Good Sam Society Intl Falls 004015100/36002
NPI: 1427033810 Page: 1

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	0	2.22	0.00	0	0.00
RAE	9	1.65	14.85	0	0.00
RAD	120	1.58	189.60	0	0.00
RAC	443	1.36	602.48	39	53.04
RAB	382	1.10	420.20	20	22.00
RAA	283	0.82	232.06	43	35.26
HE2	0	1.88	0.00	0	0.00
HE1	0	1.47	0.00	0	0.00
HD2	123	1.69	207.87	123	207.87
HD1	147	1.33	195.51	144	191.52
HC2	22	1.57	34.54	0	0.00
HC1	89	1.23	109.47	0	0.00
HB2	0	1.55	0.00	0	0.00
HB1	37	1.22	45.14	6	7.32
LE2	0	1.61	0.00	0	0.00
LE1	119	1.26	149.94	119	149.94
LD2	60	1.54	92.40	60	92.40
LD1	532	1.21	643.72	522	631.62
LC2	77	1.30	100.10	77	100.10
LC1	245	1.02	249.90	245	249.90
LB2	133	1.21	160.93	0	0.00
LB1	212	0.95	201.40	181	171.95
CE2	0	1.39	0.00	0	0.00
CE1	30	1.25	37.50	30	37.50
CD2	0	1.29	0.00	0	0.00
CD1	329	1.15	378.35	306	351.90
CC2	0	1.08	0.00	0	0.00
CC1	491	0.96	471.36	174	167.04
CB2	0	0.95	0.00	0	0.00
CB1	419	0.85	356.15	120	102.00
CA2	0	0.73	0.00	0	0.00
CA1	161	0.65	104.65	68	44.20
BB2	0	0.81	0.00	0	0.00
BB1	1,427	0.75	1,070.25	836	627.00
BA2	91	0.58	52.78	91	52.78
BA1	2,708	0.53	1,435.24	1,963	1,040.39
PE2	0	1.25	0.00	0	0.00
PE1	612	1.17	716.04	246	287.82
PD2	0	1.15	0.00	0	0.00
PD1	1,253	1.06	1,328.18	1,253	1,328.18
PC2	0	0.91	0.00	0	0.00
PC1	1,581	0.85	1,343.85	1,440	1,224.00
PB2	0	0.70	0.00	0	0.00
PB1	1,059	0.65	688.35	668	434.20
PA2	91	0.49	44.59	91	44.59
PA1	5,026	0.45	2,261.70	4,106	1,847.70
AAA	0	0.45	0.00	0	0.00
DDF	22	1.00	22.00	0	0.00
	18,333		13,961.10	12,971	9,502.22

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	90	2.77	249.30	90	249.30
HDE2	183	2.27	415.41	183	415.41
HDE1	72	1.88	135.36	52	97.76
HBC2	14	2.12	29.68	0	0.00
HBC1	255	1.76	448.80	99	174.24
LDE2	14	1.97	27.58	14	27.58
LDE1	615	1.64	1,008.60	584	957.76
LBC2	27	1.63	44.01	0	0.00
LBC1	857	1.35	1,156.95	649	876.15
CDE2	0	1.77	0.00	0	0.00
CDE1	507	1.53	775.71	366	559.98
CBC2	0	1.47	0.00	0	0.00
CA2	0	1.03	0.00	0	0.00
CBC1	855	1.27	1,085.85	199	252.73
CA1	192	0.89	170.88	61	54.29
BAB2	31	0.98	30.38	31	30.38
BAB1	3,741	0.94	3,516.54	2,572	2,417.68
PDE2	0	1.48	0.00	0	0.00
PDE1	2,832	1.39	3,936.48	2,034	2,827.26
PBC2	0	1.15	0.00	0	0.00
PA2	91	0.67	60.97	91	60.97
PBC1	4,062	1.07	4,346.34	3,160	3,381.20
PA1	3,888	0.62	2,410.56	2,779	1,722.98
DDF	7	1.00	7.00	7	7.00
AAA	0	0.62	0.00	0	0.00
	18,333		19,856.40	12,971	14,112.67

Good Sam Society Intl Falls 004015100/36002
NPI: 1427033810 RUGS IV Operating Rate Calculation Page: 4

Care-Related per diem				
Allowed Direct Care costs	3,096,669		Your 1/1/2025 Direct Care Rate	170.14
Standardized Days	13,961.10		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		221.81	Direct Care Rate Limit	175.62
Allowed Other Care Related costs	428,719		Your 1/1/2025 Other Care Related Rate	18.54
Resident Days	18,333		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		23.39	Direct Care CPI-U Rate Limit	19.14
Care-Related cost per diem		245.20		

Care-Related per diem Quality Based limit			
Median	219.08	Quality Based DC Rate Limit	259.71
Quality Score	74.08	Quality Based OCR Rate Limit	27.39
Care Related Limit	287.10		287.10

Care-Related payment rates		Care-Related per diem limits	
Direct Care per diem	175.62	Direct Care per diem limit	175.62
Other Care-Related per diem	19.14	Other Care-Related per diem Limit	19.14
Care-Related per diem	194.76	Care-Related per diem limit	194.76

Care-Related per diem				
Allowed Direct Care costs	3,096,669		Your 10/1/2025 Direct Care Rate	126.24
Standardized Days	19,856.40		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		155.95	Direct Care Rate Limit	130.30
Allowed Other Care Related costs	428,719		Your 10/1/2025 Other Care Rate	18.54
Resident Days	18,333		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		23.39	Other Care Related Rate Limit	19.14
Care-Related cost per diem		179.34		

Care-Related per diem limit				
Median	178.65		Quality Based DC Rate Limit	203.58
Quality Score	74.08		Quality Based OCR Rate Limit	30.53
Care Related Limit	234.11			234.11

Care-Related payment rates			Care-Related per diem limit	
Direct Care per diem	130.30		Direct Care per diem	130.30
Other Care-Related per diem	19.14		Related per diem	19.14
Care-Related per diem	149.44		Care-Related per diem	149.44

Other Operating Price				
Allowed Other Operating costs	2,123,649			
Resident Days	18,333			
Other Operating per diem		115.84		
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	149.44
Other Operating per diem	111.35
Operating per diem (at 1.00)	260.79

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	130.30	3.84	500.35	19.14	111.35	630.84
ES2	130.30	2.90	377.87	19.14	111.35	508.36
ES1	130.30	2.77	360.93	19.14	111.35	491.42
HDE2	130.30	2.27	295.78	19.14	111.35	426.27
HDE1	130.30	1.88	244.96	19.14	111.35	375.45
HBC2	130.30	2.12	276.24	19.14	111.35	406.73
HBC1	130.30	1.76	229.33	19.14	111.35	359.82
LDE2	130.30	1.97	256.69	19.14	111.35	387.18
LDE1	130.30	1.64	213.69	19.14	111.35	344.18
LBC2	130.30	1.63	212.39	19.14	111.35	342.88
LBC1	130.30	1.35	175.91	19.14	111.35	306.40
CDE2	130.30	1.77	230.63	19.14	111.35	361.12
CDE1	130.30	1.53	199.36	19.14	111.35	329.85
CBC2	130.30	1.47	191.54	19.14	111.35	322.03
CA2	130.30	1.03	134.21	19.14	111.35	264.70
CBC1	130.30	1.27	165.48	19.14	111.35	295.97
CA1	130.30	0.89	115.97	19.14	111.35	246.46
BAB2	130.30	0.98	127.69	19.14	111.35	258.18
BAB1	130.30	0.94	122.48	19.14	111.35	252.97
PDE2	130.30	1.48	192.84	19.14	111.35	323.33
PDE1	130.30	1.39	181.12	19.14	111.35	311.61
PBC2	130.30	1.15	149.85	19.14	111.35	280.34
PA2	130.30	0.67	87.30	19.14	111.35	217.79
PBC1	130.30	1.07	139.42	19.14	111.35	269.91
PA1	130.30	0.62	80.79	19.14	111.35	211.28
DDF	130.30	1.00	130.30	19.14	111.35	260.79
AAA	130.30	0.62	80.79	19.14	111.35	211.28

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	12971	12971	
Standardized Days (Annual)	9502.22	14112.67	
Medicaid Case mix Index	0.73	1.09	
Direct Care Rate	175.62	130.3	
Medicaid Casemix index	0.73	1.09	
Medicaid Casemix adjusted Direct Care	128.65	141.77	
Phase - in percentage	0.75	0.25	
Phase - in amounts	96.49	35.44	
Blended Medicaid Casemix adjusted Direct Care Rate			131.93
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-141.77
PDPM Phase-in Adjustment			-9.84

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	6,123	
Allowed scholarship costs	32,435	
Allowed health insurance	234,569	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	0	
Allowed PERA costs	0	
Subtotal	273,127	
Resident days	18,333	
Per diem amount		14.90
Quality Improvement Incentive Payment (QIIP)		2.53
Previous planned closure rate adjustments		17.34
Previous single-bed incentives		6.09
Family and resident advisory council costs		0.01
External fixed rate		49.73
Property Rate		
Property rate from prior year	26.48	
Subtotal		26.48
Property inflation rate		.000%
01/01/2026 property rate		26.48

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	004015100 1/1/26 Total Rate	004015100 01/01/26 Total Rate*	004015100 10/01/26 Total Rate*	Adjustments To Rate
ES3	630.84	26.48	49.73	-9.84	722.81	722.81	712.65	
ES2	508.36	26.48	49.73	-9.84	600.33	600.33	590.17	
ES1	491.42	26.48	49.73	-9.84	583.39	583.39	573.23	* 01/01/2026 256R.495 WSB adjustment $1.77
HDE2	426.27	26.48	49.73	-9.84	518.24	518.24	508.08	* 01/01/2026 Temp Surcharge Increase $10.16
HDE1	375.45	26.48	49.73	-9.84	467.42	467.42	457.26	* 01/01/2026 CANF Rate Adjustment $13.67
HBC2	406.73	26.48	49.73	-9.84	498.70	498.70	488.54	* 10/01/2026 End Surcharge Increase -10.16
HBC1	359.82	26.48	49.73	-9.84	451.79	451.79	441.63	
LDE2	387.18	26.48	49.73	-9.84	479.15	479.15	468.99	
LDE1	344.18	26.48	49.73	-9.84	436.15	436.15	425.99	
LBC2	342.88	26.48	49.73	-9.84	434.85	434.85	424.69	
LBC1	306.40	26.48	49.73	-9.84	398.37	398.37	388.21	
CDE2	361.12	26.48	49.73	-9.84	453.09	453.09	442.93	
CDE1	329.85	26.48	49.73	-9.84	421.82	421.82	411.66	
CBC2	322.03	26.48	49.73	-9.84	414.00	414.00	403.84	
CA2	264.70	26.48	49.73	-9.84	356.67	356.67	346.51	
CBC1	295.97	26.48	49.73	-9.84	387.94	387.94	377.78	
CA1	246.46	26.48	49.73	-9.84	338.43	338.43	328.27	
BAB2	258.18	26.48	49.73	-9.84	350.15	350.15	339.99	
BAB1	252.97	26.48	49.73	-9.84	344.94	344.94	334.78	
PDE2	323.33	26.48	49.73	-9.84	415.30	415.30	405.14	
PDE1	311.61	26.48	49.73	-9.84	403.58	403.58	393.42	
PBC2	280.34	26.48	49.73	-9.84	372.31	372.31	362.15	
PA2	217.79	26.48	49.73	-9.84	309.76	309.76	299.60	
PBC1	269.91	26.48	49.73	-9.84	361.88	361.88	351.72	
PA1	211.28	26.48	49.73	-9.84	303.25	303.25	293.09	
DDF	260.79	26.48	49.73	-9.84	352.76	352.76	342.60	
AAA	211.28	26.48	49.73	-9.84	303.25	303.25	293.09	
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