

Data tracking options

Data type: Access

Name	Description	Source	What it has potential to tell the Board/notes	Recommend?
Closures and openings	Number of nursing homes closed and opened in a year.	MDH	Is there a trend? As new standards take effect, are there more nursing home closures? Do the standards affect different sized facilities differently? If yes, how so? <i>NOTE: Will need to determine how and when exactly these are counted and defined - there are some differences in how different organizations count them. For instance, if one facility closes, but the beds are all moved to a facility in the same town, does that count?</i>	Yes. Collect data once a year.
Active Beds	Number of beds that are active (not on layaway or closed) in Minnesota. Updated Jan. 1, July 1	MDH (provider directory)	Is there an increase or decrease in access to nursing home beds? <i>NOTE: This does not include layaway.</i>	Yes. Collect data 1-2 times a year. 1/1/2026 and 7/1/2026
Beds per thousand	Number of beds per thousand people who are 65+ or 85+	MDH (provider directory)	Relative amount of access, especially for 85+ <i>NOTE: Uses MDH data; does not include layaway.</i>	Yes. Collect data 1-2 times a year. 1/1/2026 and 7/1/2026

Data type: Quality

Name	Description	Source	What it has potential to tell the Board/notes	Recommend?
Retention	Percent of workers who have had their job for at least one year.	Report card	Trends could be tied to working conditions in nursing homes getting better if retention goes up or getting worse if retention goes down. Sometimes, retention will change drastically for reasons unrelated to the standards, for instance, a long-time nursing home administrator retiring. <i>NOTE: Interested in seeing by region or counties.</i>	Yes. Collect data once a year.

Name	Description	Source	What it has potential to tell the Board/notes	Recommend?
Pool use	Percent of staff hours worked by SNSA nurses	Report card	Changes in pool use could indicate a drive or ability to move toward or away from staff hired not through an SNSA. <i>NOTE: Interested in seeing by region or counties.</i>	Yes. Collect data once a year.
Direct care hours and Compensated Hours.	Average hours of direct care provided a day. Total compensated hours by job classification (might include non-direct care)	Report card/cost report	Are direct care hours decreasing while costs are increasing? This may be evidence that nursing homes are cutting hours to pay for the new minimum wage standard. Could we confirm that? This data point could be compared with direct care hours vs. compensated hours to see if there are similar or different trends. Are nursing homes cutting hours to pay for the new minimum wage standard? Because they have an increase in costs from the increase in pay? How would we know that? Could look at Direct care hours vs. compensated hours and see if there are similar or different trends.	Not now. Trending this now would be difficult given PDPM switch.
Minimum data set (MDS) quality indicators	Assessment that determines PDPM part of the overall star rating	Report card	This is the important tracking of services provided to residents that helps determine what level of acuity/rates can be ascribed to a particular resident. A trend toward higher or lower MDS could indicate a higher or lower acuity showing up in nursing homes.	Not now. Trending this now would be difficult given PDPM switch.

Data type: Hours and benefits

Name	Description	Source	What it has potential to tell the Board/notes	Recommend?
Wage data	Average cost per hour of nursing home workers (not wages)	Cost report	Trends could show if nursing home workers' wages are going up or down. Cost report includes roll up- so trends may not differentiate how increases or decreases in shift differentials, bonuses, etc., affect the wages. <i>NOTE: How does the proposed report appear to the board? Are these the items to track? Does the board want salaries, productive hours, compensated hours or just reported salary cost? Is someone measuring benefit ratio?</i>	Yes. Collect data once a year.

Name	Description	Source	What it has potential to tell the Board/notes	Recommend?
Wage data	National data that can be distilled by industry, occupation and geography for average wages and number of employees. Does not include premium pay, but includes Hazard pay. Does not include owners of the place. More information is available on the Occupational Employment and Wage Statistics page .	Occupational Employment and Wage statistics from Bureau of Labor and statistics (OES)	<p>Wage data and number of employees data by both industry (using the NAICS code for skilled nursing facilities) and by specific jobs, including nursing assistants and many other positions that the board frequently discusses. The board can track changes in average wages and number of employees over time, which could be very useful. Survey data can include sampling error.</p> <p>Not all facilities using the NAICS code for skilled nursing facilities count as nursing homes under the NHWSB Act, so some of that data would not necessarily be instructive to the board.</p> <p>Not all occupations listed count as workers under the NHWSB Act, and within some occupations, there could be a mix of NHWSB workers and non-workers. For instance, we do not know if directors of nursing are included under management positions or under registered nurses.</p>	Yes. Collect data once a year in May.
Changes in hours and benefits substitution patterns	Comparing compensated and direct care hours vs. money spent on benefits or other items.	Cos report	Making this comparison could help the board determine if the overall compensation package for nursing home workers is increasing, or if increases in wages are causing cuts to benefits.	Not now. Health care is not subject to the 4% cap.

Data type: Medicaid rates and costs

Name	Description	Source	What it has potential to tell the Board/notes	Recommend?
Medicaid and private pay rates (2-3 days) and nursing facility cost coverage	This would need to be calculated from audited or unaudited cost reports and the rates.	DHS nursing facility provider portal	<p>High-level look at how the state's system is supporting 256R's health and wellbeing vs. working conditions. The board will encounter significant delays in acquiring this data.</p> <p>For nursing facility cost coverage, submitted request to DHS, years before it can be analyzed)</p>	Not now. Very important but difficult. Revisit in 2027.
Facilities limited by caps	NA	NA	How many facilities were limited by CPI-U caps?	Not now.
Facilities not eligible for rate add on	NA	NA	How many facilities are not eligible for the rate add on in CY 2026?	Not now.