



Nursing Facilities

Direct Care Worker Turnover Report

December 2024

Introduction and Background

The 2001 Iowa Acts (HF 740) directed the Iowa Department of Human Services (DHS) to begin reimbursing nursing facilities under a modified price-based case-mix reimbursement system beginning July 1, 2001. The components of the case mix reimbursement system resulted from a series of meetings that involved providers, industry association representatives, advocacy organizations, and state agency staff.

Throughout the process, the advocacy organizations stressed the importance of including a provision in the reimbursement structure that would financially recognize a nursing facility's capacity to provide quality of life and appropriate access to medical assistance program beneficiaries in a cost-effective manner. With consensus and support of the organizations that participated in the discussions, reference to an Accountability Measures initiative was included in the legislation. The legislation directed DHS to implement a process to collect data for measurements and develop a program to increase nursing facility payments effective July 1, 2002 based on achievement of multiple favorable outcomes.

Following passage of the legislation, DHS convened a workgroup comprised of industry representatives, advocacy groups, state agency representatives and others interested in long-term care. The charge to the workgroup was to refocus reimbursement on quality, encourage compliance with the Health Care Financing Association (HCFA) (now the Centers for Medicare and Medicaid Services, or CMS) quality indicators and survey process, and to do so in a format that was measurable. Per the legislation, a portion of the Medicaid rates under the new case mix system would be based on a facility's achievement of certain accountability measures that would, in turn, link to reimbursement.

The workgroup ultimately settled on ten measures which then went through the administrative rule review process resulting in enactment of 441 IAC 81.6(16)g. Each measure developed was designed to be an "objective" and "measurable" nursing facility characteristic that indicated quality care, efficiency or a commitment to care for special populations. Members of the workgroup recognized that no single measure ensured a "good facility". There was also recognition that the measures would need to be reviewed and modified as more data became available.

One of the ten measures implemented was High Employee Retention Rate. This data was not available prior to the implementation of the Accountability Measures. Therefore, the cost report form, (DHS Form 470-0030, Financial and Statistical Report) was modified to include an additional schedule (Schedule I) to collect employee retention data. All nursing facilities are required to submit the Financial and Statistical Report to Iowa Medicaid on an annual basis within five months after the nursing facilities fiscal year end.

A workgroup consisting of industry representatives, advocacy groups, state agency representatives and other interested parties, met annually to review the Accountability Measures in context of the goals developed when the Accountability Measures were initially implemented in SFY 2001. In early 2008, based on research the workgroup concluded that a measure for employee turnover would better align with the work being completed by Medicare. The employee turnover measure would allow Iowa data to be compared to national data.

In order to determine if a change of the measure to Employee Turnover rather than Employee Retention was warranted, additional data was needed. In order to collect the information, a new employee turnover form was developed by the workgroup and sent to nursing facilities requesting that they complete the form and voluntarily submit to the Iowa Medicaid. Nursing facilities were requested to complete the form for the period January 1, 2007 through December 31, 2007. This would allow the department and workgroup to collect and analyze the information to allow for future recommendations to the Accountability Measures.

The 2008 general assembly acknowledged in House File (HF) 2539, Section 71 that employee turnover rates in nursing facilities should be documented but also recognized that this information was not currently being collected. The department was directed to modify the nursing facility cost report to capture information on the turnover rates of direct care and other employees of nursing facilities. The department was also required to submit a report on an annual basis to the governor and general assembly which provides an analysis of direct care worker and other nursing facility employee turnover by individual nursing facility, a comparison of the turnover rate in each individual nursing facility with the state wide average, and an analysis of any improvement or decline in meeting any accountability goals or other measures related to turnover rates. The annual report was to include any data available regarding turnover rate trends, and other information the department deemed appropriate.

The department provided public notice on November 13, 2008 of the changes to the cost report and submission requirements. The cost report was modified to include a new schedule that required nursing facilities to report turnover rates of direct care and other employees of the nursing facility. This schedule is identified as Schedule I-1 and is required to be submitted for all cost reports completed on or after December 1, 2008. The department submitted a Medicaid State Plan Amendment reflecting this change to the Centers for Medicare and Medicaid and received approval effective December 1, 2008.

The 2009 general assembly further required in House File (HF) 811, Section 32, that the department implement a system to recognize nursing facilities that provide improved quality of life and appropriate access to medical assistance program beneficiaries in a cost-effective manner. The department adopted administrative rules which rename the program as the "Pay for Performance" program and would direct its implementation. As part of the pay for performance program, the employee retention benchmark was changed to a measure of employee turnover. The legislature did not provide funding for the program in 2010 and has not funded the program since that time; however, employee turnover data continues to be collected annually.

Beginning with cost reports with fiscal years ending during calendar year 2019, a revised Form 470-0030 was utilized to report financial and statistical information. The cost report was updated to better capture information related to the facility and how business is conducted. More job classifications are presented to better reflect the workforce in a nursing facility. As such, the information presented has different categories than in previous years.

Observations

The summary below compares data from nursing facilities who submitted Schedule I of the Financial and Statistical Report, Form 470-0030 with fiscal year ends occurring during calendar year 2022 and 2023.

Schedule I collects data for the following job classifications: administrator, business office, advertising and marketing, laundry, housekeeping, maintenance, director of nursing, administrative nursing, medical record wages, medical director, activities, social services, dietary services, pharmacy consultant, registered nurse, licensed practical nurse, certified aides, other direct care, universal worker, and other. An employee turnover rate is calculated for each job classification, a total facility rate and a total nursing rate. Total nursing rate includes the director of nursing, registered nurse, licensed practical nurse and certified nurse's aide. Contracted employees are not reported. Turnover is used to describe any separation from the job description and may include separation reasons such as resignations, termination, promotions or leaving after seasonal help (e.g. college students returning after summer break).

Three providers with cost report end dates during calendar year 2023 were omitted as they closed during the year. Holy Spirit Retirement Home and Iowa Veterans Home submitted cost reports but did not include data on Schedule I and were excluded. All cost reports for providers that changed ownership (old and new owner) or had multiple cost reports with periods ending during 2023, On With Life Long-term Care due to an exception to policy, were included.

The "Number of Providers" will be the count of providers reporting at least one individual employee per job classification. Individuals within any job classification may be filled by a contract employee and not considered an employee of the facility.

The report shows that the average turnover for nursing staff (registered nurses (RN), licensed practical nurses (LPN) and certified aides (CNA, CMA, etc.)) is higher than that for administrative staff (administrator and business office). No further analysis has been done related to this report in regards to any improvement or decline in meeting the measures for the pay-for-performance program as the program has never been funded.

The table below provides a summary of the employee turnover rates reported by job classification for cost reports with fiscal year ends occurring during calendar year 2023. See *Appendix A* for employee turnover rates by job classification for each nursing facility that submitted data.

Job Classification	Number of Providers Reporting Staff for Job Classification	Number of Providers Reporting Staff for Job Classification with Zero Turnover	Minimum Turnover Rate Reported for Job Classification	Maximum Turnover Rate Reported for Job Classification	Average Turnover Rate Reported for Job Classification
Administrator	362	255	0%	480%	39%
Business Office	375	201	0%	600%	41%
Advertising & Marketing	59	41	0%	1200%	13%
Laundry	295	165	0%	1200%	62%
Housekeeping	360	60	0%	2000%	92%
Maintenance	379	203	0%	900%	49%
Director of nursing	373	265	0%	600%	42%
Administrative nursing	259	159	0%	600%	30%
Medical Record Wages	122	88	0%	1200%	22%
Medical Director	44	41	0%	141%	1%
Activities	388	213	0%	600%	36%
Social Services	319	227	0%	600%	33%
Dietary Service	380	14	0%	790%	91%

Pharmacy Consultant	16	15	0%	100%	0%
R.N.	394	59	0%	720%	66%
Licensed Practical Nurses	393	78	0%	2000%	68%
Certified Aides	395	17	0%	1100%	77%
Other Direct Care	164	35	0%	4800%	73%
Universal Worker	52	11	0%	1200%	17%
Other Staff	179	80	0%	1200%	31%
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Total Facility	396	2	0%	615%	70%
Total Nursing	396	16	0%	634%	72%

The table below provides a summary of the employee turnover rates by job classification for each nursing facility cost report with fiscal year ends occurring in calendar year 2023, (identified as 2024 Report) and cost reports with fiscal year ends occurring in calendar year 2022 (identified as 2023 Report). In prior periods, the count of Number of Providers Reporting Staff for Job Classification with Zero Turnover, included all providers reporting a zero in the turnover column, regardless if they reported staff for the job classification. For the current report, the Number of Providers Reporting Staff for Job Classification with Zero Turnover only includes providers that reported staff in that classification. The prior period Number of Providers Reporting Staff for Job Classification with Zero Turnover in the 2024 report have been changed from the 2023 report to reflect the change in how the zero count is calculated.

Job Classification	Number of Providers Reporting Staff for Job Classification		Number of Providers Reporting Staff for Job Classification with Zero Turnover		Percent of Providers Reporting Staff for Job Classification With Zero Turnover		Minimum Turnover Rate Reported for Job Classification		Maximum Turnover Rate Reported for Job Classification		Average Turnover Rate Reported for Job Classification	
	2023 Report	2024 Report	2023 Report	2024 Report	2023 Report	2024 Report	2023 Report	2024 Report	2023 Report	2024 Report	2023 Report	2024 Report
Administrator	362	362	249	255	69%	70%	0%	0%	1200%	480%	43%	39%
Business Office	249	375	188	201	49%	54%	0%	0%	1200%	600%	38%	41%
Advertising & Marketing	56	59	35	41	63%	69%	0%	0%	1200%	1200%	40%	13%
Laundry	310	295	162	165	52%	56%	0%	0%	2000%	1200%	56%	62%
Housekeeping	367	360	67	60	18%	17%	0%	0%	2600%	2000%	83%	92%
Maintenance	384	379	200	203	52%	54%	0%	0%	720%	900%	38%	49%
Director of nursing	381	373	248	265	65%	71%	0%	0%	1200%	600%	40%	42%
Administrative nursing	251	259	130	159	52%	61%	0%	0%	1200%	600%	49%	30%
Medical Record Wages	123	122	92	88	75%	72%	0%	0%	1200%	1200%	37%	22%
Medical Director	39	44	37	41	95%	93%	0%	0%	200%	141%	25%	1%
Activities	391	388	198	213	51%	55%	0%	0%	1200%	600%	41%	36%
Social Services	318	319	204	227	64%	71%	0%	0%	2400%	600%	39%	33%
Dietary Service	383	380	12	14	3%	4%	0%	0%	8400%	790%	83%	91%
Pharmacy Consultant	22	16	20	15	91%	94%	0%	0%	100%	100%	23%	0%
R.N.	401	394	58	59	14%	15%	0%	0%	3600%	720%	52%	66%

Licensed Practical Nurses	401	393	70	78	17%	20%	0%	0%	1800%	2000%	53%	68%
Certified Aides	401	395	16	17	4%	4%	0%	0%	1600%	1100%	72%	77%
Other Direct Care	177	164	36	35	20%	21%	0%	0%	640%	4800%	120%	73%
Universal Worker	54	52	13	11	24%	21%	0%	0%	600%	1200%	88%	17%
Other Staff	182	179	87	80	48%	45%	0%	0%	2400%	1200%	41%	31%
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Total Facility	405	396	5	2	1%	1%	0%	0%	1733%	615%	67%	70%
Total Nursing	402	396	14	16	3%	4%	0%	0%	1760%	634%	69%	72%

Appendices

Appendix A: Employee Turnover Rates by Job Classification for Each Nursing Facility.

Additional detail about Nursing Facility Rates, Reports, and Data may be accessed through our website here, under Legislative Reports:

[Nursing Facility Rates | Health & Human Services \(hhs.iowa.gov\)](https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/nursing-facility-rates)

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/nursing-facility-rates>

Or it may be requested from the Department.