Crest View Lutheran Home 417664500/02001
NPI: 1477423556 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	150	1.65	247.50	6	9.90
RAD	653	1.58	1,031.74	206	325.48
RAC	1,159	1.36	1,576.24	119	161.84
RAB	660	1.10	726.00	172	189.20
RAA	86	0.82	70.52	22	18.04
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	43	1.33	57.19	0	0.00
HC2	23	1.57	36.11	0	0.00
HC1	0	1.23	0.00	0	0.00
HB2	0	1.55	0.00	0	0.00
HB1	32	1.22	39.04	10	12.20
LE2	92	1.61	148.12	0	0.00
LE1	240	1.26	302.40	86	108.36
LD2	22	1.54	33.88	0	0.00
LD1	820	1.21	992.20	665	804.65
LC2	0	1.30	0.00	0	0.00
LC1	1,560	1.02	1,591.20	1,248	1,272.96
LB2	0	1.21	0.00	0	0.00
LB1	628	0.95	596.60	471	447.45
CE2	91	1.39	126.49	91	126.49
CE1	622	1.25	777.50	587	733.75
CD2	0	1.29	0.00	0	0.00
CD1	1,510	1.15	1,736.50	968	1,113.20
CC2	0	1.08	0.00	0	0.00
CC1	1,237	0.96	1,187.52	955	916.80
CB2	93	0.95	88.35	93	88.35
CB1	660	0.85	561.00	509	432.65
CA2	0	0.73	0.00	0	0.00
CA1	308	0.65	200.20	0	0.00
BB2	0	0.81	0.00	0	0.00
BB1	2,091	0.75	1,568.25	1,327	995.25
BA2	0	0.58	0.00	0	0.00
BA1	707	0.53	374.71	659	349.27
PE2	0	1.25	0.00	0	0.00
PE1	1,902	1.17	2,225.34	1,165	1,363.05
PD2	0	1.15	0.00	0	0.00
PD1	6,201	1.06	6,573.06	5,128	5,435.68
PC2	0	0.91	0.00	0	0.00
PC1	5,594	0.85	4,754.90	4,154	3,530.90
PB2	0	0.70	0.00	0	0.00
PB1	2,487	0.65	1,616.55	2,172	1,411.80
PA2	0	0.49	0.00	0	0.00
PA1	1,047	0.45	471.15	994	447.30
AAA	0	0.45	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	30,718		29,710.26	21,807	20,294.57

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	25	1.88	47.00	0	0.00
HBC2	23	2.12	48.76	0	0.00
HBC1	41	1.76	72.16	0	0.00
LDE2	114	1.97	224.58	0	0.00
LDE1	662	1.64	1,085.68	181	296.84
LBC2	0	1.63	0.00	0	0.00
LBC1	3,204	1.35	4,325.40	2,597	3,505.95
CDE2	48	1.77	84.96	41	72.57
CDE1	2,174	1.53	3,326.22	1,596	2,441.88
CBC2	120	1.47	176.40	71	104.37
CA2	0	1.03	0.00	0	0.00
CBC1	3,032	1.27	3,850.64	1,676	2,128.52
CA1	248	0.89	220.72	154	137.06
BAB2	0	0.98	0.00	0	0.00
BAB1	1,671	0.94	1,570.74	1,375	1,292.50
PDE2	0	1.48	0.00	0	0.00
PDE1	6,293	1.39	8,747.27	4,170	5,796.30
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	12,522	1.07	13,398.54	9,638	10,312.66
PA1	541	0.62	335.42	308	190.96
AAA	0	0.62	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	30,718		37,514.49	21,807	26,279.61

Care-Related per diem				
Allowed Direct Care costs	6,426,218		Your 1/1/2025 Direct Care Rate	189.99
Standardized Days	29,710.26		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		216.30	Direct Care Rate Limit	196.11
Allowed Other Care Related costs	1,005,716		Your 1/1/2025 Other Care Related Rate	29.47
Resident Days	30,718		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		32.74	Direct Care CPI-U Rate Limit	30.42
Care-Related cost per diem		249.04		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	233.27
Quality Score	59.05		Quality Based OCR Rate Limit	35.31
Care Related Limit	268.58			268.58
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	196.11		Direct Care per diem limit	196.11
Other Care-Related per diem	30.42		Other Care-Related per diem Limit	30.42
Care-Related per diem	226.53		Care-Related per diem limit	226.53

Care-Related per diem

Allowed Direct Care costs	6,426,218	
Standardized Days	37,514.49	
Direct Care cost per diem		171.30
Allowed Other Care Related costs	1,005,716	
Resident Days	30,718	
Other Care Related cost per diem		32.74
Care-Related cost per diem		204.04

Your 10/1/2025 Direct Care Rate	153.05
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	157.98
Your 10/1/2025 Other Care Rate	29.47
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	30.42

Care-Related per diem limit

Median	178.65
Quality Score	59.05
Care Related Limit	219.01

Quality Based DC Rate Limit	183.87
Quality Based OCR Rate Limit	35.14
	219.01

Care-Related payment rates

Direct Care per diem	157.98
Other Care-Related per diem	30.42
Care-Related per diem	188.40

Care-Related per diem limit

Direct Care per diem	157.98
Related per diem	30.42
Care-Related per diem	188.40

Other Operating Price

Allowed Other Operating costs	2,996,798	
Resident Days	30,718	
Other Operating per diem		97.56
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	188.40
Other Operating per diem	111.35
Operating per diem (at 1.00)	299.75

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	157.98	3.84	606.64	30.42	111.35	748.41
ES2	157.98	2.90	458.14	30.42	111.35	599.91
ES1	157.98	2.77	437.60	30.42	111.35	579.37
HDE2	157.98	2.27	358.61	30.42	111.35	500.38
HDE1	157.98	1.88	297.00	30.42	111.35	438.77
HBC2	157.98	2.12	334.92	30.42	111.35	476.69
HBC1	157.98	1.76	278.04	30.42	111.35	419.81
LDE2	157.98	1.97	311.22	30.42	111.35	452.99
LDE1	157.98	1.64	259.09	30.42	111.35	400.86
LBC2	157.98	1.63	257.51	30.42	111.35	399.28
LBC1	157.98	1.35	213.27	30.42	111.35	355.04
CDE2	157.98	1.77	279.62	30.42	111.35	421.39
CDE1	157.98	1.53	241.71	30.42	111.35	383.48
CBC2	157.98	1.47	232.23	30.42	111.35	374.00
CA2	157.98	1.03	162.72	30.42	111.35	304.49
CBC1	157.98	1.27	200.63	30.42	111.35	342.40
CA1	157.98	0.89	140.60	30.42	111.35	282.37
BAB2	157.98	0.98	154.82	30.42	111.35	296.59
BAB1	157.98	0.94	148.50	30.42	111.35	290.27
PDE2	157.98	1.48	233.81	30.42	111.35	375.58
PDE1	157.98	1.39	219.59	30.42	111.35	361.36
PBC2	157.98	1.15	181.68	30.42	111.35	323.45
PA2	157.98	0.67	105.85	30.42	111.35	247.62
PBC1	157.98	1.07	169.04	30.42	111.35	310.81
PA1	157.98	0.62	97.95	30.42	111.35	239.72
AAA	157.98	0.62	97.95	30.42	111.35	239.72
DDF	157.98	1.00	157.98	30.42	111.35	299.75

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	21807	21807	
Standardized Days (Annual)	20294.57	26279.61	
Medicaid Case mix Index	0.93	1.21	
Direct Care Rate	196.11	157.98	
Medicaid Casemix index	0.93	1.21	
Medicaid Casemix adjusted Direct Care	182.51	190.38	
Phase - in percentage	0.75	0.25	
Phase - in amounts	136.88	47.60	
Blended Medicaid Casemix adjusted Direct Care Rate			184.48
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-190.38
PDPM Phase-in Adjustment			-5.90

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	11,843	
Allowed scholarship costs	37,326	
Allowed health insurance	298,905	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	1,451	
Allowed PERA costs	0	
Subtotal	349,525	
Resident days	30,718	
Per diem amount		11.38
Quality Improvement Incentive Payment (QIIP)		0.00
Previous equity incentives		0.18
Previous single-bed incentives		0.00
Family and resident advisory council costs		0.01
External fixed rate		20.43
Property Rate		
Property rate from prior year	19.49	
Subtotal		19.49
Property inflation rate		.000%
01/01/2026 property rate		19.49

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	935840400 1/1/26 Total Rate	935840400 01/01/26 Total Rate*	417664500 03/03/26 Total Rate*	417664500 10/01/26 Total Rate*
ES3	748.41	19.49	20.43	-5.90	793.41	793.41	793.41	783.25
ES2	599.91	19.49	20.43	-5.90	644.91	644.91	644.91	634.75
ES1	579.37	19.49	20.43	-5.90	624.37	624.37	624.37	614.21
HDE2	500.38	19.49	20.43	-5.90	545.38	545.38	545.38	535.22
HDE1	438.77	19.49	20.43	-5.90	483.77	483.77	483.77	473.61
HBC2	476.69	19.49	20.43	-5.90	521.69	521.69	521.69	511.53
HBC1	419.81	19.49	20.43	-5.90	464.81	464.81	464.81	454.65
LDE2	452.99	19.49	20.43	-5.90	497.99	497.99	497.99	487.83
LDE1	400.86	19.49	20.43	-5.90	445.86	445.86	445.86	435.70
LBC2	399.28	19.49	20.43	-5.90	444.28	444.28	444.28	434.12
LBC1	355.04	19.49	20.43	-5.90	400.04	400.04	400.04	389.88
CDE2	421.39	19.49	20.43	-5.90	466.39	466.39	466.39	456.23
CDE1	383.48	19.49	20.43	-5.90	428.48	428.48	428.48	418.32
CBC2	374.00	19.49	20.43	-5.90	419.00	419.00	419.00	408.84
CA2	304.49	19.49	20.43	-5.90	349.49	349.49	349.49	339.33
CBC1	342.40	19.49	20.43	-5.90	387.40	387.40	387.40	377.24
CA1	282.37	19.49	20.43	-5.90	327.37	327.37	327.37	317.21
BAB2	296.59	19.49	20.43	-5.90	341.59	341.59	341.59	331.43
BAB1	290.27	19.49	20.43	-5.90	335.27	335.27	335.27	325.11
PDE2	375.58	19.49	20.43	-5.90	420.58	420.58	420.58	410.42
PDE1	361.36	19.49	20.43	-5.90	406.36	406.36	406.36	396.20
PBC2	323.45	19.49	20.43	-5.90	368.45	368.45	368.45	358.29
PA2	247.62	19.49	20.43	-5.90	292.62	292.62	292.62	282.46
PBC1	310.81	19.49	20.43	-5.90	355.81	355.81	355.81	345.65
PA1	239.72	19.49	20.43	-5.90	284.72	284.72	284.72	274.56
AAA	239.72	19.49	20.43	-5.90	284.72	284.72	284.72	274.56
DDF	299.75	19.49	20.43	-5.90	344.75	344.75	344.75	334.59
Max additional charge for private pay in single rooms								N/A

Adjustments To Rate
* 01/01/2026 $0.82 256R.495 WSB adjustment
* 01/01/2026 $10.16 Temp Surcharge Increase
* 03/03/2026 Provider ID Change
* 10/01/2026 -10.16 End Surcharge Increase

'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