

## Memo

**Date:** August, 2025  
**To:** Data workgroup  
**From:** Leah Solo, NHWSB Executive Director

### RE: Narrowing in on Data to track

Over the last months, the Board and Data workgroup has explored different data sets that could inform the Board's investigations. The Board and Workgroup have looked at types of measurements and examined cost reports to determine some sources of data. Below is the Board's statutory authority for its investigation of market conditions, followed by a summary of the discussion so far.

#### Subd. 2. Investigation of market conditions.

- (a) The board must investigate market conditions and the existing wages, benefits, and working conditions of nursing home workers for specific geographic areas of the state and specific nursing home occupations. Based on this information, the board must seek to adopt minimum nursing home employment standards that meet or exceed existing industry conditions for a majority of nursing home workers in the relevant geographic area and nursing home occupation. Except for standards exceeding the threshold determined in paragraph (d), initial employment standards established by the board are effective beginning January 1, 2025, and shall remain in effect until any subsequent standards are adopted by rules.
- (b) The board must consider the following types of information in making determinations that employment standards are reasonably necessary to protect the health and welfare of nursing home workers:
  - (1) wage rate and benefit data collected by or submitted to the board for nursing home workers in the relevant geographic area and nursing home occupations;
  - (2) statements showing wage rates and benefits paid to nursing home workers in the relevant geographic area and nursing home occupations;
  - (3) signed collective bargaining agreements applicable to nursing home workers in the relevant geographic area and nursing home occupations;
  - (4) testimony and information from current and former nursing home workers, worker organizations, nursing home employers, and employer organizations;
  - (5) local minimum nursing home employment standards;
  - (6) information submitted by or obtained from state and local government entities; and
  - (7) any other information pertinent to establishing minimum nursing home employment standards.

### Types of Measurements

The workgroup identified several types of measurements. They were:

- **Access Measurement:** The purpose behind collecting data of this nature would be to try to track if the public's access to nursing facilities is increasing or decreasing. It is unlikely the Board will be able to prove an increase or decrease in access is directly caused by the standards, but it will be important to try to track, because stakeholders will be concerned with access to nursing facilities.
- **Quality Measurement:** The goal of this measurement is to see if quality of nursing facilities, working conditions and nursing home care is getting better. There are many different perspectives on this (residents, workers, employers, families) and, again, the Board may not be able to determine whether trends in any of these metrics are caused by the minimum-wage standards or merely correlated with them. This category includes subjective (family and resident surveys) and objective (retention, pool use, etc) measurements.
- **Hours and Benefits Measurement:** This measurement would track the conditions workers are facing in their workplaces and aligns with NHWSB statutes on investigations. The measurements here are primarily objective.
- **Medicaid rates and costs measurement:** This measurement would attempt to track how reimbursement from the public systems is covering costs in nursing homes.

## Cost Report Data

The workgroup recently looked through how a nursing home fills out cost reports and what data could potentially be gathered from them. This helped the workgroup understand the usefulness of the data, along with its limitations.

The cost report walkthrough also helped the workgroup understand some of the trends, such as the decrease in overall census but increase in acuity. Additionally, it helped identify some upcoming challenges with the Patient-Driven Payment Model ("PDPM") change.

## Research into other sources

The workgroup had staff reach out to other departments to look for other sources for data. Staff reached out to other staff at DEED, DLI, MNsure, and MDH. This helped us understand that MDH has a lot of data in their report cards which can be used to make graphs over time. However, some of these conversations also showed that some data sets, such as DEED's UI data set, would likely not contain information that would be useful to the Board. This work is ongoing.

## Defining potential measurements

Below are the metrics that the Board and workgroup have named so far as potential measurements to track. To further discussion, the workgroup could start describing what insights a measurement can provide to the Board, and how that information will be helpful to the Board as it determines the adequacy of the standards that the Board has established. For example, in collecting wage data, the Board could both be examining wage trends both for future standards and to examine how the standards are effecting wages overall.

Type	Name	Description	Source	What it has potential to tell the Board
Access	closures	Number of nursing homes closed in a year.	MDH?	
Access	bed layaway	Number of beds laid away.		
Access	bed closure	Number of beds closed		
Access	beds per thousand	Number of beds per thousand people who are 65+ or 85+	MDH	
Access	hospital discharge			
Access	census	Number of people in nursing homes		
Quality	Resident satisfaction	From a survey of residents	Report Card	
Quality	family satisfaction	From a survey of contact people for residents	Report Card	
Quality	retention	Percent of workers who have had their job for at least one year.	Report Card	
Quality	pool use	Percent of staff hours done by SNSF nurses	Report Card	
Quality	direct care hours	Average hours of direct care provided a day.	Report Card	
Quality	compensated hours			
Quality	minimum data set (MDS) quality indicators		Report Card	
Hours and Benefits	wage data	Average wages of nursing home workers	Applications, Cost report, UI	
Hours and Benefits	health care insurance benefits	Workers who are covered by employer health care	Cost report, MNsure	

Type	Name	Description	Source	What it has potential to tell the Board
Hours and Benefits	changes in hours and benefits substitution patterns			
Medicaid rates and costs	Medicaid and private pay rates and nursing facility cost coverage.		Rates are found on report card.	

### Caveats

It should be noted that the workgroup and Board have previously discussed that Nursing Homes are complicated and multifaceted. There could be many reasons for changes in any of the data, and some reasons for changes in any data collected may be unrelated to the work of the Board. Knowing this should help guide the Board in choosing which and how many measurements to follow and whether or not to try to draw from multiple sources.

### Next Steps

As the workgroup fills in the chart above and narrows in on which measurements would be most useful, the workgroup should report back to the full Board. Returning to the statutes, the Board can also explore other sources of data such as local governments and questionnaires developed by the Board.