Cook Hospital
NPI: 1750339826

752547802/69022

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.

Resident Days and Standardized Days

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	0	1.65	0.00	0	0.00
RAD	35	1.58	55.30	0	0.00
RAC	0	1.36	0.00	0	0.00
RAB	11	1.10	12.10	0	0.00
RAA	0	0.82	0.00	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	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	0	1.22	0.00	0	0.00
LE2	0	1.61	0.00	0	0.00
LE1	0	1.26	0.00	0	0.00
LD2	0	1.54	0.00	0	0.00
LD1	0	1.21	0.00	0	0.00
LC2	8	1.30	10.40	0	0.00
LC1	218	1.02	222.36	154	157.08
LB2	0	1.21	0.00	0	0.00
LB1	25	0.95	23.75	0	0.00
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	38	1.15	43.70	38	43.70
CC2	5	1.08	5.40	0	0.00
CC1	436	0.96	418.56	366	351.36
CB2	0	0.95	0.00	0	0.00
CB1	121	0.85	102.85	92	78.20
CA2	0	0.73	0.00	0	0.00
CA1	219	0.65	142.35	218	141.70
BB2	0	0.81	0.00	0	0.00
BB1	1,011	0.75	758.25	889	666.75
BA2	0	0.58	0.00	0	0.00
BA1	736	0.53	390.08	736	390.08
PE2	0	1.25	0.00	0	0.00
PE1	0	1.17	0.00	0	0.00
PD2	0	1.15	0.00	0	0.00
PD1	328	1.06	347.68	157	166.42
PC2	0	0.91	0.00	0	0.00
PC1	3,278	0.85	2,786.30	1,836	1,560.60
PB2	0	0.70	0.00	0	0.00
PB1	458	0.65	297.70	61	39.65
PA2	0	0.49	0.00	0	0.00
PA1	1,436	0.45	646.20	1,070	481.50
AAA	0	0.45	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	8,363		6,262.98	5,617	4,077.04

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	0	2.27	0.00	0	0.00
HDE1	58	1.88	109.04	58	109.04
HBC2	0	2.12	0.00	0	0.00
HBC1	0	1.76	0.00	0	0.00
LDE2	0	1.97	0.00	0	0.00
LDE1	228	1.64	373.92	192	314.88
LBC2	0	1.63	0.00	0	0.00
LBC1	0	1.35	0.00	0	0.00
CDE2	0	1.77	0.00	0	0.00
CDE1	366	1.53	559.98	366	559.98
CBC2	0	1.47	0.00	0	0.00
CA2	0	1.03	0.00	0	0.00
CBC1	172	1.27	218.44	6	7.62
CA1	308	0.89	274.12	308	274.12
BAB2	0	0.98	0.00	0	0.00
BAB1	1,409	0.94	1,324.46	1,409	1,324.46
PDE2	0	1.48	0.00	0	0.00
PDE1	1,082	1.39	1,503.98	571	793.69
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	3,800	1.07	4,066.00	1,939	2,074.73
PA1	938	0.62	581.56	768	476.16
DDF	2	1.00	2.00	0	0.00
AAA	0	0.62	0.00	0	0.00
	8,363		9,013.50	5,617	5,934.68

Care-Related per diem				
Allowed Direct Care costs	1,708,677		Your 1/1/2025 Direct Care Rate	235.71
Standardized Days	6,262.98		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		272.82	Direct Care Rate Limit	243.30
Allowed Other Care Related costs	356,072		Your 1/1/2025 Other Care Related Rate	39.12
Resident Days	8,363		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		42.58	Direct Care CPI-U Rate Limit	40.38
Care-Related cost per diem		315.40		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	242.42
Quality Score	68.53		Quality Based OCR Rate Limit	37.83
Care Related Limit	280.25			280.25
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	242.42		Direct Care per diem limit	242.42
Other Care-Related per diem	37.83		Other Care-Related per diem Limit	37.83
Care-Related per diem	280.25		Care-Related per diem limit	280.25

Care-Related per diem

Allowed Direct Care costs	1,708,677	
Standardized Days	9,013.50	
Direct Care cost per diem		189.57
Allowed Other Care Related costs	356,072	
Resident Days	8,363	
Other Care Related cost per diem		42.58
Care-Related cost per diem		232.15

Your 10/1/2025 Direct Care Rate	175.60
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	181.25
Your 10/1/2025 Other Care Rate	39.12
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	40.38

Care-Related per diem limit

Median	178.65
Quality Score	68.53
Care Related Limit	228.53

Quality Based DC Rate Limit	186.61
Quality Based OCR Rate Limit	41.92
	228.53

Care-Related payment rates

Direct Care per diem	181.25
Other Care-Related per diem	40.38
Care-Related per diem	221.63

Care-Related per diem limit

Direct Care per diem	181.25
Related per diem	40.38
Care-Related per diem	221.63

Other Operating Price

Allowed Other Operating costs	2,298,710	
Resident Days	8,363	
Other Operating per diem		274.87
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	221.63
Other Operating per diem	111.35
Operating per diem (at 1.00)	332.98

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	181.25	3.84	696.00	40.38	111.35	847.73
ES2	181.25	2.90	525.63	40.38	111.35	677.36
ES1	181.25	2.77	502.06	40.38	111.35	653.79
HDE2	181.25	2.27	411.44	40.38	111.35	563.17
HDE1	181.25	1.88	340.75	40.38	111.35	492.48
HBC2	181.25	2.12	384.25	40.38	111.35	535.98
HBC1	181.25	1.76	319.00	40.38	111.35	470.73
LDE2	181.25	1.97	357.06	40.38	111.35	508.79
LDE1	181.25	1.64	297.25	40.38	111.35	448.98
LBC2	181.25	1.63	295.44	40.38	111.35	447.17
LBC1	181.25	1.35	244.69	40.38	111.35	396.42
CDE2	181.25	1.77	320.81	40.38	111.35	472.54
CDE1	181.25	1.53	277.31	40.38	111.35	429.04
CBC2	181.25	1.47	266.44	40.38	111.35	418.17
CA2	181.25	1.03	186.69	40.38	111.35	338.42
CBC1	181.25	1.27	230.19	40.38	111.35	381.92
CA1	181.25	0.89	161.31	40.38	111.35	313.04
BAB2	181.25	0.98	177.63	40.38	111.35	329.36
BAB1	181.25	0.94	170.38	40.38	111.35	322.11
PDE2	181.25	1.48	268.25	40.38	111.35	419.98
PDE1	181.25	1.39	251.94	40.38	111.35	403.67
PBC2	181.25	1.15	208.44	40.38	111.35	360.17
PA2	181.25	0.67	121.44	40.38	111.35	273.17
PBC1	181.25	1.07	193.94	40.38	111.35	345.67
PA1	181.25	0.62	112.38	40.38	111.35	264.11
DDF	181.25	1.00	181.25	40.38	111.35	332.98
AAA	181.25	0.62	112.38	40.38	111.35	264.11

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	5617	5617	
Standardized Days (Annual)	4077.04	5934.68	
Medicaid Case mix Index	0.73	1.06	
Direct Care Rate	242.42	181.25	
Medicaid Casemix index	0.73	1.06	
Medicaid Casemix adjusted Direct Care	175.96	191.50	
Phase - in percentage	0.75	0.25	
Phase - in amounts	131.97	47.88	
Blended Medicaid Casemix adjusted Direct Care Rate			179.84
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-191.50
PDPM Phase-in Adjustment			-11.66

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	2,992	
Allowed scholarship costs	18,036	
Allowed health insurance	260,570	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	0	
Allowed PERA costs	195,290	
Subtotal	476,888	
Resident days	8,363	
Per diem amount		57.02
Performance Incentive Payment Program (PIPP)		16.98
Quality Improvement Incentive Payment (QIIP)		0.00
Previous planned closure rate adjustments		3.81
Previous single-bed incentives		0.00
Family and resident advisory council costs		0.01
External fixed rate		86.68
Property Rate		
Property rate from prior year	21.54	
Subtotal		21.54
Property inflation rate		.000%
01/01/2026 property rate		21.54

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	752547802 1/1/26 Total Rate	752547802 01/01/26 Total Rate*	752547802 10/01/26 Total Rate*	Adjustments To Rate
ES3	847.73	21.54	86.68	-11.66	1012.79	1012.79	1002.63	
ES2	677.36	21.54	86.68	-11.66	842.42	842.42	832.26	
ES1	653.79	21.54	86.68	-11.66	818.85	818.85	808.69	* 01/01/2026 256R.495 WSB adjustment $4.43
HDE2	563.17	21.54	86.68	-11.66	728.23	728.23	718.07	* 01/01/2026 Temp Surcharge Increase $10.16
HDE1	492.48	21.54	86.68	-11.66	657.54	657.54	647.38	* 01/01/2026 CANF Rate Adjustment $13.67
HBC2	535.98	21.54	86.68	-11.66	701.04	701.04	690.88	* 01/01/2026 ECPN Rate Adjustment $40.24
HBC1	470.73	21.54	86.68	-11.66	635.79	635.79	625.63	* 10/01/2026 End Surcharge Increase -10.16
LDE2	508.79	21.54	86.68	-11.66	673.85	673.85	663.69	
LDE1	448.98	21.54	86.68	-11.66	614.04	614.04	603.88	
LBC2	447.17	21.54	86.68	-11.66	612.23	612.23	602.07	
LBC1	396.42	21.54	86.68	-11.66	561.48	561.48	551.32	
CDE2	472.54	21.54	86.68	-11.66	637.60	637.60	627.44	
CDE1	429.04	21.54	86.68	-11.66	594.10	594.10	583.94	
CBC2	418.17	21.54	86.68	-11.66	583.23	583.23	573.07	
CA2	338.42	21.54	86.68	-11.66	503.48	503.48	493.32	
CBC1	381.92	21.54	86.68	-11.66	546.98	546.98	536.82	
CA1	313.04	21.54	86.68	-11.66	478.10	478.10	467.94	
BAB2	329.36	21.54	86.68	-11.66	494.42	494.42	484.26	
BAB1	322.11	21.54	86.68	-11.66	487.17	487.17	477.01	
PDE2	419.98	21.54	86.68	-11.66	585.04	585.04	574.88	
PDE1	403.67	21.54	86.68	-11.66	568.73	568.73	558.57	
PBC2	360.17	21.54	86.68	-11.66	525.23	525.23	515.07	
PA2	273.17	21.54	86.68	-11.66	438.23	438.23	428.07	
PBC1	345.67	21.54	86.68	-11.66	510.73	510.73	500.57	
PA1	264.11	21.54	86.68	-11.66	429.17	429.17	419.01	
DDF	332.98	21.54	86.68	-11.66	498.04	498.04	487.88	
AAA	264.11	21.54	86.68	-11.66	429.17	429.17	419.01	
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