The Waterview Woods 216668300/69011
NPI: 1598320368 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	151	2.22	335.22	105	233.10
RAE	84	1.65	138.60	34	56.10
RAD	735	1.58	1,161.30	185	292.30
RAC	2,065	1.36	2,808.40	674	916.64
RAB	1,123	1.10	1,235.30	237	260.70
RAA	583	0.82	478.06	144	118.08
HE2	0	1.88	0.00	0	0.00
HE1	0	1.47	0.00	0	0.00
HD2	107	1.69	180.83	0	0.00
HD1	184	1.33	244.72	38	50.54
HC2	427	1.57	670.39	224	351.68
HC1	226	1.23	277.98	212	260.76
HB2	23	1.55	35.65	11	17.05
HB1	378	1.22	461.16	134	163.48
LE2	55	1.61	88.55	55	88.55
LE1	251	1.26	316.26	92	115.92
LD2	16	1.54	24.64	0	0.00
LD1	604	1.21	730.84	110	133.10
LC2	340	1.30	442.00	79	102.70
LC1	630	1.02	642.60	471	480.42
LB2	90	1.21	108.90	90	108.90
LB1	326	0.95	309.70	326	309.70
CE2	0	1.39	0.00	0	0.00
CE1	0	1.25	0.00	0	0.00
CD2	204	1.29	263.16	204	263.16
CD1	152	1.15	174.80	91	104.65
CC2	165	1.08	178.20	0	0.00
CC1	194	0.96	186.24	152	145.92
CB2	220	0.95	209.00	183	173.85
CB1	228	0.85	193.80	183	155.55
CA2	233	0.73	170.09	144	105.12
CA1	1,053	0.65	684.45	881	572.65
BB2	0	0.81	0.00	0	0.00
BB1	442	0.75	331.50	229	171.75
BA2	0	0.58	0.00	0	0.00
BA1	906	0.53	480.18	602	319.06
PE2	0	1.25	0.00	0	0.00
PE1	62	1.17	72.54	30	35.10
PD2	0	1.15	0.00	0	0.00
PD1	965	1.06	1,022.90	654	693.24
PC2	0	0.91	0.00	0	0.00
PC1	3,037	0.85	2,581.45	1,916	1,628.60
PB2	0	0.70	0.00	0	0.00
PB1	1,086	0.65	705.90	482	313.30
PA2	0	0.49	0.00	0	0.00
PA1	1,148	0.45	516.60	771	346.95
AAA	0	0.45	0.00	0	0.00
DDF	641	1.00	641.00	42	42.00
	19,134		19,102.91	9,785	9,130.62

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	503	2.77	1,393.31	146	404.42
HDE2	252	2.27	572.04	214	485.78
HDE1	318	1.88	597.84	238	447.44
HBC2	242	2.12	513.04	69	146.28
HBC1	1,145	1.76	2,015.20	268	471.68
LDE2	144	1.97	283.68	86	169.42
LDE1	1,255	1.64	2,058.20	316	518.24
LBC2	619	1.63	1,008.97	263	428.69
LBC1	1,352	1.35	1,825.20	738	996.30
CDE2	182	1.77	322.14	182	322.14
CDE1	512	1.53	783.36	265	405.45
CBC2	140	1.47	205.80	26	38.22
CA2	77	1.03	79.31	30	30.90
CBC1	844	1.27	1,071.88	329	417.83
CA1	978	0.89	870.42	843	750.27
BAB2	0	0.98	0.00	0	0.00
BAB1	1,562	0.94	1,468.28	699	657.06
PDE2	0	1.48	0.00	0	0.00
PDE1	3,252	1.39	4,520.28	1,829	2,542.31
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	4,445	1.07	4,756.15	2,411	2,579.77
PA1	1,312	0.62	813.44	833	516.46
AAA	0	0.62	0.00	0	0.00
DDF	0	1.00	0.00	0	0.00
	19,134		25,158.54	9,785	12,328.66

Care-Related per diem				
Allowed Direct Care costs	2,406,503		Your 1/1/2025 Direct Care Rate	116.81
Standardized Days	19,102.91		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		125.98	Direct Care Rate Limit	120.57
Allowed Other Care Related costs	492,526		Your 1/1/2025 Other Care Related Rate	23.45
Resident Days	19,134		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		25.74	Direct Care CPI-U Rate Limit	24.21
Care-Related cost per diem		151.72		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	215.47
Quality Score	51.68		Quality Based OCR Rate Limit	44.02
Care Related Limit	259.49			259.49
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	120.57		Direct Care per diem limit	120.57
Other Care-Related per diem	24.21		Other Care-Related per diem Limit	24.21
Care-Related per diem	144.78		Care-Related per diem limit	144.78

Care-Related per diem		
Allowed Direct Care costs	2,406,503	
Standardized Days	25,158.54	
Direct Care cost per diem		95.65
Allowed Other Care Related costs	492,526	
Resident Days	19,134	
Other Care Related cost per diem		25.74
Care-Related cost per diem		121.39

Your 10/1/2025 Direct Care Rate	94.88
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	97.94
Your 10/1/2025 Other Care Rate	23.45
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	24.21

Care-Related per diem limit

Median	178.65
Quality Score	51.68
Care Related Limit	211.60

Quality Based DC Rate Limit	166.73
Quality Based OCR Rate Limit	44.87
	211.60

Care-Related payment rates	
Direct Care per diem	95.65
Other Care-Related per diem	24.21
Care-Related per diem	119.86

Care-Related per diem limit	
Direct Care per diem	97.94
Related per diem	24.21
Care-Related per diem	122.14

Other Operating Price

Allowed Other Operating costs	2,043,215	
Resident Days	19,134	
Other Operating per diem		106.78
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	119.86
Other Operating per diem	111.35
Operating per diem (at 1.00)	231.21

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	95.65	3.84	367.30	24.21	111.35	502.86
ES2	95.65	2.90	277.39	24.21	111.35	412.95
ES1	95.65	2.77	264.95	24.21	111.35	400.51
HDE2	95.65	2.27	217.13	24.21	111.35	352.69
HDE1	95.65	1.88	179.82	24.21	111.35	315.38
HBC2	95.65	2.12	202.78	24.21	111.35	338.34
HBC1	95.65	1.76	168.34	24.21	111.35	303.90
LDE2	95.65	1.97	188.43	24.21	111.35	323.99
LDE1	95.65	1.64	156.87	24.21	111.35	292.43
LBC2	95.65	1.63	155.91	24.21	111.35	291.47
LBC1	95.65	1.35	129.13	24.21	111.35	264.69
CDE2	95.65	1.77	169.30	24.21	111.35	304.86
CDE1	95.65	1.53	146.34	24.21	111.35	281.90
CBC2	95.65	1.47	140.61	24.21	111.35	276.17
CA2	95.65	1.03	98.52	24.21	111.35	234.08
CBC1	95.65	1.27	121.48	24.21	111.35	257.04
CA1	95.65	0.89	85.13	24.21	111.35	220.69
BAB2	95.65	0.98	93.74	24.21	111.35	229.30
BAB1	95.65	0.94	89.91	24.21	111.35	225.47
PDE2	95.65	1.48	141.56	24.21	111.35	277.12
PDE1	95.65	1.39	132.95	24.21	111.35	268.51
PBC2	95.65	1.15	110.00	24.21	111.35	245.56
PA2	95.65	0.67	64.09	24.21	111.35	199.65
PBC1	95.65	1.07	102.35	24.21	111.35	237.91
PA1	95.65	0.62	59.30	24.21	111.35	194.86
AAA	95.65	0.62	59.30	24.21	111.35	194.86
DDF	95.65	1.00	95.65	24.21	111.35	231.21

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	9785	9785	
Standardized Days (Annual)	9130.62	12328.66	
Medicaid Case mix Index	0.93	1.26	
Direct Care Rate	120.57	95.65	
Medicaid Casemix index	0.93	1.26	
Medicaid Casemix adjusted Direct Care	112.51	120.51	
Phase - in percentage	0.75	0.25	
Phase - in amounts	84.38	30.13	
Blended Medicaid Casemix adjusted Direct Care Rate			114.51
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-120.51
PDPM Phase-in Adjustment			-6.01

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	7,333	
Allowed scholarship costs	1,156	
Allowed health insurance	204,939	
Allowed real estate taxes or payments in lieu of	38,379	
Allowed special assessments	728	
Allowed PERA costs	0	
Subtotal	252,535	
Resident days	19,134	
Per diem amount		13.20
Performance Incentive Payment Program (PIPP)		11.84
Quality Improvement Incentive Payment (QIIP)		3.50
Previous planned closure rate adjustments		4.05
Previous single-bed incentives		3.75
Family and resident advisory council costs		0.01
External fixed rate		45.21
Property Rate		
Property rate from prior year	22.04	
Subtotal		22.04
Property inflation rate		.000%
01/01/2026 property rate		22.04

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	216668300 1/1/26 Total Rate	216668300 01/01/26 Total Rate*	216668300 10/01/26 Total Rate*
ES3	502.86	22.04	45.21	-6.01	577.16	577.16	567.00
ES2	412.95	22.04	45.21	-6.01	487.25	487.25	477.09
ES1	400.51	22.04	45.21	-6.01	474.81	474.81	464.65
HDE2	352.69	22.04	45.21	-6.01	426.99	426.99	416.83
HDE1	315.38	22.04	45.21	-6.01	389.68	389.68	379.52
HBC2	338.34	22.04	45.21	-6.01	412.64	412.64	402.48
HBC1	303.90	22.04	45.21	-6.01	378.20	378.20	368.04
LDE2	323.99	22.04	45.21	-6.01	398.29	398.29	388.13
LDE1	292.43	22.04	45.21	-6.01	366.73	366.73	356.57
LBC2	291.47	22.04	45.21	-6.01	365.77	365.77	355.61
LBC1	264.69	22.04	45.21	-6.01	338.99	338.99	328.83
CDE2	304.86	22.04	45.21	-6.01	379.16	379.16	369.00
CDE1	281.90	22.04	45.21	-6.01	356.20	356.20	346.04
CBC2	276.17	22.04	45.21	-6.01	350.47	350.47	340.31
CA2	234.08	22.04	45.21	-6.01	308.38	308.38	298.22
CBC1	257.04	22.04	45.21	-6.01	331.34	331.34	321.18
CA1	220.69	22.04	45.21	-6.01	294.99	294.99	284.83
BAB2	229.30	22.04	45.21	-6.01	303.60	303.60	293.44
BAB1	225.47	22.04	45.21	-6.01	299.77	299.77	289.61
PDE2	277.12	22.04	45.21	-6.01	351.42	351.42	341.26
PDE1	268.51	22.04	45.21	-6.01	342.81	342.81	332.65
PBC2	245.56	22.04	45.21	-6.01	319.86	319.86	309.70
PA2	199.65	22.04	45.21	-6.01	273.95	273.95	263.79
PBC1	237.91	22.04	45.21	-6.01	312.21	312.21	302.05
PA1	194.86	22.04	45.21	-6.01	269.16	269.16	259.00
AAA	194.86	22.04	45.21	-6.01	269.16	269.16	259.00
DDF	231.21	22.04	45.21	-6.01	305.51	305.51	295.35
Max additional charge for private pay in single rooms							N/A

Adjustments To Rate

* 01/01/2026 256R.495 WSB adjustment $2.90
* 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