

Supplemental Nursing Services Agency (SNSA) Attestation Form

By signing this Attestation Form, you confirm that you have read and agree to the requirements listed below and agree to comply on an ongoing basis as long as your organization is providing staff to nursing facilities under this COVID-related temporary waiver.

Any amounts in excess of the maximum charges that are permitted under this waiver will be paid to the applicable employee(s) in addition to their regular wages and not retained by the SNSA. The purpose of this waiver is to increase the pay to the frontline worker as a form of hazard pay. This waiver is not intended to provide additional profit to staffing agencies and the SNSA must agree not to profit from the increase in charges that are permitted temporarily under this waiver. This Attestation Form must be received by the Minnesota Department of Human Services before any application to waive the maximum charges will be approved.

In the box below, provide a breakdown of the charges being billed to the nursing facility and specifically how these excess charges will be passed directly on to the employee(s) working in nursing facilities with COVID-19. For *example*:
Hourly rate billed to the nursing home for an RN under this COVID-related waiver: \$75.00
Standard hourly rate of pay for the SNSA RN prior to this COVID-related waiver: \$48.00
Hourly rate of pay to the SNSA RN during this COVID waiver will be the total of the standard rate of \$48 plus the COVID hazard pay in the amount of \$17.35 for a total hourly rate of pay of \$65.35.

Name and address of SNSA:

Signature of Authorized Representative of the SNSA and Date

Print Name

Title

Return this completed and signed form via email to mary.cahill@state.mn.us