,676
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$30,278
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$30,278
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$49,083
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$27,630
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$198,622

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Provide Additional Facility Context

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Provide Additional Facility Context

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity. I'm concerned the mandate will create a culture that's hurts staff retention in the long run. Mandating higher wages will make the new and less experienced staff be equal to the nurses that have dedicated their careers to our facility.

Provide Additional Facility Context

Thank you for your consideration.

Sincerely,

Ross Rivard
Administrator
The Estates at Greeley

A handwritten signature in black ink, appearing to read 'R. Rivard', with a large, stylized flourish at the end.



Submitted Electronically

7/23/2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Benedictine Living Community-Cold Spring has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on the needed revenue to support the wage increases and the "Ripple" effect for the rest of the expenses that must also be paid.

As the Executive Director for our campus, I am charged with ensuring we are fiscally responsible while also continuously improving the quality of care and safety on our campus. We also have memory care assisted living, assisted living, HUD housing, and home health care on

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

our Cold Spring Campus and serve over 150 seniors on our campus (Nursing Home, Assisted Living and Independent Living) and many more out in the community through Faith in Action and Home Health.

As a nurse, I have worked the majority of my career caring for the geriatric population, both in direct care and in administration. Our seniors are dependent on us to ensure they are able to live their best life for as long as they are able. We are not able to continue to do this without the funding necessary to cover the basic costs of care delivery, let alone these drastically higher wages for the majority of our workforce.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state is responsible for providing the funds to them.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

- Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.
- Our campus also provides services through assisted living and memory care assisted living. Increasing the cost of care in the nursing home will also increase the cost of care in our other settings.
- With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.
- Wage standards do not take into account the costs associated with providing raises to staff "at or above" the standard, or consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



- The “one size fits all” approach does not represent geographic wage differences, historical rate differences, or the available workforce to support the standard.
- The additional salaries and payroll taxes for those individuals directly impacted by the Minimum Nursing Home Wage Standards is approximately \$411,500. The anticipated ripple effect of increasing other associates' wages due to implementing the Minimum Wage Standards is an additional \$460,400, resulting in a total of \$871,900 of unreimbursed costs during 2026 and 2027 as a result implementing the Minimum Nursing Home Wage Standards.
- The total estimated cost for our larger organization over the next two years is over \$10 million dollars.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments.

Sincerely,

Anne Major, Executive Director
Benedictine Living Community-Cold Spring

Date: July 23, 2024**OAH Docket Number:** 5-9001-40100**Presiding Judge:** Administrative Law Judge Jim Mortenson**Comment Period:** June 24, 2024 through 4:30 p.m. on July 24, 2024**Re:** Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Villas of New Brighton.

My facility provides services to a diverse type of clinically complex residents, who require a specialized level of care. This care is funded primarily by state and federal dollars, and there is minimal ability to increase these rates as expenses unexpectedly rise.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$60,080
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$60,080
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$42,079
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$42,079
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$90,166
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$39,246
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$333,731

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

As mentioned earlier, this additional expense will become the full burden of the facility to bare, as there is no avenue to offset this cost to the nursing facility.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not consider geographic wage differences, historical rate differences, or the available workforce to support the standard.

Not every skilled nursing facility is built/reimbursed the same so to think a “one-size” fits all wage program can be uniformly applied to all facilities is ill-conceived.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

If my facility does not address all positions within the building, and tier for years of service...the unintended consequences will create an environment that does not reward employee retention...and tenured consistent staff is critical for quality care and services.

Thank you for your consideration.

Sincerely,

Kathy Holland
Administrator
Villas at New Brighton

Date: July 23, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at the Waterview Pines, a skilled nursing facility, located in Virginia Minnesota.

I have served the residents at the Waterview Pines for just under two years. While the name and ownership of my facility has changed multiple times since it's opening, one thing remains consistent, the need for care and skilled nursing services on the Iron Range. The Waterview Pines is one of 5 skilled nursing facilities serving a population of around 30,000 people. While not all utilize our services, our services are needed to ensure the geriatric population of the Iron Range has care and services available.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$66,705
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$66,705
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$28,966
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$28,966
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$63,063
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$26,094
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$280,499

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

While the Waterview Pines is located in a historically "urban" area, we have struggled to find qualified staff to fill our direct care positions. The mandated minimum wage standards does not factor in geographic wage differences. The overall cost of living is much cheaper in Virginia compared to urban cities such as Minneapolis or St. Paul. This increase in the minimum wage standards does not make sense for an area such as Virginia.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Stodola', with a stylized flourish at the end.

Max Stodola
Administrator
Waterview Pines



3620 Phillips Pkwy • St. Louis Park, MN 55426 • TEL 952.935.6311 • FAX 952.939.1662 • www.sholom.com

Submitted Electronically

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this standard and rule.

To be clear, Sholom Home West has always supported our workers and their ability to earn a living wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards. Further, moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointing and critical, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

Sholom East Campus, St. Paul

Shirley Chapman Sholom Home East
Bentson Family Assisted Living Residence
Jay & Rose Phillips Center for Memory Care
Harry & Jeanette Weinberg Apartments
David Feinberg Vitality & Aquatics Center

Sholom Johnson Hospice Agency

Twin Cities Metro Area

Sholom West Campus, St. Louis Park

Sholom Home West
Knollwood Place Apartments
Roitenberg Family Assisted Living Residence
Leo & Doris Hodroff Pavilion for Memory Care
Menorah West
Menorah Plaza

I want to focus this letter on my serious concerns about the proposed minimum wage standards, specifically the unfunded mandate that will result in organizational financial challenges and the impact this will have on the healthcare system in the metro area.

My name is Jim Newbrough, and I am the CEO of Sholom Community Alliance in St. Louis Park. I have been in healthcare for more than 30 years, and Senior Care for the past 8 years. I believe in taking care of seniors and providing them with the highest quality care and great service. Our industry has been challenged in recent years with the Covid 19 pandemic and lingering labor issues as a result of it. We are attempting to recover, but this unfunded mandate will make that increasingly more difficult. While I agree with the need for increased wages, there needs to be additional funding attached to this mandate in order for senior living providers such as Sholom, to remain financially viable.

Sholom Home West is an integral part of Sholom's over 100-year legacy of serving seniors in the Twin Cities. Located on the Ackerberg Family Campus, Sholom Home West is connected by indoor walkways to other Sholom buildings- Independent living, assisted living and HUD affordable housing. The Campus is located in the heart of St. Louis Park and serves approximately 320 seniors and their families within the campus.

The statute establishing the Work Force Standards Board made it clear that new standards are expected to be adequately funded before becoming effective. If the Board is going to require minimum wages, it is essential that our lawmakers understand the impact and take steps to fund wage increases upfront and before the standard takes effect. Nursing homes cannot financially shoulder the burden of these standards alone, especially when we are constrained in the state of Minnesota with the rate equalization law. Nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

As an organization we calculated the impact of the 2026 and 2027 minimum wage increases in our nursing facility based on our actual wage structure as well as how the change would impact other employees whose wages would need to be adjusted based on wage equity across the facility and the labor market. The impact to our building alone is estimated at over \$400 thousand in 2026 and \$700 thousand in 2027.

Unfortunately the financial challenge caused by the new standard is compounded by the loss of the \$12.35 add on rate, which will result in an over \$300 thousand annual reduction in reimbursement to the building. In addition, the new proposed minimum holiday standard is also expected to result in additional unfunded costs to the nursing home.

While we understand and appreciate the intent behind the proposed new standards, we would be remiss if we did not highlight the significant challenges this mandate poses to our organizations' operational viability. As a non-profit organization, we are dedicated to serving seniors with care and compassion, welcoming all who are in need. We meticulously develop and project our yearly budgets to ensure we can continue to provide essential services to those within our campus but also in the broader community. However, this new mandate introduces a set of standards that require substantial financial resources to implement.

Without an accompanying increase in reimbursement or funding, it will be impossible for us to absorb these additional costs. Our current budget projections, which already stretch to accommodate our programs and services, do not allow for significant expenses associated with the new requirements. Implementing these standards would necessitate:

- A thorough review of our compensation and benefits programs as currently we offer a consistent and equitable approach across the organization. Implementing this requirement would either result in a bifurcated and unfair compensation and benefits offering or would require increases across the entire organization. The care center is on a campus and is connected with both the independent and assisted living buildings. If we were to continue to be consistent in our approach, the costs associated with these standards will not be limited to the nursing home as we have staff

that work across the campus.

- A review and adjustment of wages for those responsible for same or similar job functions within other buildings on the same campus.
- A review and adjustment of wages due to compression. An example of this would be: increasing an LPN's minimum wage and as a result needing to increase the minimum starting wages offered to an RN. In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid.

Each of these elements represent a major financial burden. Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months earlier. Because of the auditing process, it is impossible for our nursing facility to know what the rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year. Without corresponding upfront increases in funding, we face the untenable position of reallocating funds from critical service areas, or worse, cutting back on services altogether. This scenario directly jeopardizes our mission and ability to meet the needs of the community we serve.

To ensure that the mandate achieves its intended purpose without inadvertently crippling organizations like ours we urge you to consider the following:


1. **Provision of adequate funding:** Allocate funds to support the implementation of the mandate. This would help organizations like ours comply without compromising our service delivery. The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.¹ We must ensure nursing homes like Sholom are reimbursed for the true cost of the care they provide.
2. **Consultation with Stakeholders:** Engage in understanding the complexities of decisions being made and recognizing the realistic implications of the standards and how what is being proposed has a potential cascading effect. Having a "once size fits all" approach does not represent geographic wage differences, historical rate differences, or the available workforce to support the standard.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. **The Workforce Standards Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

Accordingly, we are opposed to this entire rule without the funding that would accompany such a requirement and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for a public hearing.

Sincerely,



Jim Newbrough,
Chief Executive Officer

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



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Submitted Electronically

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this standard and rule.

To be clear, Shirley Chapman Sholom Home East has always supported our workers and their ability to earn a living wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards. Further, moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointing and critical, , the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

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I want to focus this letter on my serious concerns about the proposed minimum wage standards, specifically the unfunded mandate that will result in organizational financial challenges and the impact this will have on the healthcare system in the metro area.

My name is Jim Newbrough, and I am the CEO of Sholom Community Alliance in St. Louis Park. I have been in healthcare for more than 30 years, and Senior Care for the past 8 years. I believe in taking care of seniors and providing them with the highest quality care and great service. Our industry has been challenged in recent years with the Covid 19 pandemic and lingering labor issues as a result of it. We are attempting to recover, but this unfunded mandate will make that increasingly more difficult. While I agree with the need for increased wages, there needs to be additional funding attached to this mandate in order for senior living providers such as Sholom, to remain financially viable.

Shirley Chapman Sholom Home East is an integral part of Sholom's over 100-year legacy of serving seniors in the Twin Cities. Located on the Shaller Family Campus, Shirley Chapman Sholom Home East is connected to other Sholom buildings- assisted living and HUD affordable housing. The Campus is located in the heart of St. Paul and serves approximately 210 seniors and their families within the campus.

The statute establishing the Work Force Standards Board made it clear that new standards are expected to be adequately funded before becoming effective. If the Board is going to require minimum wages, it is essential that our lawmakers understand the impact and take steps to fund wage increases upfront and before the standard takes effect. Nursing homes cannot financially shoulder the burden of these standards alone, especially when we are constrained in the state of Minnesota with the rate equalization law. Nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

As an organization we calculated the impact of the 2026 and 2027 minimum wage increases in our nursing facility based on our actual wage structure as well as how the change would impact other employees whose wages would need to be adjusted based on wage equity across the facility and the labor market. The impact to our building alone is estimated at over \$300 thousand in 2026 and \$600 thousand in 2027.

Unfortunately the financial challenge caused by the new standard is compounded by the loss of the \$12.35 add on rate, which will result in a nearly \$300 thousand annual reduction in reimbursement to the building. In addition, the new proposed minimum holiday standard is also expected to result in additional unfunded costs to the nursing home.

While we understand and appreciate the intent behind the proposed new standards, we would be remiss if we did not highlight the significant challenges this mandate poses to our organizations' operational viability. As a non-profit organization, we are dedicated to serving seniors with care and compassion, welcoming all who are in need. We meticulously develop and project our yearly budgets to ensure we can continue to provide essential services to those within our campus but also in the broader community. However, this new mandate introduces a set of standards that require substantial financial resources to implement.

Without an accompanying increase in reimbursement or funding, it will be impossible for us to absorb these additional costs. Our current budget projections, which already stretch to accommodate our programs and services, do not allow for significant expenses associated with the new requirements. Implementing these standards would necessitate:

- A thorough review of our compensation and benefits programs as currently we offer a consistent and equitable approach across the organization. Implementing this requirement would either result in a bifurcated and unfair compensation and benefits offering or would require increases across the entire organization. The care center is on a campus and is connected with both the independent and assisted living buildings. If we were to continue to be consistent in our approach, the costs associated with these standards will not be limited to the nursing home as we have staff that work across the campus.

- A review and adjustment of wages for those responsible for same or similar job functions within other buildings on the same campus.
- A review and adjustment of wages due to compression. An example of this would be: increasing an LPN's minimum wage and as a result needing to increase the minimum starting wages offered to an RN. In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid.

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In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. **The Workforce Standards Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

Accordingly, we are opposed to this entire rule without the funding that would accompany such a requirement and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for a public hearing.

Sincerely,



Jim Newbrough
Chief Executive Officer

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Submitted Electronically

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor’s ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

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To be clear, Sholom Community Alliance has always supported healthcare workers and their ability to earn a living wage. However: it is the responsibility and obligation of our state’s elected officials to fund these investments. That is why organizations like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford the impact of these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards. Further, moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointing and critical, the Board’s standard fails to guarantee access to quality care for Minnesota’s seniors and is likely to decrease access to services available to our state’s older adults.

I want to focus this letter on my serious concerns about the proposed minimum wage standards, specifically the unfunded mandate that will result in organizational financial challenges and the

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impact this will have on the healthcare system in the metro area.

My name is Jim Newbrough, and I am the CEO of Sholom Community Alliance in St. Louis Park. I have been in healthcare for more than 30 years, and Senior Care for the past 8 years. I believe in taking care of seniors and providing them with the highest quality care and great service. Our industry has been challenged in recent years with the Covid 19 pandemic and lingering labor issues as a result of it. We are attempting to recover, but this unfunded mandate will make that increasingly more difficult. While I agree with the need for increased wages, there needs to be additional funding attached to this mandate in order for senior living providers such as Sholom, to remain financially viable.

Sholom Home Care and Hospice is an integral part of Sholom's over 100-year legacy of serving seniors in the Twin Cities. Serving the metro area Sholom Home Care and Hospice provides home and community-based services within the organizations physical footprint as well as within the broader community and serves approximately 150 seniors and their families.

The statute establishing the Work Force Standards Board made it clear that new standards are expected to be adequately funded before becoming effective. If the Board is going to require minimum wages, it is essential that our lawmakers understand the impact and take steps to fund wage increases upfront and before the standard takes effect. Nursing homes cannot financially shoulder the burden of these standards alone, especially when we are constrained in the state of Minnesota with the rate equalization law. Nearly all of the funding and rates are controlled by the state and federal governments. Unlike other businesses, Nursing Homes are unable to raise prices to meet new expenses.

As an organization we calculated the impact of the 2026 and 2027 minimum wage increases on our home and community-based programs based on our actual wage structure as well as how the change would impact other employees whose wages would need to be adjusted based on wage equity across the organization and the labor market. The impact to our program alone is estimated at nearly \$100 thousand in 2026 and \$200 thousand in 2027. In addition, the new proposed minimum holiday standard is expected to result in additional unfunded costs to the program as the organization offers consistent paid holidays regardless of the program an employee is hired into.

While we understand and appreciate the intent behind the proposed new standards, we would be remiss if we did not highlight the significant challenges this mandate poses to this programs' operational viability. As a non-profit organization, we are dedicated to serving seniors with care and compassion, welcoming all who are in need. We meticulously develop and project our yearly budgets to ensure we can continue to provide essential services to those within our campus but also in the broader community. However, this new mandate introduces a set of standards that require substantial financial resources to implement.

Without an accompanying increase in reimbursement or funding for the nursing homes, it will be impossible for us to absorb these additional costs across all of our programs. Our current budget projections, which already stretch to accommodate our programs and services, do not allow for significant expenses associated with the new requirements. Implementing these standards would necessitate:

- A thorough review of our compensation and benefits programs as currently we offer a consistent and equitable approach across the organization. Implementing this requirement would either result in a bifurcated and unfair compensation and benefits offering or would require increases across the entire organization. Our care centers are on campuses that are connected with both the independent and assisted living buildings. If we were to continue to be consistent in our approach, the costs associated with these standards will not be limited to the nursing home as we have staff that work across the campus.

- A review and adjustment of wages for those responsible for same or similar job functions within other buildings on the same campus.
- A review and adjustment of wages due to compression. An example of this would be: increasing an LPN's minimum wage and as a result needing to increase the minimum starting wages offered to an RN. In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid.

Each of these elements represent a major financial burden. This scenario directly jeopardizes our mission and ability to meet the needs of the community we serve.

To ensure that the mandate achieves its intended purpose without inadvertently crippling organizations like ours we urge you to consider the following:

1. **Provision of adequate funding:** Allocate funds to support the implementation of the mandate within the nursing home. This would help organizations like ours comply without compromising our service delivery.
2. **Consultation with Stakeholders:** Engage in understanding the complexities of decisions being made and recognizing the realistic implications of the standards and how what is being proposed has a potential cascading effect. Having a "once size fits all" approach does not represent geographic wage differences, historical rate differences, or the available workforce to support the standard.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as organizations will have to choose between reducing services and access or potentially closing programs because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. **The Workforce Standards Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

Accordingly, we are opposed to this entire rule without the funding that would accompany such a requirement and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for a public hearing.

Sincerely,



Jim Newbrough
Chief Executive Officer

Date: July 23, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024
Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at The Estates at Rush City

My facility provides services to a diverse type of clinically complex residents, who require a specialized level of care. This care is funded primarily by state and federal dollars, and there is minimal ability to increase these rates as expenses unexpectedly rise.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$47,197
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$47,197
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$2,822
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$2,822
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$34,777
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$1,847
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$136,663

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

As mentioned earlier, this additional expense will become the full burden of the facility to bare, as there is no avenue to offset this cost to the nursing facility.

Third, the mandated minimum wage standards create specific problems for our nursing facility.

The wage standards do not consider geographic wage differences, historical rate differences, or the available workforce to support the standard.

Not every skilled nursing facility is built/reimbursed the same so to think a “one-size” fits all wage program can be uniformly applied to all facilities is ill-conceived.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

If my facility does not address all positions within the building, and tier for years of service...the unintended consequences will create an environment that does not reward employee retention...and tenured consistent staff is critical for quality care and services.

Thank you for your consideration.

Sincerely,

Nick Duerst
Administrator
The Estates at Rush City



Date: July 23, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage for Nursing Home Workers; Minnesota Rules, Part 5200.2060

Dear Judge Mortenson,

I am Cade Rose, the Licensed Nursing Home Administrator for Allina Health Restorative Suites, a managed site within the Cassia organization with communities located throughout Minnesota. I have been a Licensed Nursing Home Administrator for four years, taking great pride in what the long-term care field contributes to care and community of our residents, staff, and guests.

I urge the Workforce Standards Board to reconsider the proposed rule changes that create unfunded mandates which do not look at the long term effects within our industry. Cassia has created our own analysis throughout our communities. Allina Health Restorative suites estimated costs for 2026 and 2027 are:

Table 1: Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$32,514	\$32,514	\$65,028
Direct Cost of January 1, 2027 Standard	\$0	\$36,712	\$36,712
Indirect or Ripple Cost of January 1, 2026 Standard	\$140,555	\$140,555	\$281,110
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$140,494.84	\$140,495
Estimated Annual Cost: Allina Health Restorative Suites	\$173,069	\$350,276	\$523,345

The mandated minimum wage standards are not supported by state or federal reimbursement. The unfunded expenses will put major financial strain on our communities, impacting all residents we serve. The board cannot ask nursing homes to pay staff more without additional funding. The state must provide the appropriate resources that seniors and our staff need in our communities.

While we support increased wages for our caregivers, we do not support proposed rules that pose significant financial strain with the long term effects of the increase.

Sincerely,

Cade Rose

Cade Rose, LNHA



7171 Ohms Lane | Edina, MN 55439 | 952-855-5000 | CassiaLife.org

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RECEIVED

By: OAH on 7/23/2024

Deb Barnes Attachment

610 Summit Drive, Fairmont, MN 56031

Phone: 507-235-6606

Fax: 507-235-3995

www.LakeviewMethodist.org

July 21, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Lakeview Methodist Health Care Center has always supported our workers and their ability to earn a life-sustaining wage. However, it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to Minnesota seniors.

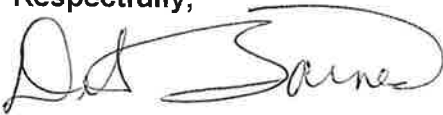
Lakeview Methodist Health Care Center consists of 72 skilled beds, 30 assisted living apartments, 42 independent apartments, and a childcare center caring for 50 children.

Our mission is to demonstrate God's love for His people through a continuum of life-enhancing supportive services for older adults and their families.

There are other Assisted Living communities in Fairmont, but Lakeview is the only nursing home in this city of 10,000 people. Long Term skilled care is vital to Fairmont, yet this proposal threatens our services. With 160 staff, the board's proposal would cost us an additional \$42,891.00 per month in employee wages, with no added revenue to cover this mandate. Medicare and Medical Assistance are our only sources of payment in the nursing home, and under our present rules, as stated above, we wait almost two years for any new expense to be recognized in our rates.

In the past, we have worked collaboratively with the legislature to use specific encumbrance requirements within their appropriations to require the funding to be used for employee wages and to assure the funds are used for their intended purpose. This mandate, however, is sincerely beyond my comprehension. Forty years of administration has given me no insight as to how to produce the funds to comply.

Respectfully,

A handwritten signature in cursive script, appearing to read "Deb Barnes". The signature is written in black ink and is positioned above the typed name.

Deb Barnes, Adm/CEO

Date: July 24, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

Care Providers of Minnesota is a non-profit membership association with the mission to Lead Members to Excellence. Our 1,000+ member organizations across Minnesota represent non-profit and for-profit organizations providing services along the full spectrum of post-acute care and long-term services and support. We are the state affiliate for the American Health Care Association/National Center for Assisted Living, and with our national partners, we help members succeed.

Care Providers of Minnesota requests a public hearing and opposes the Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers for the following reasons.

There are several key points that must be kept in mind when reviewing the proposed nursing home wage standards and the statute (181.211 to 181.217) establishing the Minnesota Nursing Home Workforce Standards Board (“Board”).

First, the fiscal note produced by the Minnesota Department of Human Services (DHS) estimates the state share Medicaid costs of implementing the standards for Minnesota. The costs to Minnesota’s 338 Medicaid certified nursing facilities reimbursed under Minnesota Statute 256R are not estimated.

Second, the Minnesota Department of Human Services (DHS) establishes Medicaid and Private Pay rates for Minnesota’s 338 Medicaid certified nursing facilities that are reimbursed under Minnesota Statute 256R by using the annual Medicaid Statistical Cost Report submitted by each nursing facility. Each nursing facility has a unique set of 48 Medicaid RUG-IV Case Mix Rates.

Third, the DHS nursing facility forecast is used to establish the baseline expenditures for the Executive and Legislative branches’ budgeting process. The forecast does not guarantee a specific percentage or total dollar increase or decrease for:

1. The state’s on-going budget
2. A specific nursing facility’s operating rate.

Instead, the forecast provides the Executive and Legislative branches with the projected program spending under current law that is needed for the biennial budgeting process. The

Statistical Reports and State Budget Forecasts are found here: <https://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp>.

The DHS forecast is published twice a year (February and November). A forecast is immediately replaced and forgotten by the budget process when a new forecast is published.

Reason one

The state’s fiscal note relies on the mean values for a number of variables to estimate the cost to the state and the appropriation needed to allow the standards to be implemented. When considering the whole population of employees and the differences between and within each and every nursing facility, the use of averages to extrapolate the cost of raising wages for the lower portion of an array of employee wages lacks precision. Or put more eloquently, the Board’s fiscal note has fallen victim to the fallacy of averages (“you cannot use data about the group to make assumptions about the individual”). See <https://inzanereseach.com/2017/02/17/what-is-the-fallacy-of-the-average/> for full explanation.

For State fiscal note and fiscal analysis, please refer to:

- [Copy of data analysis for the board](#)
- [Copy of fiscal analysis for the board](#)

Found at <https://www.dli.mn.gov/about-department/boards-and-councils/nhwsb-meeting-materials> under May 9.

According to the Board, the cost of the proposed rule to the State Medicaid program is:

Fiscal Tracking Summary (\$000's)				
Description	FY2026	FY2027	FY2028	FY2029
Total Net Fiscal Impact	\$ -	\$ -	\$ 2,224	\$ 6,866

The Long-Term Care Imperative collected wage and hours worked from 142 nursing facilities for March 2024. By having the position, wage, and hours worked for 9,323 employees, the LTC Imperative was able to array each employee by facility and wage standard to estimate the monthly and annual cost of the proposed rule. This approach yields an estimate that the proposed standards will cost Minnesota nursing facilities \$193 Million over four years.

See:

https://www.dli.mn.gov/sites/default/files/pdf/nhwsb_cost_to_nursing_facilities_050924.pdf

Reason two

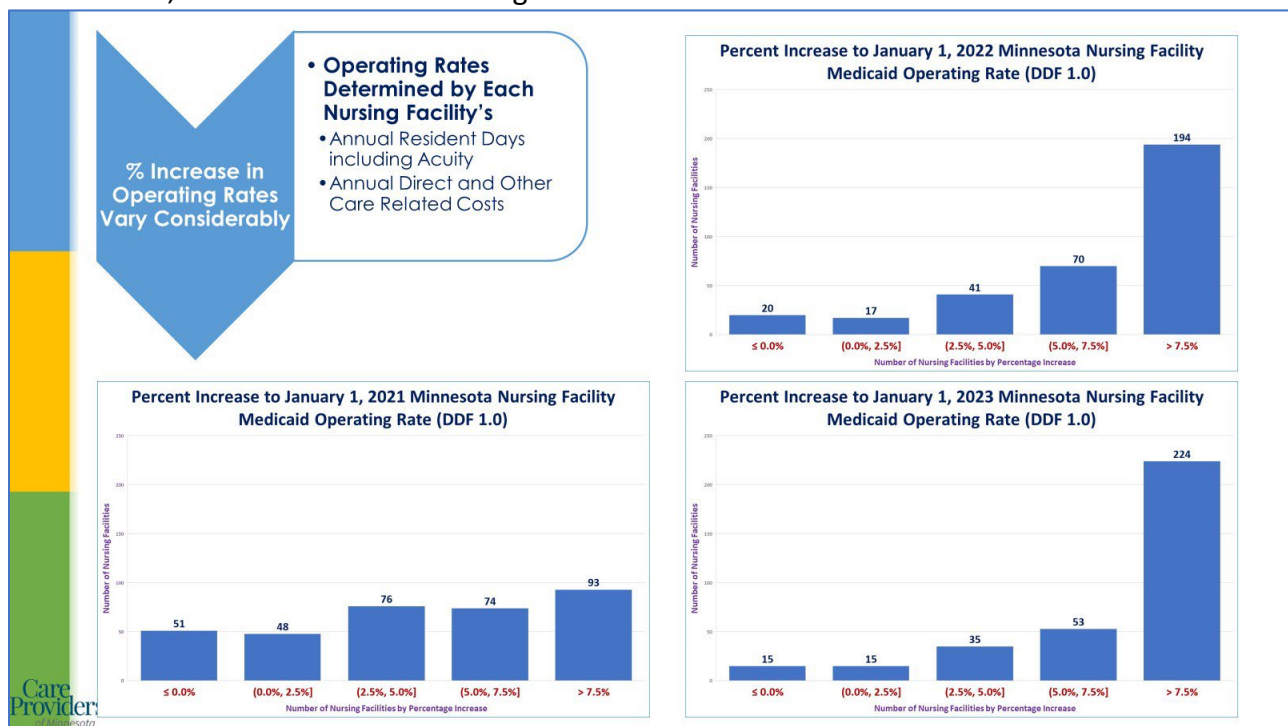
The state’s fiscal note of the proposed rule assumes the percent increases used by the DHS’s Medicaid forecast to estimate the state share costs. In fiscal noting the cost of the standards to the state of Minnesota, the Board’s fiscal note uses the January 1, 2024, January 1, 2025, and January 1, 2026 increases (which reflect costs already incurred) to decrease the state’s costs of implementing the standards.

Minnesota Statute 256R establishes Medicaid prospective payment rates on January 1 for each nursing facility using the 12-month DHS audited Medicaid cost report ending 15-months prior to the January 1 rates. Put differently, a nursing facility's January 1 rates are based on costs incurred 15 to 27 months prior. The State of Minnesota establishes (and often increases) a nursing facility's rates by using a nursing facility's past spending.

A key assumption made by DHS is that **all** nursing facility rates will increase by the following: Operating costs are projected to increase 4.8% per year in Cost Report Year 2024 and 4.78% in Cost Report Year 2025 (the last year used in the forecast); for purposes of this fiscal note costs are assumed to continue to increase at 4.78% in Cost Report Year 2026 and after (see DHS Microsoft Excel file, Fiscal Analysis_for the Board_5.6.2024.xlsx).

In estimating the required appropriation (see lines 1.20 to 1.21 of the proposed rule), DHS is not estimating the costs of the standard to the state by evaluating the impact on each and every nursing facility. Instead, the fiscal note underestimates the actual costs. Instead, all nursing facilities are assumed to receive the same percentage increase for each year considered.

Nursing facilities do not receive the same rate increases. Nursing facility rate increases differ according to case mix, increase or decrease in census, allowable costs, increased costs due to inflation, size of building, historical rates and spending patterns. The following histograms demonstrate the percent change in operating rates for Minnesota. Note during the pandemic, census fell considerably and decreased the total days denominator that is used for establishing rates. Hence, the increase in rates is larger than normal.



Reason three

The Board and fiscal note incorrectly assumes that the forecast is amenable to predicting the cost of the standards for each nursing facility.

The purpose of the forecast is to establish the baseline budget for the biennial budget process. DHS uses specific data, equations, variables, and assumptions to develop a baseline budget for the Medicaid nursing facility activity. These include:

- Statewide monthly payments, recipient counts, and paid days counts obtained from the Medicaid Management and Information System (MMIS).
- Recipients/Paid Days are estimated through ARIMA conditional least squares models using data back to 1990. The models are adjusted with each forecast. Most of the variables are time-series based. The only structural model consistently used now is a history/forecast of the S&P500 used to proxy for wealth effects. These time-series models project downward trends consistent with recent history.
- The proportion of the population age 65+ and 85+.
- The average payment forecast is not based on econometric models. Instead, DHS uses data on rates paid per day, recent cost report data, and estimated rate increases for January 1 rate year.
 - DHS projects future rate year increases to account for future cost report increases. **These cost increases are projected mostly by using Skilled Nursing Facility inflation forecasts.** DHS uses the cost increases to reflect MA rate increases by assuming that some proportion of a rate increase in a given year results in increased spending in that year, which in turn influences the cost report of that year and the rates for two years hence.
- DHS also uses recipient contribution data to calculate the portion of charges which result in MA payments (for example an increase to social security lessens the state's per day expense for Medicaid beneficiaries).

The forecast creates a baseline budget for use by the Legislature and Executive Branch. As noted before, as soon as a new forecast is published, the previous forecast is discarded and forgotten.

Reason four

In drafting the proposed rules, the Board has not evaluated the impact of the standards on nursing facilities as directed by Minnesota Statute 181.213 Subdivision 2 paragraph C which has specific instructions to evaluate the impact of the standards on Minnesota Statute 256R.21 subdivision 3 and 256R.25.

Both Minnesota Statute 256R.21 subdivision 3 and 256R.25 describe how each Medicaid certified nursing facility has their rates established by DHS (e.g., see the repetitive use of facility's in appendix).

Minnesota Statute 256R.21 Subd. 3.

Determination of operating payment rates.

A **facility's** operating payment rate is the sum of:

- (1) its total care-related payment rate as determined in subdivision two; and
- (2) its other operating payment rate as determined in section [256R.24](#).

A **facility's** operating payment rate is its operating payment rate associated with a case mix index of 1.00.

In estimating the cost of the proposed standards to state, the Board has not met these requirements.

Each nursing facility has an operating payment rate and employee benefits portion of the external fixed cost rate.

Neither the state, DHS, or the DHS forecast have an "operating payment rate and employee benefits portion of the external fixed costs payment rate," as described by 181.213 Subdivision 2 paragraph C:

If the board, in consultation with the commissioner of human services, determines the **operating payment rate and employee benefits portion of the external fixed costs payment rate** will increase to comply with the new employment standards, the board shall report to the legislature the increase in funding needed to increase payment rates to comply with the new employment standards and must make implementation of any new nursing home employment standards contingent upon an appropriation, as determined by sections [256R.21](#) and [256R.25](#), to fund the rate increase necessary to comply with the new employment standards.

Instead, 256R.21 Subd. 3 and 256.25 provides directions to DHS on how to calculate and establish each Minnesota nursing facility's operating and external fixed rates. The board has not evaluated the impact on each nursing facility.

181.213 Subdivision 2 paragraph C also states that the board, "must make implementation of any new nursing home employment standards contingent upon an appropriation, as determined by sections 256R.21 and 256R.25, to fund the **rate increase necessary** to comply

with the new employment standards.” This sentence specifically states that implementation of an employment standard is contingent upon an appropriation to fund the “rate increase necessary.”

- Neither the state, DHS, nor the DHS forecast have a rate to increase. Only nursing facilities have rates that receive rate increases.
- 256R.21 Subd. 3 or 256R.25 applies to the establishment of a nursing facility’s rates.
- There is nothing in the board’s fiscal note, cost estimates, or appropriation that translates into the “rate increase necessary” for each nursing facility to comply with the proposed rule.

Reason five

The state’s fiscal note, through the use of total days as the denominator, shifts the cost of the standards to Medicare and third-party insurers (e.g., veterans contracts, long-term care insurance, commercial).

The Boards’s estimates perform this shift away from state costs.

- On Line 93 Column J of the Wage Floor Calculation worksheet contained in the Microsoft Excel file “Fiscal Analysis for the Board_5.6.2024.xlsx,” DHS calculates a per patient day (PPD) cost of \$2.55 for CY2028 and a then a \$4.16 PPD for CY2029. Throughout the calculations, DHS uses total paid resident days from the 2022 Cost Report Days of 6,850,988 as the denominator.
- These values are inserted on line 15 of the Fiscal Note worksheet. However, the state then uses the February 2024 Medicaid Forecast Days of 3,762,982 to determine the state cost.

By taking this approach, the DHS fiscal note attributes fewer costs to the state Medicaid program. How does this happen?

Without the 2022 total cost report days by payer (Medicaid, Private Pay, Medicare, and Other/Third Party), Care Providers of Minnesota is unable to re-calculate to demonstrate the cost of this shift. The DHS fiscal note only reveals the 2022 Cost Report Days of 6,850,988.

But the issue is easily describable. Assume a proposal that costs \$10,000,000.

Then using the 9-30-2021 Resident Day information (most recent data available to Care Providers of Minnesota). The example below demonstrates how the Boards approach shifts costs of the proposal to Medicare and Other/Third Party payers.

The Approach Use by Board and DHS Fiscal Note		Approach that attributes cost of State Rule to State Medicaid program and Private Pay	
Payer	Resident Days	Payer	Resident Days
Medicaid Days	3,890,604	Medicaid Days	3,890,604
Private Pay Days	1,386,836	Private Pay Days	1,386,836
Medicare Days	620,847	Medicare Days	Not used
Other Days	1,074,428	Other Days	Not used
Total Days	6,972,715	Total Days	5,277,440
	State Fiscal Note		Using Medicaid and Private Pay Days
Project	\$10,000,000	Project	\$10,000,000
Total Days	6,972,715	Total Days	5,277,440
Per Patient Day Cost	\$1.43	Per Patient Day Cost	\$1.89
Amount Paid back by Private Pay and Medicaid	\$7,568,702	Amount Paid back by Private Pay and Medicaid	\$10,000,000
Amount Paid back by Medicare and Other/Third Party	\$0	Amount Paid back by Medicare and Other/Third Party	\$0
Amount Not Covered by State Fiscal Note	\$2,431,298	Amount Not Covered by State Fiscal Note	\$0

Reason six

The board has not determined if there are any nursing facilities that meet the definitions and actions required by:

Minnesota Statute 14.127 LEGISLATIVE APPROVAL REQUIRED. Subdivision 1. Cost thresholds. An agency must determine if the cost of complying with a proposed rule in the first year after the rule takes effect will exceed \$25,000 for: (1) any one business that has less than 50 full-time employees; or (2) any one statutory or home rule charter city that has less than ten full-time employees. For purposes of this section, "business" means a business entity organized for profit or as a nonprofit, and includes an individual, partnership, corporation, joint venture, association, or cooperative.

Minnesota Statute 14.128 EFFECTIVE DATE FOR RULES REQUIRING LOCAL IMPLEMENTATION. Subdivision 1. Determination. An agency must determine if a local government will be required to adopt or amend an ordinance or other regulation to comply with a proposed agency rule. An

agency must make this determination before the close of the hearing record or before the agency submits the record to the administrative law judge if there is no hearing. The administrative law judge must review and approve or disapprove the agency's determination. "Local government" means a town, county, or home rule charter or statutory city.

As of July 16, 2024, the Minnesota Department of Health (MDH) Health Care Directory Database (<https://www.health.state.mn.us/facilities/regulation/directory/index.html>), there are 351 nursing facilities with the following Types of Ownership, including City, City-County, County, Hospital District Or Authority, State, and Tribal.

Type of Owner	Number of Nursing Facilities	As a Percent
Church Related	17	4.8%
Corporation	25	7.1%
For-Profit Limited Liability Company	2	0.6%
Limited Liability Company	79	22.5%
Non Profit Limited Liability Company	3	0.9%
Nonprofit Corporation	179	51.0%
Other Nonprofit Ownership	9	2.6%
Partnership	2	0.6%
City	13	3.7%
City-County	1	0.3%
County	4	1.1%
Hospital District Or Authority	6	1.7%
State	10	2.8%
Tribal	1	0.3%
Total	351	100%

Reason seven

The board has not developed a waiver or variance process for nursing facilities that are unable to meet some or all of the proposed minimum wage standards. According to statute, the Board shall:

181.213 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.

The requirement that a nursing facility must seek relief from the proposed standards by demonstrating the likelihood of closure or receivership, will damage the nursing facility's ability to retain and recruit workforce.

Appendix

1

MINNESOTA STATUTES 2023

256R.21

256R.21 TOTAL PAYMENT RATE.

Subdivision 1. **Total payment rates.** For **each facility**, the commissioner shall calculate a total payment rate using the statistical and cost report filed by **each nursing facility** for the reporting period ending 15 months prior to the rate year.

The total payment rates are the total payment rates in effect on the first day of the rate year, unless another date is specified.

Subd. 2. **Determination of total care-related payment rates.** A **facility's** total care-related payment rate is the sum of:

- (1) its direct care payment rate as determined in section 256R.23, subdivision 7; and
- (2) its other care-related payment rate as determined in section 256R.23, subdivision 8.

A **facility's** total care-related payment rate is its total care-related payment rate associated with a case mix index of 1.00.

Subd. 3. **Determination of operating payment rates.** A **facility's** operating payment rate is the sum of:

- (1) its total care-related payment rate as determined in subdivision 2; and
- (2) its other operating payment rate as determined in section 256R.24.

A **facility's** operating payment rate is its operating payment rate associated with a case mix index of 1.00.

Subd. 4. **Determination of total payment rates.** A **facility's** total payment rate is the sum of:

- (1) its operating payment rate as determined in subdivision 3;
- (2) its external fixed costs payment rate as determined in section 256R.25; and
- (3) its property payment rate as determined in section 256R.26.

A **facility's** total payment rate is its total payment rate associated with a case mix index of 1.00.

Subd. 5. **Total payment rate for new facilities.** For a new nursing facility created under section 144A.071, subdivisions 2 and 3, the total payment rate must be determined according to section 256R.27.

History: 2016 c 99 art 1 s 16; 1Sp2019 c 9 art 4 s 17

Appendix

1

MINNESOTA STATUTES 2023

256R.25

256R.25 EXTERNAL FIXED COSTS PAYMENT RATE.

- (a) The payment rate for external fixed costs is the sum of the amounts in paragraphs (b) to (p).
- (b) For a facility licensed as a nursing home, the portion related to the provider surcharge under section 256.9657 is equal to \$8.86 per resident day. For a facility licensed as both a nursing home and a boarding care home, the portion related to the provider surcharge under section 256.9657 is equal to \$8.86 per resident day multiplied by the result of its number of nursing home beds divided by its total number of licensed beds.
- (c) The portion related to the licensure fee under section 144.122, paragraph (d), is the amount of the fee divided by the sum of the **facility's** resident days.
- (d) The portion related to development and education of resident and family advisory councils under section 144A.33 is \$5 per resident day divided by 365.
- (e) The portion related to scholarships is determined under section 256R.37.
- (f) The portion related to planned closure rate adjustments is as determined under section 256R.40, subdivision 5, and Minnesota Statutes 2010, section 256B.436.
- (g) The portion related to consolidation rate adjustments shall be as determined under section 144A.071, subdivisions 4c, paragraph (a), clauses (5) and (6), and 4d.
- (h) The portion related to single-bed room incentives is as determined under section 256R.41.
- (i) The portions related to real estate taxes, special assessments, and payments made in lieu of real estate taxes directly identified or allocated to the nursing facility are the allowable amounts divided by the sum of the **facility's** resident days. Allowable costs under this paragraph for payments made by a nonprofit nursing facility that are in lieu of real estate taxes shall not exceed the amount which the nursing facility would have paid to a city or township and county for fire, police, sanitation services, and road maintenance costs had real estate taxes been levied on that property for those purposes.
- (j) The portion related to employer health insurance costs is the allowable costs divided by the sum of the **facility's** resident days.
- (k) The portion related to the Public Employees Retirement Association is the allowable costs divided by the sum of the **facility's** resident days.
- (l) The portion related to quality improvement incentive payment rate adjustments is the amount determined under section 256R.39.
- (m) The portion related to performance-based incentive payments is the amount determined under section 256R.38.
- (n) The portion related to special dietary needs is the amount determined under section 256R.51.
- (o) The portion related to the rate adjustments for border city facilities is the amount determined under section 256R.481.
- (p) The portion related to the rate adjustment for critical access nursing facilities is the amount determined under section 256R.47.

History: 2016 c 99 art 1 s 20,42; 2016 c 140 s 4; 1Sp2019 c 9 art 4 s 18; 2023 c 61 art 2 s 9



RECEIVED

By: OAH on 7/23/2024

Rick Varco Attachment

July 23, 2024

Jamie Gulley
President

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N
St. Paul, MN 55155

Jigme Ugen
Executive Vice President

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Phillip Cryan
Executive Vice President

Dear Executive Director Solo:

Brenda Hilbrich
Executive Vice President

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. SEIU Healthcare Minnesota and Iowa represents over 50,000 members who work in hospitals, clinics, nursing homes, and self-directed home care.

Rasha Ahmad Sharif
Executive Vice President

On behalf of our members, we strongly support the proposed wage standards. We believe they are the best way to address the staffing crisis in the nursing home industry in Minnesota. Because of the low wages and lack of benefits, the industry lacks the workforce needed to do this critical work. The shortage persists, despite taxpayers sending hundreds of millions of dollars to nursing homeowners over the last few years. Unions and workers have been sounding the alarm that we need real change and strong measures to make sure public dollars go to workers.

We would oppose any attempt to lower the wage standard or to exempt certain categories of employers covered by the statute. If the minimum wage rules create a genuine fiscal emergency for some employers, the Board can address that through the waiver process.

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely Yours,

345 Randolph Avenue
Suite 100
St. Paul, MN
55102

Rick Varco
Political Director
SEIU Healthcare MN&IA

651.294.8100
800.828.0206

(Minnesota & Wisconsin only)
(fax) 651.294.8200
www.seiuhealthcaremn.org

Submitted Electronically

7/23/2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

My name is Jeffrey Heinecke and I serve as President & CEO for Lyngblomsten, a senior services nonprofit in St. Paul that provides skilled-nursing, assisted living, and memory care living options to more than 330 older adults. I appreciate the opportunity to comment on the proposed minimum wages standard rule for nursing home workers.

We are roughly a year removed from the Minnesota legislature taking sorely needed action to rescue the long-term care industry. The legislature and governor recognized that the pandemic and subsequent high inflation were forcing a large number of nursing homes to consider closing. Among their interventions, facilities were given a temporary increase to their rates, provided with two lump-sum payments to cover immediate capital and operational costs and given an opportunity to apply for emergency loans. These actions were welcomed by all long-term care providers, including Lyngblomsten.

I am bewildered, then, a year later, with no new funding solutions allocated for nursing homes, the Nursing Home Workforce Standards Board believes that our industry is somehow prepared to begin paying higher wages to our staff. While I support the Board's efforts to ensure that all nursing home workers receive a just wage, I do not support it doing so under the assumption that facilities will be able to cover the costs on their own. The simple reality is that they won't. The proposed rule will not be funded for a minimum of 18 months—a period of time that will only exacerbate facilities' financial challenges—and the \$19.00 per hour proposed minimum wage will inevitably force facilities to eliminate many entry-level positions. In my view, that is the last thing we need in an industry struggling to attract people into its workforce. It is shortsighted and reckless.

In addition, the minimum wage scales proposed in this rule, if adopted, will have a significant impact on assisted living and memory care facilities across the state. It will force them to increase their rents over and above the increases already being charged as a result of high inflation the past few years. These facilities are quickly becoming unaffordable to private-pay residents.

The irony in this situation is that we in the industry have repeatedly asked the legislature and governor to support legislation that would increase our rates and, thus, allow us to afford wage increases for our staff. In fact, during this past legislative session, two bills that we supported—HF 3391 and SF 4130—would have provided funding for employee compensation at levels

higher than those currently proposed by the Board. Unfortunately, our requests have fallen largely on deaf ears.

Again, thank you for the opportunity to express my concerns regarding the proposed rule. We all want higher wages for our hard-working staff, but this rule, without adequate funding and necessary modifications, will have unintended consequences that will negate the progress made from the legislature and governor's actions just last year. It is with this in mind that I am opposed to this rule and ask that it be brought to a public hearing.

Sincerely,

Jeffrey Heinecke
President & CEO
Lyngblomsten
651-775-6360



515 W 5TH AVE
GRAND MARAIS, MN 55604-3017
(218) 387-3040

Submitted Electronically via
Minnesota Office of Hearings eComments

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul MN 55155

RE: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Greetings Ms. Solo:

On behalf of North Shore Health, I would like to offer our comments regarding the Nursing Home Workforce Standards Board Proposed Expedited Permanent Rules Establishing Minimum Nursing Home Wage Standards. The proposed minimum nursing home wage standards are ill advised and I strongly request the Nursing Home Workforce Standards Board reconsider their adoption.

I am Kimber Wraalstad, the CEO/Administrator of North Shore Health. Since I finished graduate school many years ago, I have always worked in rural health care and have been the Administrator of North Shore Health for the past 14 years. No individual looks to the future with the hope to be admitted to a nursing home; or at least no one I have ever met. Yet there are many individuals in Minnesota that need our services; not by choice but because they need our support and assistance. My maternal grandmother was a major influence in my life. She demonstrated on the streets of Fargo, ND, to gain the right to vote. When this strong woman could no longer care for herself, she needed long-term care services. She had wonderful caregivers to support her at the end of her life. By working in senior services, I have the opportunity to provide care to someone else's grandparents and ensure they receive the care and services they need.

North Shore Health is a 37-bed Skilled Nursing Facility (Care Center), a 16-bed Critical Access Hospital, a Home Health Agency and an Ambulance Service, all located in Grand Marais. We employ approximately 130 employees equating to 97 FTEs. As many health care organizations are experiencing throughout Minnesota, North Shore Health is facing a workforce shortage. We have developed the On-Track Nurse Aide training program, provided scholarships, used a number of temporary agency staff and are now actively involved in recruitment from other countries using a variety of immigration options. As a result of this workforce shortage, we are currently limiting our census in the Care Center to 28 residents. North Shore Health is the only skilled long-term care facility in Cook County in addition there is no assisted living facility in the county. Our facility is 60 miles from the next closest skilled nursing facility, the Veteran's Home, in Silver Bay. Beyond the Veteran's Home in Silver Bay, the next closest skilled nursing facility is 84 miles away in Two Harbors. North Shore Health serves a small, remote population. Although it is critical that we continue to provide healthcare services to our community, our volumes are such that it is difficult for us to sustain ourselves financially through operations alone without the assistance of community support via the property tax levy. Even with the tax levy, North Shore Health experienced a net loss in 2023 of \$(1,139,000).

North Shore Health has always supported our Team Members and their ability to earn a livable wage with fair benefits. The current starting wage for a Nursing Assistant with no experience is \$19.48. North Shore Health pays 85% of the employees' health insurance premium and 7.5% toward PERA retirement. As you and the members of the Workforce Standards Board are aware, the state legislature has the ultimate responsibility to provide the funding necessary to support this investment in our employees. For years, nursing homes such as North Shore Health have requested funding to support the increase in the wages of our Team Members. In the 2024 legislative session, HF3391/SF4130 would have provided a rate increase for funding to allow nursing homes to address employee wages at even higher compensation levels than proposed by the Workforce Standards Board. Unfortunately, HF3391/SF4130 was not passed into law.

This proposed rule is an unfunded mandate. Without action by the Legislature and Governor, providers such as North Shore Health will need to consider our ability to continue to provide skilled nursing services. Some providers may have the ability to reallocate funds from other areas to meet this mandate. Unfortunately, some providers will not have that option and will discontinue providing services.

I am concerned that the Workforce Standards Board is failing to consider or perhaps purposely ignoring the impact of these standards on the ability of skilled nursing facilities throughout Minnesota to provide essential nursing home care. As I noted earlier, it is my belief that moving forward with the wage standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota, including in Grand Marais. The Workforce Standards Board has completely ignored the financial impacts to providers. Nursing homes have a nearly two-year delay before costs are included in the facility rates. The rate equalization law does not allow facilities to increase our rates to cover cost increases. By enacting the proposed wage standards, the Workforce Standards Board is likely to decrease access to skilled nursing services available to Minnesota seniors.

My serious concerns about the proposed minimum wage standards focuses on the following: Financial Challenges, Local Tax Implications and Unfunded Mandate.

➤ **Financial challenges**

With the equalization of Medicaid and private pay rates, state funded managed care programs for seniors and Medicare, all of our rates are controlled by the state and federal governments. We cannot "just raise our prices" to cover both existing and new expenses. With this control over our rates, the legislature must ensure nursing homes are reimbursed for the true cost of the care we provide.

North Shore Health's nursing facility rates for residents covered by Medicaid and Private Pay Rates are determined based upon the allowable costs we incurred between 15 to 27 months ago. For example, the health insurance premiums for North Shore Health employees increased by 25.0% in January 2024. This increase will not be reflected in our rates until January 2026. We estimate the direct cost of the wage standard to be \$73,295 in 2026 and \$176,807 in 2027. However, you cannot forget indirect costs and we estimate those to be \$408,635 in 2026 and \$813,474 in 2027. The Workforce Standards Board is asking North Shore Health to do the impossible – pay our Team Members an additional \$1,472,210 without any additional funding!

The Care Center at North Shore Health had a loss from operations in 2023 of \$(2,092,339). An additional unfunded expense of \$1,472,210 jeopardizes our already precarious operations and the viability of our organization.

➤ **Local Tax Implications**

North Shore Health is the Cook County Hospital District and the District has taxing authority. In 2024, the tax levy to the Cook County property owners is \$1,725,000. To continue to operate the Care Center, it would be necessary to increase the tax levy by almost double. It is doubtful that would be palatable to the taxpayers, even though they have supported the Care Center with the tax levy for at least the last 20 years.

➤ **Unfunded mandate**

The statute establishing the Workforce Standards Board and the creation of standards made it clear that new wage standards should be funded with adequate funding before becoming effective. If the Workforce Standards Board is going to require these proposed minimum wages, the legislature must fund the wage increase upfront before the standard take effect. Nursing homes should not and cannot shoulder the financial burden of these proposed standards.

I will reiterate, **the wage standards are an unfunded mandate**. As shared above, North Shore Health estimates an additional expense of \$1,472,210 because of the proposed 2026 and 2027 minimum wage standards. With existing losses, it would be impossible to reduce current expenses to offset the additional expense. Our ability to continue to operate the Care Center is questionable. This would result in no available skilled nursing facility services in Cook County, a county where 31% of our population is over the age of 65.

Once again, **the proposed wage standard is an unfunded mandated**. These proposed standards will not have the intended result of increasing nursing home caregivers. Rather, it will cause facilities throughout Minnesota to reduce available services or even potentially close. As a result, Minnesota seniors needing our care, their families, and our communities will be harmed. North Shore Health is opposed to this entire rule and request its disposition be resolved during a public hearing.

Should you require additional information or have any questions about our comments, please contact me at 218-387-3260 or via email at Kimber.wraalstad@northshorehealthgm.org. Thank you for your consideration of my comments.

Sincerely,



Kimber L. Wraalstad, FACHE
CEO/Administrator

Submitted Electronically

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the minimum wages standard proposed rule. While certainly well intentioned, the proposed rule does not address the already persistent staffing challenges facing nursing homes and other long-term care providers in our state. Without meaningful investments in the long-term care workforce, this rule could result in reduced access to comprehensive and compassionate care for seniors across Minnesota. With this in mind, I respectfully urge the Nursing Home Workforce Standards Board (the Board) to withdraw their proposed standard and rule.

Avera is an integrated health system and serves a population of one million in five states through a geographical footprint of 72,000 square miles. We employ more than 20,000 at 315 locations including hospitals, clinics, and long-term care facilities. We operate three non-profit long-term care facilities in Minnesota. They are located in Marshall, Granite Falls, and Tyler with 76, 48, and 30 beds respectively. All three carry a rural designation.

Avera has always supported our workers and their ability to earn a life-sustaining wage. However, without financial support to fund these types of new workforce investments, it is increasingly challenging to keep our doors open. In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. The Board is asking us to do the impossible – pay staff more without any additional funding. This is one reason why nursing homes across Minnesota have called for funding to raise wages for their employees year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To our disappointment, this appropriation was not passed into law.

The Board's "one size fits all" approach does not represent geographic wage difference, historical rate differences, or the available workforce to support the standard. In Marshall, there is a 2.4% unemployment rate (May 31, 2024). An increase in minimum wage will not solve for the lack of available workforce. Avera currently has 22 active job postings for long term care, many of which we are struggling to recruit qualified applicants for. For example, we have a CNA position that has been open for 111 days with 3 applicants. Additionally, we have an LPN position that has been open for 81 days with a total of 0 applicants. The Board's approach to workforce development disproportionately impacts smaller communities who are already struggling to hire and retain staff.

This rule is intended to go into effect around the same time as the CMS long-term care minimum staffing rule, meaning that LTC facilities will not only be expected to hire more staff to meet the CMS rule, but they will also have to hire them at a higher cost to meet this proposed standard. We are already experiencing workforce challenges and these two rules together have the potential to wreak havoc on our ability to staff.

In addition to workforce challenges, this standard will further exacerbate the patient discharge delays that are impacting patients across Minnesota. In a survey of 101 hospitals by the Minnesota Hospitals Association, they found that one of every six days of hospital care is unnecessary and unpaid. These delays include patients stuck in hospital beds waiting for transfers to nursing homes, rehabilitation units, mental health treatment facilities, and other sub-acute care facilities. This discharge gridlock cost hospitals and health systems approximately \$487 million in 2023 (Becker's). Further challenging an already strained system will only cause larger scale consequences for the state of Minnesota and its seniors.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet an unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of their inability to meet this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for your consideration of our comments.

Sincerely,

Cate Davis

Public Policy Manager, Avera Health

Nursing Home Workforce Standards Board
Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Dear Executive Director Solo and Members of the Nursing Home Workforce Standards Board,

I am writing on behalf of Browns Valley Health Center, a subsidiary of St. Francis Health Services of Morris, to express our grave concerns regarding the recently published rule in the Minnesota State Register. The proposals include the addition of four holidays effective January 1st, 2025, and significant increases in minimum wages for various nursing home positions effective January 1, 2026, with further increases on January 1, 2027. While we appreciate the intention to improve benefits and compensation for nursing home employees, the financial impact of this unfunded mandate is of immense concern to our organization. This also adds to the burden of the already implemented Employee Sick and Safe Time that began on January 1st, 2024.

The proposed rule sets minimum wages at \$22.50 for Certified Nursing Assistants (CNAs), \$23.50 for Trained Medication Aides (TMAs), \$27 for Licensed Practical Nurses (LPNs), and \$19 for all other nursing home employees. Additionally, an increase of \$1.50 for each of these positions is scheduled for January 1, 2027. These changes, combined with the anticipated rule mandating eleven paid holidays starting in calendar year 2025, represent a substantial financial burden.

Browns Valley Health Center is committed to providing high-quality care to our residents, reflecting our mission of expressing Christ's love by providing care that values every human life. However, the financial implications of this rule will cost us **\$123,011** to meet the requirements. Without adequate funding, these increased costs will jeopardize our ability to continue delivering essential services to our aging population.

The impact on our budget is not merely a matter of operational adjustments; it poses an existential threat to our facility. The requirement for such a substantial increase in wages, without corresponding funding, is not sustainable. This rule, if implemented without proper financial support, will force us to make difficult decisions, including potential reductions in staff, services, and possibly the closure of our facility. This outcome would be devastating to the residents who depend on us for their care and well-being.

We urge the Nursing Home Workforce Standards Board to consider the broader implications of this rule. The focus on Medicaid rate increases to offset these costs does not provide immediate relief and does not account for the significant upfront financial burden. It is crucial to address the need for funding

that ensures nursing homes can meet these new requirements without compromising the quality of care or access to services.

We strongly encourage the Board to collaborate with LeadingAge Minnesota and other stakeholders to develop a more balanced approach. This should include securing the necessary funding from the Legislature to support these wage increases and prevent undue hardship on nursing homes and the vulnerable populations we serve.

We also recommend extending the comment period and conducting additional impact assessments to fully understand the ramifications of this rule. Transparent and comprehensive discussions involving all stakeholders, including nursing home providers, are essential for creating policies that are both fair and sustainable.

Thank you for considering our concerns. We remain committed to working collaboratively to find solutions that support our dedicated workforce while ensuring the continued provision of high-quality care for Minnesota's aging residents.

Sincerely,

A handwritten signature in black ink, appearing to read "Autumn Herzog". The signature is fluid and cursive, with a large initial "A" and "H".

Autumn Herzog, LNHA

Administrator and Human Resource Director

Browns Valley Health Center, subsidiary of St. Francis Health Services of Morris

GUNDERSEN

ST. ELIZABETH'S CARE CENTER

Submitted Electronically

July 22, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Gundersen St. Elizabeth's Hospital and Clinics, Care Centers Shields Avenue and Grant Blvd, Wabasha, MN has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me and our organization to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I'd like to begin by introducing myself to you. My name is Kristi Petersen and I am employed as the Director of Senior Services that includes oversight of the skilled nursing facility, senior living (assisted living) and home care divisions of our organization. I have been in the senior services sector for the last 16 years in the role of director of nursing, licensed nursing home administrator and licensed assisted living director. I have remained committed to serving the elderly in our community as it is important to me that these individuals have a safe and comfortable place to reside in as their needs change in the later years of their lives. Our team recognizes that most seniors prefer to remain in their home as long as possible and we want to be the place they choose to come to when they face difficult decisions to transition out of their home.

Gundersen St. Elizabeth's Care Center

1200 Grant Boulevard West · Wabasha, MN 55981 · (651) 565-5520 · fax (651) 565-5679 · gundersenhealth.org
626 Shields Avenue · Wabasha, MN 55981 · (651) 565-4581 · fax (651) 565-3414 · gundersenhealth.org

GUNDERSEN ST. ELIZABETH'S CARE CENTER

Gundersen St. Elizabeth's has been a part of this community for over 125 years, serving the healthcare needs and evolving to meet the unique needs of our population. Our community has a population of approximately 2,600 and a broader service area, including several western WI communities. Our organization offers a continuum of services including home care, primary care, critical access hospital, senior living (assisted living), long-term care and outpatient services.

Prior to the COVID-19 pandemic, we maintained a long-term care daily census of 92-94, of our 100 licensed beds. Currently, we maintain a census of 68-70 residents per day as we continue to attempt to rebuild the long-term care workforce of direct caregivers and ancillary team members.

Key concerns

The most serious concern I'd like to share is the financial impact that this unfunded mandate will have on our organization. The initial estimated **direct** impact related to meeting just the proposed minimum wage standards mandate for the long-term care staff is \$188,456. The ripple effect based on a 3% adjustment that includes accounting for decompression, fair wages across the continuum of care for the same types of positions in different settings is approximately \$447,000 for the organization. As you can appreciate, these mandated increases without funding to support are not sustainable nor realistic for our organization to absorb. In addition, due to being a hospital attached facility and costs being allocated differently than a standalone long-term care facility, the ability to recoup these costs 18-24 months later with the current payment structure is greatly diminished related to shared departments such as dietary, housekeeping, and facilities management.

Added expenses of over \$600,000 without corresponding increased funding to meet these mandates for our organization over the next several years will put the long-term care services that exist today in our organization in serious jeopardy and at risk for closure. It is unimaginable that the Nursing Home Workforce Standard Board committee members recognized this level of unintended consequences for one of the most vulnerable populations in our community and throughout our state.

The statute establishing this Board and the creation of standards also made clear that new standards **should be funded with adequate funding before becoming effective**. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

Our facility cares for a large majority (65%) of residents that require MN Medicaid funding to cover the cost of their nursing home care. The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

Gundersen St. Elizabeth's Care Center

1200 Grant Boulevard West · Wabasha, MN 55981 · (651) 565-5520 · fax (651) 565-5679 · gundersenhealth.org
626 Shields Avenue · Wabasha, MN 55981 · (651) 565-4581 · fax (651) 565-3414 · gundersenhealth.org

GUNDERSEN ST. ELIZABETH'S CARE CENTER

Assisted living challenges

The long-term care spectrum of services is not only about nursing facility level of care. It involves a variety of other home and community-based providers including assisted living and home care providers who are also competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across the service system.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,



*Kristi Petersen, RN, BSN, LNHA, LALD
Gundersen St. Elizabeth's Care Centers
651-565-3110
Klpeter2@gundersenhealth.org*

Gundersen St. Elizabeth's Care Center

1200 Grant Boulevard West · Wabasha, MN 55981 · (651) 565-5520 · fax (651) 565-5679 · gundersenhealth.org
626 Shields Avenue · Wabasha, MN 55981 · (651) 565-4581 · fax (651) 565-3414 · gundersenhealth.org

Nursing Home Workforce Standards Board
Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Dear Executive Director Solo and Members of the Nursing Home Workforce Standards Board,

I am writing on behalf of Trinity Care Center, a subsidiary of St. Francis Health Services of Morris, to express our grave concerns regarding the recently published rule in the Minnesota State Register. The proposals include the addition of four holidays effective January 1st, 2025, and significant increases in minimum wages for various nursing home positions effective January 1, 2026, with further increases on January 1, 2027. While we appreciate the intention to improve benefits and compensation for nursing home employees, the financial impact of this unfunded mandate is of immense concern to our organization. This also adds to the burden of the already implemented Employee Sick and Safe Time that began on January 1st, 2024.

The proposed rule sets minimum wages at \$22.50 for Certified Nursing Assistants (CNAs), \$23.50 for Trained Medication Aides (TMAs), \$27 for Licensed Practical Nurses (LPNs), and \$19 for all other nursing home employees. Additionally, an increase of \$1.50 for each of these positions is scheduled for January 1, 2027. These changes, combined with the anticipated rule mandating eleven paid holidays starting in calendar year 2025, represent a substantial financial burden.

Trinity Care Center is committed to providing high-quality care to our residents, reflecting our mission of expressing Christ's love by providing care that values every human life. However, the financial implications of this rule will cost us over \$121,000 to meet the requirements. Without adequate funding, these increased costs will jeopardize our ability to continue delivering essential services to our aging population.

The impact on our budget is not merely a matter of operational adjustments; it poses an existential threat to our facility. The requirement for such a substantial increase in wages, without corresponding funding, is not sustainable. This rule, if implemented without proper financial support, will force us to make difficult decisions, including potential reductions in staff, services, and possibly the closure of our facility. This outcome would be devastating to the residents who depend on us for their care and well-being.

We urge the Nursing Home Workforce Standards Board to consider the broader implications of this rule. The focus on Medicaid rate increases to offset these costs does not provide immediate relief and does not account for the significant upfront financial burden. It is crucial to address the need for funding

that ensures nursing homes can meet these new requirements without compromising the quality of care or access to services.

We strongly encourage the Board to collaborate with LeadingAge Minnesota and other stakeholders to develop a more balanced approach. This should include securing the necessary funding from the Legislature to support these wage increases and prevent undue hardship on nursing homes and the vulnerable populations we serve.

We also recommend extending the comment period and conducting additional impact assessments to fully understand the ramifications of this rule. Transparent and comprehensive discussions involving all stakeholders, including nursing home providers, are essential for creating policies that are both fair and sustainable.

We represent vulnerable residents whose voices must be heard. Residents want more staff and services, not less. Please view nursing home care as an essential service in every community and prioritize funding accordingly. Vulnerable residents are counting on you.

Thank you for considering our concerns. We remain committed to working collaboratively to find solutions that support our dedicated workforce while ensuring the continued provision of high-quality care for Minnesota's aging residents.

Sincerely,

A handwritten signature in black ink, appearing to read "Karrie Tipler". The signature is fluid and cursive, with a large initial "K".

Karrie Tipler

Campus Administrator

Trinity Care Center, subsidiary of St. Francis Health Services of Morris

Date: July 24, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

My name is Juliana Lundberg, I am the Administrator at The North Shore Estates, in Duluth, MN.

The North Shore Estates provides short-term rehabilitation and long-term care to a variety of clinically complex Minnesotan’s, who require a specialized level of care. We value the care we provide to our residents and strive to provide high quality care and excellent customer service. Our services are primarily funded by state and federal dollars, and we have a very limited ability to increase our rates, as our expenses continue to increase.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$16,798
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$16,798
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$51,844
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$51,844
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$14,999
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$53,400
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$205,685

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

This additional expense will be the full burden for the facility to bare, as there is no avenue to offset this cost, which potentially could lead to necessary capital improvements not being completed, potentially leading to a decreased level of care provided.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Another thing to look at is, as wages increase, so does the cost of everything else. Which doesn't solve the issues of inflation and an increased cost of living, it creates more disparity.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

Juliana Lundberg
Administrator
The North Shore Estates

**ZUMBROTA
HEALTH SERVICES****ZUMBROTA CARE CENTER**
Skilled Nursing Care**BIG STONE THERAPIES, INC.**
Outpatient Therapy Services**BRIDGES OF ZUMBROTA**
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Nursing Home Workforce Standards Board
Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Dear Executive Director Solo and Members of the Nursing Home Workforce Standards Board,

I am writing on behalf of Zumbrota Care Center, a subsidiary of St. Francis Health Services of Morris, to express our grave concerns regarding the recently published rule in the Minnesota State Register. The proposals include the addition of four holidays effective January 1st, 2025 and significant increases in minimum wages for various nursing home positions effective January 1, 2026, with further increases on January 1, 2027. While we appreciate the intention to improve benefits and compensation for nursing home employees, the financial impact of this unfunded mandate is of immense concern to our organization. This also adds to the burden of the already implemented Employee Sick and Safe Time that began on January 1s, 2024.

The proposed rule sets minimum wages at \$22.50 for Certified Nursing Assistants (CNAs), \$23.50 for Trained Medication Aides (TMAs), \$27 for Licensed Practical Nurses (LPNs), and \$19 for all other nursing home employees. Additionally, an increase of \$1.50 for each of these positions is scheduled for January 1, 2027. These changes, combined with the anticipated rule mandating eleven paid holidays starting in calendar year 2025, represent a substantial financial burden.

Zumbrota Care Center is committed to providing high-quality care to our residents, reflecting our mission of expressing Christ's love by providing care that values every human life. However, the financial implications of this rule will cost us \$52,038. to meet the requirements. Without adequate funding, these increased costs will jeopardize our ability to continue delivering essential services to our aging population.

The impact on our budget is not merely a matter of operational adjustments; it poses an existential threat to our facility. The requirement for such a substantial increase in wages, without corresponding funding, is not sustainable. This rule, if implemented without proper financial support, will force us to make difficult decisions, including potential reductions in staff, services, and possibly the closure of our



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facility. This outcome would be devastating to the residents who depend on us for their care and well-being.

We urge the Nursing Home Workforce Standards Board to consider the broader implications of this rule. The focus on Medicaid rate increases to offset these costs does not provide immediate relief and does not account for the significant upfront financial burden. It is crucial to address the need for funding that ensures nursing homes can meet these new requirements without compromising the quality of care or access to services.

We strongly encourage the Board to collaborate with LeadingAge Minnesota and other stakeholders to develop a more balanced approach. This should include securing the necessary funding from the Legislature to support these wage increases and prevent undue hardship on nursing homes and the vulnerable populations we serve.

We also recommend extending the comment period and conducting additional impact assessments to fully understand the ramifications of this rule. Transparent and comprehensive discussions involving all stakeholders, including nursing home providers, are essential for creating policies that are both fair and sustainable.

Thank you for considering our concerns. We remain committed to working collaboratively to find solutions that support our dedicated workforce while ensuring the continued provision of high-quality care for Minnesota's aging residents.

Sincerely,

Murray Finger-Administrator

Zumbrota Care Center, subsidiary of St. Francis Health Services of Morris

Date: July 23, 2024**OAH Docket Number:** 5-9001-40100**Presiding Judge:** Administrative Law Judge Jim Mortenson**Comment Period:** June 24, 2024 through 4:30 p.m. on July 24, 2024**Re:** Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Executive Director at Ecumen North Branch in North Branch, MN. We are a nonprofit, faith-based provider of health care and housing for older adults, based here in Minnesota.

I oppose the proposed rule language and would like to provide you with my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	74,618
Direct Cost of Jan 1, 2026 Standard (CY2027)	74,618
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	16,095
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	16,095
Direct Cost of Jan 1, 2027 Standard (CY2027)	123,255
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	9,027
Total Estimated 2 Year Cost of 2026 and 2027 Standards	313,708

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions. The wage standards do not take into account the costs associated with providing raises to staff "at or above" a standard.

Thank you for your consideration.

Sincerely,

Justin Boldt, LNHA, LALD
Executive Director
Ecumen North Branch

**FRANCISCAN
HEALTH CENTER**

Skilled Nursing Care

3910 Minnesota Avenue • Duluth, MN 55802 • P (218) 727-8933 • F (218) 727-6610 • www.fhc.sfhs.org

Nursing Home Workforce Standards Board
Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Dear Executive Director Solo and Members of the Nursing Home Workforce Standards Board,

I am writing on behalf of Franciscan Health Center, a subsidiary of St. Francis Health Services of Morris, to express our grave concerns regarding the recently published rule in the Minnesota State Register. The proposals include the addition of four holidays effective January 1, 2025, and significant increases in minimum wages for various nursing home positions effective January 1, 2026, with further increases on January 1, 2027. While we appreciate the intention to improve benefits and compensation for nursing home employees, the financial impact of this unfunded mandate is of immense concern to our organization. This also adds to the burden of the already implemented Employee Sick and Safe Time that began on January 1, 2024.

The proposed rule sets minimum wages at \$22.50 for Certified Nursing Assistants (CNAs), \$23.50 for Trained Medication Aides (TMAs), \$27 for Licensed Practical Nurses (LPNs), and \$19 for all other nursing home employees. Additionally, an increase of \$1.50 for each of these positions is scheduled for January 1, 2027. These changes, combined with the anticipated rule mandating eleven paid holidays starting in calendar year 2025, represent a substantial financial burden.

Franciscan is committed to providing high-quality care to our residents, reflecting our mission of expressing Christ's love by providing care that values every human life. However, the financial implications of this rule will cost us **\$52,446.00** to meet the requirements in the first year. Without adequate funding, these increased costs will jeopardize our ability to continue delivering essential services to our aging population.

The impact on our budget is not merely a matter of operational adjustments; it poses an existential threat to our facility. The requirement for such a substantial increase in wages, without corresponding funding, is not sustainable. This rule, if implemented without proper financial support, will force us to make difficult decisions, including potential reductions in staff, services, and possibly the closure of our



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facility. This outcome would be devastating to the residents who depend on us for their care and well-being.

We urge the Nursing Home Workforce Standards Board to consider the broader implications of this rule. The focus on Medicaid rate increases to offset these costs does not provide immediate relief and does not account for the significant upfront financial burden. It is crucial to address the need for funding that ensures nursing homes can meet these new requirements without compromising the quality of care or access to services.

We strongly encourage the Board to collaborate with LeadingAge Minnesota and other stakeholders to develop a more balanced approach. This should include securing the necessary funding from the Legislature to support these wage increases and prevent undue hardship on nursing homes and the vulnerable populations we serve.

We also recommend extending the comment period and conducting additional impact assessments to fully understand the ramifications of this rule. Transparent and comprehensive discussions involving all stakeholders, including nursing home providers, are essential for creating policies that are both fair and sustainable.

Thank you for considering our concerns. We remain committed to working collaboratively to find solutions that support our dedicated workforce while ensuring the continued provision of high-quality care for Minnesota's aging residents.

Sincerely,

Chester Fishel

Administrator

Franciscan Health Care Center, subsidiary of St. Francis Health Services of Morris

Expressing Christ's love by providing care that values every human life.

Integrity • Commitment • Respect • Excellence • Service • Stewardship

A non-profit subsidiary of St. Francis Health Services of Morris, Inc.

EOE

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Nursing Home Workforce Standards Board
Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Dear Executive Director Solo and Members of the Nursing Home Workforce Standards Board,

I am writing on behalf of Viewcrest Health Center, a subsidiary of St. Francis Health Services of Morris, to express our grave concerns regarding the recently published rule in the Minnesota State Register. The proposals include the addition of four holidays effective January 1, 2025, and significant increases in minimum wages for various nursing home positions effective January 1, 2026, with further increases on January 1, 2027. While we appreciate the intention to improve benefits and compensation for nursing home employees, the financial impact of this unfunded mandate is of immense concern to our organization. This also adds to the burden of the already implemented Employee Sick and Safe Time that began on January 1, 2024.

The proposed rule sets minimum wages at \$22.50 for Certified Nursing Assistants (CNAs), \$23.50 for Trained Medication Aides (TMAs), \$27 for Licensed Practical Nurses (LPNs), and \$19 for all other nursing home employees. Additionally, an increase of \$1.50 for each of these positions is scheduled for January 1, 2027. These changes, combined with the anticipated rule mandating eleven paid holidays starting in calendar year 2025, represent a substantial financial burden.

Viewcrest is committed to providing high-quality care to our residents, reflecting our mission of expressing Christ's love by providing care that values every human life. However, the financial implications of this rule will cost us **\$159,182.00** to meet the requirements in the first year. Without adequate funding, these increased costs will jeopardize our ability to continue delivering essential services to our aging population.

The impact on our budget is not merely a matter of operational adjustments; it poses an existential threat to our facility. The requirement for such a substantial increase in wages, without corresponding funding, is not sustainable. This rule, if implemented without proper financial support, will force us to make difficult decisions, including potential reductions in staff, services, and possibly the closure of our facility. This outcome would be devastating to the residents who depend on us for their care and well-being.



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We urge the Nursing Home Workforce Standards Board to consider the broader implications of this rule. The focus on Medicaid rate increases to offset these costs does not provide immediate relief and does not account for the significant upfront financial burden. It is crucial to address the need for funding that ensures nursing homes can meet these new requirements without compromising the quality of care or access to services.

We strongly encourage the Board to collaborate with LeadingAge Minnesota and other stakeholders to develop a more balanced approach. This should include securing the necessary funding from the Legislature to support these wage increases and prevent undue hardship on nursing homes and the vulnerable populations we serve.

We also recommend extending the comment period and conducting additional impact assessments to fully understand the ramifications of this rule. Transparent and comprehensive discussions involving all stakeholders, including nursing home providers, are essential for creating policies that are both fair and sustainable.

Thank you for considering our concerns. We remain committed to working collaboratively to find solutions that support our dedicated workforce while ensuring the continued provision of high-quality care for Minnesota's aging residents.

Sincerely,

Chester Fishel

Administrator

Viewcrest Health Care Center, subsidiary of St. Francis Health Services of Morris

Submitted Electronically

7/23/24

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, our team at Ebenezer Integrated Care & Rehab (formerly Ebenezer Care Center) has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards and the concerns I have about its impact on our facility's future.

I have worked in the senior care industry since I was 19 years old. I started out as a Nursing Assistant in an assisted living facility, tried nursing school but ended up graduating with a degree in "Health Services Management" and a minor in senior living. I then went on to obtain my LHSE and am currently employed as a nursing home administrator. Having worked on the

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

floor directly with patients, as an intern while I completed the required 1,000 hours to obtain my license, and now in a senior leadership role, I feel that I have a unique and whole perspective.

The facility that I manage has 62 beds and roughly 90-100 employees. For our size building, the margins are tight. This is especially true because we serve a unique population. We often end up with patients who do not have a payor source. These patients remain in our care until they open to MA. Medicaid reimburses at a relatively low rate and that's if all goes to plan. However, we often end up bearing the financial burden if a patient's MA is denied or they leave before finishing all the necessary paperwork. If the minimum wage standards go into effect, we will be forced to turn away these patients and only work with those who have an established payor source.

We compete with the hospitals in our area (FV Bethesda LTACH, Regions, United, etc.) for employees. However, we find ways, other than higher wages, to attract and retain our staff. We have not had issues staffing our building and have not been using agency staff or bonuses to incentivize workers. Instead, we focus on providing a safe, friendly, encouraging and caring work environment. This allows us to attract employees who are the right fit for our team and to develop a bond with employees that goes deeper than a paycheck.

Another reason we are so opposed to this rule is because we would like to continue to have the flexibility to reward staff who show up, work hard and truly care for our residents. If these minimum wages go into effect, we will not be able to afford to offer annual raises based on performance. This puts both our most senior and newest staff at very similar wages. Without room to grow compensation, I worry about our ability to obtain our most experienced and quality staff.

If the Board chooses to move forward with this minimum, we ask that there be funding provided to support it. This will allow our facility to continue to care for patients with no other options and to reward staff who are performing at the highest levels and so we can continue to care for underserved populations and afford to take some risks on patients who really need the help and support of our team.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

Our nursing facility’s Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.

With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

Below is a chart which outlines the financial impacts on our facility:

Table 1: Nursing Facility Cost: Wage Standards	2026	2027	Total Cost of Standard
Direct Cost of January 1, 2026 Standard	\$0	\$0	\$0
Direct Cost of January 1, 2027 Standard	\$0	\$0	\$0
Indirect or Ripple Cost of January 1, 2026 Standard	\$123,130	\$123,130	\$246,260
Indirect or Ripple Cost of January 1, 2027 Standard	\$0	\$128,055	\$128,055
Estimated Annual Cost: Ebenezer Integrated Care and Rehab	\$123,130	\$251,185	\$374,315

City/County challenges

Some nursing facilities are unique in the fact they are city or county owned, managed or operated. The Board’s “one size fits all” approach does not consider the impact to these municipalities and requirement to use their taxpayer dollars.

As one of the few nursing homes in St. Paul, we take in a large amount of the unhoused population who end up needing long term care. Many of these patients come to us with no

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

active payor and no involved family or friends. If this standard is passed, we will no longer be able to serve the population of St. Paul in this way.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Etta DiGiacomo, LHSE

Administrator of EICR; St. Paul, MN

Date: July 24, 2024**OAH Docket Number:** 5-9001-40100**Presiding Judge:** Administrative Law Judge Jim Mortenson**Comment Period:** June 24, 2024 through 4:30 p.m. on July 24, 2024**Re:** Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Executive Director at Emmanuel Nursing Home in Detroit Lakes. We are a nonprofit, faith-based provider of health care and housing for older adults, based here in Minnesota.

Emmanuel Nursing Home serves older adults who need short-term rehabilitation after a procedure or hospitalization and those who need care long term. This population is often underserved and struggles to find placement, specifically for those who require long-term care due to the workforce challenges plaguing rural Minnesota. As Executive Director, I oversee the daily operations of the Detroit Lakes site and work with our team to provide quality care to those we serve.

I oppose the proposed rule language and would like to provide you with my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	176,769
Direct Cost of Jan 1, 2026 Standard (CY2027)	176,769
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	20,129
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	20,129
Direct Cost of Jan 1, 2027 Standard (CY2027)	194,587
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	7,021
Total Estimated 2 Year Cost of 2026 and 2027 Standards	595,403

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

Without the ability to raise prices, our facility has no ability to offset the increased expenses and will face a significant financial burden if these standards are implemented.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Our site is already impacted by workforce challenges that face rural Minnesota. The applicant pool is shallow and long-term care often competes with many other industries including retail, manufacturing, and hospitality, all of which are struggling to find enough team members. There are over 20,000 vacant positions in long term care across Minnesota and increasing the minimum wage does not guarantee those positions will be immediately filled. This standard fails to consider geographic wage differences and assumes an adequate applicant pool is available in each area of our State.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

With any unfunded mandate, providers will have to make decisions on how to reduce expenses in other ways to fund the unfunded mandate. Those reductions will vary from provider to provider but may have serious implications for long-term care workers and the residents we serve across the State. It is likely that providers will consider significantly reducing their bed size or closure, further impacting an already strained healthcare system. Hospitals will continue to be full of patients they are unable to place, which will impact their ability to care for those who need immediate care, residents will be placed miles from their homes and families, and staffing challenges will persist as long-term care workers are displaced. Our facility will continue to serve our community; however, it will not be without reductions. Minnesota's long term care workers and older adults deserve better, but they don't deserve the consequences of this unfunded mandate.

Thank you for your consideration.

Sincerely,



Danielle Olson

Executive Director

Ecumen Detroit Lakes - Emmanuel Nursing Home

Date: July 24, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024
Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

My name is Blaine Gamst, and I am the Executive Director at Ecumen Lakeshore in Duluth. We are a nonprofit, faith-based provider of health care and housing for older adults, based here in Minnesota.

At Ecumen Lakeshore, we serve over 900 individuals annually in our transitional care skilled nursing facility. Our campus also includes assisted living, homecare, and hospice services. Although Ecumen Lakeshore does not participate in the 256R Medicaid program and is not technically subject to this mandate, this proposed language rule will have a significant economic impact on us and all long-term care services in an already very challenging economic environment.

I oppose the proposed language rule and would like to provide you with my reasons. The wage standards are an unfunded mandate and create unsustainable financial pressure for long-term care services. Duluth is a highly competitive labor market with four nursing homes and two major hospitals directly competing for healthcare workers. To be clear, we have and will continue to support increased wages for our team members. The issue is a government mandate and providers not subject to the mandate will still need to raise wages to stay competitive in the labor market despite not receiving any additional reimbursement associated with the mandate. Our assisted living also employs nursing assistants, these mandates will also inflate wages in that setting and therefore the cost will be passed directly on to residents who have already experienced significant rent and services increases in each of the last two years.

We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	233,211
Direct Cost of Jan 1, 2026 Standard (CY2027)	233,211
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	18,545
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	18,545
Direct Cost of Jan 1, 2027 Standard (CY2027)	190,545
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	12,650
Total Estimated 2 Year Cost of 2026 and 2027 Standards	706,707

In conclusion, we fully support fair wages for healthcare workers; however, this is not the right path towards that goal. The current proposal places undue financial strain across long-term care organizations throughout the state. Please, I urge you to reconsider this unfunded mandate which will unequivocally cripple the services that so many of our state’s older adults rely on. Thank you for your consideration.

Sincerely,

Blaine Gamst
 Executive Director
 Ecumen Lakeshore



Fredrikson & Byron, P.A.
Attorneys and Advisors

60 South Sixth Street, Suite 1500
Minneapolis, MN 55402-4400
Main: 612.492.7000
fredlaw.com

July 24, 2024

Leah Solo
Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155
Via email only – dli.rules@state.mn.us

Re: Proposed Expedited Permanent Rules Establishing Minimum Nursing Home Wage Standards (Proposed Minnesota Rules 5200.2060 – 5200.2090): Written Comment Submitted on Behalf of the Long-Term Care Imperative (LeadingAge Minnesota and Care Providers of Minnesota)

Dear Nursing Home Workforce Standards Board:

Pursuant to Minnesota Statutes, section 14.389, subdivision 2, and on behalf of the Long-Term Care Imperative, a working group of LeadingAge Minnesota (“LeadingAge MN”) and Care Providers of Minnesota (“Care Providers”), we submit this written comment to the Nursing Home Workforce Standards Board’s (“NHWSB”) Proposed Expedited Permanent Rules Establishing Minimum Nursing Home Wage Standards, proposed Minnesota Rules 5200.2060 through 5200.2090 (the “Proposed Rules”).¹ For the reasons discussed below, the Long-Term Care Imperative strongly urges NHWSB to withdraw the Proposed Rules and issue revised rules after revisiting the incomplete data and sometimes false assumptions on which the Proposed Rules are currently based.

To be clear, the Long-Term Care Imperative has long advocated for increases to the wages of nursing home workers, and recognizes that many concerns about workforce stability and community access can be ameliorated by higher wages for these workers. This must be done through a partnership between the State of Minnesota and providers, recognizing that the Minnesota Legislature (the “Legislature”) controls the funding needed to support better wages. However, the Proposed Rules are not realistic. Despite a clear statutory requirement that the Proposed Rules will not be effective unless adequate appropriations are made, neither the Proposed Rules nor the supporting fiscal note and analysis adequately or realistically define the appropriations necessary to make up the significant—and debilitating—increased costs to facilities that the Proposed Rules will create. In addition, the Proposed Rules will unconstitutionally impair existing contracts, and call into question whether Minnesota complies with the federal requirement

¹ See 48 Minn. SR 1148-50 (June 24, 2024), available at https://mn.gov/admin/assets/SR48_52_tcm36-628525.pdf (last accessed July 3, 2024).

that each state’s Medicaid program be administered by a single state agency. Thus, while the Long-Term Care Imperative shares the desire to achieve sustainable wages for nursing home workers, the Proposed Rules will not accomplish this laudable goal. The Long-Term Care Imperative urges NHWSB to withdraw the Proposed Rules and to urgently engage with necessary stakeholders to develop a more sustainable and realistic proposal.

This written comment is intended to provide only a high-level summary of the primary concerns of the Long-Term Care Imperative. Additional, detailed information and analysis, and assistance with the revision of the Proposed Rules, is readily available upon request. The Long-Term Care Imperative reserves the right to advance additional arguments in the event a further challenge of the Proposed Rules, or any variation thereof, becomes necessary.

I. The Proposed Rules Inadequately Define the Appropriation Necessary for the Proposed Rules to Come into Effect.

The enabling legislation for the Proposed Rules requires that, “[i]n considering wage and benefit increases,” NHWSB must determine the impact of the proposed increases on nursing facilities’ operating payment rates and external fixed costs payment rates as determined under the Minnesota nursing facility rate system established at Minnesota Statutes, Chapter 256R. If the proposed wage increases will increase these payment rates, NHWSB is required to report to the Legislature the funding required to meet the increases and “must make implementation of any new nursing home employment standards contingent upon an appropriation, as determined by [Minnesota Statutes,] sections 256R.21 and 256R.25, to fund the rate increase necessary to comply with the new licensing standards.”²

In issuing the Proposed Rules as written, NHWSB has failed to meet the plain language statutory requirement of an “appropriation, as determined under [Minnesota Statutes, sections] 256R.21 and 256R.25.” NHWSB has interpreted this statutory requirement as applying only to appropriations needed for future Medicaid rates that are not already reflected within the State Budget Forecast. This tortured interpretation of the law borders on the absurd and, in ignoring the plain meaning of the statutory requirement, the Proposed Rules conceal the true cost of these mandates from lawmakers. Naturally, because Minnesota’s nursing home reimbursement system does not recognize costs in rates until nearly two years after they are incurred, these costs will not have an immediate impact on the state budget. However, because of the cost-based reimbursement system for many care-related categories, including wages and benefits for direct care staff, the Proposed Rules will most certainly have a future impact on the state budget. In essence, nursing home providers will need to absorb nearly \$200 million or more in additional costs in 2026 and 2027 without a single penny of additional state funding to cover these new costs. During this time, rates will reflect older costs, and it would be inappropriate to expect providers to use these funds that are designed to reimburse for other costs they have already incurred.

² Minn. Stat. § 181.213, subd. 2(c).

Moreover, the Proposed Rules neither identify the level or amount of an appropriation that would be “sufficient to cover the rate increase” nor define the criteria or process by which NHWSB would determine the level of funding it would report to the Legislature.³ Nor do the Proposed Rules indicate when or through what process NHWSB will notify providers that NHWSB has determined the adequate appropriation has been made. Despite the clear legislative intent to retain some level of oversight and control over the potential budget impacts of these rules, NHWSB avoided the requirement to clearly articulate what appropriation would be needed or how it would be calculated. As a result, the Proposed Rules fail to give regulated parties fair notice of when—or even if—they will be effective, and therefore they are intolerably vague and uncertain.

Perhaps NHWSB intends to rely on its fiscal note and supporting analysis to determine the level of appropriation necessary to bring the Proposed Rules into effect. If this is NHWSB’s intent, it is not apparent from the face of the Proposed Rules and, as discussed below, the fiscal note is deeply flawed and does not produce accurate estimates of the impact of these Proposed Rules.

The Long-Term Care Imperative submits that the Proposed Rules should be withdrawn, and, at a minimum, a clearer and more concrete description of the necessary appropriation should be included to promote certainty.

II. Because NHWSB based the Proposed Rules on an incomplete investigation of market conditions and related considerations in violation of Minnesota Statutes, section 181.213, the Proposed Rules must be withdrawn.

Minnesota Statutes, section 181.213 (“Section 181.213”), subdivision 2 requires NHWSB to set standards of compensation for nursing home workers based on an investigation of the “market conditions and existing wages, benefits, and working conditions of nursing home workers *for specific geographic areas* of the state and *specific nursing home occupations*.” Rather than comply with this mandate, NHWSB based the Proposed Rules on averages derived from partial data collected from a mere 30 percent of Minnesota’s nursing home employers. The fiscal analysis underlying the Proposed Rules further relies on averages which flatten the variation among even the small sample of facilities surveyed, losing critical nuance. Because of the significant and well-recognized⁴ variation in the size, operating budget, financial pressures, and local economic conditions of nursing homes across Minnesota, this misguided approach fails to show the true impact of the Proposed Rules on nursing home providers in violation of the Legislature’s specific direction to NHWSB.

Based in part on information provided to the Long-Term Care Imperative by individual nursing home providers, the Proposed Rules will disproportionately and adversely affect nursing home providers serving Minnesota’s rural communities (which tend to pay wages that reflect the cost of

³ Minn. Stat. § 181.213, subd. 2(d)(3).

⁴ See, e.g., Minn. Stat. § 181.213, subd 2 (repeatedly requiring analysis of conditions in “specific geographic areas”).

living in their respective communities) and smaller nursing home providers in rural and urban settings (which often have smaller operating budgets and are therefore less able to carry unfunded costs from year to year⁵). More specifically, these adverse effects will likely result in diminished services and, in some cases, the closure of nursing homes, thus negatively impacting both nursing home residents and the very nursing home workers NHWSB is tasked with helping to protect. LeadingAge MN and Care Providers urge NHWSB to comply with Section 181.213's investigation mandate in both letter and spirit, and revise the Proposed Rules after conducting a nuanced, thoughtful, and statutorily compliant investigation of market conditions and related considerations.

III. NHWSB's failure to properly consider and account for the impact of the Proposed Rules on individual nursing home providers violates Section 181.213, and mandates the withdrawal of the Proposed Rules.

NHWSB's Proposed Rules are further flawed because they fail to satisfy the statutory requirement to consider costs to nursing homes.

The Legislature clearly intended NHWSB to consider and account for costs to both Minnesota and nursing home providers when developing the Proposed Rules. This is shown, in part, through Section 181.213's numerous cross-references to sections of Minnesota Statutes, chapter 256R, a statutory chapter that establishes the individualized Medical Assistance rate setting system for *each* nursing facility.

In developing the Proposed Rules, NHWSB analyzed and accounted for costs to Minnesota, but chose to—at best—gloss over the significant costs to nursing home providers. In so doing, NHWSB misled the public as to the overwhelming and unfunded costs that individual nursing home providers will incur if the Proposed Rules are adopted without revision and violated Section 181.213. In addition, because NHWSB's flawed fiscal analysis fails to consider nursing home provider costs, which are “an important aspect of the problem,” the Proposed Rules are arbitrary and capricious. *See In re Appeal by Meridian Servs., Inc.*, No. A16-1329, 2017 WL 1375310, *5 (Minn. Ct. App. Apr. 17, 2017); *Peterson v. Minn. Dep't of Labor & Indus.*, 591 N.W.2d 76, 79 (Minn. Ct. App. 1999) (applying the arbitrary and capricious standard to a challenge to an administrative rule). For these reasons, the Proposed Rules will not survive judicial review.

⁵ The impact on smaller facilities with less flexibility in their year-to-year budgets is especially significant because, even if some of the costs of compliance with the Proposed Rules are offset by higher Medical Assistance reimbursement, that offset will be delayed several years. Medical Assistance nursing home payment rates are set based on retrospective costs, meaning that there will necessarily be a delay of nearly two years (or more) between when nursing homes are expected to incur these additional costs and when they will receive any enhanced reimbursement to cover, at least in part, the increased costs. For some nursing homes, this delay may be insurmountable and force them to cease operations.

Examples of this oversight on the part of NHWSB include, but certainly are not limited to, the following:

- NHWSB asserts that “the primary fiscal impact [to Minnesota] of these [wage] standards will result from higher [Medical Assistance] per diems for care in nursing homes,” and suggests, inaccurately, that these higher Medical Assistance rates will fully compensate nursing home providers for the increased wage-related costs that they will incur as a result of the new wage standards.⁶ NHWSB also acknowledges, but expresses no concern, that because of how Minnesota sets nursing facility rates, there will be a rolling two-year delay between when nursing home providers incur these increased costs and when they receive the higher Medical Assistance rates which, in theory, cover these costs.⁷ From a practical perspective, this means that all nursing home providers—including smaller nursing home providers with minimal cash reserves—will be required to carry additional costs for years before receiving, at best, only partial relief from the State in the form of increased Medical Assistance rates. Further, even assuming nursing home providers can remain operational while carrying these additional costs, increased Medical Assistance rates will not make nursing home providers financially whole—or even close. In the materials supporting the Proposed Rules, NHWSB fails to recognize that many nursing home providers also serve private pay residents whose rates are tied to the then-current Medical Assistance rates. Because providers cannot, two years after the fact, demand additional payment from their private pay residents based on delayed Medical Assistance rate adjustments, the anticipated Medical Assistance rate adjustment will not offset, in any way, the additional costs incurred by providers associated with serving residents who are not Medical Assistance recipients.
- In adopting a “one size fits all” approach, NHWSB failed to consider how the increased wage rates will impact the nearly 40 nursing homes that are owned, managed, or operated by a Minnesota city, county, or hospital district. For the reasons discussed herein, the Proposed Rules, if adopted, will increase the cost of operating these nursing homes. NHWSB neglected to acknowledge, let alone account for, the likely effect of these increased costs on the taxpayers who help fund these publicly operated nursing homes.
- NHWSB failed to consider how the wage rates will impact the prices charged by contractors to their nursing home provider clients. If adopted, the Proposed Rules will govern the wages of “nursing home workers.” “Nursing home worker” is statutorily defined as follows:

⁶ NHWSB Fiscal Analysis of Workforce Standards Board Scenario (a/k/a Copy of Fiscal Analysis for the Board), available for download at <https://www.dli.mn.gov/about-department/boards-and-councils/nhwsb-meeting-materials> (last accessed July 3, 2024).

⁷ See, e.g., Fiscal Note, Narrative Tab, Line 17 (stating that “the additional costs that nursing homes incur through meeting these standards beginning 1/1/26 will be reflected in higher MA operating rates beginning 1/1/28”).

“Nursing home worker” means any worker who provides services in a nursing home in Minnesota, including direct care staff, non-direct care staff, and *contractors*, but excluding administrative staff, medical directors, nursing directors, physicians, and individuals employed by a supplemental nursing services agency.⁸

Based on publicly available information, NHWSB did not have a clear understanding of the wages currently paid to employees of third-party contractors (which are, with rare exception, outside the control of nursing home providers), nor how these contractors will pass the increased wage costs onto their nursing home provider clients. While this oversight may not impact NHWSB’s calculations of the costs to the State, it undermines NHWSB’s already uninformed conclusions as to how the wage increases will—and will not—impact individual nursing home providers.

- Neither the Proposed Rules nor the supporting documentation generated by NHWSB provide clear guidance to the nursing homes on how they are to consistently comply with the Proposed Rules. Examples of this oversight include, but are not limited to, the following:
 - To date, NHWSB has not clarified which employees are “administrative staff” and thus excluded from the “nursing home worker” wage requirements imposed by the Proposed Rules.⁹ Because “administrative staff” is an ambiguous term that could encompass positions ranging from front office workers to those in leadership positions, nursing home providers are again unfairly asked to implement onerous requirements without clear guidance. While NHWSB was not expressly tasked with providing this clarity, its failure to do so shows, once again, a disregard for the practical implications and challenges of implementing the Proposed Rules.
 - Section 181.213 requires NHWSB to “adopt procedures for considering temporary variances and waivers of the established standards for nursing home based on [NHWSB’s] evaluation of the risk of closure or receivership...” Despite the substantial risk of nursing home closure or receivership due to the Proposed Rules, NHWSB has yet to develop these procedures. This leaves nursing home providers with little clarity on when or how they may obtain the relief necessary to avoid closure and the resulting loss of beds and employment for nursing home residents and workers, respectively.

⁸ Minn. Stat. § 181.211, subd. 9 (emphasis added).

⁹ *Id.* (defining “nursing home worker” to exclude “administrative staff”).

Absent such guidance in the Proposed Rules or other NHWSB-generated resources, nursing home providers are unfairly asked to incur substantial costs or otherwise risk sanction if, despite their best efforts, they fail to comply with ambiguous statutes and rules.

- NHWSB minimizes the fiscal impact of the Proposed Rules on nursing home providers by assuming that, even without the Proposed Rules, nursing home providers will uniformly increase wages, and subtracting these increases from the projected appropriation. NHWSB’s decision to punish nursing home providers for voluntarily increasing wages by asserting that those increases do not need to be offset by increased reimbursement is deeply misguided and disappointing.
- NHWSB obscures the fiscal impact of the Proposed Rules on nursing home providers by assuming that nursing homes will decrease costs in other areas to comply with the increased wage rule. In other words, NHWSB assumes that nursing home providers will simply absorb the increased costs by cutting services, reducing staff in other areas, or making other adjustments. This is precisely what the Legislature sought to avoid by requiring NHWSB to secure appropriations necessary to cover additional costs. NHWSB’s attempt to hide the true cost of the Proposed rules violates its enabling legislation.

The Long-Term Care Imperative estimates that the Proposed Rules, if adopted without revision, will cost the State’s nursing home providers approximately **193 million dollars** over the four years following their effective date. This amount far outpaces the NHWSB-anticipated cost to Minnesota of 9 million dollars and is unacknowledged by NHWSB. NHWSB has no practical plan for where the money to cover this shortfall will come from, and demonstrates no concern for how the unfunded mandate will compromise the long-term viability of nursing homes or access to nursing home care for Minnesotans. NHWSB’s failure to consider and account for these overwhelming and potentially devastating costs to nursing home providers violates Section 181.213 and requires the withdrawal of the Proposed Rules.

IV. The Proposed Rules violate the U.S. Constitution and the Minnesota Constitution by unreasonably interfering with nursing home providers’ existing contractual relationships.

As interpreted by the U.S. Supreme Court, both the U.S. Constitution¹⁰ and the Minnesota Constitution¹¹ limit Minnesota’s ability to enact legislation and, by extension, administrative rules that impair existing contractual relationships. According to the U.S. Supreme Court, “[l]egislation

¹⁰ See U.S. Const. art. 1, § 10, cl. 1 (stating that “[n]o State shall...pass any...Law impairing the Obligation of Contracts...”).

¹¹ Minn. Const. art. 1, § 11 (stating that “[n]o...law impairing the obligation of contracts shall be passed...”).

adjusting the rights and responsibilities of contracting parties must be upon reasonable conditions and of a character appropriate to the public purpose justifying its adoption.”¹²

Here, the Proposed Rules may conflict with existing contracts with nursing home vendors and employees. For example, existing contracts with housekeeping vendors may not address the wages that must be paid to the vendor’s employees. Similarly, to the extent that NHWSB expects nursing home providers to internally shift costs to meet the unfunded mandate reflected in the Proposed Rules, compliance with the Proposed Rules may require nursing home providers to breach their existing contracts. NHWSB has made no effort to investigate the likely impact of the Proposed Rules on existing contracts, let alone weighed whether those impacts are reasonable in light of the purpose of the Proposed Rules.

V. The Proposed Rules violate the federal requirement that a single state agency administer Minnesota’s Medical Assistance.

Under federal law, each state is required to designate a “single state agency” to administer and supervise its Medicaid state plan.¹³ 42 U.S.C. § 1396a(a)(5); 42 C.F.R. § 431.10(b). Minnesota has designated the Minnesota Department of Human Services as its single state agency. NHWSB, if it adopts the Proposed Rules, will invade the Minnesota Department of Human Services’ role as Minnesota’s single state agency.

Under federal regulations, the single state agency may not delegate to any other agency the authority to “develop or issue policies, rules, and regulations on program matters.” 42 C.F.R. § 431.10(e). NHWSB is not a part of the single state agency, but its authority is nevertheless established specifically to regulate the workforce of “licensed, Medicaid-certified facilit[ies] reimbursed under chapter 256R”—a statutory chapter administered by the Minnesota Department of Human Services. *See* Minn. Stat. §§ 181.213, subd. 1 (NHWSB authority over nursing homes); 181.211, subd. 8 (defining “nursing home employer” with explicit reference to Medicaid). The Proposed Rules further invade the authority of the single state agency by piggybacking on the Minnesota Department of Human Services’ rate-setting system, a system specific to the Medicaid program.

Because the Proposed Rules conflict with federal law, they would not survive judicial review. *See e.g., Sellner Mfg. Co. v. Comm’r of Taxation*, 202 N.W.2d 886, 888 (Minn. 2013). NHWSB should withdraw the Proposed Rules for this reason as well.

¹² *U.S. Trust Co. v. New Jersey*, 431 U.S. 1, 22 (1977).

¹³ 42 U.S.C. § 1396a(a)(5); 42 C.F.R. § 431.10(b).

VI. Expedited rulemaking is inadequate to sufficiently ventilate the issues raised by the Proposed Rules.

While the Long-Term Care Imperative recognizes that the Legislature gave NHWSB the option to pursue rulemaking via the expedited process, the Legislature did not require rules be adopted on an expedited basis.¹⁴ The Long-Term Care Imperative submits that these issues, which will significantly affect every nursing facility in the State, their workers, and those who require nursing facility care now or into the future, would benefit from a more transparent rulemaking process. In particular, a public hearing is necessary to fully ventilate the far-reaching impact of these Proposed Rules on the financial stability of Minnesota’s nursing facilities and, consequently, on Minnesotan’s access to these necessary services in the future.

As NHWSB is aware, Minnesota’s population is aging. For the first time, Minnesota’s 65-plus population has eclipsed the number of school-aged children.¹⁵ This trend is especially pronounced in rural areas where Minnesotans are twice as likely to be age 80 or older as compared to urban areas of the state.¹⁶ At the same time, nursing facilities, which play an essential role in caring for the most vulnerable Minnesotans, face unprecedented financial pressures which imperil their ability to meet the growing need for their services. Despite the increased demand for nursing home services, in recent years, Minnesota has lost nursing home beds due to these pressures.

Addressing these urgent challenges is complex and requires the input of a diverse group of stakeholders. The expedited rulemaking process selected by NHWSB is inadequate to solicit the views of these stakeholders or to sufficiently consider them. The Long-Term Care Imperative urges NHWSB to pursue rulemaking via the process outlined at Minnesota Statutes, sections 14.131 through 14.20, including a public hearing to ensure that all voices are heard, and a comprehensive, adequately funded rule is ultimately promulgated.

* * *

The Long-Term Care Imperative strongly supports the ability of nursing home workers to earn family-sustaining wages and the creation of a healthy, sustainable workforce, which is good for everyone involved in long-term care—including employees, employers, and the seniors who receive critical care in nursing home facilities every day. However, LeadingAge MN and Care Providers agree with the Legislature that such efforts must be done only after thoughtfully

¹⁴ See Minn. Stat. § 181.213, subd. 1 (b) (stating that NHWSB “may use the authority in section 14.289 to adopt rules under this paragraph” (emphasis added)).

¹⁵ Minnesota Board on Aging, *Minnesota State Plan on Aging FFY 2024-2027*, available at https://mn.gov/board-on-aging/assets/FFY2024-2027-MN_State-Plan-On-Aging_tcm1141-571955.pdf (last accessed July 16, 2024).

¹⁶ See MDH, *Rural Health Care in Minnesota: Data Highlights* (Nov. 17, 2022), available at <https://www.health.state.mn.us/facilities/ruralhealth/docs/summaries/ruralhealthcb2022.pdf> (last accessed July 16, 2024).

investigating and accounting for how the contemplated wage standards will impact both Minnesota (and, by extension, its taxpayers) and individual nursing home providers. NHWSB's failure to understand and account for these impacts violates the plain language of Section 181.213 as well as its intended purpose. The Long-Term Care Imperative urges NHWSB to immediately withdraw the Proposed Rules and issue revised proposed rules after faithfully performing its statutorily mandated duties.

Sincerely,

FREDRIKSON & BYRON, P.A.

/s/ Katherine B. Ilten

Katherine B. Ilten
Direct Dial: 612.492.7428
Email: kilten@fredlaw.com

/s/ Pari I. McGarraugh

Pari I. McGarraugh
Direct Dial: 612.492.7480
Email: pmcgarraugh@fredlaw.com

Date: July 24, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am Ethan Martin, the Administrator at The Waterview Shores in Two Harbors, Minnesota.

The Waterview Shores provides short-term rehabilitation and long-term care to a rural community in northern Minnesota. Many of the residents that we care for have spent their entire lives in this remote area of Northern Minnesota, and we are one of the only facilities along Minnesota's North Shore. The location of our facility provides various challenges in terms of staffing, census management, and our overall financial picture. In addition, this care is funded primarily by state and federal dollars, and there is minimal ability to increase these rates as expenses unexpectedly rise.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$47,030
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$47,030
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$8,689
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$8,689
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$51,112
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$2,468
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$165,017

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to increase revenue to compensate for increased expenses. Because of this, the facility would face the burden of handling the entire additional expense of this proposed rule.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard. Our facility does not receive the same reimbursement as a facility in Duluth, or Eagan, or Mankato, so a proposed rule which affects every facility the exact same when every facility is different and faces different circumstances is unrealistic.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity. If my facility does not address all positions within the building, and tier for years of service, the unintended consequences will create an environment that does not reward employee retention and tenured consistent staff is critical for quality care and services.

Thank you for your consideration.

Sincerely,



Ethan Martin
Administrator
The Waterview Shores

Date: July 24, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at The Estates at Linden.

The Estates at Linden is a skilled nursing facility in Stillwater, MN serving both short- term and long-term patients that require rehabilitation prior to a return to lesser restrictive environment or long-term care and hospice as they have no other safe housing or support to provide care in a lesser restrictive setting. Estates at Linden provides care for a high percentage of Medicaid recipients needing long term care services.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	10,282
Direct Cost of Jan 1, 2026 Standard (CY2027)	10,282
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	18,227
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	18,227
Direct Cost of Jan 1, 2027 Standard (CY2027)	12,207
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	14,323
Total Estimated 2 Year Cost of 2026 and 2027 Standards	83,547

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are

unable to raise our prices to meet new expenses. Without our placement, these patients would not have skilled care in the community willing to provide short term rehabilitation, long term or custodial care for the available reimbursement rate.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

Laura Steffen
Administrator
The Estates at Linden

Date: July 24, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

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Total Estimated 2 Year Cost of 2026 and 2027 Standards	83,547

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are

unable to raise our prices to meet new expenses. Without our placement, these patients would not have skilled care in the community willing to provide short term rehabilitation, long term or custodial care for the available reimbursement rate.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

Thank you for your consideration.

Sincerely,

Laura Steffen

A handwritten signature in black ink, appearing to read 'Laura Steffen', written in a cursive style.

Administrator
The Estates at Linden

July 24, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.,
St. Paul, MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wage standard rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

Episcopal Homes of Minnesota (EHM) has always supported our workers and their ability to earn a life-sustaining wage. For 130 years EHM has pushed the envelope in providing care and meaningful work in our communities. Episcopal Homes was one of the first nursing homes to be rebuilt in a household model to improve the continuity of care and a family-like atmosphere. As part of that, we are committed to offering wages in the top quartile. However, this commitment is getting harder to meet because of increased regulations and unfunded mandates. We see the wage standards as another unfunded mandate.

In a closed economic system, we are not free to raise revenues to meet increased expenses, it becomes the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like EHM have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs critical to providing quality care for our seniors.

The Board fails to consider, or worse, ignores, critical facts and impacts in the development of these standards. Moving forward with the proposed standards could recklessly jeopardize access to essential nursing home care for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers'. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

This rule also has unintended consequences that reach well beyond the board's rulemaking authority. Episcopal Homes is a full continuum of care community serving 1500 seniors annually. In a central campus, we serve seniors in low-income housing programs, independent living, and assisted living, in addition to our nursing homes. The unfunded mandate affects all workers working across our campus since all workers provide services in various programs. Our issue is that we can increase our prices for a few of our offerings, but the brunt of the increases will be borne by low-income seniors and those in our nursing homes.

Due to the reimbursement formula, we would have to increase wages by \$450,000 per year in our nursing homes and finance that for two years. In addition, Episcopal Homes would be forced to incur an additional estimated \$250,000 per year in parity funding for our other programs. In our best year, Episcopal Homes can squeeze out maybe 1% profit in any given year. These kinds of cost increases cannot be absorbed without decreases in access and quality care or increases to the state's revenue formula.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms, it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Our goals are not incompatible with the Board's goals. We want to pay our workers more, too. However, this rule forces providers to reduce resources, which ultimately negatively affects the people we intend to help—seniors and our workforce. We would rather work together to make the formula work better for our seniors, our workers, and our community. Please put this rule on pause so we can have public hearings to create a more equitable solution. Thank you for making this process available and for considering my comments.

Sincerely,

Tom Henry
President and CEO
Episcopal Homes of Minnesota



Spring Valley Living

For the Seasons of Your Life

800 Memorial Drive, Spring Valley MN 55975 ♦ 507-346-7381 ♦ Fax 507-346-1191 ♦ www.springvalleyliving.org

RECEIVED
By: OAH on 7/24/2024
Penny Solberg Attachment

Submitted Electronically

July 24, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wage standard rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Spring Valley Living (SVL) has always supported our workers and their ability to earn a life-sustaining wage. However, it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like ours have called for funding to raise wages year after year. During this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs critical to providing quality care for our seniors.

The Board fails to consider, or worse, ignores critical facts and impacts in the development of these standards, and moving forward with the standards as proposed could recklessly put access to essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors. It will likely decrease access to services available to our state's older adults.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf



Spring Valley Living

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Unfunded mandate

I want to focus on my grave concerns about the proposed minimum wage standards *and the* fact that they are being imposed as if we are not already providing as much as we can to our workers within our reimbursement system. For SVL, the impact of the proposed standards, using the calculator established by the Long Term Care Imperative, indicates an annual increase of over \$200,000 in direct wages. This will include increased workers' compensation premiums and employer portion of social security and Medicare taxes. This is just for the employees that would get the mandated increase. This does not consider the financial impact for the other staff, which would potentially increase wages as well. This increase in SVL expenses is significant without funding. Spring Valley Living's financial viability will be affected negatively without additional direct funding, dollar for dollar, not a calculation from a proposed rate system, but a dollar-for-dollar increase,

Spring Valley Living is a 45-bed nursing home with 38 units of Assisted Living with Memory Care and 20 units of flexible living in Rural SE Minnesota. The town has 2500 people, and we are the primary employer. We have developed relationships with Olmsted Medical Clinic and Hy-Vee Pharmacy to have offices on our campus for the convenience of the people we serve. We provide our staff with a generous vacation package, eight holidays, a pension match, health insurance at an 85% discount, vision, dental, short and long-term disability, and more. They have flexible schedules and market rate pay with pay based on performance. Tragically, this Board does not appear to see what providers are already doing for their employees within the constraints of the government-determined reimbursement.

The statute establishing this Board and the creation of standards also clarified that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, lawmakers must take steps to fund the wage increase upfront before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal are responsible for providing the funds to them.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without additional funding.**



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The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

- Our nursing facility's Medicaid and Private Pay Rates are determined based on allowable costs incurred between 15 and 27 months prior. Because of the auditing process, a nursing facility cannot know its rates until the Minnesota Department of Human Services calculates them 45 days before January 1 of each year.
- With the equalization of Medicaid and private pay rates, the state-funded managed care programs for seniors (MSC + and MSHO), and Medicare, the state and federal governments control nearly all of our funding and rates. Unlike other businesses, we are unable to raise our prices to meet new expenses.
- The wage standards do not consider the costs associated with providing raises to staff "at or above" the standard or consider the increased costs associated with providing raises to all other positions and maintaining wage parity.
- The standard "one size fits all" approach does not represent geographic wage differences, historical rate differences, or the available workforce to support the standard.
- Currently, many of our referrals come from Mayo Health System – Rochester. The impact of nursing home providers laying away beds and closing has already taken its toll on placement for patients needing rehab services that could be placed in a short-stay wing of an existing nursing home. SVL downsized to 45 beds recently and now has a waiting list of referrals from Mayo wanting rehabilitation services. This creates a backlog in the hospital and increases costs to the Medicare system for additional days in the hospital.

Stand Alone Challenges

Some nursing facilities are unique in that they are stand-alone nonprofits. Spring Valley Living is one such nonprofit in rural Minnesota. The Board's "one size fits all" approach does not consider the impact on the different types and sizes of nursing homes.

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>



Spring Valley Living

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Assisted living challenges

The long-term care spectrum of services does not only concern the level of care provided by nursing facilities. It also involves a variety of other home—and community-based providers, including assisted living providers, who are competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across the service system.

- Our campus includes an assisted living. The increases required of the mandate will affect where staff will want to work to get paid more. This will force SVL to increase wages in the assisted living. Currently, we provide approximately 40% waived services in our housing that are reimbursed through the Elderly Waiver program. There are gaps in the amount of reimbursement received and the cost of care, which will only increase when wages are increased.
- There is a shortage of workers within our service area, and has been since the start of the pandemic. Contract labor has become the norm when positions are open and clients must be cared for. This increases the cost of providing care without any increase in the revenue to provide the care.
- SVL will have an increase in the financial strain that we have been working our way out of since the slowdown of the pandemic. It feels like the nursing home industry is being punished for existing as a service to the residents of Minnesota. As a nonprofit nursing home leader for many years, I know that good staff who are happy with their wages and benefits are critical to the quality of care for our residents. In the years I have been graciously allowed to lead a nonprofit rural long-term care campus, I have strived to know and care for my staff and residents. This Board does not appear to believe this. That is tragic.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning, in simple terms, it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards. Instead, it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. As a result, residents, their families, and communities will feel such impacts. Accordingly, we are opposed to this entire rule and request that its disposition be resolved during a public hearing.

Thank you for considering my comments and request for a public hearing.

Respectfully submitted,

Dr. Penny Solberg



Spring Valley Living

For the Seasons of Your Life

800 Memorial Drive, Spring Valley MN 55975 ♦ 507-346-7381 ♦ Fax 507-346-1191 ♦ www.springvalleyliving.org

Date: July 24, 2024

OAH Docket Number: 5-9001-40100

Presiding Judge: Administrative Law Judge Jim Mortenson

Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Inter-Faith Care Center in Carlton Minnesota.

Inter-Faith is a Faith based non-profit senior living campus. We provide care and housing for seniors and others in our 80 bed Nursing Home as well as our Assisted Living and Independent Apartments. Inter-Faith ha

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is: **\$137,761 per year with a ripple effect of \$96,000. For a total of \$235,000.**

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1.

Our Facility is currently under a forbearance agreement due to financial hardship. We are at risk for closure if we are required to implement wage increases that are not immediately funded. Having to wait 15-27 months for reimbursement in not feasible.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities. Our Assisted living is attached to the Nursing Home with shared staff. To ensure that we can continue to care for all individuals on the campus the wage increases will need to occur in our Assisted Living as well.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

Thank you for your consideration.

Sincerely,

Tara Adkins, RN PHN, LNHA, LALD

Administrator

Interfaith Care Center

Carlton Place Assisted Living

811 3rd Street

Carlton MN, 55718

(218) 384-8411-(218) 393-3871

tadkins@inter-faithcare.org

A handwritten signature in black ink that reads "Tara Adkins". The signature is written in a cursive, flowing style.

Nursing Home Workforce Standards Board
Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N.
St. Paul, MN 55155

Dear Executive Director Solo and Members of the Nursing Home Workforce Standards Board,

I am writing on behalf of Morris Health Services, a subsidiary of St. Francis Health Services of Morris, to express our grave concerns regarding the recently published rule in the Minnesota State Register. The proposals include the addition of four holidays effective January 1st, 2025 and significant increases in minimum wages for various nursing home positions effective January 1, 2026, with further increases on January 1, 2027. While we appreciate the intention to improve benefits and compensation for nursing home employees, the financial impact of this unfunded mandate is of immense concern to our organization. This also adds to the burden of the already implemented Employee Sick and Safe Time that began on January 1s, 2024.

The proposed rule sets minimum wages at \$22.50 for Certified Nursing Assistants (CNAs), \$23.50 for Trained Medication Aides (TMAs), \$27 for Licensed Practical Nurses (LPNs), and \$19 for all other nursing home employees. Additionally, an increase of \$1.50 for each of these positions is scheduled for January 1, 2027. These changes, combined with the anticipated rule mandating eleven paid holidays starting in calendar year 2025, represent a substantial financial burden.

Morris Health Services is committed to providing high-quality care to our residents, reflecting our mission of expressing Christ's love by providing care that values every human life. However, the financial implications of this rule will cost us \$1,896,069 as a company and \$166, 657 for Morris Health Services and not including the purposed wage increases as of January 1, 2025 to meet the requirements. Without adequate funding, these increased costs will jeopardize our ability to continue delivering essential services to our aging population.

The impact on our budget is not merely a matter of operational adjustments; it poses an existential threat to our facility. The requirement for such a substantial increase in wages, without corresponding funding, is not sustainable. This rule, if implemented without proper financial support, will force us to make difficult decisions, including potential reductions in staff, services, and possibly the closure of our facility. This outcome would be devastating to the residents who depend on us for their care and well-being.

We urge the Nursing Home Workforce Standards Board to consider the broader implications of this rule. The focus on Medicaid rate increases to offset these costs does not provide immediate relief and does not account for the significant upfront financial burden. It is crucial to address the need for funding

that ensures nursing homes can meet these new requirements without compromising the quality of care or access to services.

We strongly encourage the Board to collaborate with LeadingAge Minnesota and other stakeholders to develop a more balanced approach. This should include securing the necessary funding from the Legislature to support these wage increases and prevent undue hardship on nursing homes and the vulnerable populations we serve.

We also recommend extending the comment period and conducting additional impact assessments to fully understand the ramifications of this rule. Transparent and comprehensive discussions involving all stakeholders, including nursing home providers, are essential for creating policies that are both fair and sustainable.

Thank you for considering our concerns. We remain committed to working collaboratively to find solutions that support our dedicated workforce while ensuring the continued provision of high-quality care for Minnesota's aging residents.

Sincerely,

Kimberly Smith

Administrator

Morris Health Services, subsidiary of St. Francis Health Services of Morris

Date: July 24, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at The Estates at Bloomington.

My facility is a 68-bed community that provides services to a diverse type of clinically complex and underserved residents, who require a specialized level of care and housing. This care is funded primarily by state and federal dollars, and there is minimal ability to increase these rates as expenses unexpectedly rise. This proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve. To be clear, The Estates at Bloomington has always supported our employees and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year.

I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$97,954
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$97,954
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$14,404
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$14,404
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$79,774
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$11,700
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$316,189

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

As mentioned earlier, this additional expense will become the full burden of the facility to bare, as there is no avenue to offset this cost to the nursing facility.

Third, the mandated minimum wage standards create specific problems for our nursing facility. The wage standards do not take into account geographic wage differences, historical rate differences, or the available workforce to support the standard.

Provide Additional Facility Context

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity.

If my facility does not address all positions within the building, and tier for years of service...the unintended consequences will create an environment that does not reward employee retention...and tenured consistent staff is critical for quality care and services.

Thank you for your consideration.

Sincerely,

Jordin Miller
Administrator
The Estates at Bloomington

Submitted Electronically

July 24th, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Ebenezer has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on the lack of funding for these wage increases putting the care and safety of seniors at risk.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

My name is Kayla Luraas, and I am the Campus Administrator of Meadows on Fairview. I oversee the daily operations of the campus. I have been in my role for two years now and have felt called to serve seniors for as long as I can remember.

Meadows on Fairview is a smaller campus located in Wyoming, MN. We just celebrated our 20th anniversary this year! We offer Assisted Living, Memory Care, independent HUD apartments, and also have a 14 bed TCU. Overall, we serve about 400 individuals per year.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

Meadows on Fairview is a campus setting, meaning that this mandate will not only impact our SNF but also our Assisted Living. With the increases in wages in the SNF, there will be no choice but to raise the wages of Assisted Living staff as well. Wages need to be competitive to recruit employees.

City/County challenges

Some nursing facilities are unique in the fact they are city or county owned, managed or operated. The Board's "one size fits all" approach does not consider the impact to these municipalities and requirement to use their taxpayer dollars.

Assisted living challenges

The long-term care spectrum of services is not only about nursing facility level of care. It involves a variety of other home and community-based providers including assisted living providers who are also competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across the service system.

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

Although we do not solely take Elderly Waiver, we do have around 10 residents on the program. Assisted Living rates for Medicaid services only change when the legislature provides funding. This funding is not updated frequently enough to accurately reflect the costs of care.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Kayla Luraas

Campus Administrator

Hello,

My name is John Zwiers and I am the CEO for LB Broen Home in Fergus Falls, MN. I would like to make some comments / observations on the Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100.

I have 3 major concerns with these standards. I will summarize the 3 concerns first. The first two concerns are very practical and immediate issues regarding implementation. The third concern is a philosophical issue with the concept of the method of dealing with the issues and the Nursing Home Workforce Standards Board. After the summary statements I will expound on each concern.

1. These standards are unfunded mandates that will cause additional financial distress to an already distressed industry.
2. The ability to compensate employees for differing levels of responsibility and difficulty of duties is eliminated.
3. Legislatively micromanaging an industry, with blanket rules, that has such diversity in workforce availability, levels of need that are provided, and local salary competition shows a lack of understanding of the complexity of the issues that are trying to be addressed.

Concern #1: These standards are unfunded mandates that will cause additional financial distress to an already distressed industry.

The practical result of this mandate for LB Broen Home in 2026 is that we would need to give every employee a \$2.50 per hour increase, this amounts to a cost to the facility of \$450,000 annually which would take 21 months before we would see additional revenue to cover these costs. In 2027 there would need to be an additional \$1.50 per hour increase which would be an additional \$250,000 annual increase in costs. We would face all the \$450,000 increase and \$187,500 of the second increase before any increase in our rates is seen under the current system.

We do believe that our employees deserve these increases. However, the State of Minnesota dictates the rates that we can receive and if the expenses are then dictated without an immediate corresponding increase in rates, it creates a financial environment that is unsustainable. Because of Covid and the current staffing issues all cash reserves have been depleted so there is not an ability for LB Broen Home to fund increases for the state without immediate corresponding rate increases to the facility.

Concern #2: The ability to compensate employees for differing levels of responsibility and difficulty of duties is eliminated.

LB Broen Home has a unit that has residents that require less strenuous care than other units. Mandating a minimum wage for nursing assistants takes away our ability to incentivize employees to want to work on the more strenuous units. If we were to pay above the minimum for these units the cost mentioned in Concern #1 would be even higher. Because it is a minimum wage we cannot pay less for the easier unit. Assuming that there are no differences between skill levels for non-nursing positions, which a blanket minimum wage implies, is also very problematic.

LB Broen Home also has casual employees that do not have the same level of commitment to the facility and making their wages mandated at the same level as regularly scheduled employees will

hurt moral and our ability to hire regularly scheduled employees. Making the wages different will go back to Concern #1 and create an even higher unfunded cost.

Concern #3: Legislatively micromanaging an industry, with blanket rules, that has such diversity in workforce availability, levels of need that are provided, and local salary competition shows a lack of understanding of the complexity of the issues that are trying to be addressed.

Trying to micromanage an entire state by assuming that every area is the same is inappropriate. Metro areas vs. rural areas vs. deep rural areas have a significant difference in the pool of employees to draw from to hire. Deep rural probably needs to pay more than rural to attract employees. Just as rural needs to pay more than metro areas to find and attract employees.

Assuming that all residents, in all units or all facilities, need the same amount of care is not a valid assumption. Not being able to compensate for differences in the complexity of care does create an environment that can attract employees or even worse it would create an environment that would limit care levels leaving some potential residents unable to find care.

Not being able to take into account the different industries that are in a community and the salaries that are being paid can create unnecessary wage competition. If the minimum is too high it will create stress on other industries, if the wage is too low there will be an inability to hire without additional revenue or higher rates.

The bottom line is that it is inappropriate to try to micromanage an entire industry that is so broad and diverse which makes the defined job of the Nursing Home Workforce Standards Board inappropriate, unless the state wants to make the long-term care industry into a utility type of industry like they already do with the Veterans Nursing Homes from a budget and expense perspective. This would be a very expensive option for the state, but it is an alternative that the state is already using and competing with other nursing homes in the communities that have Veterans Nursing Homes.



July 24th, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

LifeCare Medical Center is an integrated 501c3 non-profit health system located in northwest Minnesota. LifeCare provides the full spectrum of care (Primary Care, Rehab Services, 25 Bed Critical Access Hospital, Obstetrics, Emergency Room, Public Health, HHC/Hospice and Senior Services including LifeCare Roseau & Greenbush Manor, LifeCare Senior Living (41 Unit Assisted Living) and Greenbush Manor Assisted Living (12 Unit Assisted Living)).

LifeCare Medical Center once again proved its committed to long term care senior services in 2022 when it assumed ownership of Oak Crest Senior Housing (41 Unit Assisted Living facility) that could no longer financially maintain the vital services it provided to the community.

To be clear, LifeCare Medical Center has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal is responsible for providing the funds to them. We have estimated if this rule is enforced it will result in **\$400,000 in unfunded salary dollars** to meet these proposed mandated minimum wages for LifeCare Roseau & Greenbush Manors.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate.

Thank you for considering my comments and request for public hearing.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shannon Carlson', with a long horizontal line extending to the right.

Shannon Carlson, MPH, HSE, FACHE
Administrator LifeCare Roseau & Greenbush Manors
218-463-4701
scarlson@lifecaremn.com

Submitted Electronically

July 24, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

First and foremost, allow me to introduce myself. My name is Ron Donacik and I am the administrator of Jones-Harrison Residence (JHR). For 136 years, generations of families have trusted JHR to care for their loved ones. JHR is a non-profit senior living community that offers the best urban living in a charming neighborhood overlooking scenic Cedar Lake in Minneapolis, MN. At present, we offer a wide-variety of care options such as Independent Living, Assisted Living, Memory Care, Long-Term Care and Transitional Care.

Having said that, I want to thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Jones Harrison Residence has always supported our workers and their ability to earn a life-sustaining wage. However, it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically,

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

As discussed earlier, Jones-Harrison Residence has been serving senior living for 136 years with a wonderful reputation for quality care. As such, this makes us the oldest senior living provider in Minnesota. About one year ago, Jones-Harrison's Board of Directors made the decision to hire a healthcare management company to better help them navigate the challenging and murky waters of senior living. Specifically, we were struggling financially and needed the financial expertise of a known management commodity. We have made many positive steps during the last year to stabilize our financial situation. Having said that, requesting wage increases with an unfunded mandate, would threaten our financial viability and could seriously jeopardize the future existence of Jones-Harrison. I apologize if my comments sound aggressive or frightening and that is not my intention. Having said that, I want to sincerely share with you the very real possibility of how an unfunded mandate could affect Jones-Harrison as well as the 175 residents that we have faithfully served for the last 136 years!

As we review the proposals, Jones-Harrison would be required to fund in excess of \$300,000 per year in wages. This would come at a time when our current funding is not keeping up with our current expenses as we are struggling to find the dollars for repairs or replacements of critical long-term projects such as, but not limited to, new roofs, new parking surfaces, new lift equipment and new resident electric beds, and the list goes on and on.

Finally, Jones-Harrison is part of a campus with other services and living arrangements and the costs associated with these standards are not limited to nursing facilities. In order to remain competitive and to be consistent, we would be forced to initiate these standards across our entire continuum of care, which could easily double the \$300,000 estimate.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

- The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

homes are reimbursed for the true cost of the care they provide. Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year. Moreover, with the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

Assisted living challenges

The long-term care spectrum of services is not only about nursing facility level of care. It involves a variety of other home and community-based providers including assisted living providers who are also competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across the service system.

Unlike nursing facilities, assisted living facilities may raise private pay rates to meet unexpected expenses. Doing so, however, will place an increased financial burden onto our residents, which will lead to more residents running out of funding and securing Elderly Waiver. This will have a two-pronged concern: 1. more residents on Elderly Waiver will create additional financial pressure on our State/County budget, and 2. Elderly Waiver does not cover the true cost of care, and if more residents secure Elderly Waiver, assisted living facilities will find increased financial hardships.

On the other hand, if we choose not to level pay rates across our continuum, our Assisted Living will not be able to compete for the same staff and will potentially have to close due to the inability to hire and retain staff.

Ultimately, the result of these various issues will create more access issues for seniors.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for a public hearing.

Sincerely,

Ronald Donacik

Campus Administrator
Jones-Harrison Residence

Submitted Electronically

July 24th, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Lake City Care Center has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards with the lack of funding and financials challenges.

My name is Mac Harnisch and I am the Administrator at the Lake City Care Center. I have been an Administrator in long term care for nearly 6 years. I have served at the Lake City Care Center for 5 years. I chose to work in long term care because I have a passion for serving seniors. I

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

knew early on in my life that I wanted to work with seniors to ensure they receive the quality care that they deserve.

Lake City Care Center is a rural long-term care facility that is owned by Mayo Clinic and operated by Ebenezer. It is a unique relationship that has many benefits. We are licensed to care for up to 90 residents. The care center is connected to a Mayo Emergency Department, clinic and small swing bed. The campus setting provides many opportunities for residents to receive continuity of care all while remaining in the community. Lake City is a small rural town located just over an hour from the Twin Cities. Being a smaller town, the care center is one of the main employers in the area.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them. The wage standards are an unfunded mandate. This means at Lake City Care Center alone the mandate will cost \$135,384 in 2026 and an additional \$265,120 in 2027. That is a grand total of \$400,504 in those two years. This is money that care centers do not have. In order to keep our doors open, we have already made financial cuts. We realistically have no other areas to cut. The impossible is being asked of care centers.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

City/County challenges

Some nursing facilities are unique in the fact they are city or county owned, managed or operated. The Board's "one size fits all" approach does not consider the impact to these municipalities and requirement to use their taxpayer dollars.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Mac Harnisch, Administrator



Joseph Schulte
Public Affairs Coordinator
AFSCME Council 65
3335 West St. Germain Street
Suite 107
St. Cloud, MN 56301

Shannon Douvier
Executive Director

Jo Musel Parr
*Field & Organizing
Services Director*

Brenda Weller
Finance Director

Troy Bauch
Field Director

Kate Black
Field Director

Joseph Schulte
*Public Affairs
Coordinator*

Nursing Home Public Comments

July 23, 2024

Leah Solo, Executive Director

Nursing Home Workforce Standards Board

443 Lafayette Rd. N., St. Paul MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

AFSCME Council 65 represents 14,000 public service workers across Minnesota including healthcare and nursing home workers.

On behalf of AFSCME 65 members, we strongly support the proposed rule on wage standards. Despite the importance of their work, our members in rural nursing homes face a staffing crisis due to the low wages and lack of benefits. Until the needs of these workers are met, recruitment and retention will continue to be a core problem for the industry. These are skilled workers committed to a critical industry that cares for our loved ones. This proposal will be a strong step towards recognizing the value these workers bring to Minnesota.

We want to thank the board for their well thought proposal that focuses on the long-term needs of the industry, its workers, and Minnesotans. We cannot afford to ignore this problem any longer. Investment in nursing home workers is an investment in the residents they care for. Thank you for supporting nursing home workers.

Sincerely,

Joseph Schulte
Public Affairs Coordinator
AFSCME Council 65

July 24, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider.

Country Manor Campus has always supported our workers and their ability to earn a life-sustaining wage. However, absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like Country Manor to afford these wages by deferring funding for other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards. Moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota.

- Minnesota is experiencing and will continue to experience a decline in workers¹.
- The Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law.
- Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

Nursing Facility financial challenges

Country Manor Campus is a 131 bed long term care and rehabilitation center located in Sartell. We also provide assisted living, outpatient physical therapy and home care services. Our mission is to enrich the quality of life for the individuals and families we serve by providing superior health care and services. I have had the privilege of working at Country Manor Campus since 2021 as the Controller.

The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid.

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² Our Medicaid and Private Pay rates are determined based on allowable costs incurred between 15 to 27 months prior. Unlike other businesses, nursing homes are unable to raise our prices to meet new expenses. Therefore, we must ensure nursing facilities are reimbursed in a timely manner for the true cost of the care they provide.

Assisted living challenges

The long-term care spectrum of services is not only about nursing facility level of care. It involves a variety of other home and community-based providers including assisted living providers who are also competing for the same limited healthcare workforce to care for older adults. The impact of the Board's standards will be felt across our whole service system.

Increasing wages in our nursing home to the degree proposed by the Nursing Home Workforce Standards Board will only encourage an atmosphere of high turnover where the employee jumps to the employer who pays the highest wage. Other employers, including our own assisted living and home care services, will have no choice but to also increase their wages in order to attract and keep employees. Because we will need to maintain wage parity, this wage increase will be required across all positions, including those that are "at or above" the standard (a massive cost not taken into consideration by the Board). Unlike our nursing facility, we may have no choice but to raise private pay rates in our assisted living facilities in order to meet these additional expenses. The end result will be more issues with access to services for our state's seniors.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates. In simple terms--it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards. Rather, it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, I am opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Denise Baker, Controller

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

Submitted Electronically

7/24/2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Ebenezer Ridges Care Center has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

The staff I get the privilege to work with at our facility deserve the world for the quality of work they provide on a daily basis. They work with a population in our society that is frequently forgotten in order to make them feel like they are at home even at a time where their physical or cognitive limitations do not allow them to be. The gratitude I feel for this work is immense and I

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

agree with what I believe is the mission of this minimum wage requirement, to give our workforce a more livable wage for the wonderful work that they do.

However, I have grave concern that the proposed wage mandate does not provide a sufficient long-term solution to increasing our workforces pay. With Medicare Advantage plans becoming more prominent in our state and a rapid increase of Medicaid eligible residents, we have felt the impact on our bottom line. These two challenges alone account for a shrinking operating margin in our community which we are not alone in facing.

After crunching some numbers, this mandate would increase our salaries and benefits cost by over \$400,000 over the next two years but does not offer any solutions to the challenges that we face with our payor contracts.

I strongly encourage the state to look upstream at some of the payor mix issues that create a limited operating margin that prevents our organization from organically raising wages itself without the need for mandates.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Jackson Bires, Campus Administrator at Ebenezer Ridges Senior Living

Submitted Electronically

7/24/24

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

To be clear, Aurora on France, TCU has always supported our workers and their ability to earn a life-sustaining wage. However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like mine have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota. First, Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards *on* the lack of funding for the proposed staffing wage mandates.

¹ Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

My name is Anna Olinger and I'm the Administrator at Aurora on France TCU in Edina, MN. I've been in the field for 10 years in roles focused on quality, administration, regulatory compliance, and reimbursement.

Aurora on France is a Transitional Care Unit with 63 beds focused on short term rehab. On average we care for 1200 patients a year.

Unfunded mandate

The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden these standards alone, especially when the state and federal is responsible for providing the funds to them.

- Our facility currently struggles to keep up financially due to inflation. Adding this additional cost without proper funding will result in an estimated cost of \$465,436 between 2026-2027 with no means to pay for this.
- In order to continue to carry out our mission and care for our residents and patients, we need to be financially viable. Without increased funding, this is not possible.

Financial challenges

In a time of record wage inflation and market competition for workers, we cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic Medicaid rates only cover 86% of nursing home costs.² We must ensure nursing homes are reimbursed for the true cost of the care they provide.

- Our nursing facility's Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Because of the auditing process, it is impossible for a nursing facility to know what their rates will be until the Minnesota Department of Human Services calculates 45-days prior to January 1 of each year.
- With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.
- Our facility currently struggles to keep up financially due to inflation. Adding this additional cost without proper funding will result in an estimated cost of \$465,436 between 2026-2027 with no means to pay for this.

² Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Anna Olinger, MS, LNHA, LSW

Administrator

Aurora on France TCU

From: noblelittlebear@everyactioncustom.com on behalf of [Kathryn Reinhold](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Family members need a better standard of care with less turnover of their caregivers
Date: Tuesday, July 16, 2024 4:02:43 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Kathryn Reinhold
316 18th St Cloquet, MN 55720-2113
noblelittlebear@outlook.com

From: luckyterri13@everyactioncustom.com on behalf of [Teresa Taray](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Health care workers DESERVE WAY BETTER! The Whole "Industry" has completely humiliated & marginalized H.C.workers..I have advocated for YEARS now,that there should be a Union to protect us,get us the pay & benefits we NEED & DESERVE!
Date: Monday, July 8, 2024 4:36:58 PM

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Dear Standards Board,

As a Long time Nursing Assistant, I have advocated for A universal Union for over 15 years now..I have said we need protections,A LIVABLE WAGE & BETTER SUPPORT & BENIFITS! I've Also said that there should be WAY more Education & training for this position! And since the Pamdemic-the "standards" just continue to DECLINE!! I CANNOT BELIEVE the injustice to the Elders I serve & the amount of regulatory compliances that have Just gone out the window-in order to keep things going in many facilities! It's APAULING..And,demeaning to those that TRULY care & are committed to the postion..I support there being A Complete overhaul of this Postion & industry-We DEAL WITH OTHER PEOPLE'S LIVES & WELL BEING!! I would NEVER Allow myself to be put In or go into a facility with what I see On a Daily basis! It is SO disheartening-as I grew up with a family in this industry..And,I have been through my own medical health issues, with little to no assistance-scary..If we want to go back to Being proud of what we do..First..the MDH NEEDS to take our positions & duties into consideration-and,just how emotionally & physically taxing this job is on us..We Definitely deserve to be acknowledged & appreciated again..And,to have this position taken SERIOUSLY!! NO ONE SPENDS MORE ONE ON ONE TIME WITH RESIDENTS, ELDERS & PATIENTS THAN THE CARE GIVERS! #CNA'S..-this "resident assist" stuff is definitely a cop out/way to conserve on money-but WE ARE THE PEOPLE THAT "HANDS ON" CARE for folks!! And,when that needs to FINALLY be realized!!

Sincerely,
Teresa Taray
658 Greenbrier St Saint Paul, MN 55106-4434
luckyterri13@gmail.com

From: binitaturnipseed@everyactioncustom.com on behalf of [Bonita Turnipseed](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Home Workers!
Date: Wednesday, July 10, 2024 2:12:37 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Bonita Turnipseed
4906 Vincent Ave N Minneapolis, MN 55430-3726
binitaturnipseed@gmail.com

From: [Vikki Knigge](#)
To: [RULES, DLI \(DLI\)](#)
Subject: I support the Nursing home wages draft rules
Date: Tuesday, July 23, 2024 10:21:27 PM

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I am a LPN that works in a nursing home that provides both long term care and short term skilled rehabilitation stays. These last few years have been frustrating and down right challenging to get enough skilled and reliable staff to take care of our residents to the standards that they deserve. Some pool (temporary staff are skilled and caring but they too get burnt out just like the rest of us. And others just leave because they can make as much money and not have to work brutal hours to take care of their families.

I want to Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Which went to other debt and issues. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers, like myself support Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises safer working conditions, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

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Thank you,
Vikki Knigge LPN

From: mspryhome@everyactioncustom.com on behalf of [Mike Spry](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Make Nursing Home Work A Viable Career
Date: Friday, July 12, 2024 11:40:14 AM

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Sincerely,
Mike Spry
22705 Deep Woods Ln Nevis, MN 56467-5134
mspryhome@gmail.com

From: Doug@everyactioncustom.com on behalf of [Douglas Basballe](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Nursing Home workers deserve respect
Date: Wednesday, July 10, 2024 2:37:56 PM

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Douglas Basballe
300 Royal Rd Mankato, MN 56001-8224
Doug@raynbowsragdoll.com

From: westonscheck@everyactioncustom.com on behalf of [Weston Scheck](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Nursing home workers do the work you don't want to!
Date: Wednesday, July 10, 2024 6:48:01 PM

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Nursing home workers deserve the world and they're asking for a pittance. Have a heart!

Sincerely,
Weston Scheck
310 Fulton St Mankato, MN 56001-2523
westonscheck@gmail.com

From: [Henderson, Emily](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060
Date: Wednesday, July 24, 2024 6:54:13 AM

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Date: July 24, 2024
OAH Docket Number: 5-9001-40100
Presiding Judge: Administrative Law Judge Jim Mortenson
Comment Period: June 24, 2024 through 4:30 p.m. on July 24, 2024

Re: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Good Samaritan Society Waconia, Waconia MN. Good Samaritan Society Waconia is a 75 bed Skilled Nursing Facility. We serve both long term care residents and Short term rehab residents. We are part of a continuum of care community with both Assisted Living and Senior housing on our campus. Waconia is a large health care community, our largest referral source is Ridgeview hospital, which our Skilled Nursing Facility is attached to by a tunnel. We have experienced many staffing challenges over the past few years, requiring us to use Agency nursing staff for quite awhile as well as lay away beds, bringing our available bed count from 90 to 75. I oppose the proposed rule language and request a public hearing. Here are my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:

Item	Cost
Direct Cost of Jan 1, 2026 Standard (CY2026)	\$126,105
Direct Cost of Jan 1, 2026 Standard (CY2027)	\$126,105
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2026)	\$0
Indirect or Ripple Cost of Jan 1, 2026 Standard (CY2027)	\$0
Direct Cost of Jan 1, 2027 Standard (CY2027)	\$96,784
Indirect or Ripple Cost of Jan 1, 2027 Standard (CY2027)	\$0
Total Estimated 2 Year Cost of 2026 and 2027 Standards	\$348,995

Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

With the equalization of Medicaid and private pay rates, MSC + and MSHO, and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. We are unable to raise our prices to meet new expenses.

The majority of our long term care residents are on Medicaid services while our short term rehab residents are on some sort of Medicare plan. We don't have the ability to change these prices in order to financially sustain the minimum wage standard proposed as the funds for this come directly from our residents.

Third, the mandated minimum wage standards create specific problems for our nursing facility.

Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

Good Samaritan Society Waconia is part of a continuum of care campus. The minimum wage standards required for our long term care facility would greatly impact our attached Assisted Living. If Assisted Living doesn't also raise their employees' wages at this time, they will risk major staffing problems on their end. Which would in return affect the residents they serve. They would have to increase their residents cost of living to sustain the cost of raising their employees' wages as well as limit the amount of Residents on Medicaid.

Fourth, the mandated minimum wage standards and the state's fiscal note do not address other costs or reductions.

The wage standards do not consider the increased costs associated with providing raises to all other positions and maintaining wage parity. By raising the minimum wage standard, this will push us to raise wages throughout our entire Campus. Without funding to do so, this will be detrimental to our residents, and our community.

Thank you for your consideration.

Sincerely,

Emily Henderson, LNHA, LALD
Administrator
Good Samaritan Society, Waconia
333 W 5th St. Waconia MN 55387
Phone: 952-442-7100 Fax: 952-442-6170
Shortel: 37104
www.good-sam.com/waconia

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From: [John Linn](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060
Date: Tuesday, July 23, 2024 10:16:35 PM
Attachments: [image002.png](#)

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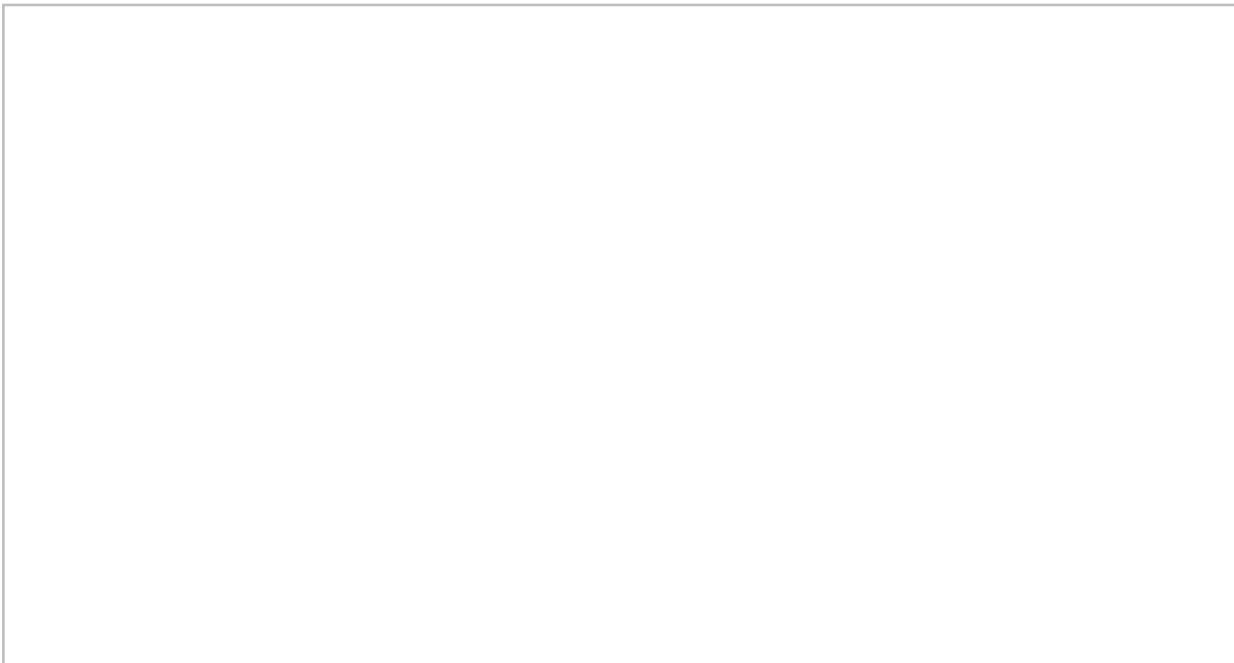
Date:	July 23, 2024
OAH Docket Number:	5-9001-40100
Presiding Judge:	Administrative Law Judge Jim Mortenson
Comment Period:	June 24, 2024 through 4:30 p.m. on July 24, 2024
Re:	Proposed Expedited Rules Governing Initial Wage Standards for Nursing Home Workers; Minnesota Rules, Part 5200.2060

I am the Administrator at Ecumen - Sartell Care Center. We are a nonprofit, faith-based provider of health care and housing for older adults, based here in Minnesota.

Our Skilled Nursing Facility in Sartell is primarily a short stay, and we typically have about 300 admissions and discharges per year. Our community in the St. Cloud area is in high need of post acute care – our survey history and 5 star ratings have always been excellent.

I oppose the proposed rule language and would like to provide you with my reasons.

First, the wage standards are an unfunded mandate. We have completed our own analysis of the standards using the LTC Imperative excel workbook. The estimated cost of the standards to our nursing facility for 2026 and 2027 is:



Second, the mandated minimum wage standards are not supported by state or federal reimbursement.

Medicaid and Private Pay Rates are determined with allowable costs incurred between 15 to 27 months prior. Due to the auditing process, it is impossible for a nursing facility to know what their rates will be until DHS calculates 45-days prior to January 1

We need to fix the way we are reimbursed first, not second. Any proposal should not be approved until this is resolved.

Third, the mandated minimum wage standards create specific problems for our nursing facility. Our nursing facility is part of a campus with other services and living arrangements. The costs associated with these standards are not limited to nursing facilities.

The increases would cause additional stress to an already tough staffing climate.

Fourth, the mandated minimum wage standards and the state’s fiscal note do not address other costs or reductions.

To meet the standards my nursing facility will need to reduce expenditure from other allowable expenses or possibly close our doors.

Our nursing home is already looking for creative ways to try to make ends meet – if we are forced to due significant wage increases, it may make more sense for us to close in order to be sustainable over time. Our community needs these SNF beds.

Thank you for your consideration.

Sincerely,

John Linn (he/him/his)

Regional Executive Director | Administration

w. 320-534-3015 | c. 320-761-6567 | JohnLinn@ecumen.org

Ecumen St. Benedict’s Community — Sartell 990 19th St. S

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From: [Carol Raw](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Proposed increase in wages for Nursing Home Workers
Date: Tuesday, July 23, 2024 8:12:29 PM
Attachments: [image001.jpg](#)

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Submitted Electronically

July 23, 2024

Leah Solo, Executive Director
Nursing Home Workforce Standards Board
443 Lafayette Rd. N., St. Paul
MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard proposed rule. I am the CEO/President for St. Francis Health Services. We own and operate in MN 14 skilled nursing settings, 12 housing with services settings, 9 independent living settings and 62 community -based residential programs. We employ 2,150 caregivers who mean the world to the residents that we provide health, residential and support services. I have served in many capacities during my 42-year tenure in this amazing field (finance, operations and as CEO/President) since 2017. Our services are predominantly in rural areas. I encourage you to view our website for more about Who We Are at www.sfhs.org.

I respectfully urge the Nursing Home Workforce Standards Board (the Board) to reconsider this misguided standard and rule.

St. Francis Health Services has always supported our workers and their ability to earn a life-sustaining wage and benefits. In fact, long before health insurance laws mandated coverage, we provided our employees a 100% paid HDHP as well as a Health Savings Account deposit of \$600 per year. We also provide for a 5% paid pension contribution without an employee's matching contribution. Our wage scales are adjusted yearly to be competitive. I have made it a personal mantra that all NAR starting wages be at \$25 per hour by 2025. Why? Because being a nursing assistant is the most difficult job in a care center. More difficult than a TMA and more difficult than non-care aides such as activities, kitchen, housekeeping or laundry.

However: it is the responsibility and obligation of our state's elected officials to fund these investments. That is why nursing homes like ours have called for funding to raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130 would

have provided funding to nursing homes for employee compensation via a rate increase, and at higher compensation levels than proposed by the Board. To my surprise and disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule is an unfunded mandate that forces providers like me to afford these wages by deferring funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of these standards and moving forward with the standards as proposed could recklessly put the access of essential nursing home care in jeopardy for communities all over Minnesota.

First, Minnesota is and will continue to experience a decline in workers ^[1]. Additionally, the Board has completely ignored the financial impacts to providers, including the limitations of state funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

I want to focus on my serious concerns about the proposed minimum wage standards on the limitations of state funding for nursing homes by the nearly 2-year delay in the recognition of new wages. An implementation without immediate funding will cause an extreme financial crisis for our care centers and will cause us to not meet our DSC loan requirements. The cost of this implementation will exceed any margins our care centers currently have. This puts us at greater risk of banks calling our loans and causing foreclosure.

I estimate the financial impact of the CNA, TMA and LPN increases, if implemented will be over \$1.2M annually. However, you may not have contemplated that those who supervise these staff such RNs and leadership staff may also require increases to their wages too. An LPN at \$27 per hour is not much less than an RN in our rural communities. To maintain parity of wages, we will incur increased costs in those areas.

Unfunded mandate

- The statute establishing this Board and the creation of standards also made clear that new standards should be funded with adequate funding before becoming effective. If the Board is going to require minimum wages, the lawmakers must take steps to fund the wage increase upfront and before the standard can take effect. Nursing homes cannot shoulder the burden of these standards alone, especially when the state and federal government is responsible for providing the funds to them.
- With the equalization of Medicaid and private pay rates, the state funded managed care programs for seniors (MSC + and MSHO), and Medicare, nearly all of our funding and rates are controlled by the state and federal governments. Unlike other businesses, we are unable to raise our prices to meet new expenses.

Financial challenges

All of this is set to occur at a time of record wage inflation and market competition for workers. We cannot compete with retail, food service, or other industries, particularly given the unique role that our state and federal government partners have in supporting wages through Medicare and Medicaid. **The Board is asking nursing homes to do the impossible – pay staff more without any additional funding.**

The Medicaid and CHIP Payment and Access Commission has reported that current basic

Medicaid rates only cover 86% of nursing home costs.^[2] We must ensure nursing homes are reimbursed for the true cost of the care they provide.

As I mentioned above, our nursing facilities are often part of a campus with other services and living arrangements and these costs associated with the proposed standards will impact our ability to recruit to non-nursing facilities. Our only alternative will be to increase those wages as well. This would be another unfunded increase as we would not be able to pass along these increases through rent adjustments for EW or Medical Assistance clients.

In summary, this proposed standard requires nursing homes to pay wages that are not currently part of future reimbursement rates, meaning in simple terms it is an unfunded mandate. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result.

Thank you for considering my comments. Please reconsider implementing these increases without the legislative action needed to fund the proposal.

Sincerely,

-Carol

Carol A. Raw, CEO/President



801 Nevada Avenue

Morris MN 56267

320.589.4917 DD

www.sfhs.org

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Bonnie Mohr, Living Today

[1] Minnesota State Demographer, 2016. https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

[2] Medicaid and CHIP Payment and Access Commission, (2023, January). Estimates of Medicaid Nursing Facility Payments Relative to Costs. <https://www.macpac.gov/wp-content/uploads/2023/01/Estimates-of-Medicaid-Nursing-Facility-Payments-Relative-to-Costs-1-6-23.pdf>

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From: [Cathy Huss](#)
To: [RULES, DLI \(DLI\)](#)
Cc: [Cathy Huss](#)
Subject: Proposed Rules Governing Initial Wage Standards for Nursing Home Workers
Date: Tuesday, July 23, 2024 6:51:11 PM

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I appreciate the opportunity to voice my concerns with the proposed minimum wage standard. As a healthcare executive for over 20 years that oversees finances and human resources, I have supported our valued employees and pride our LifeCare history of providing a strong compensation and benefits. This proposed rule will be devastating to the fragile financial position that many Minnesota nursing homes have been forced into. Although the proposed salaries may grow our workforce, the increases are not funded. Forcing these mandated increases without funding will likely be the final straw for our nursing home industry. Our vulnerable nursing home population deserves access to quality care, however this mandate could easily and likely will be devastating. The financial impact to LifeCare Medical Center should we need to move forward with this unfunded mandate for our two 40-bed nursing homes is over \$450,000.

Please consider a step back and allow the Department of Human Services and the long term care associations to work together on a solution rather than moving forward with this mandate. Please listen to the many nursing home experts who are caring for our communities' seniors when we voice our concerns.

Thank you,
Cathy Huss, CPA
Chief Financial Officer
LifeCare Medical Center
Roseau, MN



CHOSEN VALLEY CARE CENTER, INC.
A Senior Living Community

1102 Liberty St. SE
Chatfield, MN 55923-1499
Phone (507) 867-4220, Fax (507) 867-4812

FACSIMILE TRANSMITTAL FORM

DATE: 07/08/2024

TO: Name: William T. Moore
Organization: Office of Administrative Hearings
Phone: 651-361-7893
Fax: 651-539-0310

FROM: John Kelly

NUMBER OF PAGES (INCLUDES TRANSMITTAL) 3

**Please submit to the Nursing Home Workforce Standards Board
and the OAH administrative law judge.**

Thank you,

John

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CHOSEN VALLEY CARE CENTER, INC.
A Senior Living Community

Care Center

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Assisted Living

and

Independent Living
1260 Winona St. SE
Chatfield, MN 55923
(507) 867-3416
Fax: (507) 867-3426

*“Defining
Senior
Living
Since
1976”*

Date: July 8, 2024

To: Office of Administrative Hearing

From: Dr. John Kelly

To Whom It May Concern:

I am writing on behalf of Chosen Valley Care Center, Inc. to express our concerns regarding the recent proposal to increase wages for Certified Nursing Assistants (CNAs), Trained Medication Aids (TMAs), and ancillary staff. While we recognize and value the vital contributions of these dedicated professionals to the quality of care we provide, we are apprehensive about the significant financial strain this policy change may impose on our organization.

1. Increased Operating Costs:

Chosen Valley Care Center, Inc. operates on a tightly controlled budget, where wages and benefits already constitute a substantial portion of our operating expenses. An unfunded, mandated wage increase would inevitably lead to a rise in our overall operating costs. Specifically, the proposed wage increases for CNAs, TMAs, and ancillary staff could increase labor costs by approximately 15-20%. This increase is substantial, considering labor accounts for nearly 50-60% of our total expenditures. The approximate cost of this unfunded mandate to the facility is \$600,000. Without a corresponding increase in reimbursement rates or funding, this would severely impact our financial stability and ability to provide quality care.

2. Budget Constraints and Reimbursement Challenges:

Nursing homes like Chosen Valley Care Center, Inc. primarily rely on Medicaid, Medicare, and private pay sources for revenue. Reimbursement rates from Medicaid and Medicare are often fixed and do not adjust in real time to accommodate increased operational costs. The lag in reimbursement rate adjustments means that any immediate increase in wage expenses will directly affect our cash flow and operational budgets. Our facility faces challenges balancing our budget due to these fixed rates, and additional wage increases could exacerbate these difficulties.

3. Potential Reduction in Workforce:

We may be compelled to reduce our workforce to manage the increased wage expenses. This could result in fewer staff members available to provide care, potentially compromising the quality of care our residents receive. Reducing staff is not an ideal solution, but it may become necessary to ensure financial viability.

Moreover, fewer staff members may increase workloads and stress for the remaining employees, potentially impacting staff morale and retention rates. If we need to decrease our staff, ultimately, we will need to reduce our census, leading to financial imbalance and negating the facility's non-profit status as we will not be sustainable.

4. Increased Financial Pressure During Economic Uncertainty:

The current economic environment presents additional challenges, including inflation and increased costs of goods and services. These factors further strain our financial resources. Mandated wage increases, without corresponding financial support, exacerbate these pressures and create an unsustainable financial model for our facility. Economic uncertainty also affects our ability to predict and plan for future financial needs, making it challenging to manage sudden cost increases.

5. Impact on Resident Fees:

To offset increased wage costs, Chosen Valley Care Center, Inc. may be forced to consider raising fees for Independent and Assisted Living residents. This increase would burden our residents and their families, who are already struggling with the high long-term care costs. Raising fees is not preferable, as it contradicts our mission to provide affordable and accessible care to our community.

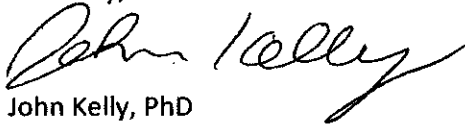
6. Compromise on Quality Improvement Initiatives:

We are committed to continually improving the quality of care we provide for our residents. However, increased wage expenses may necessitate reallocating funds from quality improvement initiatives to cover payroll. This could hinder our ability to invest in training, technology, and facility improvements crucial for maintaining and enhancing the standard of care.

In conclusion, while we fully support fair compensation for our hardworking CNAs, TMAs, and ancillary staff, it is crucial to consider the broader financial implications for facilities like Chosen Valley Care Center, Inc. We urge the Nursing Home Workforce Standards Board to consider measures such as funding the mandate, staggered increases over five years, increased reimbursement rates, financial assistance, or increased wage increase implementation to mitigate the economic impact on our organization.

We appreciate the opportunity to provide feedback and are committed to working together to find solutions that support our employees and our facility's sustainability. Thank you for your attention to this matter.

Sincerely,



John Kelly, PhD
Administrator

Chosen Valley Care Center, Inc.

From: rhondaraelittle@everyactioncustom.com on behalf of [Rhonda Little](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect and pay Nursing Home Workers!
Date: Saturday, July 13, 2024 12:19:43 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Rhonda Little
753 1st Ave S South Saint Paul, MN 55075-3002
rhondaraelittle@gmail.com

From: wcandy36@everyactioncustom.com on behalf of [Candy Wright](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect and Support Nursing Home Workers!
Date: Wednesday, July 10, 2024 2:42:58 PM

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Dear Standards Board,

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Candy Wright
483 Lynnhurst Ave W Saint Paul, MN 55104-3408
wcandy36@yahoo.com

From: akmn651@everyactioncustom.com on behalf of [Andrea Kimlinger](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers and Person Served
Date: Wednesday, July 24, 2024 6:46:50 PM

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Dear Standards Board,

I think person served need respect more when it comes to daily routines, their daily living. Treating the people with extra time and loving care. Having filter systems in the rooms nursing home. Helping the residents by putting in health products coffees that help with memory, elderberry and enchina, for health. Honey/turmeric/ ginger. Also having more staff and money for staff. Also having more time to have rom of motion for clients.

Sincerely,
Andrea Kimlinger
2515 White Bear Ave N # 168 Maplewood, MN 55109-5155
akmn651@gmail.com

From: amycorbecky@everyactioncustom.com on behalf of [Amy Corbecky](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers and residents
Date: Wednesday, July 10, 2024 12:39:24 AM

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Dear Standards Board,

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

My own edit,
So m

Sincerely,
Amy Corbecky
405 Hatch Ave Saint Paul, MN 55117-5112
amycorbecky@gmail.com

From: asiewe@everyactioncustom.com on behalf of [alain Siewe](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Sunday, July 14, 2024 4:43:11 PM

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Do not select links or open attachments unless verified. Report all suspicious emails to Minnesota IT Services Security Operations Center.

Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
alain Siewe
3741 139th Ln NW Andover, MN 55304-7413
asiewe@yahoo.com

From: afermoyle@everyactioncustom.com on behalf of [Alana Fermoyle](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 24, 2024 4:28:12 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Alana Fermoyle
3442 Xenia Ave N Minneapolis, MN 55422-2642
afermoyle@comcast.net

From: aaborrud@everyactioncustom.com on behalf of [Aleta Borrud](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 11, 2024 3:13:50 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We As a physician specializing in the care of our elders, we must take action to ensure that there will be a robust supply of people who not only are willing to do this caregiving, but do it as a labor of love. Because of the low wages and lack of benefits, we continue to lack workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need and our caregivers are acknowledged for the difficult and important work they do. Furthermore, it allows timely discharge of patients from hospital to the caregiving facilities within their communities. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Aleta Borrud
2411 Merrihills Dr SW Rochester, MN 55902-1165
aaborrud@gmail.com

From: amanda.freeman75@everyactioncustom.com on behalf of [Amanda Freeman](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Friday, July 5, 2024 5:39:38 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,

Amanda Freeman

1688 Sherburne Ave Apt B5 Saint Paul, MN 55104-2257

amanda.freeman75@gmail.com

From: manastanciah@everyactioncustom.com on behalf of [Anastanciah Mose](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 8, 2024 7:29:28 AM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Anastanciah Mose
2909 84th Ave N Brooklyn Park, MN 55444-1462
manastanciah@yahoo.com

From: akmn651@everyactioncustom.com on behalf of [Andrea Kimlinger](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 15, 2024 3:49:46 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Andrea Kimlinger
2515 White Bear Ave N # 168 Maplewood, MN 55109-5155
akmn651@gmail.com

From: Aniya911@everyactioncustom.com on behalf of [Aniya Jones](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Friday, June 28, 2024 3:27:09 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. That's why nursing home workers supported Gov. Walz and legislature in creating the Nursing Home Workforce Standards Board. It is exciting that you as the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays.

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Aniya Jones
5213 Scott Trail Ave N Minneapolis, MN 55422
Aniya911@yahoo.com

From: skootshupe@everyactioncustom.com on behalf of [Annalise Gibbs](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 24, 2024 9:00:43 AM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Annalise Gibbs
405 Oak Dr NW Preston, MN 55965-1043
skootshupe@gmail.com

From: tonitreyimani@everyactioncustom.com on behalf of [Antoinette Gates](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Sunday, July 21, 2024 6:11:45 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Antoinette Gates
717 31st Ave N Apt 1 Minneapolis, MN 55411-1419
tonitreyimani@gmail.com

From: auroraseelhoff04@everyactioncustom.com on behalf of [Aurora Seelhoff](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 6:47:27 PM

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Dear Standards Board,

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Aurora Seelhoff
32202 MN-43 Rushford, MN 55971
auroraseelhoff04@gmail.com

From: bjennyce@everyactioncustom.com on behalf of [Beatrice Nyaosi](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 24, 2024 6:43:16 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Beatrice Nyaosi
15108 Park Ave Burnsville, MN 55306-5143
bjennyce@gmail.com

From: maygolferral@everyactioncustom.com on behalf of [Bernie Burnham](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 11, 2024 7:33:43 AM

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Dear Standards Board,

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Bernie Burnham
19 Oakwood Dr New Brighton, MN 55112-3356
maygolferral@gmail.com

From: oluwajomiloju2010@everyactioncustom.com on behalf of [Bolanle Adedeji](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 24, 2024 11:50:27 AM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Bolanle Adedeji
5144 Parker Cir Minneapolis, MN 55422-1734
oluwajomiloju2010@gmail.com

From: blinskie@everyactioncustom.com on behalf of [Brenda Linskie](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Saturday, July 13, 2024 3:16:55 AM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Brenda Linskie
2105 Vermilion Rd Duluth, MN 55803-2213
blinskie@charter.net

From: bebegirl1105@everyactioncustom.com on behalf of [Brienne Bernini](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 6:46:08 PM

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Do not select links or open attachments unless verified. Report all suspicious emails to Minnesota IT Services Security Operations Center.

Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Brienne Bernini
4268 Magnolia Ln N Plymouth, MN 55441-1252
bebegirl1105@hotmail.com

From: brookejones15@everyactioncustom.com on behalf of [Brooke Jones](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 17, 2024 1:38:55 AM

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Do not select links or open attachments unless verified. Report all suspicious emails to Minnesota IT Services Security Operations Center.

Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Brooke Jones
1740 201st Ave Madison, MN 56256-3364
brookejones15@hotmail.com

From: wcandy36@everyactioncustom.com on behalf of [Candy Wright](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Sunday, July 14, 2024 12:52:02 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Nurses pave the way for all of our well being. Please ensure their needs are heard and met.

Sincerely,
Candy Wright
483 Lynnhurst Ave W Saint Paul, MN 55104-3408
wcandy36@yahoo.com

From: caroltonkin57@everyactioncustom.com on behalf of [Carol Tonkin](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 11, 2024 2:08:28 PM

[You don't often get email from caroltonkin57@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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Sincerely,
Carol Tonkin
2500 38th Ave NE Minneapolis, MN 55421-2600
caroltonkin57@gmail.com

From: odurocaroline@everyactioncustom.com on behalf of [Caroline Oduro](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 17, 2024 1:33:02 PM

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Sincerely,
Caroline Oduro
2236 Lower Afton Rd E Saint Paul, MN 55119-5076
odurocaroline@yahoo.com

From: ccroy129@everyactioncustom.com on behalf of [Carolyn Roy](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 16, 2024 3:35:44 PM

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Sincerely,
Carolyn Roy
582 Como Ave Saint Paul, MN 55103-1508
ccroy129@gmail.com

From: caseymarieeggert@everyactioncustom.com on behalf of [Casey Eggert](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 9, 2024 4:30:31 PM

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Sincerely,
Casey Eggert
123 Main St S Cambridge, MN 55008-1535
caseymarieeggert@gmail.com

From: cecelianaplah69@everyactioncustom.com on behalf of [Cecelia Naplah](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 16, 2024 3:33:02 PM

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Sincerely,
Cecelia Naplah
8400 Bass Rd Minneapolis, MN 55428
cecelianaplah69@gmail.com

From: cindyonasch@everyactioncustom.com on behalf of [Cindy Onasch](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 9, 2024 3:25:19 PM

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Sincerely,
Cindy Onasch
230 Wood St S Mora, MN 55051-1449
cindyonasch@yahoo.com

From: borgellaclaudine81@everyactioncustom.com on behalf of [Claudine Borgella](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 15, 2024 3:00:20 AM

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Sincerely,
Claudine Borgella
6100 Summit Dr N Brooklyn Ctr Minneapolis, MN 55430
borgellaclaudine81@gmail.com

From: kiamontie@everyactioncustom.com on behalf of [Curtis Rollins](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 1, 2024 3:05:06 PM

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Dear Standards Board,

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Sincerely,
Curtis Rollins
400 Charles Ave Saint Paul, MN 55103-1906
kiamontie@gmail.com

From: cynthiadavis1@everyactioncustom.com on behalf of [Cynthia Thompson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 7:55:10 PM

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Sincerely,
Cynthia Thompson
9591 Alvarado Ln N Maple Grove, MN 55311-1151
cynthiadavis1@yahoo.com

From: damariskabete@everyactioncustom.com on behalf of [Damaris Kabete](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 3, 2024 9:07:47 PM

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Sincerely,
Damaris Kabete
2909 84th Ave N Brooklyn Park, MN 55444-1462
damariskabete@gmail.com

From: dynastyxiong144@everyactioncustom.com on behalf of [Dynasty Chang](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Saturday, July 20, 2024 6:49:39 PM

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Sincerely,
Dynasty Chang
110 W Grant St Minneapolis, MN 55403-2309
dynastyxiong144@gmail.com

From: doedmund@everyactioncustom.com on behalf of [Edmund Doe](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 7:05:43 PM

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Sincerely,
Edmund Doe
6402 DUR Dr Apt 201 Brooklyn Park, MN 55429
doedmund@yoo.com

From: achingalee@everyactioncustom.com on behalf of [Emmanuel Achingale](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Friday, July 19, 2024 4:36:39 PM

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Sincerely,
Emmanuel Achingale
4212 71st Ave N Minneapolis, MN 55429-1307
achingalee@gmail.com

From: cappy641@everyactioncustom.com on behalf of [Fay Fonseca](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 8, 2024 7:13:30 PM

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents. Also, supporting the aides, since some of these long term facilities are not unionized, the companies in charge say that we are over staffed, and now are minimizing full time hours to 64 hrs a pay period. The cost of living is high, and no one can make it on 64 hours. The cost of health insurance and household payments, food, clothing. Single parent households can not make it on the wages.

Sincerely,
Fay Fonseca
816 Park Ave N Saint James, MN 56081-2017
cappy641@outlook.com

From: flaviaandrea26@everyactioncustom.com on behalf of [Flavia Alvarez Maldonado](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 10:08:28 PM

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Dear Standards Board,

Of all the jobs that I've done in the last 15 years, nursing assistant has been by far the hardest but yet the most rewarding in every possible way. An 8 hour shift, 5 days a week, picking up extra shifts because short staffed, or because you need the money to make ends meet, constantly on your feet, lifting/moving/helping the residents is mentally and physically exhausting. I can't even imagine the hardship for people doing this job plus having a second job somewhere else. We won't even mention the fact that most of the workers are females and then you have to get home to take care of your own family. Or the fact that is near impossible for workers in these kind of jobs to save for a well deserved vacation once a year. We are talking about low paying jobs, that allow you to live paycheck to paycheck, and save a little extra when you "live to work". All of that being said, this is worth it because of the smiles, because of the tight hand shakes, because you are present and in that moment is something meaningful to you, the resident and their families and because you are doing something important for society and your community. That's why this is a well deserved accomplishment much appreciated by all of the nursing home workers, and strongly supported by all working class and mindful citizens who understand this reality.

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

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Sincerely,
Flavia Alvarez Maldonado
37 Jonvick Creek Dr Lutsen, MN 55612-9545
flaviaandrea26@hotmail.com

From: fmiskowiecseiu63@everyactioncustom.com on behalf of [Frank Miskowiec](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 11, 2024 5:28:29 PM

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Sincerely,
Frank Miskowiec
1912 41st Ave NE Minneapolis, MN 55421-3209
fmiskowiecseiu63@aol.com

From: omwambagladys48@everyactioncustom.com on behalf of [Gladys Omwamba](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Saturday, July 20, 2024 1:17:34 AM

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Sincerely,
Gladys Omwamba
13137 Bauer Dr N Champlin, MN 55316-3132
omwambagladys48@yahoo.com

From: glosmith90@everyactioncustom.com on behalf of [Gloria Smith](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 8:40:04 PM

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Sincerely,
Gloria Smith
2611 Irving Ave N Minneapolis, MN 55411-1941
glosmith90@gmail.com

From: hkfoge@everyactioncustom.com on behalf of [Hama Foge](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 16, 2024 2:16:43 PM

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Sincerely,
Hama Foge
13057 Yellow Pond Cir Coon Rapids, MN 55448
hkfoge@gmail.com

From: hawitura6@everyactioncustom.com on behalf of [Hawine Tura](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 18, 2024 5:35:18 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Hawine Tura
1120 Agate St Saint Paul, MN 55117-5045
hawitura6@gmail.com

From: ianjshupe@everyactioncustom.com on behalf of [Ian Shupe](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 11:00:16 PM

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents. I know personally a bill like this would do a lot for my family and loved ones because there would be more pull into the career which would allow for some of the less good employees to hopefully be replaced by better people who get better training from other actually good employees. Not only that healthcare workers deserve our support!

Sincerely,
Ian Shupe
405 Oak Dr NW Preston, MN 55965-1043
ianjshupe@gmail.com

From: ngafua68@everyactioncustom.com on behalf of [Isaac Ngafua](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 7:01:44 PM

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Sincerely,
Isaac Ngafua
3007 Thomas Ave N Minneapolis, MN 55411-1034
ngafua68@mail.com

From: fez1321@everyactioncustom.com on behalf of [J Capecchi-Nguyen](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Saturday, July 13, 2024 10:16:25 AM

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Dear Standards Board,

I am a former nursing home social worker and current psychotherapist who serves clients in nursing home and assisted living settings, and I am writing in support of increased staffing and worker pay. Without these improvements, we will see increased staffing vacancies and increased neglect of our most vulnerable Minnesotans. My specific role as a mental health professional is also undercut when my patients' basic needs are unmet.

Furthermore, I am concerned that efforts to increase benefits for nursing home staff may be stifled by industry-wide movement toward use of contractors. The personalized care and interdisciplinary collaboration required in this line of work is only possible through consistency and shared responsibility.

Sincerely,
J Capecchi-Nguyen
4129 10th Ave S Minneapolis, MN 55407-3203
fez1321@gmail.com

From: jan6161@everyactioncustom.com on behalf of [Jan Klevgaard](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 8:59:51 AM

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Sincerely,
Jan Klevgaard
1120 N Baird Ave Fergus Falls, MN 56537-1518
jan6161@me.com

From: songbird1929@everyactioncustom.com on behalf of [Jennifer Holmes](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 7:02:55 PM

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Sincerely,
Jennifer Holmes
842 Birch St Cloquet, MN 55720-1308
songbird1929@outlook.com

From: josecastorena128@everyactioncustom.com on behalf of [Jose Castorena](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Friday, July 12, 2024 3:09:30 PM

[You don't often get email from josecastorena128@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Sincerely,
Jose Castorena
500 Remmele St SW Sleepy Eye, MN 56085-1257
josecastorena128@gmail.com

From: jschulte@everyactioncustom.com on behalf of [Joseph Schulte](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 11:53:19 AM

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Sincerely,
Joseph Schulte
3335 W Saint Germain St Saint Cloud, MN 56301-4532
jschulte@afscme65.org

From: kathyhughesrn@everyactioncustom.com on behalf of [Katherine Hughes](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 3:00:52 PM

[You don't often get email from kathyhughesrn@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Sincerely,
Katherine Hughes
4318 Kathy Ln Chico, CA 95973-9276
kathyhughesrn@gmail.com

From: khelmrch58@everyactioncustom.com on behalf of [Katie Helmrich](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 9:50:51 PM

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Sincerely,
Katie Helmrich
10648 Kell Ave S Minneapolis, MN 55437-2931
khelmrch58@gmail.com

From: milashu50@everyactioncustom.com on behalf of [Kelemwa Beriga](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 16, 2024 5:48:56 PM

[You don't often get email from milashu50@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Sincerely,
Kelemwa Beriga
1351 ALBEMARLR St Saint Paul, MN 55117
milashu50@gmail.com

From: kellie.benson@everyactioncustom.com on behalf of [Kellie Benson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 10:55:20 PM

[You don't often get email from kellie.benson@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Elderly people deserve the best care just as any other age does. These jobs pay significantly low rates and require high levels of mental, physical and emotional investment and strain. Staffing is a rotating door because people cant afford to live on such appallingly low wages. If a person cannot provide for themselves and has no protection or benefits they will not be able to invest the appropriate amount of care to the people who NEED this care.

We treat end of life like it doesnt matter and yet many of us will one day require this care. This crisis is intentionally made when the end goal of companies or owners is money and not actual quality care. The conditions in nursing homes arent always great and for the people who have no family things go unnoticed and unchecked. The neglect that sometimes occurs in long term care is a direct result of the choices made by people who do not ever set foot in these places. The job demands dedication, empathy and eagerness to help. If no one takes care of the needs of the employees by paying a rate much HIGHER than the "current market wage", which is horrifically low, then those employees go into crisis or burnout or get sick from working multiple jobs or long hours to just be able to buy food, pay for shelter, get the rest needed to care for other people when they can no longer care for themselves. This is a fixable problem. There is no shortage of workers out there, there is a shortage of workers who want to get paid poorly for very difficult work. Please make changes. It is very clear that the current plan that may have worked 20 years ago is not working now. Its a much simpler fix than companies and owners want to put into it.

I work in an adult day program as my second job and 8 hours can be exhausting and filled with many challenges. I would never work in a nursing home unless the condition for employees improved significantly because even with 2 jobs i cant afford rent and i burnout repeatedly. That is absolutely ridiculous. Please encourage and promote change for all the human lives and well-being at stake here.

Sincerely,
Kellie Benson

6366 Oxbow Bnd Chanhassen, MN 55317-9109
kellie.benson@mail.alfredadler.edu

From: kasefork@everyactioncustom.com on behalf of [Kenneth Kaseforth](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Saturday, July 20, 2024 12:41:57 PM

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Sincerely,
Kenneth Kaseforth
10724 Beard Ave S Bloomington, MN 55431-3616
kasefork@yahoo.com

From: kerapeterson@everyactioncustom.com on behalf of [Kera Peterson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 2:53:03 PM

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Sincerely,
Kera Peterson
3524 15th Ave S Apt 3 Minneapolis, MN 55407-5766
kerapeterson@hotmail.com

From: kevinchavis@everyactioncustom.com on behalf of [Kevin Chavis](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 7:56:19 PM

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Sincerely,
Kevin Chavis
15 E Franklin Ave Apt 325 Minneapolis, MN 55404-4481
kevinchavis@gmail.com

From: kschacherer@everyactioncustom.com on behalf of [Kim Schacherer](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 2:38:33 PM

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Grants received where I work:

\$3K to current employees paid in 3 installments
March, June, September this year

New hires: \$3k after 30 days, of which several quit or went casual after getting paid.

Did not retain employees

Sincerely,
Kim Schacherer
195 Chippewa Ter Granite Falls, MN 56241-1772
kschacherer@hotmail.com

From: paklucas@everyactioncustom.com on behalf of [Klucas Patricia](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 2:46:43 PM

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Having worked as an pca, cma, and RN, and having had my mother in a care facility, being short staffed was the norm. It is exhausting work to give good care and when you have to cover extra patients it's nearly impossible to give good care. I fully support this raise in pay and the much needed benefits for working holidays and extra shifts.

Sincerely,
Klucas Patricia
4026 27th Ave S Minneapolis, MN 55406-3046
paklucas@gmail.com

From: korla.masters@everyactioncustom.com on behalf of [Korla Masters](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 9:45:32 PM

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Sincerely,
Korla Masters
4556 Oakland Ave Minneapolis, MN 55407-3534
korla.masters@gmail.com

From: kpana@everyactioncustom.com on behalf of [Kpana Farwenel](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 16, 2024 1:52:38 PM

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This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Kpana Farwenel
2701 83rd Ln N Brooklyn Park, MN 55444-1534
kpana@comcast.net

From: laurabucher7@everyactioncustom.com on behalf of [Laura Bucher](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 6:51:38 PM

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Sincerely,
Laura Bucher
310 Fulton St Mankato, MN 56001-2523
laurabucher7@gmail.com

From: msattitude3048@everyactioncustom.com on behalf of [Laura Johnson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 15, 2024 9:52:46 AM

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Sincerely,
Laura Johnson
624 W Stanton Ave Fergus Falls, MN 56537-2510
msattitude3048@yahoo.com

From: lesliekaup@everyactioncustom.com on behalf of [Leslie Kaup](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 2:19:26 PM

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Sincerely,
Leslie Kaup
1811 S Lincoln Ave Albert Lea, MN 56007-2824
lesliekaup@gmail.com

From: luv_katz_khan@everyactioncustom.com on behalf of [Linda Rooney](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 5:25:30 PM

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Sincerely,
Linda Rooney
10082 380th St North Branch, MN 55056-5902
luv_katz_khan@yahoo.com

From: dogfish4212@everyactioncustom.com on behalf of [Lisa M Jewett](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 3:00:54 PM

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Sincerely,
Lisa M Jewett
1001 6th Ave NE Buffalo, MN 55313-2295
dogfish4212@gmail.com

From: magdalenseelhoff@everyactioncustom.com on behalf of [Maggie Seelhoff](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 24, 2024 3:00:14 AM

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Sincerely,
Maggie Seelhoff
12421 153Rd Street Ct NW Gig Harbor, WA 98329-5300
magdalenseelhoff@gmail.com

From: marieaddison6@everyactioncustom.com on behalf of [Marie A Addison](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 11, 2024 9:37:59 PM

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Sincerely,
Marie A Addison
PO Box 111 Braham, MN 55006-0111
marieaddison6@yahoo.com

From: Booneboys8303@everyactioncustom.com on behalf of [Martina Boone](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 10:23:44 PM

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Sincerely,
Martina Boone
3255 Valley Ridge Dr Eagan, MN 55121-1751
Booneboys8303@gmail.com

From: myblaska@everyactioncustom.com on behalf of [Mary Blaska](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 22, 2024 12:11:16 PM

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Sincerely,
Mary Blaska
170 White Oaks Ln Saint Paul, MN 55127-6132
myblaska@gmail.com

From: marydolo213@everyactioncustom.com on behalf of [Mary Dolo](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 16, 2024 2:07:04 PM

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Sincerely,

Mary Dolo

5940 65th Ave N Apt 236 Brooklyn Park, MN 55429-4195

marydolo213@gmail.com

From: keya@everyactioncustom.com on behalf of [Mary Keya](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 9, 2024 4:26:31 PM

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Sincerely,
Mary Keya
8680 Old Cedar Ave S Minneapolis, MN 55425-2029
keya@gmail.com

From: mmbenjamin123@everyactioncustom.com on behalf of [Melissa Benjamin](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 11, 2024 12:41:32 PM

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Sincerely,
Melissa Benjamin
10200 E Dry Creek Rd Unit 5-112 Englewood, CO 80112-1651
mmbenjamin123@gmail.com

From: m@everyactioncustom.com on behalf of [Melissa Cathcart](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Sunday, July 21, 2024 4:14:44 AM

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Sincerely,
Melissa Cathcart
3018 38th Ave S Minneapolis, MN 55406-2141
m@mcathcart.com

From: luckymousethreads@everyactioncustom.com on behalf of [Michele Peterson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 12:50:25 PM

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Sincerely,
Michele Peterson
712 Orange Ave E Saint Paul, MN 55106-1919
luckymousethreads@gmail.com

From: n.dwah@everyactioncustom.com on behalf of [Narser Mathies](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 3, 2024 12:00:31 PM

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Sincerely,
Narser Mathies
12554 Grouse St NW Minneapolis, MN 55448-1310
n.dwah@yahoo.com

From: nikkikepler@everyactioncustom.com on behalf of [Nichole Kepler](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Sunday, July 21, 2024 12:20:52 PM

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Sincerely,
Nichole Kepler
240 1st St Echo, MN 56237-1620
nikkikepler@gmail.com

From: nicolettebryant3451@everyactioncustom.com on behalf of [nicolette Bryant](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Saturday, July 13, 2024 3:19:26 PM

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Sincerely,
nicolette Bryant
3434 Colfax Ave S Apt 205 Minneapolis, MN 55408-4046
nicolettebryant3451@gmail.com

From: pkarnuah@everyactioncustom.com on behalf of [Precious S Karnuah](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 16, 2024 3:42:27 PM

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Sincerely,
Precious S Karnuah
8643 Gatewater Dr Monticello, MN 55362-4555
pkarnuah@gmail.com

From: priscilla.kuhnly@everyactioncustom.com on behalf of [Priscilla Kuhnly](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 24, 2024 4:16:02 PM

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We need great people willing to work hard and take care of our children, parents, grandparents, and seniors

Sincerely,
Priscilla Kuhnly
11512 Lindo Trl Lindstrom, MN 55045-9042
priscilla.kuhnly@fairview.org

From: mayarebecca55@everyactioncustom.com on behalf of [Rebecca Maya](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Saturday, July 13, 2024 10:17:35 PM

[You don't often get email from mayarebecca55@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Rebecca Maya
969 Smith Ave S Saint Paul, MN 55118-1149
mayarebecca55@yahoo.com

From: rickseelhoff@everyactioncustom.com on behalf of [Richard Seelhoff](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 9:22:51 PM

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Sincerely,
Richard Seelhoff
504 E Bellevue St Winona, MN 55987-4316
rickseelhoff@yahoo.com

From: rosealina515@everyactioncustom.com on behalf of [Rose Yang](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 12:52:24 PM

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Sincerely,
Rose Yang
1147 Western Ave N Saint Paul, MN 55117-4833
rosealina515@gmail.com

From: dennisrose858@everyactioncustom.com on behalf of [Rose. Dennis](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 18, 2024 6:07:05 PM

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Sincerely,
Rose. Dennis
5450 Douglas Dr N Crystal, MN 55429-3163
dennisrose858@yahoo.com

From: rbyfinn1@everyactioncustom.com on behalf of [ruby finn](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Saturday, July 13, 2024 5:15:52 AM

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Sincerely,
ruby finn
112 1st St S Mentor, MN 56736-3600
rbyfinn1@outlook.com

From: bechtoldclyde@everyactioncustom.com on behalf of [Sandra Bechtold](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 9, 2024 6:38:09 PM

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Sincerely,
Sandra Bechtold
1811 E FIVE POINT LAKE Dr NE Hackensack, MN 56452
bechtoldclyde@gmail.com

From: smtorrence@everyactioncustom.com on behalf of [Shannon Torrence](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Friday, July 12, 2024 8:00:40 AM

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Sincerely,
Shannon Torrence
3800 Regent Ave N Robbinsdale, MN 55422-2019
smtorrence@hotmail.com

From: ddtrail@everyactioncustom.com on behalf of [Shel Spring](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 8, 2024 7:37:13 PM

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Sincerely,
Shel Spring
404 8th St S Breckenridge, MN 56520-2022
ddtrail@yahoo.com

From: randolph_sonya@everyactioncustom.com on behalf of [Sonya Johnson](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Monday, July 15, 2024 12:07:20 AM

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Sincerely,
Sonya Johnson
707 S Cedar St Crockett, TX 75835-2509
randolph_sonya@sbcglobal.net

From: pfeiferstacy@everyactioncustom.com on behalf of [Stacy Pfeifer](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 9, 2024 6:17:10 PM

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Sincerely,
Stacy Pfeifer
12787 190th St Park Rapids, MN 56470-3280
pfeiferstacy@yahoo.com

From: breannstar3@everyactioncustom.com on behalf of [Star Breann](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 9, 2024 5:53:00 PM

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Sincerely,
Star Breann
6528 Douglas Dr N Minneapolis, MN 55429-1522
breannstar3@gmail.com

From: m.stephanieyang@everyactioncustom.com on behalf of [Stephanie Yang](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 2:26:48 PM

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Sincerely,
Stephanie Yang
28678 Jocelyn Ave Chisago City, MN 55013-9615
m.stephanieyang@gmail.com

From: susanstoppel@everyactioncustom.com on behalf of [Susan Stoppel](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Sunday, July 14, 2024 11:46:45 PM

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Sincerely,
Susan Stoppel
205 Lorrain St Milroy, MN 56263
susanstoppel@yahoo.com

From: tkrynicki@everyactioncustom.com on behalf of [Tara Krynicki](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 11:59:27 PM

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Sincerely,
Tara Krynicki
4740 Morris Thomas Rd Hermantown, MN 55811-3725
tkrynicki@hotmail.com

From: boywatcher63@everyactioncustom.com on behalf of [Teresa Brees](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 6:53:54 PM

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We all need to be treated fairly.
Better and affordable healthcare.

Sincerely,
Teresa Brees
2710 Dale St N Apt 113 Roseville, MN 55113-2313
boywatcher63@hotmail.com

From: timbroski01@everyactioncustom.com on behalf of [Timothy Sabrowski](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 8:46:57 PM

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Sincerely,
Timothy Sabrowski
310 S 69th Ave W Duluth, MN 55807-1805
timbroski01@icloud.com

From: miss_gilliam@everyactioncustom.com on behalf of [Tonya Gilliam](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 12:07:16 PM

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Dear Standards Board,

The health care is a very hard and stressful field to work in. Healthcare workers do the job because we care. We need the essential to do to job. That includes staff, proper training and pay. The pay increase will bring more help to the field.

Sincerely,
Tonya Gilliam
3213 67th Ave N Minneapolis, MN 55429-1823
miss_gilliam@yahoo.com

From: tasheenaprince@everyactioncustom.com on behalf of [Tosheena Prince](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 6:48:22 PM

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Sincerely,
Tosheena Prince
380 Larpenteur Ave W Saint Paul, MN 55113-6799
tasheenaprince@yahoo.com

From: tyronegilliam38@everyactioncustom.com on behalf of [Tyrone Gilliams](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 10, 2024 6:49:49 PM

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Sincerely,
Tyrone Gilliams
842 Geranium Ave E Saint Paul, MN 55106-2608
tyronegilliam38@gmail.com

From: ws06042001@everyactioncustom.com on behalf of [Whitney Strehlo](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 9, 2024 10:30:26 PM

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Sincerely,
Whitney Strehlo
300 W Maine St Amboy, MN 56010-4001
ws06042001@gmail.com

From: wilfridahmose@everyactioncustom.com on behalf of [Wilfridah Mose](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Thursday, July 4, 2024 12:08:56 AM

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Sincerely,
Wilfridah Mose
2909 84th Ave N Brooklyn Park, MN 55444-1462
wilfridahmose@yahoo.com

From: yfadera@everyactioncustom.com on behalf of [Yankuba Fadera](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 10:49:32 PM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. We know that because of the low wages and lack of benefits, there is a shortage of workers who will do this critical work despite taxpayers sending hundreds of millions of dollars to nursing home owners over the last few years. Unions and workers have been sounding the alarm that we need real change.

That's why nursing home workers supported Gov. Walz and the legislature in creating the Nursing Home Workforce Standards Board. It is frustrating that the employer representatives refused to support raises, but it is exciting that the worker and government representatives on the Board passed a proposal to raise wages and ensure workers get time-and-a-half for all state holidays!

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents.

Sincerely,
Yankuba Fadera
478 Hazel St N Saint Paul, MN 55119-3482
yfadera@hotmail.com

From: ykenatie@everyactioncustom.com on behalf of [Yeshiwork Zenebe](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Wednesday, July 24, 2024 6:43:37 PM

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Sincerely,
Yeshiwork Zenebe
8390 Savanna Oaks Ln Woodbury, MN 55125-9575
ykenatie@gmail.com

From: zleno519@everyactioncustom.com on behalf of [Zach Leno](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers!
Date: Tuesday, July 23, 2024 11:42:37 PM

[You don't often get email from zleno519@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Sincerely,
Zach Leno
401 38th Ave E Superior, WI 54880-4147
zleno519@gmail.com

From: stlynx426@everyactioncustom.com on behalf of [Shari Lindquist](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Respect Nursing Home Workers! Stop the short staffing and all the double shifts!
Date: Friday, July 12, 2024 9:04:17 AM

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Sincerely,
Shari Lindquist
7 Vermillion St Carlton, MN 55718-9703
stlynx426@aol.com

From: debi.hilmer@everyactioncustom.com on behalf of [Debi Hilmer](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Seniors Matter- staff matter. Prioritize what our Seniors
Date: Friday, July 12, 2024 8:41:34 AM

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Sincerely,
Debi Hilmer
2232 Evelyn Ln NW Rochester, MN 55901-2128
debi.hilmer@aol.com

From: nicole9476@everyactioncustom.com on behalf of [Nicole Radika](#)
To: [RULES, DLI \(DLI\)](#)
Subject: The Nursing Home industry needs some attention!
Date: Monday, July 22, 2024 9:50:09 AM

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Dear Standards Board,

Thank you for the standards you recently set in hopes of addressing the staffing crisis in the nursing home industry in Minnesota. This industry needs a team to take a closer look at the problems and issues that staff are facing currently. I have worked in this industry for over 20 years now. We need to be able to pay our staff better. They do a job that MANY people are unable to do. It takes a very special person to work in a Nursing Home. We also need to get the staffing agencies under control as they are taking over our work force. There is too much power and money given to the Staffing agencies! They are helpful in a pinch but they should not be the majority of our staff.

I would love to see the Nursing Assistant job become more of a career than a stepping stone. We need people in this position that truly care and are able to make this a career. They need more money in order to make that happen. They are the front lines in the Nursing Home and should be valued for doing this very important job. We also need someone to take a closer look at staffing levels. That is one of the most common concerns that I hear from residents and families, "You are short staffed." The residents that live here deserve more time and attention. I would also love to see more attention given to staff retention and appreciation. I think this goes a long way in making sure that your employees are satisfied and feel appreciated for the hard work that they do.

This is a great step towards fixing this crisis so we can make sure every resident in the state gets the care they need, and the workers who provide that amazing support can care for their families. Thank you for setting this standard and supporting nursing home workers and residents!!! Thank you!

Sincerely,
Nicole Radika
7705 427th St Rice MN56367 Rice, MN 56367-9583
nicole9476@aol.com

From: nicole9476@everyactioncustom.com on behalf of [Nicole Radika](#)
To: [RULES, DLI \(DLI\)](#)
Subject: The Nursing Home industry needs some attention!
Date: Monday, July 22, 2024 9:50:09 AM

[You don't often get email from nicole9476@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Sincerely,
Nicole Radika
7705 427th St Rice MN56367 Rice, MN 56367-9583
nicole9476@aol.com

From: Abdullahibinta13@everyactioncustom.com on behalf of [Binta Abdullahi](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Value Nursing home workers
Date: Tuesday, June 25, 2024 3:00:18 AM

[You don't often get email from abdullahibinta13@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Dear Standards Board,

Nursing home workers deserve a raise. We don't make enough.

Sincerely,
Binta Abdullahi
12937 89th Ave N Maple Grove, MN 55369-9513
Abdullahibinta13@gmail.com

From: erinmplank23@everyactioncustom.com on behalf of [Erin Plank](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Value Nursing home workers
Date: Monday, June 24, 2024 2:28:18 PM

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Dear Standards Board,

Nursing home workers deserve a raise. We don't make enough.

Sincerely,
Erin Plank
5725 Emerson Ave N Minneapolis, MN 55430-2656
erinmplank23@gmail.com

From: knsg2001@everyactioncustom.com on behalf of [Kunga Sangmo](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Value Nursing home workers
Date: Monday, June 24, 2024 2:27:25 PM

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Dear Standards Board,

Nursing home workers deserve a raise. We aren't compensated well enough for the effort that goes into the demands of our work. In addition to the physically demanding tasks, there is a lot of strain on our mental well being as well. Working in healthcare to take care of patient means us workers who are involved in direct patient care also need to be taken care of. While this is something we personally work on from day to day basis, some basic things that should be changed from the employee's side includes compensating their workers fairly. As of now we are not compensated well enough. Please take our experiences into account and brings change.

Sincerely,
Kunga Sangmo
3925 Penrod Ln Minneapolis, MN 55421-4342
knsg2001@gmail.com

From: happirish@everyactioncustom.com on behalf of [Rachel Torres](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Value Nursing home workers
Date: Monday, June 24, 2024 2:26:23 PM

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Dear Standards Board,

Nursing home workers deserve a raise. We don't make enough. Healthcare should not be a business. Healthcare companies need to have better EHR throughout each others companies. Better systems in place like complexity cases. Staffing to resident ration is not feasible for the safety standards. Better Survey process, tag payouts need to be a long term correction.

Sincerely,
Rachel Torres
2012 55th Ave N Minneapolis, MN 55430-3011
happirish@gmail.com

From: tyronnejenkins@everyactioncustom.com on behalf of [Tyronne Jenkins](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Value Nursing home workers
Date: Thursday, June 27, 2024 4:53:03 PM

[You don't often get email from tyronnejenkins@everyactioncustom.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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Dear Standards Board,

Nursing home workers deserve a raise. We don't make enough. We are also short staffed 35 percent of the time!

Sincerely,
Tyronne Jenkins
6280 Comet Ln NE Fridley, MN 55432-4901
tyronnejenkins@yahoo.com

From: vodkeeda@everyactioncustom.com on behalf of [Vodkeeda Cunningham](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Value Nursing home workers
Date: Thursday, June 27, 2024 3:35:17 PM

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Dear Standards Board,

Nursing home workers deserve a raise. We don't make enough for all the hard work that we do in the nursing home community

Sincerely,
Vodkeeda Cunningham
5200 3rd St NE Apt 102 Fridley, MN 55421-1597
vodkeeda@gmail.com

From: [Brady Johnsrud](#)
To: [RULES, DLI \(DLI\)](#)
Subject: Workforce Standards Public Comment
Date: Monday, July 22, 2024 12:11:25 PM
Attachments: [image001.png](#)

You don't often get email from brady.johnsrud@knutenelson.org. [Learn why this is important](#)

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7/22/2024

Leah Solo, Executive Director Nursing Home Workforce Standards Board 443 Lafayette Rd. N.,
St. Paul MN 55155

Reference: Comment to Proposed Rules Governing Initial Wage Standards for Nursing Home
Workers; Revisor's ID No. R-04869; OAH Docket No. 5-9001-40100

Dear Executive Director Solo:

Thank you for the opportunity to comment on the proposed minimum wages standard
proposed rule. I respectfully urge the Nursing Home Workforce Standards Board (the Board)
to reconsider this misguided standard and rule.

To be clear, Knute Nelson has always supported our workers and their ability to earn a life-
sustaining wage. However: it is the responsibility and obligation of our state's elected officials
to fund these investments. That is why nursing homes like mine have called for funding to
raise wages year after year. Specifically, during this past legislative session, HF3391/SF4130
would have provided funding to nursing homes for employee compensation via a rate
increase, and at higher compensation levels than proposed by the Board. To my surprise and
disappointment, this appropriation was not passed into law.

Absent leadership and support from the Legislative and Executive Branches, this proposed rule
is an unfunded mandate that forces providers like me to afford these wages by deferring
funding to other needs that are critical to providing quality care for the seniors we serve.

The Board fails to consider, or worse ignores, critical facts and impacts in the development of
these standards and moving forward with the standards as proposed could recklessly put the
access of essential nursing home care in jeopardy for communities all over Minnesota. First,
Minnesota is and will continue to experience a decline in workers¹. Additionally, the Board has
completely ignored the financial impacts to providers, including the limitations of state
funding for nursing homes, such as a nearly 2-year delay in the recognition of new costs and

the additional restrictions created by our rate equalization law. Most disappointingly and critically, the Board's standard fails to guarantee access to quality care for Minnesota's seniors and is likely to decrease access to services available to our state's older adults.

My name is Brady Johnsrud, and I am the Executive Director of Knute Nelson Care Center. I have been in this role for about two years and have spent about 8 years in total as a nursing home administrator. I work in this field because of my passion to serve for seniors and to have the opportunity to work with our amazing CNAs, nurses, housekeepers, maintenance, and dietary staff. Our care center is a rural facility that has been serving the Alexandria community for over 75 years. Our care center is a pillar of the community and provides a key service for many of our long-time citizens. We serve about 250+ people in our facility every year. Our facility is one of the top employers in Alexandria with over 150 employees working in this building.

I am extremely concerned about this unfunded mandate. The wage structures of the 2026 and 2027 minimum wage increases would make it extremely difficult for our facility to operate as it currently does today. To say they're unrealistic without any funding is an understatement. Many care centers, including ours, already operate at a loss. We rely on other business lines and legislative dollars to stay financially viable and an unfunded mandate like this will pose questions about long-term sustainability. Because Minnesota has rate equalization, we're unable to just raise our prices. Almost all our funding is controlled by the state and federal governments. Other businesses can just raise prices when they have an increase in costs, that is not an option for care centers. I have talked to many other administrators who have simply stated that if this mandate goes through without funding, they will simply not have any other option other to close. This is an extremely scary thought for communities across the state and our seniors. This mandate asks us to do the impossible, pay staff more without any additional funding. We're in agreement that our staff need a living wage, but we need the financial support to do this from the legislature. It is not possible in our current pay system. I'm also concerned about how this will impact our assisted livings. Knute has multiple assisted livings in the Alexandria community and forcing our care center to abide by these unrealistic wage mandates, will also force wage changes in our housing sites and additional financial investments. Tying the hands of providers to meet a potentially unattainable and unfunded standard will not have the intended impact of increasing nursing home employee wage standards, rather it will have the opposite effect as facilities have to choose between reducing services and access or potentially closing because of this proposed standard. Such impacts will be directly felt by residents, their families, and communities as a result. Accordingly, we are opposed to this entire rule and request its disposition be resolved during a public hearing.

Thank you for considering my comments and request for public hearing.

Sincerely,

Brady Johnsrud

Brady Johnsrud, LNHA, LALD

Executive Director- Care Center, Nelson Gables, Autumn Cottages

P: 320-763-1157 | P: 320-763-1161

420 12th Ave E, Alexandria, MN 56308

1220 Nokomis St, Alexandria, MN 56308

knutenelson.org | walkermethodist.org



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