Buffalo Lake Healthcare Ctr 090243800/65004
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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.

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	117	2.22	259.74	44	97.68
RAE	96	1.65	158.40	0	0.00
RAD	389	1.58	614.62	86	135.88
RAC	861	1.36	1,170.96	61	82.96
RAB	196	1.10	215.60	50	55.00
RAA	95	0.82	77.90	7	5.74
HE2	0	1.88	0.00	0	0.00
HE1	6	1.47	8.82	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	10	1.23	12.30	0	0.00
HB2	0	1.55	0.00	0	0.00
HB1	0	1.22	0.00	0	0.00
LE2	0	1.61	0.00	0	0.00
LE1	414	1.26	521.64	0	0.00
LD2	0	1.54	0.00	0	0.00
LD1	890	1.21	1,076.90	446	539.66
LC2	0	1.30	0.00	0	0.00
LC1	1,590	1.02	1,621.80	511	521.22
LB2	0	1.21	0.00	0	0.00
LB1	865	0.95	821.75	480	456.00
CE2	0	1.39	0.00	0	0.00
CE1	477	1.25	596.25	439	548.75
CD2	0	1.29	0.00	0	0.00
CD1	460	1.15	529.00	0	0.00
CC2	0	1.08	0.00	0	0.00
CC1	719	0.96	690.24	122	117.12
CB2	0	0.95	0.00	0	0.00
CB1	283	0.85	240.55	18	15.30
CA2	0	0.73	0.00	0	0.00
CA1	0	0.65	0.00	0	0.00
BB2	0	0.81	0.00	0	0.00
BB1	821	0.75	615.75	398	298.50
BA2	0	0.58	0.00	0	0.00
BA1	1,244	0.53	659.32	594	314.82
PE2	0	1.25	0.00	0	0.00
PE1	220	1.17	257.40	0	0.00
PD2	0	1.15	0.00	0	0.00
PD1	422	1.06	447.32	179	189.74
PC2	0	0.91	0.00	0	0.00
PC1	3,157	0.85	2,683.45	1,155	981.75
PB2	0	0.70	0.00	0	0.00
PB1	1,568	0.65	1,019.20	410	266.50
PA2	0	0.49	0.00	0	0.00
PA1	1,087	0.45	489.15	412	185.40
AAA	0	0.45	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	15,987		14,788.06	5,412	4,812.02

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	237	2.77	656.49	79	218.83
HDE2	0	2.27	0.00	0	0.00
HDE1	46	1.88	86.48	0	0.00
HBC2	0	2.12	0.00	0	0.00
HBC1	47	1.76	82.72	0	0.00
LDE2	64	1.97	126.08	0	0.00
LDE1	1,445	1.64	2,369.80	556	911.84
LBC2	52	1.63	84.76	0	0.00
LBC1	2,027	1.35	2,736.45	503	679.05
CDE2	0	1.77	0.00	0	0.00
CDE1	1,017	1.53	1,556.01	439	671.67
CBC2	0	1.47	0.00	0	0.00
CA2	0	1.03	0.00	0	0.00
CBC1	978	1.27	1,242.06	129	163.83
CA1	476	0.89	423.64	368	327.52
BAB2	0	0.98	0.00	0	0.00
BAB1	2,382	0.94	2,239.08	1,126	1,058.44
PDE2	0	1.48	0.00	0	0.00
PDE1	1,466	1.39	2,037.74	600	834.00
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	3,798	1.07	4,063.86	971	1,038.97
PA1	1,952	0.62	1,210.24	641	397.42
AAA	0	0.62	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	15,987		18,915.41	5,412	6,301.57

Care-Related per diem				
Allowed Direct Care costs	2,758,599		Your 1/1/2025 Direct Care Rate	169.04
Standardized Days	14,788.06		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		186.54	Direct Care Rate Limit	174.48
Allowed Other Care Related costs	533,838		Your 1/1/2025 Other Care Related Rate	35.45
Resident Days	15,987		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		33.39	Direct Care CPI-U Rate Limit	36.59
Care-Related cost per diem		219.93		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	253.53
Quality Score	83.67		Quality Based OCR Rate Limit	45.38
Care Related Limit	298.91			298.91
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	174.48		Direct Care per diem limit	174.48
Other Care-Related per diem	33.39		Other Care-Related per diem Limit	36.59
Care-Related per diem	207.87		Care-Related per diem limit	211.07

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Care-Related per diem

Allowed Direct Care costs	2,758,599	
Standardized Days	18,915.41	
Direct Care cost per diem		145.84
Allowed Other Care Related costs	533,838	
Resident Days	15,987	
Other Care Related cost per diem		33.39
Care-Related cost per diem		179.23

Your 10/1/2025 Direct Care Rate	131.58
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	135.82
Your 10/1/2025 Other Care Rate	35.45
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	36.59

Care-Related per diem limit

Median	178.65
Quality Score	83.67
Care Related Limit	243.75

Quality Based DC Rate Limit	198.34
Quality Based OCR Rate Limit	45.41
	243.75

Care-Related payment rates

Direct Care per diem	135.82
Other Care-Related per diem	33.39
Care-Related per diem	169.21

Care-Related per diem limit

Direct Care per diem	135.82
Related per diem	36.59
Care-Related per diem	172.41

Other Operating Price

Allowed Other Operating costs	1,585,134	
Resident Days	15,987	
Other Operating per diem		99.15
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	169.21
Other Operating per diem	111.35
Operating per diem (at 1.00)	280.56

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	135.82	3.84	521.55	33.39	111.35	666.29
ES2	135.82	2.90	393.88	33.39	111.35	538.62
ES1	135.82	2.77	376.22	33.39	111.35	520.96
HDE2	135.82	2.27	308.31	33.39	111.35	453.05
HDE1	135.82	1.88	255.34	33.39	111.35	400.08
HBC2	135.82	2.12	287.94	33.39	111.35	432.68
HBC1	135.82	1.76	239.04	33.39	111.35	383.78
LDE2	135.82	1.97	267.57	33.39	111.35	412.31
LDE1	135.82	1.64	222.74	33.39	111.35	367.48
LBC2	135.82	1.63	221.39	33.39	111.35	366.13
LBC1	135.82	1.35	183.36	33.39	111.35	328.10
CDE2	135.82	1.77	240.40	33.39	111.35	385.14
CDE1	135.82	1.53	207.80	33.39	111.35	352.54
CBC2	135.82	1.47	199.66	33.39	111.35	344.40
CA2	135.82	1.03	139.89	33.39	111.35	284.63
CBC1	135.82	1.27	172.49	33.39	111.35	317.23
CA1	135.82	0.89	120.88	33.39	111.35	265.62
BAB2	135.82	0.98	133.10	33.39	111.35	277.84
BAB1	135.82	0.94	127.67	33.39	111.35	272.41
PDE2	135.82	1.48	201.01	33.39	111.35	345.75
PDE1	135.82	1.39	188.79	33.39	111.35	333.53
PBC2	135.82	1.15	156.19	33.39	111.35	300.93
PA2	135.82	0.67	91.00	33.39	111.35	235.74
PBC1	135.82	1.07	145.33	33.39	111.35	290.07
PA1	135.82	0.62	84.21	33.39	111.35	228.95
AAA	135.82	0.62	84.21	33.39	111.35	228.95
DDF	135.82	1.00	135.82	33.39	111.35	280.56

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	5412	5412	
Standardized Days (Annual)	4812.02	6301.57	
Medicaid Case mix Index	0.89	1.16	
Direct Care Rate	174.48	135.82	
Medicaid Casemix index	0.89	1.16	
Medicaid Casemix adjusted Direct Care	155.14	158.14	
Phase - in percentage	0.75	0.25	
Phase - in amounts	116.35	39.54	
Blended Medicaid Casemix adjusted Direct Care Rate			155.89
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-158.14
PDPM Phase-in Adjustment			-2.26

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	5,573	
Allowed scholarship costs	24,075	
Allowed health insurance	294,145	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	313	
Allowed PERA costs	0	
Subtotal	324,106	
Resident days	15,987	
Per diem amount		20.27
Quality Improvement Incentive Payment (QIIP)		3.50
Previous planned closure rate adjustments		1.80
Previous single-bed incentives		1.65
Family and resident advisory council costs		0.01
External fixed rate		36.09
Property Rate		
Property rate from prior year	28.66	
Subtotal		28.66
Property inflation rate		.000%
01/01/2026 property rate		28.66

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	090243800 1/1/26 Total Rate	090243800 01/01/26 Total Rate*	090243800 10/01/26 Total Rate*	Adjustments To Rate
ES3	666.29	28.66	36.09	-2.26	741.01	741.01	730.85	
ES2	538.62	28.66	36.09	-2.26	613.34	613.34	603.18	
ES1	520.96	28.66	36.09	-2.26	595.68	595.68	585.52	* 01/01/2026 256R.495 WSB adjustment $2.07
HDE2	453.05	28.66	36.09	-2.26	527.77	527.77	517.61	* 01/01/2026 Temp Surcharge Increase $10.16
HDE1	400.08	28.66	36.09	-2.26	474.80	474.80	464.64	* 10/01/2026 End Surcharge Increase -10.16
HBC2	432.68	28.66	36.09	-2.26	507.40	507.40	497.24	
HBC1	383.78	28.66	36.09	-2.26	458.50	458.50	448.34	
LDE2	412.31	28.66	36.09	-2.26	487.03	487.03	476.87	
LDE1	367.48	28.66	36.09	-2.26	442.20	442.20	432.04	
LBC2	366.13	28.66	36.09	-2.26	440.85	440.85	430.69	
LBC1	328.10	28.66	36.09	-2.26	402.82	402.82	392.66	
CDE2	385.14	28.66	36.09	-2.26	459.86	459.86	449.70	
CDE1	352.54	28.66	36.09	-2.26	427.26	427.26	417.10	
CBC2	344.40	28.66	36.09	-2.26	419.12	419.12	408.96	
CA2	284.63	28.66	36.09	-2.26	359.35	359.35	349.19	
CBC1	317.23	28.66	36.09	-2.26	391.95	391.95	381.79	
CA1	265.62	28.66	36.09	-2.26	340.34	340.34	330.18	
BAB2	277.84	28.66	36.09	-2.26	352.56	352.56	342.40	
BAB1	272.41	28.66	36.09	-2.26	347.13	347.13	336.97	
PDE2	345.75	28.66	36.09	-2.26	420.47	420.47	410.31	
PDE1	333.53	28.66	36.09	-2.26	408.25	408.25	398.09	
PBC2	300.93	28.66	36.09	-2.26	375.65	375.65	365.49	
PA2	235.74	28.66	36.09	-2.26	310.46	310.46	300.30	
PBC1	290.07	28.66	36.09	-2.26	364.79	364.79	354.63	
PA1	228.95	28.66	36.09	-2.26	303.67	303.67	293.51	
AAA	228.95	28.66	36.09	-2.26	303.67	303.67	293.51	
DDF	280.56	28.66	36.09	-2.26	355.28	355.28	345.12	
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