Tweeten Lutheran Health C C
NPI: 1891876181

068252700/28004

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	94	2.23	209.62	0	0.00
ES1	0	2.22	0.00	0	0.00
RAE	0	1.65	0.00	0	0.00
RAD	690	1.58	1,090.20	162	255.96
RAC	528	1.36	718.08	106	144.16
RAB	234	1.10	257.40	7	7.70
RAA	43	0.82	35.26	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	34	1.33	45.22	0	0.00
HC2	14	1.57	21.98	0	0.00
HC1	92	1.23	113.16	92	113.16
HB2	0	1.55	0.00	0	0.00
HB1	62	1.22	75.64	62	75.64
LE2	0	1.61	0.00	0	0.00
LE1	107	1.26	134.82	92	115.92
LD2	0	1.54	0.00	0	0.00
LD1	448	1.21	542.08	297	359.37
LC2	65	1.30	84.50	0	0.00
LC1	644	1.02	656.88	523	533.46
LB2	0	1.21	0.00	0	0.00
LB1	131	0.95	124.45	31	29.45
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	261	1.15	300.15	153	175.95
CC2	31	1.08	33.48	31	33.48
CC1	1,013	0.96	972.48	524	503.04
CB2	4	0.95	3.80	4	3.80
CB1	273	0.85	232.05	212	180.20
CA2	22	0.73	16.06	0	0.00
CA1	90	0.65	58.50	90	58.50
BB2	0	0.81	0.00	0	0.00
BB1	965	0.75	723.75	444	333.00
BA2	0	0.58	0.00	0	0.00
BA1	236	0.53	125.08	144	76.32
PE2	0	1.25	0.00	0	0.00
PE1	454	1.17	531.18	46	53.82
PD2	0	1.15	0.00	0	0.00
PD1	1,233	1.06	1,306.98	746	790.76
PC2	0	0.91	0.00	0	0.00
PC1	2,050	0.85	1,742.50	1,135	964.75
PB2	0	0.70	0.00	0	0.00
PB1	502	0.65	326.30	402	261.30
PA2	0	0.49	0.00	0	0.00
PA1	635	0.45	285.75	599	269.55
AAA	0	0.45	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	10,955		10,767.35	5,902	5,339.29

Resident Days and Standardized Days

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	0	2.90	0.00	0	0.00
ES1	0	2.77	0.00	0	0.00
HDE2	14	2.27	31.78	0	0.00
HDE1	62	1.88	116.56	62	116.56
HBC2	0	2.12	0.00	0	0.00
HBC1	236	1.76	415.36	92	161.92
LDE2	0	1.97	0.00	0	0.00
LDE1	654	1.64	1,072.56	302	495.28
LBC2	65	1.63	105.95	0	0.00
LBC1	1,153	1.35	1,556.55	769	1,038.15
CDE2	0	1.77	0.00	0	0.00
CDE1	271	1.53	414.63	220	336.60
CBC2	126	1.47	185.22	35	51.45
CA2	4	1.03	4.12	4	4.12
CBC1	1,670	1.27	2,120.90	759	963.93
CA1	22	0.89	19.58	0	0.00
BAB2	0	0.98	0.00	0	0.00
BAB1	1,255	0.94	1,179.70	542	509.48
PDE2	0	1.48	0.00	0	0.00
PDE1	861	1.39	1,196.79	539	749.21
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	4,105	1.07	4,392.35	2,121	2,269.47
PA1	457	0.62	283.34	457	283.34
AAA	0	0.62	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	10,955		13,095.39	5,902	6,979.51

Care-Related per diem				
Allowed Direct Care costs	2,383,073		Your 1/1/2025 Direct Care Rate	180.25
Standardized Days	10,767.35		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		221.32	Direct Care Rate Limit	186.05
Allowed Other Care Related costs	353,484		Your 1/1/2025 Other Care Related Rate	28.85
Resident Days	10,955		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		32.27	Direct Care CPI-U Rate Limit	29.78
Care-Related cost per diem		253.59		

Care-Related per diem Quality Based limit			
Median	219.08	Quality Based DC Rate Limit	247.02
Quality Score	70.79	Quality Based OCR Rate Limit	36.02
Care Related Limit	283.04		283.04

Care-Related payment rates		Care-Related per diem limits	
Direct Care per diem	186.05	Direct Care per diem limit	186.05
Other Care-Related per diem	29.78	Other Care-Related per diem Limit	29.78
Care-Related per diem	215.83	Care-Related per diem limit	215.83

Care-Related per diem			Your 10/1/2025 Direct Care Rate	141.22
Allowed Direct Care costs	2,383,073		Lesser of CPI-U or 4%	3.22%
Standardized Days	13,095.39		Direct Care Rate Limit	145.77
Direct Care cost per diem		181.98		
Allowed Other Care Related costs	353,484		Your 10/1/2025 Other Care Rate	28.85
Resident Days	10,955		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		32.27	Other Care Related Rate Limit	29.78
Care-Related cost per diem		214.25		
Care-Related per diem limit				
Median	178.65		Quality Based DC Rate Limit	196.05
Quality Score	70.79		Quality Based OCR Rate Limit	34.76
Care Related Limit	230.81			230.81
Care-Related payment rates			Care-Related per diem limit	
Direct Care per diem	145.77		Direct Care per diem	145.77
Other Care-Related per diem	29.78		Related per diem	29.78
Care-Related per diem	175.55		Care-Related per diem	175.55
Other Operating Price				
Allowed Other Operating costs	1,518,380			
Resident Days	10,955			
Other Operating per diem		138.60		
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		175.55		
Other Operating per diem		111.35		
Operating per diem (at 1.00)		286.90		

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	145.77	3.84	559.76	29.78	111.35	700.89
ES2	145.77	2.90	422.73	29.78	111.35	563.86
ES1	145.77	2.77	403.78	29.78	111.35	544.91
HDE2	145.77	2.27	330.90	29.78	111.35	472.03
HDE1	145.77	1.88	274.05	29.78	111.35	415.18
HBC2	145.77	2.12	309.03	29.78	111.35	450.16
HBC1	145.77	1.76	256.56	29.78	111.35	397.69
LDE2	145.77	1.97	287.17	29.78	111.35	428.30
LDE1	145.77	1.64	239.06	29.78	111.35	380.19
LBC2	145.77	1.63	237.61	29.78	111.35	378.74
LBC1	145.77	1.35	196.79	29.78	111.35	337.92
CDE2	145.77	1.77	258.01	29.78	111.35	399.14
CDE1	145.77	1.53	223.03	29.78	111.35	364.16
CBC2	145.77	1.47	214.28	29.78	111.35	355.41
CA2	145.77	1.03	150.14	29.78	111.35	291.27
CBC1	145.77	1.27	185.13	29.78	111.35	326.26
CA1	145.77	0.89	129.74	29.78	111.35	270.87
BAB2	145.77	0.98	142.85	29.78	111.35	283.98
BAB1	145.77	0.94	137.02	29.78	111.35	278.15
PDE2	145.77	1.48	215.74	29.78	111.35	356.87
PDE1	145.77	1.39	202.62	29.78	111.35	343.75
PBC2	145.77	1.15	167.64	29.78	111.35	308.77
PA2	145.77	0.67	97.67	29.78	111.35	238.80
PBC1	145.77	1.07	155.97	29.78	111.35	297.10
PA1	145.77	0.62	90.38	29.78	111.35	231.51
AAA	145.77	0.62	90.38	29.78	111.35	231.51
DDF	145.77	1.00	145.77	29.78	111.35	286.90

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	5902	5902	
Standardized Days (Annual)	5339.29	6979.51	
Medicaid Case mix Index	0.90	1.18	
Direct Care Rate	186.05	145.77	
Medicaid Casemix index	0.90	1.18	
Medicaid Casemix adjusted Direct Care	168.31	172.38	
Phase - in percentage	0.75	0.25	
Phase - in amounts	126.23	43.10	
Blended Medicaid Casemix adjusted Direct Care Rate			169.33
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-172.38
PDPM Phase-in Adjustment			-3.05

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	5,683	
Allowed scholarship costs	2,760	
Allowed health insurance	81,668	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	0	
Allowed PERA costs	0	
Subtotal	90,111	
Resident days	10,955	
Per diem amount		8.23
Quality Improvement Incentive Payment (QIIP)		0.00
Previous single-bed incentives		0.00
Family and resident advisory council costs		0.01
External fixed rate		17.10
Property Rate		
Property rate from prior year	24.59	
Subtotal		24.59
Property inflation rate		.000%
01/01/2026 property rate		24.59

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	068252700 1/1/26 Total Rate	068252700 01/01/26 Total Rate*	068252700 10/01/26 Total Rate*
ES3	700.89	24.59	17.10	-3.05	756.91	756.91	746.75
ES2	563.86	24.59	17.10	-3.05	619.88	619.88	609.72
ES1	544.91	24.59	17.10	-3.05	600.93	600.93	590.77
HDE2	472.03	24.59	17.10	-3.05	528.05	528.05	517.89
HDE1	415.18	24.59	17.10	-3.05	471.20	471.20	461.04
HBC2	450.16	24.59	17.10	-3.05	506.18	506.18	496.02
HBC1	397.69	24.59	17.10	-3.05	453.71	453.71	443.55
LDE2	428.30	24.59	17.10	-3.05	484.32	484.32	474.16
LDE1	380.19	24.59	17.10	-3.05	436.21	436.21	426.05
LBC2	378.74	24.59	17.10	-3.05	434.76	434.76	424.60
LBC1	337.92	24.59	17.10	-3.05	393.94	393.94	383.78
CDE2	399.14	24.59	17.10	-3.05	455.16	455.16	445.00
CDE1	364.16	24.59	17.10	-3.05	420.18	420.18	410.02
CBC2	355.41	24.59	17.10	-3.05	411.43	411.43	401.27
CA2	291.27	24.59	17.10	-3.05	347.29	347.29	337.13
CBC1	326.26	24.59	17.10	-3.05	382.28	382.28	372.12
CA1	270.87	24.59	17.10	-3.05	326.89	326.89	316.73
BAB2	283.98	24.59	17.10	-3.05	340.00	340.00	329.84
BAB1	278.15	24.59	17.10	-3.05	334.17	334.17	324.01
PDE2	356.87	24.59	17.10	-3.05	412.89	412.89	402.73
PDE1	343.75	24.59	17.10	-3.05	399.77	399.77	389.61
PBC2	308.77	24.59	17.10	-3.05	364.79	364.79	354.63
PA2	238.80	24.59	17.10	-3.05	294.82	294.82	284.66
PBC1	297.10	24.59	17.10	-3.05	353.12	353.12	342.96
PA1	231.51	24.59	17.10	-3.05	287.53	287.53	277.37
AAA	231.51	24.59	17.10	-3.05	287.53	287.53	277.37
DDF	286.90	24.59	17.10	-3.05	342.92	342.92	332.76
Max additional charge for private pay in single rooms							N/A

Adjustments To Rate
* 01/01/2026 256R.495 WSB adjustment $7.22
* 01/01/2026 Temp Surcharge Increase $10.16
* 01/01/2026 Bed Layaway Adjustment $0.00
* 10/01/2026 End Surcharge Increase -10.16

'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