Auburn Home In Waconia 211027000/10001
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NOTICE OF FINAL PAYMENT RATES EFFECTIVE January 1, 2026

The Minnesota Department of Human Services has reviewed the Cost Report, required documentation, and other supporting information supplied on behalf of the facility in determining the total payment rate. Specific sections of the rate notice are accompanied by a narrative.

A P P E A L S

An Appeal must meet the following requirement

1. A written Notice of Appeal from the Provider must be received by the Commissioner of Human Services or postmarked within 60 days of the publication date printed on the rate notice.
2. The Notice Of Appeal must identify each disputed item and specify for each item:
- The reason for the dispute
- The total dollar amount in dispute for each separate disallowance, allocation, or adjustment of a cost item or part of a cost item
- The computation the Provider believes is correct, and
- The authority in Statute or Rule upon which the Provider relies.
3. The Notice Of Appeal must include the name and address of the person or firm with whom contacts may be made regarding the Appeal.

Appeals should include the Provider Identification Number. Each separate dispute should be numbered. Each appealed adjustment should be identified by cost report line number.

Appeals should be addressed to:

Minnesota Department of Human Services Appeals Division
Attn: Provider Nursing Facility Rate Appeal
P.O. Box 64941
St. Paul, MN 55164-0941

If you have any policy questions please contact the Policy Center at 651-431-2282. To speak with an auditor or to request copies of work papers call 651-431-4339.
For TDD, contact Minnesota Relay Service at 1-800-627-3529.

RUGS IV Class	9/30/2024 Resident Days	RUGS IV Weight	RUGS IV Standardized Days	Medicaid Days	RUGS IV Medicaid Standardized Days
ES3	0	3.00	0.00	0	0.00
ES2	0	2.23	0.00	0	0.00
ES1	12	2.22	26.64	12	26.64
RAE	420	1.65	693.00	0	0.00
RAD	256	1.58	404.48	0	0.00
RAC	510	1.36	693.60	12	16.32
RAB	1,429	1.10	1,571.90	97	106.70
RAA	18	0.82	14.76	0	0.00
HE2	0	1.88	0.00	0	0.00
HE1	0	1.47	0.00	0	0.00
HD2	0	1.69	0.00	0	0.00
HD1	0	1.33	0.00	0	0.00
HC2	0	1.57	0.00	0	0.00
HC1	91	1.23	111.93	91	111.93
HB2	0	1.55	0.00	0	0.00
HB1	0	1.22	0.00	0	0.00
LE2	0	1.61	0.00	0	0.00
LE1	0	1.26	0.00	0	0.00
LD2	0	1.54	0.00	0	0.00
LD1	381	1.21	461.01	15	18.15
LC2	0	1.30	0.00	0	0.00
LC1	1,062	1.02	1,083.24	1,054	1,075.08
LB2	18	1.21	21.78	0	0.00
LB1	200	0.95	190.00	200	190.00
CE2	0	1.39	0.00	0	0.00
CE1	0	1.25	0.00	0	0.00
CD2	0	1.29	0.00	0	0.00
CD1	57	1.15	65.55	26	29.90
CC2	0	1.08	0.00	0	0.00
CC1	449	0.96	431.04	243	233.28
CB2	0	0.95	0.00	0	0.00
CB1	86	0.85	73.10	86	73.10
CA2	0	0.73	0.00	0	0.00
CA1	0	0.65	0.00	0	0.00
BB2	0	0.81	0.00	0	0.00
BB1	143	0.75	107.25	31	23.25
BA2	0	0.58	0.00	0	0.00
BA1	92	0.53	48.76	31	16.43
PE2	0	1.25	0.00	0	0.00
PE1	517	1.17	604.89	0	0.00
PD2	0	1.15	0.00	0	0.00
PD1	734	1.06	778.04	397	420.82
PC2	0	0.91	0.00	0	0.00
PC1	2,575	0.85	2,188.75	1,491	1,267.35
PB2	0	0.70	0.00	0	0.00
PB1	959	0.65	623.35	422	274.30
PA2	0	0.49	0.00	0	0.00
PA1	963	0.45	433.35	396	178.20
AAA	0	0.45	0.00	0	0.00
DDF	268	1.00	268.00	8	8.00
	11,240		10,894.42	4,612	4,069.45

PDPM Class	9/30/2024 Resident Days	PDPM Weight	PDPM Standardized Days	Medicaid Days	PDPM Medicaid Standardized Days
ES3	0	3.84	0.00	0	0.00
ES2	53	2.90	153.70	0	0.00
ES1	365	2.77	1,011.05	228	631.56
HDE2	0	2.27	0.00	0	0.00
HDE1	68	1.88	127.84	60	112.80
HBC2	20	2.12	42.40	0	0.00
HBC1	91	1.76	160.16	91	160.16
LDE2	0	1.97	0.00	0	0.00
LDE1	784	1.64	1,285.76	510	836.40
LBC2	17	1.63	27.71	0	0.00
LBC1	970	1.35	1,309.50	587	792.45
CDE2	0	1.77	0.00	0	0.00
CDE1	461	1.53	705.33	92	140.76
CBC2	0	1.47	0.00	0	0.00
CA2	0	1.03	0.00	0	0.00
CBC1	954	1.27	1,211.58	240	304.80
CA1	0	0.89	0.00	0	0.00
BAB2	0	0.98	0.00	0	0.00
BAB1	249	0.94	234.06	0	0.00
PDE2	0	1.48	0.00	0	0.00
PDE1	2,238	1.39	3,110.82	1,137	1,580.43
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	4,069	1.07	4,353.83	1,514	1,619.98
PA1	739	0.62	458.18	153	94.86
DDF	162	1.00	162.00	0	0.00
AAA	0	0.62	0.00	0	0.00
	11,240		14,353.92	4,612	6,274.20

Care-Related per diem				
Allowed Direct Care costs	2,109,727		Your 1/1/2025 Direct Care Rate	193.76
Standardized Days	10,894.42		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		193.65	Direct Care Rate Limit	200.00
Allowed Other Care Related costs	385,640		Your 1/1/2025 Other Care Related Rate	32.96
Resident Days	11,240		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		34.31	Direct Care CPI-U Rate Limit	34.02
Care-Related cost per diem		227.96		

Care-Related per diem Quality Based limit			
Median	219.08	Quality Based DC Rate Limit	234.29
Quality Score	64.92	Quality Based OCR Rate Limit	41.51
Care Related Limit	275.80		275.80

Care-Related payment rates		Care-Related per diem limits	
Direct Care per diem	193.65	Direct Care per diem limit	200.00
Other Care-Related per diem	34.02	Other Care-Related per diem Limit	34.02
Care-Related per diem	227.67	Care-Related per diem limit	234.02

Care-Related per diem

Allowed Direct Care costs	2,109,727	
Standardized Days	14,353.92	
Direct Care cost per diem		146.98
Allowed Other Care Related costs	385,640	
Resident Days	11,240	
Other Care Related cost per diem		34.31
Care-Related cost per diem		181.29

Your 10/1/2025 Direct Care Rate	152.14
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	157.04
Your 10/1/2025 Other Care Rate	32.94
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	34.00

Care-Related per diem limit

Median	178.65
Quality Score	64.92
Care Related Limit	224.90

Quality Based DC Rate Limit	182.34
Quality Based OCR Rate Limit	42.56
	224.90

Care-Related payment rates

Direct Care per diem	146.98
Other Care-Related per diem	34.00
Care-Related per diem	180.98

Care-Related per diem limit

Direct Care per diem	157.04
Related per diem	34.00
Care-Related per diem	191.04

Other Operating Price

Allowed Other Operating costs	1,354,968	
Resident Days	11,240	
Other Operating per diem		120.55
Median		107.68
105% of the median		105%
Other Oper price		113.06
01/01/25 Other Operating Payment rate		107.88
Lesser of CPI-U or 4%		3.22%
Limited Other Operating price		111.35
Other Operating price for all facilities		111.35

Operating Rate Summary

Care-Related per diem	180.98
Other Operating per diem	111.35
Operating per diem (at 1.00)	292.33

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	146.98	3.84	564.40	34.00	111.35	709.75
ES2	146.98	2.90	426.24	34.00	111.35	571.59
ES1	146.98	2.77	407.13	34.00	111.35	552.48
HDE2	146.98	2.27	333.64	34.00	111.35	478.99
HDE1	146.98	1.88	276.32	34.00	111.35	421.67
HBC2	146.98	2.12	311.60	34.00	111.35	456.95
HBC1	146.98	1.76	258.68	34.00	111.35	404.03
LDE2	146.98	1.97	289.55	34.00	111.35	434.90
LDE1	146.98	1.64	241.05	34.00	111.35	386.40
LBC2	146.98	1.63	239.58	34.00	111.35	384.93
LBC1	146.98	1.35	198.42	34.00	111.35	343.77
CDE2	146.98	1.77	260.15	34.00	111.35	405.50
CDE1	146.98	1.53	224.88	34.00	111.35	370.23
CBC2	146.98	1.47	216.06	34.00	111.35	361.41
CA2	146.98	1.03	151.39	34.00	111.35	296.74
CBC1	146.98	1.27	186.66	34.00	111.35	332.01
CA1	146.98	0.89	130.81	34.00	111.35	276.16
BAB2	146.98	0.98	144.04	34.00	111.35	289.39
BAB1	146.98	0.94	138.16	34.00	111.35	283.51
PDE2	146.98	1.48	217.53	34.00	111.35	362.88
PDE1	146.98	1.39	204.30	34.00	111.35	349.65
PBC2	146.98	1.15	169.03	34.00	111.35	314.38
PA2	146.98	0.67	98.48	34.00	111.35	243.83
PBC1	146.98	1.07	157.27	34.00	111.35	302.62
PA1	146.98	0.62	91.13	34.00	111.35	236.48
DDF	146.98	1.00	146.98	34.00	111.35	292.33
AAA	146.98	0.62	91.13	34.00	111.35	236.48

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	4612	4612	
Standardized Days (Annual)	4069.45	6274.2	
Medicaid Case mix Index	0.88	1.36	
Direct Care Rate	193.65	146.98	
Medicaid Casemix index	0.88	1.36	
Medicaid Casemix adjusted Direct Care	170.87	199.95	
Phase - in percentage	0.75	0.25	
Phase - in amounts	128.15	49.99	
Blended Medicaid Casemix adjusted Direct Care Rate			178.14
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-199.95
PDPM Phase-in Adjustment			-21.81

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	2,452	
Allowed scholarship costs	3,409	
Allowed health insurance	120,283	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	0	
Allowed PERA costs	0	
Subtotal	126,144	
Resident days	11,240	
Per diem amount		11.22
Quality Improvement Incentive Payment (QIIP)		1.53
Previous equity incentives		0.04
Previous single-bed incentives		0.00
Family and resident advisory council costs		0.01
External fixed rate		21.66
Property Rate		
Property rate from prior year	40.17	
Subtotal		40.17
Property inflation rate		.000%
01/01/2026 property rate		40.17

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	211027000 1/1/26 Total Rate	211027000 01/01/26 Total Rate*	211027000 10/01/26 Total Rate*
ES3	709.75	40.17	21.66	-21.81	767.77	767.77	757.61
ES2	571.59	40.17	21.66	-21.81	629.61	629.61	619.45
ES1	552.48	40.17	21.66	-21.81	610.50	610.50	600.34
HDE2	478.99	40.17	21.66	-21.81	537.01	537.01	526.85
HDE1	421.67	40.17	21.66	-21.81	479.69	479.69	469.53
HBC2	456.95	40.17	21.66	-21.81	514.97	514.97	504.81
HBC1	404.03	40.17	21.66	-21.81	462.05	462.05	451.89
LDE2	434.90	40.17	21.66	-21.81	492.92	492.92	482.76
LDE1	386.40	40.17	21.66	-21.81	444.42	444.42	434.26
LBC2	384.93	40.17	21.66	-21.81	442.95	442.95	432.79
LBC1	343.77	40.17	21.66	-21.81	401.79	401.79	391.63
CDE2	405.50	40.17	21.66	-21.81	463.52	463.52	453.36
CDE1	370.23	40.17	21.66	-21.81	428.25	428.25	418.09
CBC2	361.41	40.17	21.66	-21.81	419.43	419.43	409.27
CA2	296.74	40.17	21.66	-21.81	354.76	354.76	344.60
CBC1	332.01	40.17	21.66	-21.81	390.03	390.03	379.87
CA1	276.16	40.17	21.66	-21.81	334.18	334.18	324.02
BAB2	289.39	40.17	21.66	-21.81	347.41	347.41	337.25
BAB1	283.51	40.17	21.66	-21.81	341.53	341.53	331.37
PDE2	362.88	40.17	21.66	-21.81	420.90	420.90	410.74
PDE1	349.65	40.17	21.66	-21.81	407.67	407.67	397.51
PBC2	314.38	40.17	21.66	-21.81	372.40	372.40	362.24
PA2	243.83	40.17	21.66	-21.81	301.85	301.85	291.69
PBC1	302.62	40.17	21.66	-21.81	360.64	360.64	350.48
PA1	236.48	40.17	21.66	-21.81	294.50	294.50	284.34
DDF	292.33	40.17	21.66	-21.81	350.35	350.35	340.19
AAA	236.48	40.17	21.66	-21.81	294.50	294.50	284.34
Max additional charge for private pay in single rooms					39.11	39.11	38.09

Adjustments To Rate

* 01/01/2026 256R.495 WSB adjustment $7.84
* 01/01/2026 Temp Surcharge Increase $10.16
* 10/01/2026 End Surcharge Increase -10.16