



Department of  
**HUMAN SERVICES**

***Direct Care Worker  
In Nursing Facilities  
Turnover Report***

**December 2019**

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

## I. 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 Enterprise on an annual basis within five months after the nursing facilities fiscal year end.

A workgroup made up 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 the workgroup concluded, based on research completed, that a measure based on employee turnover would better align with the work being completed by Medicare. This 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 needed 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 Enterprise. 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.

## II. Observations

The summary below uses data from nursing facilities who submitted Schedule I-1 of the Financial and Statistical Report, Form 470-0030. The data represents Schedule I-1 forms received with fiscal year ends occurring during calendar year 2018. However, due to changes in ownership, closings and openings not all nursing facilities submitted data that could be used in the analysis.

Schedule I-1 collects data for the following job classifications: administrator, business office, laundry, housekeeping, maintenance, director of nursing, registered nurse, licensed practical nurse, certified nurse's aide, activities, social services, medical records services, medical director, dietary 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 (college students returning after summer break).

Prior year Direct Care Worker In Nursing Facilities Turnover Reports have used the total number of facilities reporting as the count in the "Number of Providers" column for each job classification. Beginning with data for the December 2018 report, 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 nursing assistance (CNA) 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 received with fiscal year ends occurring during calendar year 2018. See *Appendix A* for employee turnover rates by job classification for each nursing facility that submitted data.

<b>Job Classification</b>	<b>Number of Providers</b>	<b>Number of providers with Zero Turnover</b>	<b>Minimum Turnover Rate</b>	<b>Maximum Turnover Rate</b>	<b>Average Turnover Rate</b>
Administrator	361	338	0%	1200%	33%
Business Office	406	278	0%	400%	25%
Laundry	343	279	0%	1200%	37%
Housekeeping	390	102	0%	600%	60%
Maintenance	401	256	0%	480%	34%
Director of Nursing	422	283	0%	800%	40%
Registered Nurse	423	48	0%	758%	46%
Licensed Practical Nurse	421	56	0%	471%	45%
CNA	425	6	0%	373%	67%
Activities	411	233	0%	400%	36%
Social Services	340	329	0%	1200%	28%
Medical Records	170	388	0%	1200%	23%
Medical Director	57	421	0%	100%	8%
Dietary	397	42	0%	508%	66%
Other Staff	253	267	0%	1200%	38%
Total Facility	425	4	0%	325%	56%
Total Nursing	425	4	0%	409%	60%

The table below provides a summary of the employee turnover rates by job classification for each nursing facility cost report received from January 2018 through December 2018, (identified as 2019 Report) and cost reports received with fiscal year ends occurring during calendar year 2017 (identified as 2018 Report).

Job Classification	Number of Providers		Number of providers with Zero Turnover		Percent of Providers With Zero Turnover		Minimum Turnover Rate		Maximum Turnover Rate		Average Turnover Rate	
	2018 Report	2019 Report	2018 Report	2019 Report	2018 Report	2019 Report	2018 Report	2019 Report	2018 Report	2019 Report	2018 Report	2019 Report
Administrator	386	361	328	338	85%	94%	0%	0%	2400%	1200%	32%	33%
Business Office	406	406	278	278	68%	68%	0%	0%	267%	400%	25%	25%
Laundry	336	343	274	279	82%	81%	0%	0%	1200%	1200%	46%	37%
Housekeeping	389	390	129	102	33%	26%	0%	0%	1200%	600%	77%	60%
Maintenance	399	401	269	256	67%	64%	0%	0%	300%	480%	30%	34%
Director of Nursing	418	422	283	283	68%	67%	0%	0%	450%	800%	33%	40%
Registered Nurse	424	423	46	48	11%	11%	0%	0%	400%	758%	52%	46%
Licensed Practical Nurse	422	421	62	56	15%	13%	0%	0%	400%	471%	47%	45%
CNA	424	425	6	6	1%	1%	0%	0%	285%	373%	65%	67%
Activities	418	411	233	233	56%	57%	0%	0%	1200%	400%	34%	36%
Social Services	336	340	333	329	99%	97%	0%	0%	1200%	1200%	25%	28%
Medical Records	172	170	388	388	226%	228%	0%	0%	327%	1200%	8%	23%
Medical Director	56	57	419	421	748%	739%	0%	0%	100%	100%	0%	8%
Dietary	402	397	43	42	11%	11%	0%	0%	1200%	508%	89%	66%
Other Staff	240	253	281	267	117%	106%	0%	0%	400%	1200%	22%	38%
Total Facility	424	425	4	4	1%	1%	0%	0%	176%	325%	55%	56%
Total Nursing	424	425	4	4	1%	1%	0%	0%	196%	409%	58%	60%



### III. Appendices

Appendix A: Employee Turnover Rates by Job Classification for Nursing Facilities

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