Meadow Manor
NPI: 1740278282

346314100/50005

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	130	1.65	214.50	0	0.00
RAD	368	1.58	581.44	249	393.42
RAC	605	1.36	822.80	224	304.64
RAB	554	1.10	609.40	258	283.80
RAA	471	0.82	386.22	23	18.86
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	0	1.23	0.00	0	0.00
HB2	0	1.55	0.00	0	0.00
HB1	93	1.22	113.46	0	0.00
LE2	0	1.61	0.00	0	0.00
LE1	123	1.26	154.98	96	120.96
LD2	0	1.54	0.00	0	0.00
LD1	205	1.21	248.05	58	70.18
LC2	0	1.30	0.00	0	0.00
LC1	135	1.02	137.70	97	98.94
LB2	0	1.21	0.00	0	0.00
LB1	336	0.95	319.20	98	93.10
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	441	1.15	507.15	305	350.75
CC2	0	1.08	0.00	0	0.00
CC1	0	0.96	0.00	0	0.00
CB2	0	0.95	0.00	0	0.00
CB1	0	0.85	0.00	0	0.00
CA2	0	0.73	0.00	0	0.00
CA1	471	0.65	306.15	376	244.40
BB2	0	0.81	0.00	0	0.00
BB1	469	0.75	351.75	378	283.50
BA2	0	0.58	0.00	0	0.00
BA1	497	0.53	263.41	387	205.11
PE2	0	1.25	0.00	0	0.00
PE1	375	1.17	438.75	3	3.51
PD2	0	1.15	0.00	0	0.00
PD1	936	1.06	992.16	369	391.14
PC2	0	0.91	0.00	0	0.00
PC1	271	0.85	230.35	91	77.35
PB2	0	0.70	0.00	0	0.00
PB1	390	0.65	253.50	191	124.15
PA2	0	0.49	0.00	0	0.00
PA1	1,309	0.45	589.05	784	352.80
AAA	0	0.45	0.00	0	0.00
DDF	18	1.00	18.00	0	0.00
	8,197		7,538.02	3,987	3,416.61

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	0	2.27	0.00	0	0.00
HDE1	16	1.88	30.08	0	0.00
HBC2	0	2.12	0.00	0	0.00
HBC1	168	1.76	295.68	92	161.92
LDE2	0	1.97	0.00	0	0.00
LDE1	303	1.64	496.92	193	316.52
LBC2	0	1.63	0.00	0	0.00
LBC1	704	1.35	950.40	404	545.40
CDE2	0	1.77	0.00	0	0.00
CDE1	464	1.53	709.92	191	292.23
CBC2	0	1.47	0.00	0	0.00
CA2	0	1.03	0.00	0	0.00
CBC1	346	1.27	439.42	103	130.81
CA1	613	0.89	545.57	319	283.91
BAB2	0	0.98	0.00	0	0.00
BAB1	624	0.94	586.56	456	428.64
PDE2	0	1.48	0.00	0	0.00
PDE1	1,524	1.39	2,118.36	625	868.75
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	2,050	1.07	2,193.50	880	941.60
PA1	1,385	0.62	858.70	699	433.38
AAA	0	0.62	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	8,197		9,225.11	3,962	4,403.16

Care-Related per diem				
Allowed Direct Care costs	1,592,071		Your 1/1/2025 Direct Care Rate	182.77
Standardized Days	7,538.02		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		211.21	Direct Care Rate Limit	188.66
Allowed Other Care Related costs	295,554		Your 1/1/2025 Other Care Related Rate	38.53
Resident Days	8,197		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		36.06	Direct Care CPI-U Rate Limit	39.77
Care-Related cost per diem		247.27		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	234.93
Quality Score	64.30		Quality Based OCR Rate Limit	40.11
Care Related Limit	275.04			275.04
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	188.66		Direct Care per diem limit	188.66
Other Care-Related per diem	36.06		Other Care-Related per diem Limit	39.77
Care-Related per diem	224.72		Care-Related per diem limit	228.43

Care-Related per diem

Allowed Direct Care costs	1,592,071	
Standardized Days	9,225.11	
Direct Care cost per diem		172.58
Allowed Other Care Related costs	295,554	
Resident Days	8,197	
Other Care Related cost per diem		36.06
Care-Related cost per diem		208.64

Your 10/1/2025 Direct Care Rate	156.42
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	161.46
Your 10/1/2025 Other Care Rate	38.53
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	39.77

Care-Related per diem limit

Median	178.65
Quality Score	64.30
Care Related Limit	224.28

Quality Based DC Rate Limit	185.52
Quality Based OCR Rate Limit	38.76
	224.28

Care-Related payment rates

Direct Care per diem	161.46
Other Care-Related per diem	36.06
Care-Related per diem	197.52

Care-Related per diem limit

Direct Care per diem	161.46
Related per diem	38.76
Care-Related per diem	200.22

Other Operating Price

Allowed Other Operating costs	1,420,034	
Resident Days	8,197	
Other Operating per diem		173.24
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	197.52
Other Operating per diem	111.35
Operating per diem (at 1.00)	308.87

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	161.46	3.84	620.01	36.06	111.35	767.42
ES2	161.46	2.90	468.23	36.06	111.35	615.64
ES1	161.46	2.77	447.24	36.06	111.35	594.65
HDE2	161.46	2.27	366.51	36.06	111.35	513.92
HDE1	161.46	1.88	303.54	36.06	111.35	450.95
HBC2	161.46	2.12	342.30	36.06	111.35	489.71
HBC1	161.46	1.76	284.17	36.06	111.35	431.58
LDE2	161.46	1.97	318.08	36.06	111.35	465.49
LDE1	161.46	1.64	264.79	36.06	111.35	412.20
LBC2	161.46	1.63	263.18	36.06	111.35	410.59
LBC1	161.46	1.35	217.97	36.06	111.35	365.38
CDE2	161.46	1.77	285.78	36.06	111.35	433.19
CDE1	161.46	1.53	247.03	36.06	111.35	394.44
CBC2	161.46	1.47	237.35	36.06	111.35	384.76
CA2	161.46	1.03	166.30	36.06	111.35	313.71
CBC1	161.46	1.27	205.05	36.06	111.35	352.46
CA1	161.46	0.89	143.70	36.06	111.35	291.11
BAB2	161.46	0.98	158.23	36.06	111.35	305.64
BAB1	161.46	0.94	151.77	36.06	111.35	299.18
PDE2	161.46	1.48	238.96	36.06	111.35	386.37
PDE1	161.46	1.39	224.43	36.06	111.35	371.84
PBC2	161.46	1.15	185.68	36.06	111.35	333.09
PA2	161.46	0.67	108.18	36.06	111.35	255.59
PBC1	161.46	1.07	172.76	36.06	111.35	320.17
PA1	161.46	0.62	100.11	36.06	111.35	247.52
AAA	161.46	0.62	100.11	36.06	111.35	247.52
DDF	161.46	1.00	161.46	36.06	111.35	308.87

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	3987	3962	
Standardized Days (Annual)	3416.61	4403.16	
Medicaid Case mix Index	0.86	1.11	
Direct Care Rate	188.66	161.46	
Medicaid Casemix index	0.86	1.11	
Medicaid Casemix adjusted Direct Care	161.67	179.44	
Phase - in percentage	0.75	0.25	
Phase - in amounts	121.25	44.86	
Blended Medicaid Casemix adjusted Direct Care Rate			166.11
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-179.44
PDPM Phase-in Adjustment			-13.33

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	3,043	
Allowed scholarship costs	0	
Allowed health insurance	72,356	
Allowed real estate taxes or payments in lieu of	15,379	
Allowed special assessments	340	
Allowed PERA costs	0	
Subtotal	91,118	
Resident days	8,197	
Per diem amount		11.12
Quality Improvement Incentive Payment (QIIP)		0.87
Previous planned closure rate adjustments		1.38
Previous single-bed incentives		2.25
Family and resident advisory council costs		0.01
External fixed rate		24.49
Property Rate		
Property rate from prior year	17.71	
Subtotal		17.71
Property inflation rate		.000%
01/01/2026 property rate		17.71

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	346314100 1/1/26 Total Rate	346314100 01/01/26 Total Rate*	346314100 10/01/26 Total Rate*	Adjustments To Rate
ES3	767.42	17.71	24.49	-13.33	812.70	812.70	802.54	
ES2	615.64	17.71	24.49	-13.33	660.92	660.92	650.76	
ES1	594.65	17.71	24.49	-13.33	639.93	639.93	629.77	* 01/01/2026 256R.495 WSB adjustment $6.25
HDE2	513.92	17.71	24.49	-13.33	559.20	559.20	549.04	* 01/01/2026 Temp Surcharge Increase $10.16
HDE1	450.95	17.71	24.49	-13.33	496.23	496.23	486.07	* 10/01/2026 End Surcharge Increase -10.16
HBC2	489.71	17.71	24.49	-13.33	534.99	534.99	524.83	
HBC1	431.58	17.71	24.49	-13.33	476.86	476.86	466.70	
LDE2	465.49	17.71	24.49	-13.33	510.77	510.77	500.61	
LDE1	412.20	17.71	24.49	-13.33	457.48	457.48	447.32	
LBC2	410.59	17.71	24.49	-13.33	455.87	455.87	445.71	
LBC1	365.38	17.71	24.49	-13.33	410.66	410.66	400.50	
CDE2	433.19	17.71	24.49	-13.33	478.47	478.47	468.31	
CDE1	394.44	17.71	24.49	-13.33	439.72	439.72	429.56	
CBC2	384.76	17.71	24.49	-13.33	430.04	430.04	419.88	
CA2	313.71	17.71	24.49	-13.33	358.99	358.99	348.83	
CBC1	352.46	17.71	24.49	-13.33	397.74	397.74	387.58	
CA1	291.11	17.71	24.49	-13.33	336.39	336.39	326.23	
BAB2	305.64	17.71	24.49	-13.33	350.92	350.92	340.76	
BAB1	299.18	17.71	24.49	-13.33	344.46	344.46	334.30	
PDE2	386.37	17.71	24.49	-13.33	431.65	431.65	421.49	
PDE1	371.84	17.71	24.49	-13.33	417.12	417.12	406.96	
PBC2	333.09	17.71	24.49	-13.33	378.37	378.37	368.21	
PA2	255.59	17.71	24.49	-13.33	300.87	300.87	290.71	
PBC1	320.17	17.71	24.49	-13.33	365.45	365.45	355.29	
PA1	247.52	17.71	24.49	-13.33	292.80	292.80	282.64	
AAA	247.52	17.71	24.49	-13.33	292.80	292.80	282.64	
DDF	308.87	17.71	24.49	-13.33	354.15	354.15	343.99	
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