**Request for Exemption:**

**FY2023 NURSING SERVICES COST REPORT (NSR) FOR**

**CONTINUOUS SKILLED NURSING (CSN) AND**

**HOME HEALTH (HH) AGENCIES**

To request an exemption from filing the FY2023 NSR, please complete this form and email it as an attachment to [data@chiamass.gov](mailto:data@chiamass.gov).

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| **1. Agency Name:** | Click here to enter text. |
| **2. MassHealth ID:** | Click here to enter text. *If provider is a CSN or HH agency: nine-digit number plus one letter suffix* |
| **3. Agency’s FY2023**  **Reporting Fiscal Year:** | 7/1/2022 – 6/30/2023  10/1/2022 – 9/30/2023  1/1/2023 – 12/31/2023  Other: |
| **4. Reason for exemption request (choose one):**  **The following exemption criteria apply to CSN and HH agencies:**  The agency was in business for less than 6 months during its FY2023.  **Please elaborate:** Click here to enter text.  The agency was owned by the current owner for less than 6 months during its FY2023.  **Please elaborate:** Click here to enter text.  The agency did not have any MassHealth participation in its FY2023.  The agency received less than $50,000 in MassHealth revenue in its FY2023.  **Amount of MassHealth revenue received in FY2023:** $Click here to enter text.  Other:  **Please elaborate:** Click here to enter text. | |
| **5. Contact Person:** | Click here to enter text. |
| **6. Contact Email:** | Click here to enter text. |
| **7. Contact Phone Number:** | Click here to enter text. |

For more information, please consult the NSR Cost Report Instructions, available at <http://www.chiamass.gov/nsr>

For any further questions, please email us at [data@chiamass.gov](mailto:data@chiamass.gov).