Elim Home - Milaca
NPI: 1538157284

695342500/48001

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	15	2.22	33.30	0	0.00
RAE	155	1.65	255.75	0	0.00
RAD	2,218	1.58	3,504.44	27	42.66
RAC	1,043	1.36	1,418.48	125	170.00
RAB	550	1.10	605.00	98	107.80
RAA	330	0.82	270.60	63	51.66
HE2	0	1.88	0.00	0	0.00
HE1	212	1.47	311.64	123	180.81
HD2	0	1.69	0.00	0	0.00
HD1	141	1.33	187.53	0	0.00
HC2	30	1.57	47.10	0	0.00
HC1	408	1.23	501.84	0	0.00
HB2	0	1.55	0.00	0	0.00
HB1	469	1.22	572.18	0	0.00
LE2	0	1.61	0.00	0	0.00
LE1	284	1.26	357.84	284	357.84
LD2	0	1.54	0.00	0	0.00
LD1	1,103	1.21	1,334.63	926	1,120.46
LC2	14	1.30	18.20	0	0.00
LC1	328	1.02	334.56	61	62.22
LB2	0	1.21	0.00	0	0.00
LB1	41	0.95	38.95	0	0.00
CE2	0	1.39	0.00	0	0.00
CE1	508	1.25	635.00	321	401.25
CD2	52	1.29	67.08	32	41.28
CD1	1,322	1.15	1,520.30	432	496.80
CC2	0	1.08	0.00	0	0.00
CC1	675	0.96	648.00	333	319.68
CB2	61	0.95	57.95	0	0.00
CB1	163	0.85	138.55	0	0.00
CA2	0	0.73	0.00	0	0.00
CA1	193	0.65	125.45	0	0.00
BB2	92	0.81	74.52	0	0.00
BB1	703	0.75	527.25	415	311.25
BA2	0	0.58	0.00	0	0.00
BA1	817	0.53	433.01	495	262.35
PE2	0	1.25	0.00	0	0.00
PE1	91	1.17	106.47	0	0.00
PD2	0	1.15	0.00	0	0.00
PD1	3,319	1.06	3,518.14	828	877.68
PC2	31	0.91	28.21	31	28.21
PC1	3,138	0.85	2,667.30	1,595	1,355.75
PB2	0	0.70	0.00	0	0.00
PB1	1,226	0.65	796.90	330	214.50
PA2	0	0.49	0.00	0	0.00
PA1	2,209	0.45	994.05	1,757	790.65
AAA	0	0.45	0.00	0	0.00
DDF	42	1.00	42.00	0	0.00
	21,983		22,172.22	8,276	7,192.85

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	211	2.77	584.47	0	0.00
HDE2	2	2.27	4.54	0	0.00
HDE1	377	1.88	708.76	123	231.24
HBC2	28	2.12	59.36	0	0.00
HBC1	2,517	1.76	4,429.92	156	274.56
LDE2	0	1.97	0.00	0	0.00
LDE1	1,406	1.64	2,305.84	1,175	1,927.00
LBC2	14	1.63	22.82	0	0.00
LBC1	1,348	1.35	1,819.80	192	259.20
CDE2	21	1.77	37.17	17	30.09
CDE1	1,229	1.53	1,880.37	420	642.60
CBC2	76	1.47	111.72	0	0.00
CA2	0	1.03	0.00	0	0.00
CBC1	2,578	1.27	3,274.06	901	1,144.27
CA1	126	0.89	112.14	2	1.78
BAB2	92	0.98	90.16	0	0.00
BAB1	1,784	0.94	1,676.96	910	855.40
PDE2	0	1.48	0.00	0	0.00
PDE1	1,532	1.39	2,129.48	213	296.07
PBC2	31	1.15	35.65	31	35.65
PA2	0	0.67	0.00	0	0.00
PBC1	6,405	1.07	6,853.35	2,421	2,590.47
PA1	2,129	0.62	1,319.98	1,715	1,063.30
DDF	77	1.00	77.00	0	0.00
AAA	0	0.62	0.00	0	0.00
	21,983		27,533.55	8,276	9,351.63

Care-Related per diem				
Allowed Direct Care costs	3,661,322		Your 1/1/2025 Direct Care Rate	158.29
Standardized Days	22,172.22		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		165.13	Direct Care Rate Limit	163.39
Allowed Other Care Related costs	945,958		Your 1/1/2025 Other Care Related Rate	40.96
Resident Days	21,983		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		43.03	Direct Care CPI-U Rate Limit	42.28
Care-Related cost per diem		208.16		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	239.78
Quality Score	86.39		Quality Based OCR Rate Limit	62.48
Care Related Limit	302.26			302.26
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	163.39		Direct Care per diem limit	163.39
Other Care-Related per diem	42.28		Other Care-Related per diem Limit	42.28
Care-Related per diem	205.67		Care-Related per diem limit	205.67

Care-Related per diem

Allowed Direct Care costs	3,661,322	
Standardized Days	27,533.55	
Direct Care cost per diem		132.98
Allowed Other Care Related costs	945,958	
Resident Days	21,983	
Other Care Related cost per diem		43.03
Care-Related cost per diem		176.01

Your 10/1/2025 Direct Care Rate	132.16
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	136.42
Your 10/1/2025 Other Care Rate	40.96
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	42.28

Care-Related per diem limit

Median	178.65
Quality Score	86.39
Care Related Limit	246.48

Quality Based DC Rate Limit	186.22
Quality Based OCR Rate Limit	60.26
	246.48

Care-Related payment rates

Direct Care per diem	132.98
Other Care-Related per diem	42.28
Care-Related per diem	175.26

Care-Related per diem limit

Direct Care per diem	136.42
Related per diem	42.28
Care-Related per diem	178.69

Other Operating Price

Allowed Other Operating costs	2,097,517	
Resident Days	21,983	
Other Operating per diem		95.42
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	175.26
Other Operating per diem	111.35
Operating per diem (at 1.00)	286.61

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	132.98	3.84	510.64	42.28	111.35	664.27
ES2	132.98	2.90	385.64	42.28	111.35	539.27
ES1	132.98	2.77	368.35	42.28	111.35	521.98
HDE2	132.98	2.27	301.86	42.28	111.35	455.49
HDE1	132.98	1.88	250.00	42.28	111.35	403.63
HBC2	132.98	2.12	281.92	42.28	111.35	435.55
HBC1	132.98	1.76	234.04	42.28	111.35	387.67
LDE2	132.98	1.97	261.97	42.28	111.35	415.60
LDE1	132.98	1.64	218.09	42.28	111.35	371.72
LBC2	132.98	1.63	216.76	42.28	111.35	370.39
LBC1	132.98	1.35	179.52	42.28	111.35	333.15
CDE2	132.98	1.77	235.37	42.28	111.35	389.00
CDE1	132.98	1.53	203.46	42.28	111.35	357.09
CBC2	132.98	1.47	195.48	42.28	111.35	349.11
CA2	132.98	1.03	136.97	42.28	111.35	290.60
CBC1	132.98	1.27	168.88	42.28	111.35	322.51
CA1	132.98	0.89	118.35	42.28	111.35	271.98
BAB2	132.98	0.98	130.32	42.28	111.35	283.95
BAB1	132.98	0.94	125.00	42.28	111.35	278.63
PDE2	132.98	1.48	196.81	42.28	111.35	350.44
PDE1	132.98	1.39	184.84	42.28	111.35	338.47
PBC2	132.98	1.15	152.93	42.28	111.35	306.56
PA2	132.98	0.67	89.10	42.28	111.35	242.73
PBC1	132.98	1.07	142.29	42.28	111.35	295.92
PA1	132.98	0.62	82.45	42.28	111.35	236.08
DDF	132.98	1.00	132.98	42.28	111.35	286.61
AAA	132.98	0.62	82.45	42.28	111.35	236.08

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	8276	8276	
Standardized Days (Annual)	7192.85	9351.63	
Medicaid Case mix Index	0.87	1.13	
Direct Care Rate	163.39	132.98	
Medicaid Casemix index	0.87	1.13	
Medicaid Casemix adjusted Direct Care	142.01	150.26	
Phase - in percentage	0.75	0.25	
Phase - in amounts	106.50	37.57	
Blended Medicaid Casemix adjusted Direct Care Rate			144.07
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-150.26
PDPM Phase-in Adjustment			-6.19

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	7,883	
Allowed scholarship costs	57,673	
Allowed health insurance	477,675	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	15	
Allowed PERA costs	0	
Subtotal	543,246	
Resident days	21,983	
Per diem amount		24.71
Quality Improvement Incentive Payment (QIIP)		2.34
Previous planned closure rate adjustments		1.36
Previous equity incentives		0.04
Previous single-bed incentives		3.26
Family and resident advisory council costs		0.01
External fixed rate		40.58
Property Rate		
Property rate from prior year	19.15	
Subtotal		19.15
Property inflation rate		.000%
01/01/2026 property rate		19.15

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	695342500 1/1/26 Total Rate	695342500 01/01/26 Total Rate*	695342500 10/01/26 Total Rate*
ES3	664.27	19.15	40.58	-6.19	735.09	735.09	724.93
ES2	539.27	19.15	40.58	-6.19	610.09	610.09	599.93
ES1	521.98	19.15	40.58	-6.19	592.80	592.80	582.64
HDE2	455.49	19.15	40.58	-6.19	526.31	526.31	516.15
HDE1	403.63	19.15	40.58	-6.19	474.45	474.45	464.29
HBC2	435.55	19.15	40.58	-6.19	506.37	506.37	496.21
HBC1	387.67	19.15	40.58	-6.19	458.49	458.49	448.33
LDE2	415.60	19.15	40.58	-6.19	486.42	486.42	476.26
LDE1	371.72	19.15	40.58	-6.19	442.54	442.54	432.38
LBC2	370.39	19.15	40.58	-6.19	441.21	441.21	431.05
LBC1	333.15	19.15	40.58	-6.19	403.97	403.97	393.81
CDE2	389.00	19.15	40.58	-6.19	459.82	459.82	449.66
CDE1	357.09	19.15	40.58	-6.19	427.91	427.91	417.75
CBC2	349.11	19.15	40.58	-6.19	419.93	419.93	409.77
CA2	290.60	19.15	40.58	-6.19	361.42	361.42	351.26
CBC1	322.51	19.15	40.58	-6.19	393.33	393.33	383.17
CA1	271.98	19.15	40.58	-6.19	342.80	342.80	332.64
BAB2	283.95	19.15	40.58	-6.19	354.77	354.77	344.61
BAB1	278.63	19.15	40.58	-6.19	349.45	349.45	339.29
PDE2	350.44	19.15	40.58	-6.19	421.26	421.26	411.10
PDE1	338.47	19.15	40.58	-6.19	409.29	409.29	399.13
PBC2	306.56	19.15	40.58	-6.19	377.38	377.38	367.22
PA2	242.73	19.15	40.58	-6.19	313.55	313.55	303.39
PBC1	295.92	19.15	40.58	-6.19	366.74	366.74	356.58
PA1	236.08	19.15	40.58	-6.19	306.90	306.90	296.74
DDF	286.61	19.15	40.58	-6.19	357.43	357.43	347.27
AAA	236.08	19.15	40.58	-6.19	306.90	306.90	296.74
Max additional charge for private pay in single rooms							N/A

Adjustments To Rate

* 01/01/2026 256R.495 WSB adjustment $7.12
* 01/01/2026 Temp Surcharge Increase $10.16
* 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