

Data tracking options

Data type: Access

Name	Description	Source	What it has potential to tell the board; notes	Recommend?	Status of data
Closures	Number of nursing homes closed in a year	Minnesota Department of Health (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?	Yes; track openings too; no additional openings that are 256R facilities since 2019	Previous example, closures only
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?	Yes; does not include layaway beds	In progress
Beds per 1,000	Number of beds per 1,000 people who are 65+ or 85+	MDH	Relative amount of access, especially for 85+	Yes; uses data from MDH HC directory, so does not include layaway beds	Previous example

Data type: Quality

Name	Description	Source	What it has potential to tell the board; notes	Recommend?	Status of data
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.	Yes	See example
Pool use	Percent of staff hours done 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.	Yes, by county so we can see metro	See example

				versus Greater Minnesota	
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 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 versus 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 versus compensated hours to see if there are similar or different trends.	Not now; trending this now would be difficult given PDPM switch	N/A
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 or 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	N/A

Data type: Hours and benefits

Name	Description	Source	What it has potential to tell the board; notes	Recommend?	Status of data
Wage data	Average wages of nursing home workers	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.	Yes	In progress
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 Frequently asked questions: U.S. Bureau of Labor Statistics	Occupational Employment and Wage Statistics from U.S. Bureau of Labor Statistics	Wage data and number of employees data by both industry (using the North American Industry Classification System (NAICS) code for skilled nursing facilities) and by specific jobs, including nursing assistants and many other positions the board frequently discusses. The board can track changes in average wages and number of employees over time, which could be very useful. However, note: <ul style="list-style-type: none"> This data is from a survey, so there can be a sampling error. Not all facilities using the NAICS code for skilled nursing facilities count as nursing homes under the Nursing Home Workforce Standards Board (NHWSB) statute, so some of that data would not necessarily be instructive to the board. Not all occupations listed count as workers under the NHWSB statutes and, within some occupations, there could 	Yes; note: comes out in May	See previous example

			be a mix of NHWSB workers and nonworkers. For instance, we do not know if directors of nursing are included under management positions or under registered nurses.		
Changes in hours and benefits substitution patterns	Comparing compensated or direct care hours versus money spent on benefits or other items	Cost 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	N/A

Data type: Medicaid rates and costs

Name	Description	Source	What it has potential to tell the board; notes	Recommend?	Status of data
Medicaid and private pay rates (2-3 days) and nursing facility cost coverage (submitted request to Department of Human Services (DHS) years before it can be analyzed)	This would need to be calculated from audited or unaudited cost reports and the rates	DHS provider portal Minnesota (link)	High-level look at how the state's system is supporting 256Rs health and wellbeing versus working conditions. The board will encounter significant delays in acquiring this data.	Not now; very important but difficult; revisit in 2027	N/A
Facilities limited by caps			How many facilities were limited by CPI-U caps?	Not now	N/A
Facilities not eligible for rate add-on			How many facilities are not eligible for the rate add-on in calendar-year 2026?	Not now	N/A