DEPARTMENT OF LABOR AND INDUSTRY

Memo

Date: April 3, 2025
To: Nursing Home Workforce Standards Board
From: Data Workgroup (summarized by Leah Solo)

RE: Update on Data Workgroup progress

The Data Workgroup met this month to follow up on the discussion had at the March 13, 2025, full board meeting. The purpose of the meeting was to discuss what additional sources of data the workgroup would recommend to the full board to collect in advance of the next market investigation and begin discussing collecting data that can evaluate the success of enacted rules. The goal of the data is to help the board get a baseline of the current conditions of the nursing home workforce before the minimum-wage standards go into effect.

The Data Workgroup received suggestions from Katie Lundmark, Paula Rocheleau and Mary Swanson, which were discussed. That discussion led to the development of categories of data to potentially collect. The workgroup would like feedback from the board before proceeding to make final recommendations.

Resource consideration

One thing the workgroup considered was the amount and variety of resources required to gather, store and maintain any data collected. Recognizing the limited resources available, the workgroup concentrated its conversation on data that is already available and even published publicly by other departments. Using this data reduces burdens on employers to report data and staff members to process it. Additionally, data collected by other departments is often subjected to audit processes, ensuring it is reliable and useful for the board's purposes.

Categories and options

The workgroup identified four categories that data seemed to fall into and explanations for why those categories seemed important. Below are those categories, why they seemed important and some potential data sources that were identified.

1. 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 in 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.

Options the workgroup named to track in this category:

- closures;
- bed layaway;
- bed closure;
- beds per thousand;
- hospital discharge; and
- census.

In discussion, hospital discharge seemed to be a measurement with the most challenges to tracking, while beds per thousand was an indicator that is already tracked by the Department of Human Services (DHS) and relevant to the board's work.

2. Quality measurement

The goal of this measurement is to see if quality of nursing facilities and nursing home care is getting better. There are many different perspectives on this (residents, workers, employers, families) and, again, the board may not able to determine whether trends in any of these metrics are caused by the minimum-wage standards or merely correlated with them.

Options the workgroup named to track in this category:

- resident satisfaction;
- family satisfaction;
- retention;
- pool use;
- direct care hours;
- compensated hours; and
- minimum data set (MDS) quality indicators.

Many of these options are already tracked by DHS or the Minnesota Department of Health (MDH) and publicly available.

3. Hours and benefits measurement

This measurement would track the conditions workers are facing in their workplaces.

Options the workgroup named to track in this category:

- wage data;
- health care insurance benefits; and
- changes in hours and benefits substitution patterns.

Though wage data would be incredibly valuable to the board, the workgroup discussed the difficulty in obtaining this data. The workgroup discussed some options for tracking health insurance data.

4. Medicaid rates and costs measurement

This measurement would attempt to track how reimbursement from the public systems is covering costs in nursing homes.

An option the workgroup named to track in this category:

- Medicaid and private pay rates and nursing facility cost coverage.