



# Interim Cost Report

## **Introduction**

Laws of Minnesota, 2015, Chapter 71, Article 6, Section 41, directs the Department of Human Services (DHS) to report on various aspects of the recent nursing facility payment reform to the Legislature by January 1, 2017. The requirement states:

### **DIRECTION TO COMMISSIONER; NURSING FACILITY PAYMENT REFORM REPORT.**

By January 1, 2017, the commissioner of human services shall evaluate and report to the House of Representatives and Senate committees and divisions with jurisdiction over nursing facility payment rates on:

- (1) the impact of using cost report data to set rates without accounting for cost report to rate year inflation;
- (2) the impact of the quality adjusted care limits;
- (3) the ability of nursing facilities to attract and retain employees, including how rate increases are being passed through to employees, under the new payment system;
- (4) the efficacy of the critical access nursing facility program under Minnesota Statutes, section 256B.441, subdivision 63, given the new nursing facility payment system;
- (5) creating a process for the commissioner to designate certain facilities as specialized care facilities for difficult-to-serve populations; and
- (6) limiting the hold harmless in Minnesota Statutes, section 256B.441, subdivision 56.

DHS does not have all of the data that is needed in order to comply with this report requirement. For this reason, all nursing facility providers that are enrolled as Medicaid providers will need to submit the necessary data to DHS on the 2016 Interim Cost Report via this Survey. Under Minnesota Statute 256B.441, Subdivision 43, DHS has the authority to "require nursing facilities to provide statistical and cost information for a subset of the items in the annual report on a semiannual basis." The information that is submitted to DHS on the 2016 Interim Cost Reports will be used to prepare the Nursing Facility Payment Reform Report that will be submitted to the Legislature in response to the aforementioned requirements.

The Instruction Manual for the 2016 Interim Cost Report will be posted on the DHS Nursing Facility Provider Portal and emailed out to each facility email address on file with DHS in the Nursing Facility Provider Portal. Please review the Instruction Manual before completing this survey.

**This survey must be completed and submitted prior to September 17, 2016.**

## **NAVIGATING THIS WEB-BASED REQUEST**

A navigation toolbar at the bottom of each page will help you as you complete the survey:

*-To navigate between pages, use the BACK and NEXT buttons at the bottom of each page. DO NOT USE THE BACK BUTTON ON YOUR WEB BROWSER!*

-To reset your answers on the current page, use the RESET button at the bottom of the page

-Use the SAVE button to return to the survey on the same computer at a later time

-Use the PRINT button (found on the last page of the survey) to print the responses for the survey

-When you have completed the survey, use the SUBMIT button at the bottom of the last page to return your survey to DHS.

-Please disable any pop-up blockers when completing this survey

**Part I: Facility Information**

Please enter the following information about your facility.

Q1a Facility Name

Q1b Facility IID#

## Part II: Staff Retention

Q2 3. Please check the box(es) for all staff categories in which you have (or had) employees since 10/01/2013. Please check all that apply.

- Nursing Administration Line 1619
- Registered Nurses Line 1620
- Licensed Practical Nurses Line 1625
- Certified Nursing Assistants Line 1630
- Trained Medication Aides Line 1632
- Mental Health Workers Line 1635
- Social Workers Line 1636
- Activities Staff Line 1637
- Other Care Related Staff Line 1638
- Housekeeping Services Line 6513

You checked "Nursing Administration Line 1619". Please answer the following questions regarding this category.

Q3a How many were employed at this facility on 10/01/2015 in this staff category?

Q3b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Registered Nurses Line 1620". Please answer the following questions regarding this category.

Q4a How many were employed at this facility on 10/01/2015 in this staff category?

Q4b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Licensed Practical Nurses Line 1625". Please answer the following questions regarding this category.

Q5a How many were employed at this facility on 10/01/2015 in this staff category?

Q5b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Certified Nursing Assistants Line 1630". Please answer the following questions regarding this category.

Q6a How many were employed at this facility on 10/01/2015 in this staff category?

Q6b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Trained Medication Aides Line 1632". Please answer the following questions regarding this category.

Q7a How many were employed at this facility on 10/01/2015 in this staff category?

Q7b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Mental Health Workers Line 1635". Please answer the following questions regarding this category.

Q8a How many were employed at this facility on 10/01/2015 in this staff category?

Q8b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Social Workers Line 1636". Please answer the following questions regarding this category.

Q9a How many were employed at this facility on 10/01/2015 in this staff category?

Q9b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Activities Staff Line 1637". Please answer the following questions regarding this category.

Q10a How many were employed at this facility on 10/01/2015 in this staff category?

Q10b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Other Care Related Staff Line 1638". Please answer the following questions regarding this category.

Q11a How many were employed at this facility on 10/01/2015 in this staff category?

Q11b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

You checked "Housekeeping Services Line 6513". Please answer the following questions regarding this category.

Q12a How many were employed at this facility on 10/01/2015 in this staff category?

Q12b Of those employed on 10/01/2015, how many were employed on 6/30/2016?

Q12c Of those employed on 10/01/2014, how many were employed on 9/30/2015?

Q12d Of those employed on 10/01/2013, how many were employed on 9/30/2014?

Q13 Has the recruitment of employees been easier in 2016 than it was in the first half of 2015?

Yes

No

Do not know

## Table 2. Total Number of Full-Time and Part-Time Employees

As of the **last pay period ending in the month of June 2016**, for each line of employment, please specify

a) the number of full-time employees;

and

b) the number of part-time employees:

Q14a 0401: Nursing Administration - full-time employees

Q14b 0401: Nursing Administration - part-time employees

Q14c 0402: Registered Nurses - full-time employees

Q14d 0402: Registered Nurses - part-time employees

Q14e 0403: Licensed Practical Nurses - full-time employees

Q14f 0403: Licensed Practical Nurses - part-time employees

Q14g 0404: Certified Nursing Assistants - full-time employees

Q14h 0404: Certified Nursing Assistants - part-time employees

Q14i 0405: Trained Medication Aides - full-time employees

Q14j 0405: Trained Medication Aides - part-time employees

Q14k 0406: Mental Health Workers - full-time employees

Q14l 0406: Mental Health Workers - part-time employees

Q14m 0407: Social Workers - full-time employees

Q14n 0407: Social Workers - part-time employees

Q14o 0408: Activities Staff - full-time employees

Q14p 0408: Activities Staff - part-time employees

Q14q 0409: Other Care Related - full-time employees

Q14r 0409: Other Care Related - part-time employees

Q14s 0410: Dietary - full-time employees

Q14t 0410: Dietary - part-time employees

Q14u 0411: Housekeeping - full-time employees

Q14v 0411: Housekeeping - part-time employees

Q14w 0412: Laundry - full-time employees

Q14x 0412: Laundry - part-time employees

Q14y 0413: Maintenance - full-time employees

Q14z 0413: Maintenance - part-time employees

Q14  
aa 0414: Administration - full-time employees

Q14  
ab 0414: Administration - part-time employees

**Table 3. Total Number of Full-Time and Part-Time Employees as of 9/30/2015**

**As of 9/30/2015**, for each line of employment, please specify

a) the number of full-time employees;

and

b) the number of part-time employees:

Q15a	0401: Nursing Administration - full-time employees	<input type="text"/>
Q15b	0401: Nursing Administration - part-time employees	<input type="text"/>
Q15c	0402: Registered Nurses - full-time employees	<input type="text"/>
Q15d	0402: Registered Nurses - part-time employees	<input type="text"/>
Q15e	0403: Licensed Practical Nurses - full-time employees	<input type="text"/>
Q15f	0403: Licensed Practical Nurses - part-time employees	<input type="text"/>
Q15g	0404: Certified Nursing Assistants - full-time employees	<input type="text"/>
Q15h	0404: Certified Nursing Assistants - part-time employees	<input type="text"/>
Q15i	0405: Trained Medication Aides - full-time employees	<input type="text"/>
Q15j	0405: Trained Medication Aides - part-time employees	<input type="text"/>
Q15k	0406: Mental Health Workers - full-time employees	<input type="text"/>
Q15l	0406: Mental Health Workers - part-time employees	<input type="text"/>
Q15m	0407: Social Workers - full-time employees	<input type="text"/>
Q15n	0407: Social Workers - part-time employees	<input type="text"/>
Q15o	0408: Activities Staff - full-time employees	<input type="text"/>
Q15p	0408: Activities Staff - part-time employees	<input type="text"/>
Q15q	0409: Other Care Related - full-time employees	<input type="text"/>
Q15r	0409: Other Care Related - part-time employees	<input type="text"/>
Q15s	0410: Dietary - full-time employees	<input type="text"/>
Q15t	0410: Dietary - part-time employees	<input type="text"/>
Q15u	0411: Housekeeping - full-time employees	<input type="text"/>
Q15v	0411: Housekeeping - part-time employees	<input type="text"/>
Q15w	0412: Laundry - full-time employees	<input type="text"/>

Q15x 0412: Laundry - part-time employees

Q15y 0413: Maintenance - full-time employees

Q15z 0413: Maintenance - part-time employees

Q15aa 0414: Administration - full-time employees

Q15ab 0414: Administration - part-time employees

#### Table 4. Total Salary Costs

For the pay periods listed in the question, please provide the total salary costs.

Q16a	0401: Nursing Administration - 2 pay periods ending in 6/16	<input type="text"/>
Q16b	0402: Registered Nurses - 2 pay periods ending in 6/16	<input type="text"/>
Q16c	0403: Licensed Practical Nurses - 2 pay periods ending in 6/16	<input type="text"/>
Q16d	0404: Certified Nursing Assistants - 2 pay periods ending in 6/16	<input type="text"/>
Q16e	0405: Trained Medication Aides - 2 pay periods ending in 6/16	<input type="text"/>
Q16f	0406: Mental Health Workers - 2 pay periods ending in 6/16	<input type="text"/>
Q16g	0407: Social Workers - 2 pay periods ending in 6/16	<input type="text"/>
Q16h	0408: Activities Staff - 2 pay periods ending in 6/16	<input type="text"/>
Q16i	0409: Other Care Related - 2 pay periods ending in 6/16	<input type="text"/>
Q16j	0411: Housekeeping - 2 pay periods ending in 6/16	<input type="text"/>
Q16k	0411: Housekeeping - Report year ending 2015	<input type="text"/>
Q16l	0411: Housekeeping - Report year ending 2014	<input type="text"/>
Q16m	0411: Housekeeping - Report year ending 2013	<input type="text"/>

## Table 5. Total Compensated Hours

Based on last two (2) pay periods ending in the month of June 2016, please fill in the total Compensated Hours that occurred within the following categories

Q17a	Nursing Administration - line 0368	<input type="text"/>
Q17b	Registered Nurses - line 0370	<input type="text"/>
Q17c	Licensed Practical Nurses - line 0375	<input type="text"/>
Q17d	Certified Nursing Assistants - line 0380	<input type="text"/>
Q17e	Trained Medication Aides - line 0382	<input type="text"/>
Q17f	Mental Health Workers - line 0384	<input type="text"/>
Q17g	Social Workers - line 0330	<input type="text"/>
Q17h	Activities Staff - line 0335	<input type="text"/>
Q17i	6513 Housekeeping	<input type="text"/>
Q17j	0312 Nursing Pool Registered Nurse	<input type="text"/>
Q17k	0313 Nursing Pool LPN	<input type="text"/>
Q17l	0314 Nursing Pool C.N.A.	<input type="text"/>
Q17m	0315 Nursing Pool TMA	<input type="text"/>
Q17n	0316 Interim Nursing Admin	<input type="text"/>
Q17o	0320 Other Care Related Staff	<input type="text"/>

Q18 Specify the total number of days these two pay periods cover.

### Total Compensated Hours - Housekeeping

For each of the time periods specified below, report the total compensated hours for the housekeeping department (hours associated with the costs this facility reported on line 6513 of previously submitted cost reports).

Q19a	10/1/2012 – 9/30/2013	<input type="text"/>
Q19b	10/1/2013 – 9/30/2014	<input type="text"/>
Q19c	10/1/2014 - 9/30/2015	<input type="text"/>

### Table 6. Nursing Facility Resident Days

Please enter the total number of Nursing Facility Resident Days for dates of service that are included in the date span used for table #4.

Q20a	Private Pay	<input type="text"/>
Q20b	Medicaid	<input type="text"/>
Q20c	Medicare	<input type="text"/>
Q20d	Other	<input type="text"/>

### Table 7. Suspended Admissions

Please indicate if your facility suspended admissions for five or more consecutive days due to staff shortages at least once in any of the time periods indicated below.

		Yes	No	Do not know
Q21a	1/1/15-6/30/15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q21b	7/1/15-12/31/15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q21c	1/1/16-6/30/16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Table 8. Medicaid Per Diem

Q22 If your facility had an increase in the Medicaid daily per diem on 1/1/16 due to VBR, are these rate increases being used for any of the following items? Please check all that apply.

- This facility provided wage increases for staff
- This facility increased staffing levels
- Other

Please specify:

### Table 9. Scholarship Program

Please answer the questions regarding the scholarship program. Please check all that apply.

		Yes	No
Q23a	Did this facility increase the amount(s) of the scholarships that the NF will award?	<input type="radio"/>	<input type="radio"/>

Q23b Expanded the program to allow for more staff to participate? (e.g. now provided for both full & part time staff)



Table 10.  
**Health Insurance**

Q24 Did the nursing facility offer employee health insurance on June 30, 2016?

Yes

No

Q25 You answered "yes". How many employees were enrolled as of June 30, 2016?

Q26 On or after 10/1/2015, did this facility improve the health insurance benefit for employees? (i.e. select a plan with lower office visit co-pays, etc.)

Yes

No

Q27 On or after 10/1/2015, did this facility reduce the amount of the employee contribution for health insurance? Meaning, did the plan benefits stay essentially the same, but the employer now pays a bigger contribution towards the cost of the premium thereby reducing the employees portion of the costs?

Yes

No

Q28 If your facility offers health insurance, is participation greater now than it was in the previous plan year?

Yes

No

Q29 If you have additional comments or instructions regarding your survey response, please enter them here.

Please click "submit" to complete the survey

This survey must be completed and submitted prior to September 17, 2016.

Any questions regarding the completion of this report which are not addressed in the Instruction Manual should be directed to: Kim Brenne via email at [Kimberly.brenne@state.mn.us](mailto:Kimberly.brenne@state.mn.us) or phone at 651-431-4339.

You have come to the end of the survey.  
Thank you for your participation.

