Benedictine Health Ctr Of Mpls 196677400/27041
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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.

Resident Days and Standardized Days

RUGS IV Class	9/30/2024 Resident Days	RUGS IV Weight	RUGS IV Standardized Days	Medicaid Days	RUGS IV Medicaid Standardized Days
ES3	3,932	3.00	11,796.00	3,411	10,233.00
ES2	5,441	2.23	12,133.43	4,682	10,440.86
ES1	62	2.22	137.64	47	104.34
RAE	183	1.65	301.95	183	301.95
RAD	944	1.58	1,491.52	685	1,082.30
RAC	572	1.36	777.92	359	488.24
RAB	260	1.10	286.00	105	115.50
RAA	132	0.82	108.24	75	61.50
HE2	0	1.88	0.00	0	0.00
HE1	351	1.47	515.97	351	515.97
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	61	1.23	75.03	61	75.03
HB2	0	1.55	0.00	0	0.00
HB1	120	1.22	146.40	113	137.86
LE2	0	1.61	0.00	0	0.00
LE1	932	1.26	1,174.32	817	1,029.42
LD2	0	1.54	0.00	0	0.00
LD1	1,143	1.21	1,383.03	1,085	1,312.85
LC2	92	1.30	119.60	0	0.00
LC1	240	1.02	244.80	121	123.42
LB2	0	1.21	0.00	0	0.00
LB1	0	0.95	0.00	0	0.00
CE2	20	1.39	27.80	20	27.80
CE1	366	1.25	457.50	366	457.50
CD2	0	1.29	0.00	0	0.00
CD1	1,102	1.15	1,267.30	1,088	1,251.20
CC2	0	1.08	0.00	0	0.00
CC1	2,528	0.96	2,426.88	2,283	2,191.68
CB2	0	0.95	0.00	0	0.00
CB1	296	0.85	251.60	238	202.30
CA2	0	0.73	0.00	0	0.00
CA1	1,178	0.65	765.70	1,152	748.80
BB2	0	0.81	0.00	0	0.00
BB1	1,460	0.75	1,095.00	1,201	900.75
BA2	0	0.58	0.00	0	0.00
BA1	535	0.53	283.55	535	283.55
PE2	0	1.25	0.00	0	0.00
PE1	286	1.17	334.62	97	113.49
PD2	0	1.15	0.00	0	0.00
PD1	589	1.06	624.34	458	485.48
PC2	0	0.91	0.00	0	0.00
PC1	1,891	0.85	1,607.35	1,477	1,255.45
PB2	0	0.70	0.00	0	0.00
PB1	1,516	0.65	985.40	1,376	894.40
PA2	0	0.49	0.00	0	0.00
PA1	3,559	0.45	1,601.55	3,469	1,561.05
AAA	0	0.45	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	29,791		42,420.44	25,855	36,395.69

Resident Days and Standardized Days

PDPM Class	9/30/2024 Resident Days	PDPM Weight	PDPM Standardized Days	Medicaid Days	PDPM Medicaid Standardized Days
ES3	3,928	3.84	15,083.52	3,411	13,098.24
ES2	5,486	2.90	15,909.40	4,682	13,577.80
ES1	61	2.77	168.97	47	130.19
HDE2	0	2.27	0.00	0	0.00
HDE1	443	1.88	832.84	412	774.56
HBC2	0	2.12	0.00	0	0.00
HBC1	263	1.76	462.88	238	418.88
LDE2	0	1.97	0.00	0	0.00
LDE1	2,618	1.64	4,293.52	2,384	3,909.76
LBC2	92	1.63	149.96	0	0.00
LBC1	377	1.35	508.95	183	247.05
CDE2	20	1.77	35.40	20	35.40
CDE1	1,617	1.53	2,474.01	1,515	2,317.95
CBC2	0	1.47	0.00	0	0.00
CA2	0	1.03	0.00	0	0.00
CBC1	3,043	1.27	3,864.61	2,646	3,360.42
CA1	1,178	0.89	1,048.42	1,152	1,025.28
BAB2	0	0.98	0.00	0	0.00
BAB1	2,067	0.94	1,942.98	1,811	1,702.34
PDE2	0	1.48	0.00	0	0.00
PDE1	1,078	1.39	1,498.42	738	1,025.82
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	3,961	1.07	4,238.27	3,147	3,367.29
PA1	3,559	0.62	2,206.58	3,469	2,150.78
AAA	0	0.62	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	29,791		54,718.73	25,855	47,141.76

Care-Related per diem				
Allowed Direct Care costs	7,560,111		Your 1/1/2025 Direct Care Rate	162.73
Standardized Days	42,420.44		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		178.22	Direct Care Rate Limit	167.97
Allowed Other Care Related costs	1,008,970		Your 1/1/2025 Other Care Related Rate	32.19
Resident Days	29,791		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		33.87	Direct Care CPI-U Rate Limit	33.23
Care-Related cost per diem		212.09		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	239.67
Quality Score	72.56		Quality Based OCR Rate Limit	45.55
Care Related Limit	285.22			285.22
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	167.97		Direct Care per diem limit	167.97
Other Care-Related per diem	33.23		Other Care-Related per diem Limit	33.23
Care-Related per diem	201.20		Care-Related per diem limit	201.20

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Care-Related per diem

Allowed Direct Care costs	7,560,111	
Standardized Days	54,718.73	
Direct Care cost per diem		138.16
Allowed Other Care Related costs	1,008,970	
Resident Days	29,791	
Other Care Related cost per diem		33.87
Care-Related cost per diem		172.03

Your 10/1/2025 Direct Care Rate	126.31
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	130.38
Your 10/1/2025 Other Care Rate	32.19
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	33.23

Care-Related per diem limit

Median	178.65
Quality Score	72.56
Care Related Limit	232.59

Quality Based DC Rate Limit	186.79
Quality Based OCR Rate Limit	45.79
	232.58

Care-Related payment rates

Direct Care per diem	130.38
Other Care-Related per diem	33.23
Care-Related per diem	163.61

Care-Related per diem limit

Direct Care per diem	130.38
Related per diem	33.23
Care-Related per diem	163.60

Other Operating Price

Allowed Other Operating costs	3,439,306	
Resident Days	29,791	
Other Operating per diem		115.45
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	163.61
Other Operating per diem	111.35
Operating per diem (at 1.00)	274.96

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	130.38	3.84	500.66	33.23	111.35	645.24
ES2	130.38	2.90	378.10	33.23	111.35	522.68
ES1	130.38	2.77	361.15	33.23	111.35	505.73
HDE2	130.38	2.27	295.96	33.23	111.35	440.54
HDE1	130.38	1.88	245.11	33.23	111.35	389.69
HBC2	130.38	2.12	276.41	33.23	111.35	420.99
HBC1	130.38	1.76	229.47	33.23	111.35	374.05
LDE2	130.38	1.97	256.85	33.23	111.35	401.43
LDE1	130.38	1.64	213.82	33.23	111.35	358.40
LBC2	130.38	1.63	212.52	33.23	111.35	357.10
LBC1	130.38	1.35	176.01	33.23	111.35	320.59
CDE2	130.38	1.77	230.77	33.23	111.35	375.35
CDE1	130.38	1.53	199.48	33.23	111.35	344.06
CBC2	130.38	1.47	191.66	33.23	111.35	336.24
CA2	130.38	1.03	134.29	33.23	111.35	278.87
CBC1	130.38	1.27	165.58	33.23	111.35	310.16
CA1	130.38	0.89	116.04	33.23	111.35	260.62
BAB2	130.38	0.98	127.77	33.23	111.35	272.35
BAB1	130.38	0.94	122.56	33.23	111.35	267.14
PDE2	130.38	1.48	192.96	33.23	111.35	337.54
PDE1	130.38	1.39	181.23	33.23	111.35	325.81
PBC2	130.38	1.15	149.94	33.23	111.35	294.52
PA2	130.38	0.67	87.35	33.23	111.35	231.93
PBC1	130.38	1.07	139.51	33.23	111.35	284.09
PA1	130.38	0.62	80.84	33.23	111.35	225.42
AAA	130.38	0.62	80.84	33.23	111.35	225.42
DDF	130.38	1.00	130.38	33.23	111.35	274.96

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	25855	25855	
Standardized Days (Annual)	36395.69	47141.76	
Medicaid Case mix Index	1.41	1.82	
Direct Care Rate	167.97	130.38	
Medicaid Casemix index	1.41	1.82	
Medicaid Casemix adjusted Direct Care	236.45	237.72	
Phase - in percentage	0.75	0.25	
Phase - in amounts	177.34	59.43	
Blended Medicaid Casemix adjusted Direct Care Rate			236.77
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-237.72
PDPM Phase-in Adjustment			-0.96

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	10,450	
Allowed scholarship costs	36,999	
Allowed health insurance	501,493	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	1,217	
Allowed PERA costs	0	
Subtotal	550,159	
Resident days	29,791	
Per diem amount		18.47
Performance Incentive Payment Program (PIPP)		-0.49
Quality Improvement Incentive Payment (QIIP)		2.14
Previous planned closure rate adjustments		10.88
Previous single-bed incentives		11.05
Family and resident advisory council costs		0.01
External fixed rate		50.92
Property Rate		
Property rate from prior year	25.93	
Subtotal		25.93
Property inflation rate		.000%
01/01/2026 property rate		25.93

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	196677400 1/1/26 Total Rate	196677400 01/01/26 Total Rate*	196677400 10/01/26 Total Rate*	Adjustments To Rate
ES3	645.24	25.93	50.92	-0.96	731.91	731.91	721.75	
ES2	522.68	25.93	50.92	-0.96	609.35	609.35	599.19	
ES1	505.73	25.93	50.92	-0.96	592.40	592.40	582.24	* 01/01/2026 256R.495 WSB adjustment $0.62
HDE2	440.54	25.93	50.92	-0.96	527.21	527.21	517.05	* 01/01/2026 Temp Surcharge Increase $10.16
HDE1	389.69	25.93	50.92	-0.96	476.36	476.36	466.20	* 10/01/2026 End Surcharge Increase -10.16
HBC2	420.99	25.93	50.92	-0.96	507.66	507.66	497.50	
HBC1	374.05	25.93	50.92	-0.96	460.72	460.72	450.56	
LDE2	401.43	25.93	50.92	-0.96	488.10	488.10	477.94	
LDE1	358.40	25.93	50.92	-0.96	445.07	445.07	434.91	
LBC2	357.10	25.93	50.92	-0.96	443.77	443.77	433.61	
LBC1	320.59	25.93	50.92	-0.96	407.26	407.26	397.10	
CDE2	375.35	25.93	50.92	-0.96	462.02	462.02	451.86	
CDE1	344.06	25.93	50.92	-0.96	430.73	430.73	420.57	
CBC2	336.24	25.93	50.92	-0.96	422.91	422.91	412.75	
CA2	278.87	25.93	50.92	-0.96	365.54	365.54	355.38	
CBC1	310.16	25.93	50.92	-0.96	396.83	396.83	386.67	
CA1	260.62	25.93	50.92	-0.96	347.29	347.29	337.13	
BAB2	272.35	25.93	50.92	-0.96	359.02	359.02	348.86	
BAB1	267.14	25.93	50.92	-0.96	353.81	353.81	343.65	
PDE2	337.54	25.93	50.92	-0.96	424.21	424.21	414.05	
PDE1	325.81	25.93	50.92	-0.96	412.48	412.48	402.32	
PBC2	294.52	25.93	50.92	-0.96	381.19	381.19	371.03	
PA2	231.93	25.93	50.92	-0.96	318.60	318.60	308.44	
PBC1	284.09	25.93	50.92	-0.96	370.76	370.76	360.60	
PA1	225.42	25.93	50.92	-0.96	312.09	312.09	301.93	
AAA	225.42	25.93	50.92	-0.96	312.09	312.09	301.93	
DDF	274.96	25.93	50.92	-0.96	361.63	361.63	351.47	
Max additional charge for private pay in single rooms							N/A	

'N/A' - Law does not limit the price the facility may set for private paying residents for single-bed rooms as long as it is at least equal to what Medicaid pays for a medically necessary private room - currently this amount is 11.5% of an individual`s MN PDPM rate. Facilities choosing to charge a lower amount to private pay residents in a single-bed room than 11.5% of their PDPM rate, must notify DHS because the Medicaid payments for medically necessary single-bed rooms cannot exceed the facility`s usual and customary charges to the private pay residents. Please submit notification to: greg.leahy@state.mn.us