
CONTINUOUS SKILLED NURSING CARE BIENNIAL REPORT

Pursuant to
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Continuous Skilled Nursing Care

Biennial Report 2026

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1.0 Executive Summary

Massachusetts' General Law Chapter 12C Section 24¹ (Section 24) requires the Center for Health Information and Analysis (CHIA), in partnership with MassHealth, to publish a biennial report on continuous skilled nursing (CSN) care, as defined in 101 Code of Massachusetts Regulations (CMR) 361² and 130 CMR 403.402.^{3,i} Section 24 requires this report to include eight specific components, which includes an evaluation of the adequacy of reimbursement rates for CSN care as established in 101 CMR 350.04(2) [rates currently codified at CMR 361.00⁴].⁵ CHIA retained BerryDunn to assist with conducting the study.

Registered nurses (RNs) and licensed practical nurses (LPNs) deliver CSN care in individuals' homes to both pediatric and adult patients with complex medical needs. These individuals often require specialized equipment and treatments, necessitating additional training for RNs and LPNs. MassHealth contracts directly with independent RNs and LPNs to deliver CSN care and also reimburses CSN Agencies that employ nurses who provide CSN. Under Massachusetts regulations, reimbursement rates are established for independent nurses and CSN Agencies; agencies determine the wages paid to their employed nurses and those engaged under contract.

MassHealth provided BerryDunn with data on CSN service enrollment and utilization, including total hours authorized and delivered (used) for each pediatric and adult individual. In this report, used visits represent hours delivered. BerryDunn analyzed trends in authorized and used visits from calendar years (CYs) 2022 through 2024 and estimated average hours authorized and delivered per day, week, and month. The report also evaluates the adequacy of CSN staffing levels and nurse wages in Massachusetts, drawing on data from MassHealth, publicly available information from the U.S. Bureau of Labor Statistics (BLS), and a survey conducted by BerryDunn in collaboration with MassHealth and CHIA of CSN Agencies contracted to provide CSN.

New for the 2026 biennial report, the analysis incorporates updated methodology that adjusts prior authorization (PA) data to exclude members who died or moved out of state, those with third-party liability (TPL) and known CSN coverage, and to align PA periods with the date of member disenrollment. The data were also adjusted to remove days when members were admitted to medical facilities, such as hospitals, which reduced the total number of authorized days and hours.

This report draws on multiple data sources and timeframes to describe CSN service utilization, workforce capacity, and reimbursement in Massachusetts. Utilization analyses primarily reflect CYs 2022 through 2024, while workforce, payment, and enrollment context incorporate more recent fiscal year and point in time data when relevant and available. Estimated CSN hours authorized per day, week, and month are derived from total PA hours allocated across authorization periods and represent averages rather than fixed schedules, as PAs are frequently modified and do not specify daily or monthly service levels. Used hours reflect billed and paid claims. Terminology throughout the report aligns with statutory and regulatory language, with references to individuals, members, or patients all referring to MassHealth enrollees receiving CSN services.ⁱⁱ Survey findings are based on responses from the most active CSN

ⁱ Note: 130 CMR 403.000 pertains to HHAs. Effective April 9, 2024, HHAs were required to enroll with MassHealth as CSN agencies to provide CSN services. Any HHA enrolled with MassHealth that intended to initiate or continue CSN service delivery was required to complete CSN agency enrollment to maintain eligibility for billing these services.

ⁱⁱ References to home health agencies remain in the language, such as in CMRs and statutes, but agencies must now be registered as CSN providers to deliver CSN services.

Agencies and indicate that, despite recent rate and policy changes, gaps between authorized and used hours persist due to workforce constraints and service matching challenges.

This analysis identified the following service trends:

- The total number of adult and pediatric individuals with a PA for CSN services showed an overall net increase across the three-year period, with 881 total individuals having a PA for CSN services in 2024 compared to 765 total individuals in 2022. The overall increase in the number of individuals with a PA for CSN services across this three-year time period is likely influenced by many factors, including certain post-pandemic benefits funded by the American Rescue Plan Act (ARPA). Beginning in 2023, MassHealth saw substantial growth in the total number of CSN individuals enrolled in the Community Case Management (CCM) program. From November 2023 to November 2025, the CCM population increased from 918 to 1,045 members.
- MassHealth authorized nearly 2.8 million hours of CSN services in 2024. Children account for over 55.6% of total authorized and delivered (used) services.
- Of the nearly 2.8 million hours of CSN services authorized by MassHealth in 2024, approximately 1.9 million (69.7%) hours were delivered (used).
- For adults, there has been an 13.5% increase in authorized hours and a 15.0% increase in used hours from CYs 2022 to CY2024. In this same period, children had a 12.7% increase in authorized hours and a 16.6% increase in delivered (used) hours.
- From CY2022 to CY2024, the percentage of the total number of authorized hours that were delivered (used) increased from 68.0% to 69.7%, with children having a greater increase than adults.

Key findings related to the nursing workforce and available nursing hours include:

- An estimated 1,206 RNs and 542 LPNs, totaling 1,748 total nurses, provide CSN services through CSN Agencies. MassHealth contracted with 473 independent nurses who billed for CSN services in CY2025.
- 11 out of 13 agencies that responded to the agency survey report that they are unable to fulfill all the hours for CSN services as requested by individuals and authorized by MassHealth. Responses to the agency survey report that their agency was able to fill, on average, 67.2% of requested authorized hours, with responses ranging from 40% to 92%.ⁱⁱⁱ
- In aggregate, approximately 4.7% of CSN Agency nurses provide care to more than one individual at a time. This percentage is slightly lower than the 6.1%^{iv} of independent nurses contracting directly with MassHealth who care for more than one individual at a time.

This report shows an overall increase in the number of individuals who received a CSN PA from CY2022 through CY2024, at least partially attributable to the substantial growth MassHealth observed since 2023 with the total

ⁱⁱⁱ The average percentage and range presented for the proportion of authorized hours an agency can provide represents 11 out of 13 responses to the survey. Two responses were excluded from the calculations due to the responses being either zero or blank.

^{iv} In 2025, 29 independent nurses provided care for more than one individual at time. There are currently 473 independent nurses contracted with MassHealth.

number of CSN individuals enrolled in the CCM Program. From November 2023 to November 2025, the CCM population increased from 918 to 1,045 members, reflecting a 13.8% increase.^v

CSN Agencies cite many reasons that might explain why authorized hours were not delivered. CSN Agencies were added as a provider type in January of 2022 to enable more providers to provide CSN services with fewer regulatory burdens. As set forth in Figure 7, agency responses to the BerryDunn survey reported several factors that may impede the ability of their agency to provide CSN services, including being unable to find qualified applicants to fill open positions, nursing staff holding multiple jobs creating scheduling conflicts, families choosing not to receive services from the agency's available nurses, and difficulty in retaining nursing staff due to turnover. Some survey responses mentioned challenges matching nurses' schedules with families' schedules as other reasons that may impede the agency's ability to meet the demand for CSN services.

CSN Agencies compete with other health care provider sectors and with nearby states, to attract and retain nursing staff. Variation in the number of nurses active in the CSN workforce may reflect differences between CSN nurse wages and wages offered in other health care provider sectors. However, this study's findings do not suggest a misalignment of CSN nurse wages within the broader nurse labor market. The wages paid by CSN Agencies and the hourly rates paid by MassHealth to independent nurses compare favorably to nurse wages in other non-hospital settings in Massachusetts. For Home Health Care Services and CSN services, Massachusetts exceeds all the neighboring states for LPN average and median hourly wages; exceeds Rhode Island and Vermont for RN average hourly wages; and exceeds New Hampshire and Vermont for RN median hourly wages. Please note, not all states separate out CSN services from home health care services.

MassHealth payment rates for CSN services have increased several times since 2018. For a full list of rate increases MassHealth has issued since 2018, please see Appendix A. Recent rate increases include transitioning temporary rate add-ons funded through the ARPA to a 20% permanent rate increase effective January 2022 and a 10% permanent rate increase effective July 2023. Most recently in August 2024, MassHealth increased rates for CSN Agencies and independent nurses by almost 33% for RNs and just over 10% for LPNs.⁶ MassHealth also implemented a student loan repayment program for new nurse graduates who commit to providing CSN services and ran a CSN nurse retention bonus program for agency-employed nurses and independent nurses.^{7,8} MassHealth also established a new service called complex care assistant (CCA) services as an addition to CSN Agency services. In 2024, the CSN program was updated to include a provision that allows the addition of authorized hours to be used for training purposes, and another provision that increases the weekly CSN hours for CCM members by 5% to account for the documentation time required for each shift.⁹

These policy changes are intended to retain and increase the amount of nursing hours available in the CSN program, as well as expand the workforce serving CSN individuals. However, nurses base their employment decisions on many factors, and even with these policy changes, challenges remain in matching the specific and complex needs of each individual and family to available nurses providing CSN care. Gaps in CSN staffing persist amid the overall preexisting shortages in the nursing workforce. According to the 2023/2024 Massachusetts Health Care and Human

^v Data provided by MassHealth, October 1, 2025.

Services Workforce Survey, in the home health care setting,^{vi} agencies have cited a shortage of eligible applicants and non-competitive salaries as the biggest challenges to recruitment of nurses, as well as non-competitive salaries/benefits and paperwork and regulatory burdens as the biggest challenges in nurse retention.¹⁰ This broader nursing workforce challenge will continue to affect CSN and health care service delivery broadly throughout Massachusetts.

^{vi} CSN differs from most home health nursing. While both take place in the home, CSN involves higher level of acuity. Despite the difference, home health nursing remains the closest point of comparison for understanding broader workforce trends in CSN. The Massachusetts Health Care and Human Services Workforce Survey includes both home health agencies and CSN agencies; however, responses are predominately from intermittent home health providers.

2.0 Continuous Skilled Nursing (CSN) Care in Massachusetts

2.1 Introduction

Massachusetts' General Law Chapter 12C Section 24¹¹ (Section 24) requires CHIA, in partnership with MassHealth, to publish a biennial report on CSN care, as defined in 101 Code of Massachusetts Regulations (CMR) 361¹² and 130 CMR 403.402.^{13,vii} Section 24 requires the report to include eight different components, which includes an evaluation of the adequacy of reimbursement rates for CSN nursing care as established in 101 CMR 350.04(2) [rates currently codified at CMR 361.00¹⁴].^{viii,15} CHIA retained BerryDunn to assist with conducting the study.

Section 24 specifically requires the report to cover the following for both the pediatric and adult population:

1. The number of pediatric and adult individuals requiring CSN care
2. The average and median number of CSN hours authorized by MassHealth per day, week, month, and year for pediatric and adult individuals
3. The average and median number of authorized CSN hours actually delivered per day, week, month, and year for pediatric individuals and adult individuals
4. The total number of CSN hours authorized and actually delivered by MassHealth per month and year for pediatric individuals and adult individuals
5. The number of nurses providing CSN care to more than one individual at a time and, for the individuals cared for by those nurses, the aggregate proportion of authorized CSN hours to utilize CSN hours
6. The number of nurses who contract with MassHealth to provide CSN care, the number of nurses who provide CSN care through a home health agency (HHA)^{ix} that contracts with MassHealth, and whether the total number of nurses providing such care is sufficient to fill all authorized CSN hours
7. A description of the training, experience, and education levels of the nurses who contract with MassHealth to provide CSN care
8. An evaluation of the adequacy of the reimbursement rates for CSN care as established in 101 CMR 350.04(2)^x [rates currently codified at CMR 361.00¹⁶], and a comparison of those rates against:
 - a. The rate paid to nurses who contract directly with MassHealth to provide CSN care
 - b. The portion of the reimbursement rate paid directly as wages to nurses providing CSN care through an HHA [now CSN] agency that contracts with MassHealth

^{vii} Note: 130 CMR 403.000 pertains to HHAs. Effective April 9, 2024, HHAs were required to enroll with MassHealth as CSN agencies to provide CSN services. Any HHA enrolled with MassHealth that intended to initiate or continue CSN service delivery was required to complete CSN agency enrollment to maintain eligibility for billing these services.

^{viii} 101 CMR 361.02 and 403.402 define continuous skilled nursing services as "skilled nursing care provided by a licensed nurse to complex care members who require more than two continuous hours of nursing services per day."

^{ix} Effective April 9, 2024, HHAs were required to enroll with MassHealth as CSN agencies to provide CSN services. Any HHA enrolled with MassHealth that intended to initiate or continue CSN service delivery was required to complete CSN agency enrollment to maintain eligibility for billing these services.

^x 101 CMR 350.04 establishes rates for payment for home health services in the home. 101 CMR 361.04 sets forth the rates of payment for CSN Services in the Home. This report uses rates set forth in 101 CMR 361.04.

c. The median wage rate paid to all nurses in the Commonwealth

This report's analysis incorporates updated methodology that adjusts PA data to exclude members who died or moved out of state, those with TPL and known CSN coverage, and to align PA periods with the date of member disenrollment. The data were also adjusted to remove days when members were admitted to medical facilities, such as hospitals, which reduced the total authorized number of days and hours. Data from the 2024 report has been updated to reflect the updated methodology, and thus, totals may not align between the two reports.

2.2 Background

CSN services are defined as “skilled nursing care provided by a licensed nurse to complex care members who require more than two continuous hours of nursing services per day.”^{17,18,xi} CSN services enable pediatric and adult individuals with complex medical needs to receive nursing care at home and help many avoid extended stays in an institutional health care setting. The parameters of the biennial report on the provision of CSN care refer to individuals as “patients” (Appendix B). This current report will refer generally to those receiving MassHealth CSN services as *individuals* or *CSN individuals*.

As a service administered by MassHealth, CSN is provided to MassHealth enrolled individuals^{xii} who are determined by MassHealth to be clinically eligible for CSN services based on criteria set forth in 130 CMR 438.410(B) and 130 CMR 414.408.^{xiii} Each nurse providing CSN must be licensed to provide nursing services in the Commonwealth.^{xiv} Nurses provide CSN either through a direct contract with MassHealth as an independent nurse or under the arrangement of CSN Agencies.^{xv} CSN Agencies were established as a new provider type effective January 1, 2022, and regulated under 130 CMR 438.000; and on August 1, 2023, this regulation was further amended to add a new service type, CCA services. Under the supervision of an RN designated by the CSN Agency,¹⁹ some examples of services provided by a CCA include: enteral G-tube/J-tube feedings, oxygen therapy, ostomy and catheter care, and equipment management (CPAP/BiPAP).²⁰ As of April 9, 2024, for an agency to be able to provide CSN services, it must enroll with MassHealth as a CSN Agency.²¹ Any HHA enrolled with MassHealth that may start or continue providing CSN services must enroll as a CSN Agency in order to be able to bill for the services.²²

As a condition of payment for CSN services, PA must be obtained from MassHealth or its designee before providing services to an individual.²³ MassHealth has designated the University of Massachusetts Chan Medical School (For Health Consulting) CCM Program to manage the evaluation and authorization of CSN services, as well as other long-term services and supports (LTSS) for individuals receiving CSN.²⁴ PA determines the medical necessity of the service, but does not establish or waive requirements for payment.²⁵ The requirement to obtain PA for CSN services is a component of MassHealth's care management methodology, which is defined as a function performed by

^{xi} 130 CMR 438: Continuous Skilled Nursing Agency, originally effective January 1, 2022, established CSN agencies as a new provider type. This allows the agency to implement enrollment criteria for agencies that specialize in providing CSN care, rather than basing it on existing standards for intermittent home health.

^{xii} Pursuant to 101 CMR 361.02, a Publicly Aided Individual is “a person who received health care and services for which a governmental unit is in whole or part liable under a statutory program.”

^{xiii} A member is clinically eligible for MassHealth coverage of CSN services when all three of the following criteria are met: 1) there is a clearly identifiable, specific medical need for a nursing visit of more than two continuous hours; 2) the CSN services require the skills of a registered nurse or of a licensed practical nurse in accordance with 130 CMR 414.408(B); and 3) the CSN services are medically necessary to treat an illness or injury in accordance with 130 CMR 414.409(D).

^{xiv} 130 CMR 414.02 defines a Nurse as a person licensed as a registered nurse or a licensed practical nurse by a State's Board of Registration in Nursing.

^{xv} 130 CMR 414 states the requirements for nurses who contract with MassHealth as an independent nurse, 130 CMR 403 and 130 CMR 438 set forth similar requirements under the HHA and CSN Agency program regulations, respectively.

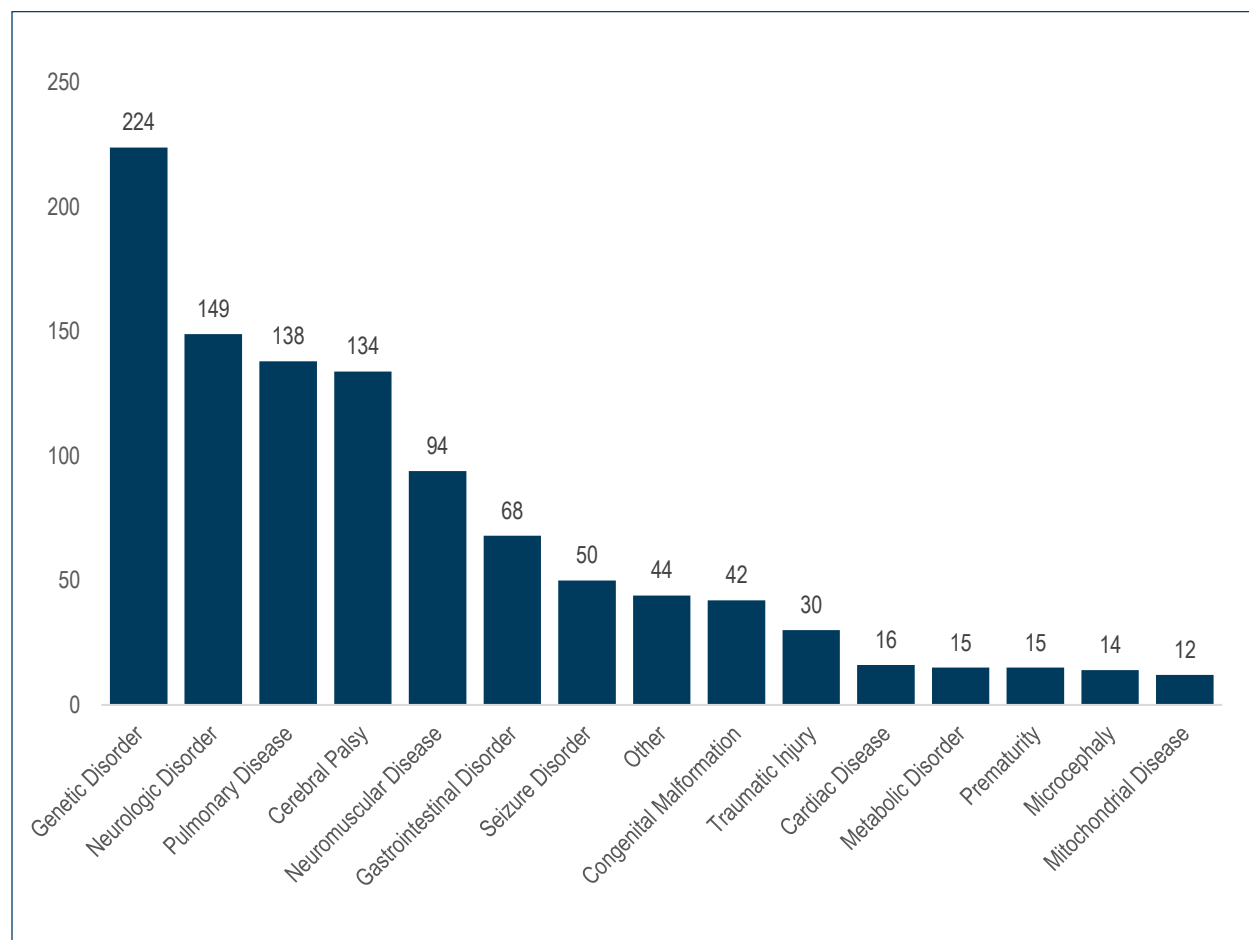
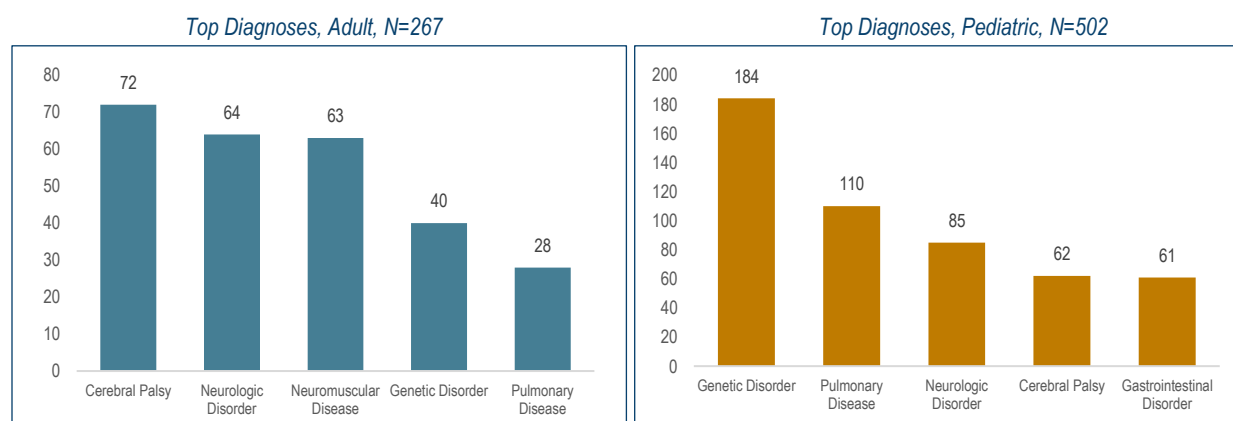
MassHealth, or its designee, that assesses and reassesses the medical needs of complex care individuals and authorizes or coordinates home and community LTSS that are medically necessary for individuals to remain safely in the community.²⁶

Complex care individuals are individuals with medical diagnoses, such as developmental, behavioral, feeding, and respiratory problems, that require additional medical, psychological, and social support, and may rely on medical technologies to manage their condition(s) and support daily activities.^{27,28} Examples of such technologies include wheelchairs, mobility aids, oxygen delivery, feeding devices, and urinary catheters. The population of pediatric individuals with complex medical needs is growing as a result of medical improvements that have led to a substantial increase in the number of children surviving conditions that were previously often fatal.²⁹ Children and youth with special needs require services to both address chronic health conditions as well as to maximize their development and wellness.³⁰

The CCM Program coordinates LTSS for individuals in Massachusetts who receive CSN services through MassHealth fee for service programs.³¹ The CCM Program authorizes services based on specific needs of individuals, including CSN and home/personal care support, along with physical, occupational, and speech therapy, medical and respiratory equipment, and supplies.³² The CCM Program coordinates services with CSN Agencies and independent nurses as appropriate to meet the individual CSN needs of complex care individuals.³³ CCM also coordinates with other LTSS service providers as needed to support the needs of CCM individuals.³⁴ These home- and community-based services allow many complex care individuals to avoid relying on equivalent care in an institutional setting.

MassHealth maintains an electronic directory to assist individuals in identifying available CSN providers.³⁵ The electronic directory is available to CCM staff, CSN providers, and to individuals and their families, connecting individuals with available providers that match both the professional skills and time frames needed for service.³⁶

Figure 1 displays the primary diagnoses for all individuals currently enrolled in the CCM Program and receiving CSN services. Figure 2 displays the top five diagnostic categories for adults and children receiving CSN services. These top diagnoses are present in 769 out of 1,045 (73.6%) of individuals receiving CSN services.

Figure 1. Primary Diagnosis for All Enrolled CCM Individuals, N=1,045^{xvi}**Figure 2. Top Five Primary Diagnoses for Currently Enrolled Adult and Pediatric CCM Individuals**

^{xvi} Member distribution by diagnosis provided by MassHealth and the CCM Program, reported by MassHealth as a representative view of members enrolled in the CCM program as of November 2025. Note that "Other" includes hematologic/oncologic disorder, immunologic disorder, and renal disorder.

2.3 Section 24 Requirements

This section provides the analyses specific to each of the eight components delineated by the legislature for the biennial report of MassHealth CSN services. The report follows the sequence of components set forth in Section 24 requirements.

The data used for these analyses come from several sources. BerryDunn used data reported by MassHealth and independently analyzed MassHealth claims data.^{xvii} BerryDunn also collected survey data directly from the CSN Agencies that employ nurses providing CSN services. The survey was sent to the 50 agencies enrolled with MassHealth that are active CSN Agencies as of October 2025. Of this survey group, 12 agencies responded, with a total of 13 responses.^{xviii} These responding agencies represent the largest and most active agencies, accounting for approximately 84.9% of CSN service payments to agency providers in state fiscal year (SFY) 2025.^{xix} Of the 962 individuals receiving CSN services in SFY 2025, these responding CSN Agencies provided services in aggregate to 749 unduplicated individuals.^{xx}

Number of Pediatric and Adult Individuals Requiring CSN Care

This section reports the number of pediatric and adult individuals requiring CSN services. Reported trends are based on data provided for CYs 2022 - 2024.

MassHealth requires PA for payment of CSN service claims. Individuals were included in the total CSN count if they used CSN hours on any date within the three reporting years. As noted above, PA data were refined^{xxi} to exclude members no longer eligible, those with TPL and known CSN coverage, and to align PA periods with disenrollment; days spent in medical facilities were also removed.^{xxii}

This study defines pediatric individuals as individuals under 21 years of age, and defines adult individuals as individuals 21 years of age or older.^{xxiii} A portion of these individuals represent individuals who may qualify for institutional-level care.³⁷ The number of pediatric and adult individuals who had authorized hours in each year is shown in Figure 3. The number of adult, pediatric, and total individuals with a PA for CSN services increased from 2022 to 2024, with 881 total individuals having a PA for CSN services in 2024.

^{xvii} For purposes of this study, Procedure Codes – T1002, T1003 were used by MassHealth to identify members and determine authorized and used hours. New to this report are training hours, which went live in 2024. Claims with procedure codes that include the U5 and U6 modifiers, reflecting training, were excluded.

^{xviii} 12 agencies responded to the survey, for a total of 13 responses. Two responses were received from one agency that has multiple locations, so each response was on behalf of a different location.

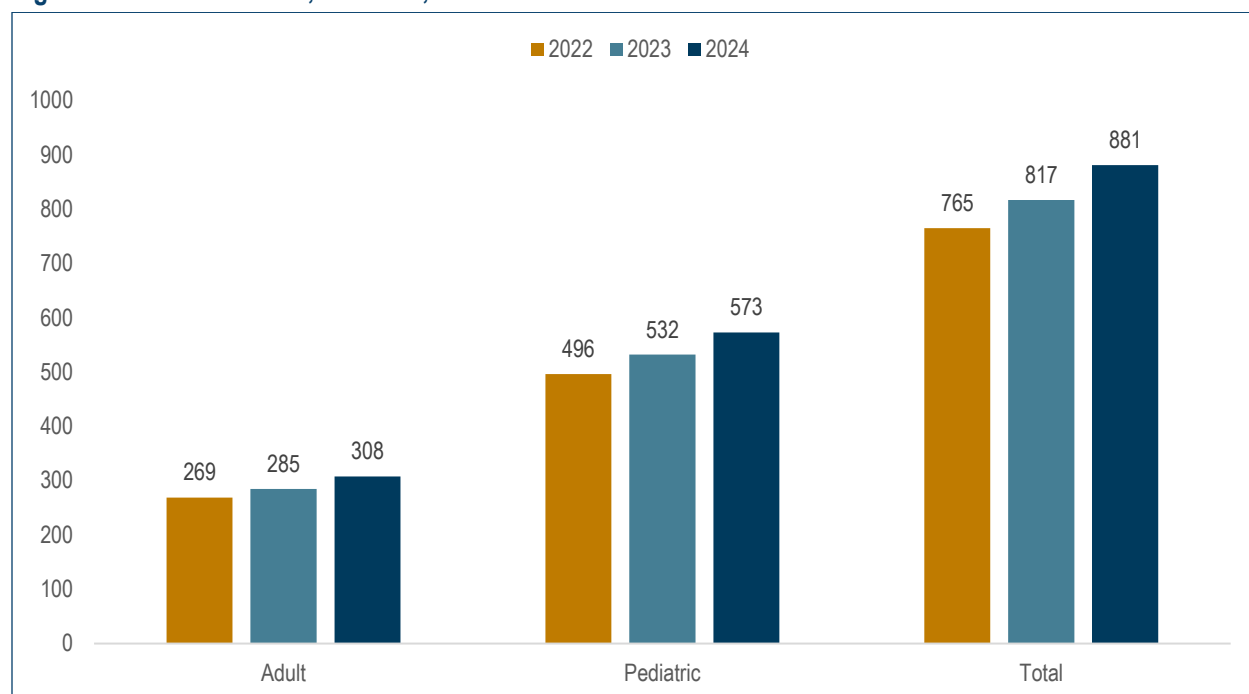
^{xix} SFY 2025 covers the time period from July 1, 2024 – June 30, 2025.

^{xx} A total of 962 unduplicated individuals received CSN services in SFY25 with some individuals being served by more than one provider, i.e., an individual may be served by some combination of a CSN Agency and independent nurse.

^{xxi} Because these adjustments were not made in previous reports, comparisons to prior reporting should be interpreted with caution.

^{xxii} Facility days are defined as stays at a Nursing Facility, Acute Inpatient Hospital, Chronic Inpatient Hospital, Psychiatric Inpatient Hospital, or Substance Addiction Disorder Inpatient Hospital.

^{xxiii} Age is calculated as of the first day of the measurement period.

Figure 3. Number of Adult, Pediatric, and Total Individuals with a PA for CSN³⁸

*Note that the total numbers are unduplicated.^{xxiv}

Average and Median Number of CSN Hours Authorized, and Average and Median Number of CSN-Authorized Hours Actually Delivered

This section estimates the average and median number of CSN hours authorized by MassHealth per day, week, month, and year for pediatric and adult individuals. The number of CSN hours delivered are measured within this report by the hours that MassHealth used for CSN services.

A MassHealth CSN PA provides a total aggregate number of authorized hours over the authorized time period.³⁹ CSN PA time periods vary and are between one day and over two years. CSN PAs are determined by the number of medically necessary CSN services an individual requires in a calendar week and the number of calendar weeks in the PA period. MassHealth does not prescribe how much or when authorized hours can be used in a given day, and CCM individuals and families can choose when to use their unused authorized CSN services during a PA time period. This biennial report uses MassHealth's total aggregate PA data to derive estimates of the average hours authorized per day, week, and month.

MassHealth reports modifying the number of authorized hours within a PA time period in 84.7% of cases.⁴⁰ The MassHealth data system captures and reports the final and total number of hours authorized, therefore historical adjustments and modifications are not reportable. Since a PA can be effective on any calendar day, the data are grouped into three 12-month CYs. From its data systems, MassHealth pulled authorized and delivered hours for all PAs with an effective date during three CYs (2022, 2023, and 2024). Because a PA can have an effective date any

^{xxiv} The 2022 total number has been updated from the total number in the 2024 report due to updated report methodology.

day of the year and may have long time spans, many PAs span more than one CY. BerryDunn allocated authorized hours across calendar periods that aligned authorized and delivered hours. Authorized and delivered hours were included in a reporting period based on the payment dates^{xxv} for hours delivered.

To estimate authorized hours by day, week, and month, BerryDunn took the total authorized hours for the PA period and divided the hours into month, week, and day segments. However, as noted, the PAs total reported authorized hours represent the MassHealth final authorized amount, and PAs are often subject to modification during their authorization period. BerryDunn's estimates do not represent the actual number of hours an individual was authorized for CSN services on any given day, week, or month during the PA period.

Table 1 and Table 2 present the total authorized hours, total used hours, and estimated average and median authorized and used hours per day, week, month, and year for adult and pediatric individuals. Questions 2 and 3 delineated by the legislature for the biennial report of MassHealth CSN services request the average and median hours authorized and used per CSN individual. Table 1 and Table 2 report these measures on a per individual basis.

Table 1. Adult Authorized and Used Hours – Age ≥ 21 ^{xxvi,xxvii}

TIME PERIOD	2022 AUTHORIZED	2022 USED	2023 AUTHORIZED	2023 USED	2024 AUTHORIZED	2024 USED
Day - Average	8.8	6.3	8.9	6.4	8.3	6.0
Day - Median	8.2	5.3	8.2	5.3	7.6	4.8
Week - Average	61.8	44.3	62.0	45.0	58.2	42.0
Week - Median	57.4	37.3	57.1	36.8	53.4	33.4
Month - Average	268.9	192.4	269.8	195.8	253.1	182.5
Month - Median	249.7	162.0	248.4	159.8	232.2	145.1
Year - Average	1,529	1,099	1,582	1,142	1,500	1,093
Year - Median	1,071	663	1,079	681	915	596
Year - Total Hours	1,035,305	744,107	1,097,657	792,291	1,174,850	855,921

^{xxv} Tables 1 and 2 are summarized by authorization date and service date.

^{xxvi} The difference between authorized and used hours might be due to a number of reasons, including a modification of the total number of authorization hours within the authorization period. The MassHealth data system only captures the final modified hours. See Appendix B for staffing-related reasons.

^{xxvii} The averages per day, week, and month were derived by dividing the total hours by the authorized number of days, weeks, and months.

Table 2. Pediatric Authorized and Used Hours – Age <21⁴¹

TIME PERIOD	2022 AUTHORIZED	2022 USED	2023 AUTHORIZED	2023 USED	2024 AUTHORIZED	2024 USED
Day - Average	7.1	4.6	6.9	4.6	6.6	4.5
Day - Median	6.1	3.9	6.0	3.7	5.8	3.7
Week - Average	49.6	32.5	48.5	32.1	46.4	31.3
Week - Median	43.0	27.1	42.0	25.9	40.6	25.5
Month - Average	215.6	141.1	210.8	139.7	201.6	136.3
Month - Median	187.0	117.8	182.6	112.7	176.7	111.0
Year - Average	1,152	750	1,212	785	1,089	734
Year - Median	750	437	787	451	692	413
Year - Total Hours	1,409,755	917,554	1,559,713	1,010,296	1,588,175	1,070,309

Total CSN Hours Authorized and Delivered Per Month and Year, Adult and Pediatric

This section provides a summary of the total number of CSN service hours that were authorized and delivered per month and year for CYs 2022, 2023, and 2024. As noted previously, hours delivered are based on the number of hours MassHealth reports as billed and used. Hours authorized by day, week, and month are estimated from the total aggregate hours approved during the PA period. For consistency, this report uses the number of hours used by MassHealth as the measure of hours delivered.

Table 3 displays the total number of authorized and used nursing hours for the total CSN population, and for adults and children for 2022 through 2024. Children account for approximately 57.9% of total authorized services and 55.6% of used services.

Overall, 2024 shows a slight increase in the percentage of authorized hours used annually, with a total increase of 1.7% from 2022 to 2024. The increase was slightly higher for children, from 65.1% to 67.4% than that for adults, from 71.9% to 72.9% of authorized hours used annually. Figure 4 displays the trend—total, adult, and pediatric—from 2022 through 2024.

Table 3. Total CSN Used-to-Authorized Hours⁴²**Total Individuals**

Year	Total Authorized	Total Used	Percent Used-to-Authorized
2022	2,445,060	1,661,661	68.0%
2023	2,657,370	1,802,587	67.8%
2024	2,763,025	1,926,230	69.7%

Adult Individuals

Year	Total Authorized	Total Used	Percent Used-to-Authorized
2022	1,035,305	744,107	71.9%
2023	1,097,657	792,291	72.2%
2024	1,174,850	855,921	72.9%

Pediatric Individuals

Year	Total Authorized	Total Used	Percent Used-to-Authorized
2022	1,409,755	917,554	65.1%
2023	1,559,713	1,010,296	64.8%
2024	1,588,175	1,070,309	67.4%

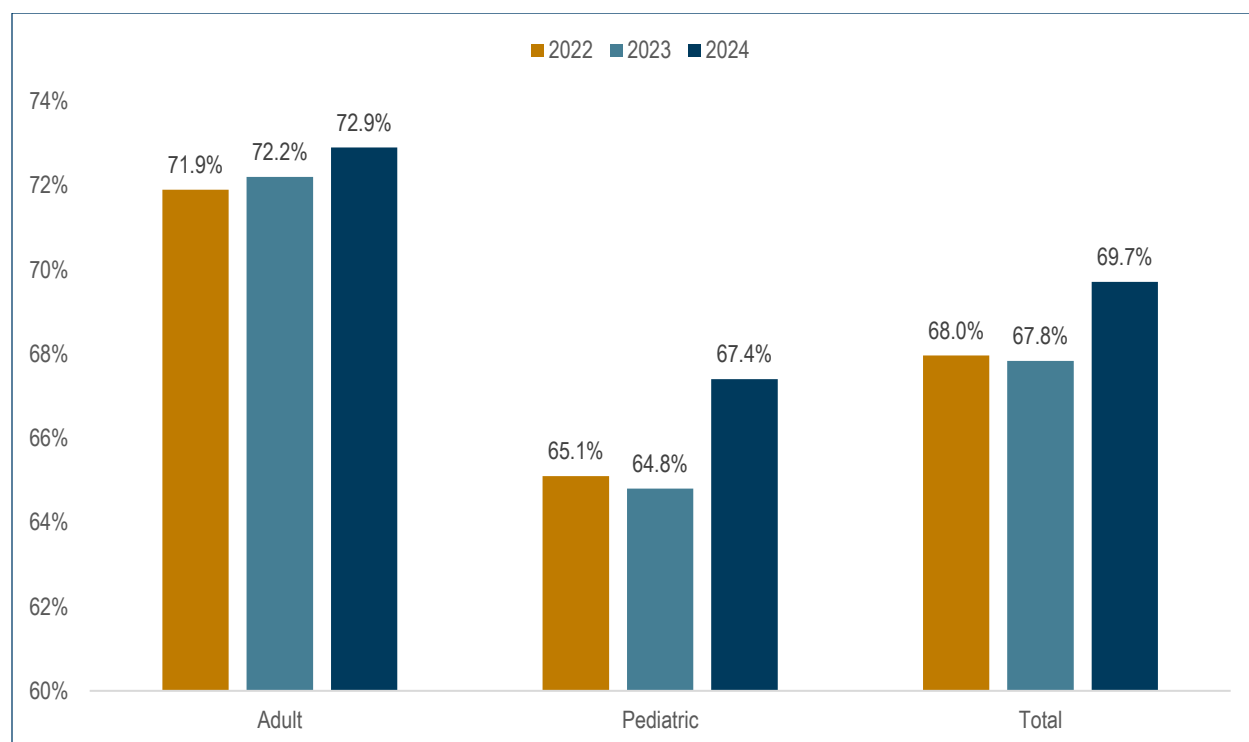
Figure 4. Percent of Authorized Hours Used, Annual, 2022 – 2024

Figure 5 presents the average authorized and delivered hours per individual—by day, week, month, and year—for CYs 2022 through 2024.

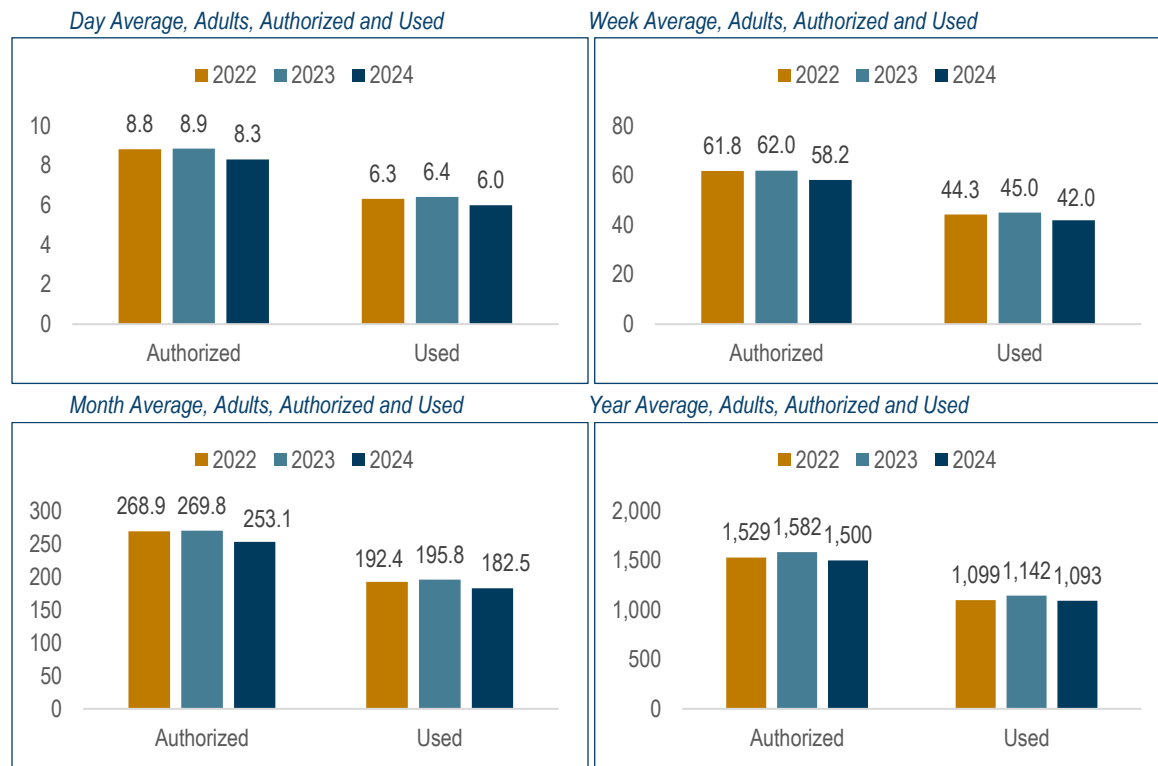
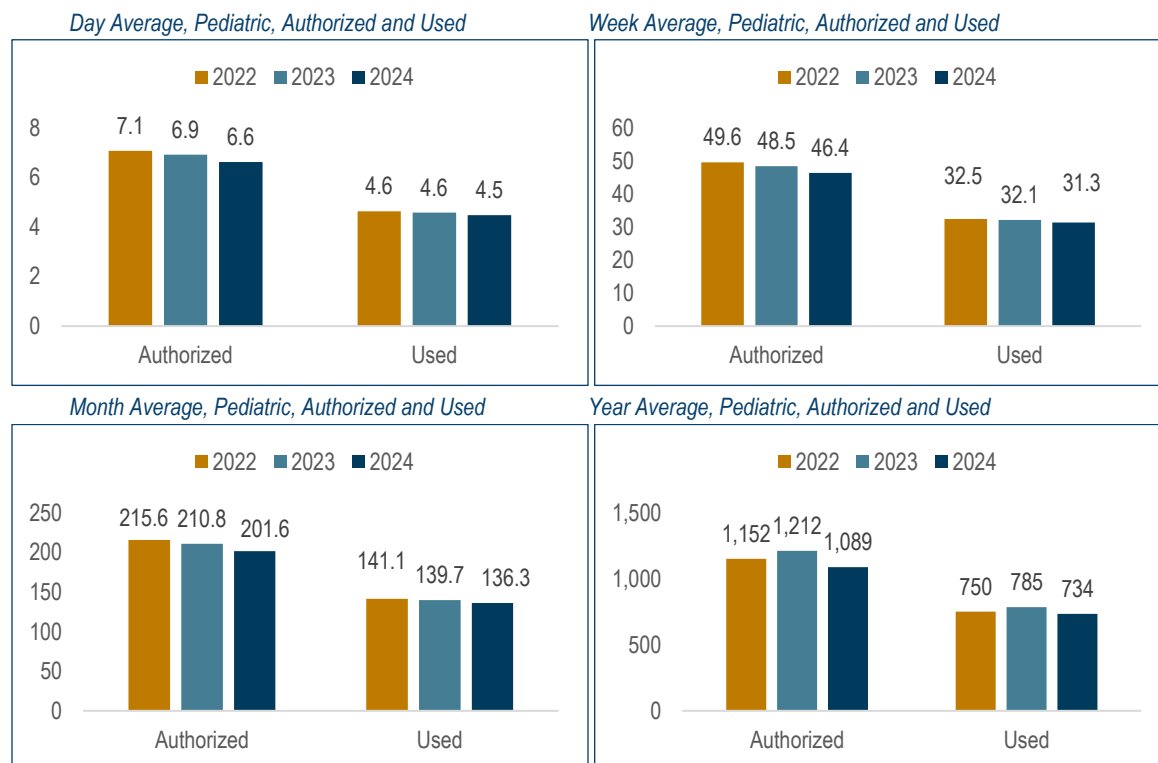
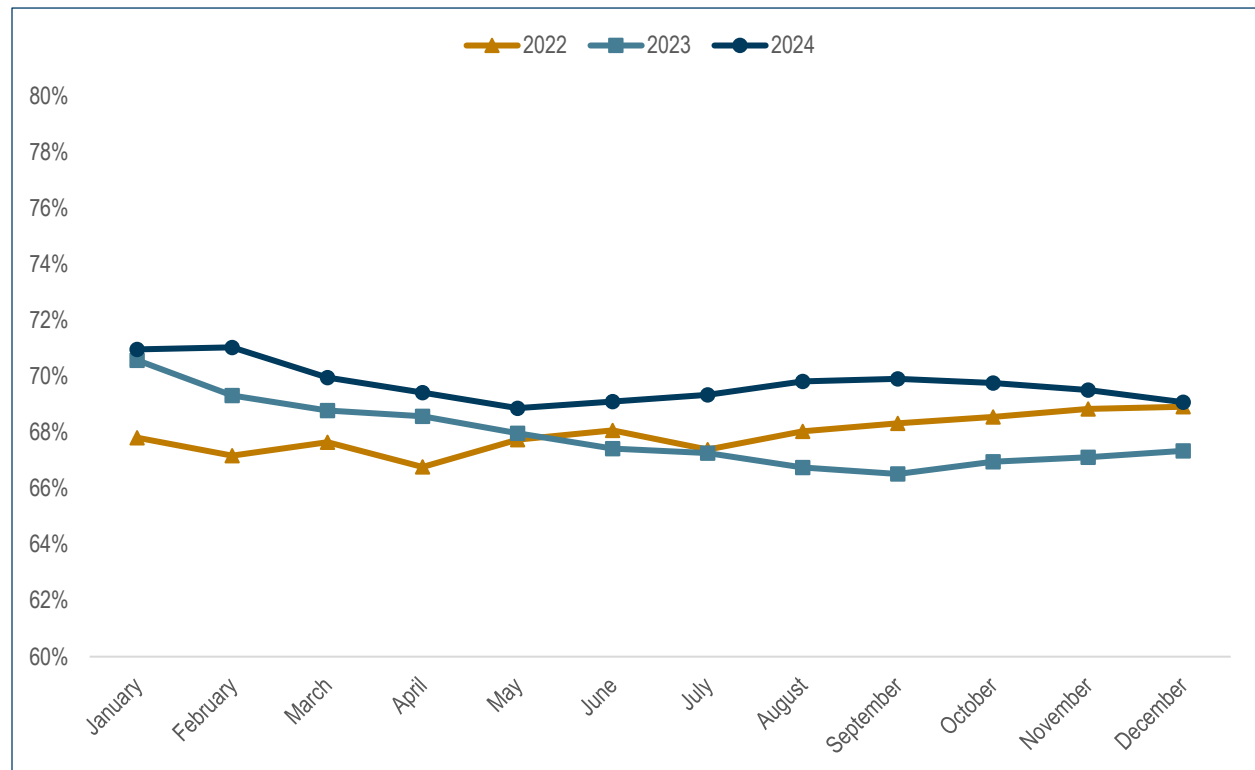
Figure 5. Average Authorized and Used Hours, Per Individual, Per Day, Week, Month, and Year, 2022 – 2024**Adults****Pediatric**

Figure 6 [Error! Not a valid bookmark self-reference.](#)^{xxviii} displays the trend at a monthly level for total, adult, and pediatric hours authorized and used. In 2024, the percentage of hours used showed a modest decline. Overall, the percentage of authorized hours remained relatively stable from 2022 to 2024.

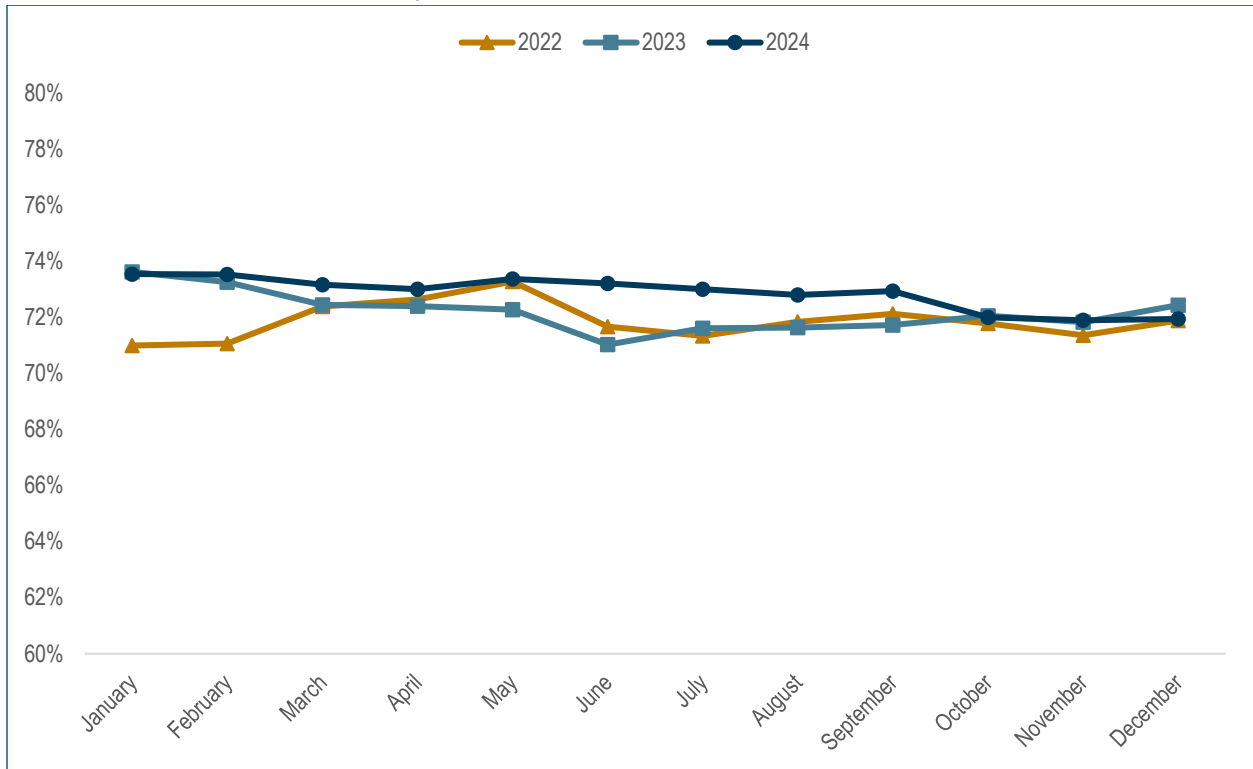
Figure 6. Percent of Authorized Hours Used, Monthly – Total, Adult, and Pediatric

Percent of Authorized Hours Used, Monthly, CSN Services, Total

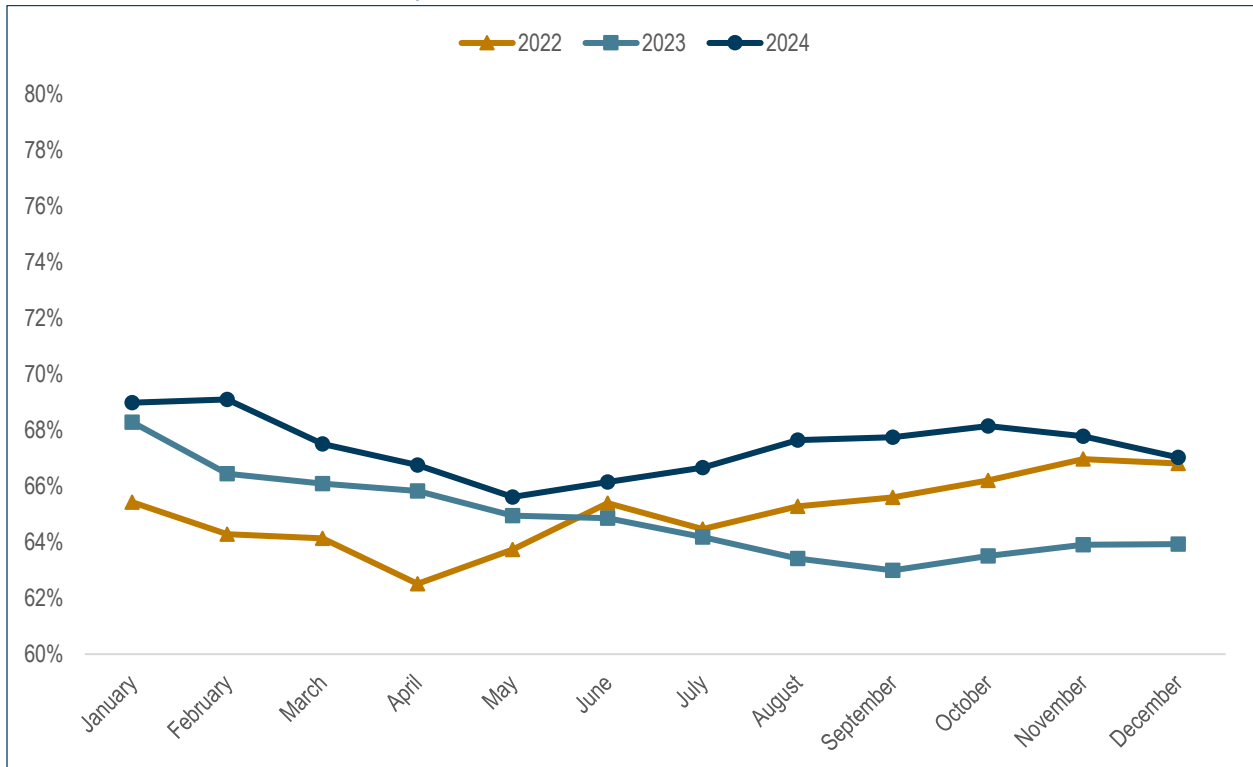


^{xxviii} Graphs in Figure 6 have zoomed in y-axes that reflect a range of 60%-80%.

Percent of Authorized Hours Used, Monthly, Adults



Percent of Authorized Hours Used, Monthly, Pediatric

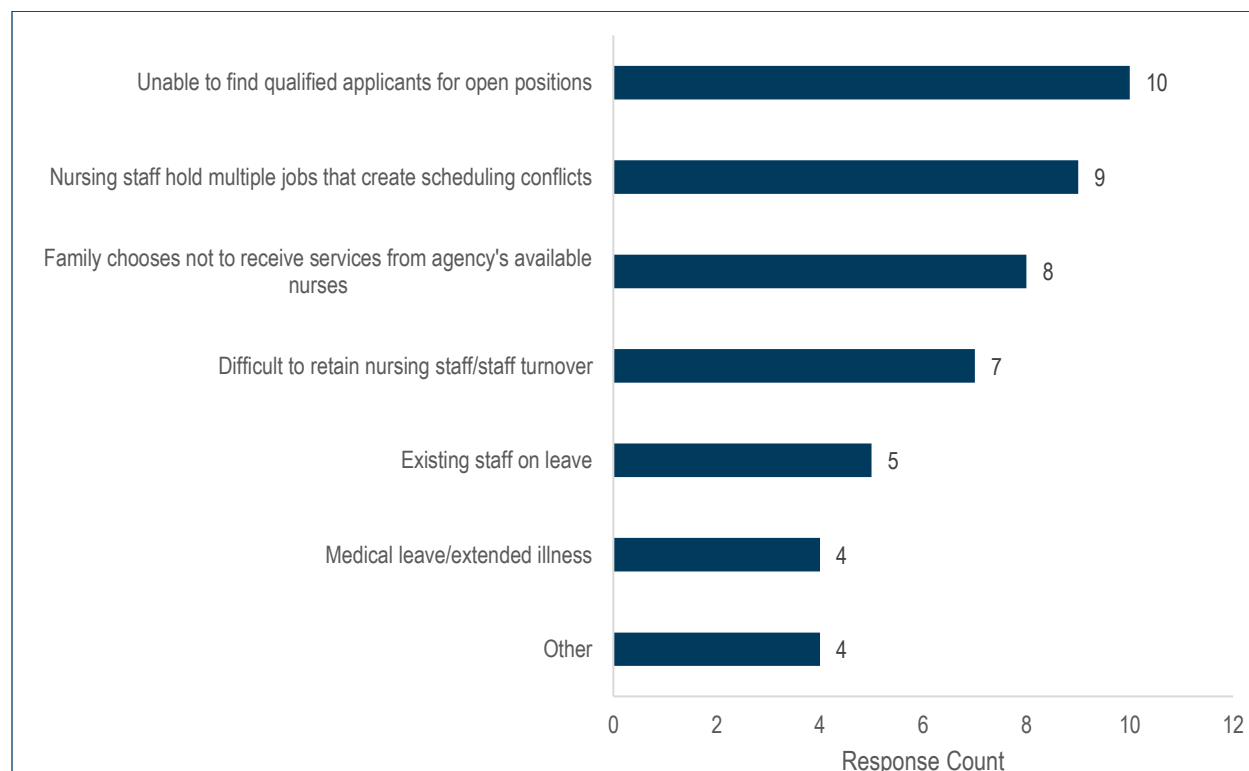


Unfilled Authorized Hours

The number of CSN services authorized per individual and the proportion of those services delivered can vary widely, with authorized hours not delivered referred to as “unfilled hours.” These gaps occur for several reasons, including challenges in recruiting and retaining qualified nurses, workforce shortages, and difficulty finding nurses who meet both the medical and personal needs of the individual. Even when a nurse is identified, they must have the appropriate skills and availability, and the individual or family must agree to the match. If the individual declines, the CCM Program works to identify another suitable nurse. In some cases, individuals choose not to use authorized hours, opting instead for alternatives such as personal care assistant (PCA) services, delaying hours for later use, or limiting caregivers to reduce exposure to illness. Other factors include hospitalization, changes in medical condition or living arrangements, and scheduling disruptions when nurses become unavailable or leave agencies. A more complete list of reasons for unfilled hours is provided in Appendix C.

BerryDunn’s survey of CSN Agencies gathered information on staffing levels and the challenges agencies face in maintaining adequate staff. 11 of 13 respondents responded to the survey question that asked about the approximate percentage of authorized CSN hours the agency is able to provide.^{xxix} All 11 responses to this question indicated that their agency could not fill the hours requested by individuals and authorized by MassHealth. Agencies report being able to fill, on average, 67.2% of authorized hours, with responses ranging from 40% to 92%. Figure 7 lists the frequency that responding CSN Agencies note impediments to filling authorized CSN hours. Agency responses to the BerryDunn survey reported several factors that may impede the ability of their agency to provide CSN services, including being unable to find qualified applicants to fill open positions, nursing staff holding multiple jobs creating scheduling conflicts, difficulty matching families with the agency’s available nurses, and difficulty in retaining nursing staff due to turnover. When asked which of these factors is the most significant challenge in providing CSN services, being unable to find qualified applicants to fill open positions and nursing staff holding multiple positions creating scheduling conflicts were the most frequent responses.

^{xxix} Two responses to the survey were not included in the results analysis for this question because the responses were either blank or zero.

Figure 7. Reported Reasons That Impede the Ability to Meet Need/Demand for CSN Services

Some survey responses mentioned challenges matching nurses' schedules with families' schedules as other reasons that may impede the agency's ability to meet the demand for CSN services. Of the responding CSN Agencies, 10 responses to the question about the ability of the agency to fulfill initial evaluation requests reported that they are never unable to perform an initial, RN-provided, evaluation request. Two responses said they do not know if their agency is ever unable to fulfill the initial evaluation request and one response was left blank. As reported by MassHealth, CSN Agencies may intake an individual when there is no identified nurse upon intake, if the agency agrees to recruit a nurse to provide CSN services.⁴³

Number of Nurses Caring for More Than One Individual

This section presents data on the number of nurses caring for more than one individual at a time and, for the individuals cared for by those nurses, the aggregate proportion of CSN hours authorized and delivered (used).

CSN services may be provided to multiple individuals at a time. As set forth in 101 CMR 361.04, the multiple-individual nursing reimbursement rate is established in two tiers: reimbursement for two publicly aided individuals and rates for reimbursement for three or more publicly aided individuals.⁴⁴

Table 4 displays the MassHealth-reported information about independent nurses providing services to more than one individual at a time. MassHealth claims data shows that during CY2025, 29 of the 473 independent nurses who billed

MassHealth for CSN services provided care to multiple individuals at a time.^{xxx,45} This equates to approximately 6.1% of the total number of contracted independent nurses reported by MassHealth.

Table 4 also reports that, for multi-individual cases performed by independent nurses, 88.2% of authorized services were delivered (used) in 2024. This slightly exceeds the overall used-to-authorized percentage for CSN services, reported at 71.6% in 2024 (reported in Table 3, above).

Table 4. Number of Independent Nurses Providing CSN Care to More Than One Individual
Aggregate Proportion of Used Hours to Authorized Hours

TIME PERIOD	NUMBER OF INDEPENDENT NURSES	TOTAL AUTHORIZED HOURS	TOTAL USED HOURS	RATIO OF USED HOURS TO AUTHORIZED HOURS
2022	17	37,289	31,916	85.6%
2023	17	37,890	34,531	91.1%
2024	25	42,634	37,613	88.2%

MassHealth does not have data on how many individuals are served by each nurse employed by a CSN Agency. BerryDunn obtained this data through its survey of CSN Agencies that contract with MassHealth to provide CSN services. BerryDunn asked the CSN Agencies how many of their nurses provided CSN services to more than one individual. Seven out of 13 responses to the survey indicated that their agency nurses provide care to more than one individual at a time.

Table 5 displays the level of staffing reported by the CSN Agencies, including the number of nurses caring for multi-individual cases.

In aggregate, approximately 4.7% of CSN Agency nurses provide care to more than one individual at a time. This percentage is slightly lower than the 6.1% of independent nurses contracting directly with MassHealth who care for more than one individual at a time. Based on the information provided by MassHealth and the survey responses, most individuals receive CSN services from a nurse on an individual basis.

Table 5. CSN Agency Reported Staffing and Total Caring for More than One Individual

STAFFING MEASURE	RN	LPN	Total
Total Nurses	1,206	542	1,748
Total (%) Caring for More Than One Individual	62 (5.1%)	21 (3.8%)	83 (4.7%)

Total Number of Nurses Providing CSN Services

This section reports the number of independent nurses who contract with MassHealth to provide CSN services, the number of nurses who provide CSN services through a CSN Agency that contracts with MassHealth, and whether the total number of nurses providing such care is sufficient to fill all authorized CSN hours.

^{xxx} MassHealth reports a total of 473 independent nurses billed for the provision of CSN services in FY 2025.

MassHealth reports that 473 independent nurses billed MassHealth for the provision of CSN services in SFY 2025.⁴⁶ Independent nurses provided care to 352 of MassHealth's 962^{xxxi} unduplicated individuals in SFY 2025 and received a total of \$42.3 million in MassHealth payments for services delivered. This represents 23.9% of the \$177.3 million paid by MassHealth for CSN services in that year.

Most CSN services are provided through CSN Agencies that bill MassHealth for these services, accounting for nearly \$135.1 million (76.2%) of CSN services provided in SFY 2025. MassHealth provided a list of agencies that have billed and received payment for CSN services in SFY 2025. These 22 CSN Agencies served 834 of MassHealth's 962 unduplicated CSN individuals in SFY 2025. MassHealth maintains a list of contact information for active CSN Agencies. The BerryDunn survey was sent to the 50 agencies listed as of October 2025. BerryDunn received 13 responses to the survey, representing 12 total agencies.^{xxxii} The responding agencies represent MassHealth CSN providers delivering approximately 84.9% of CSN Agency services paid for by MassHealth in SFY 2025.^{xxxiii}

Surveyed CSN Agencies were asked to report both the number of nurses they directly employ and the number of nurses they engage under contract. Three agencies reported that they engage nurses under contract. Table 5, above, provides details about the total number of RNs and LPNs employed or contracted to provide CSN services through CSN Agencies that responded to the survey.

The responding CSN Agencies report employing 1,206 RNs and 542 LPNs, totaling 1,748 nurses providing CSN services.^{xxxiv} The responding agencies report that these 1,748 nurses provided care to 1,051 CSN individuals in the most recent month.^{xxxv}

As mentioned in the 'Unfilled Authorized Hours' section, many agencies responded to the survey saying they are unable to provide all the hours that are authorized by MassHealth, often due to challenges related to staffing. Eight survey respondents indicated that they would need to hire additional nurses to fully staff the CSN hours authorized by MassHealth. The general number of nurses the respondents said they would need to hire ranged from 2 – 43 full-time nurses and 2 – 40 part-time nurses. Respondents indicated that factors such as nurse availability, staff turnover, and parent preference influence their ability to provide authorized hours and the number of nurses they would need to hire.

A complete analysis of the workforce need, demand, and gaps would require measurement of 1) the specific number of actual CSN hours available (daily, weekly, monthly, yearly) from all employed CSN Agency nurses (full-time and part-time), 2) the specific number of actual nursing hours available (daily, weekly, monthly, yearly) by all independent

^{xxxi} A total of 962 unduplicated individuals received CSN services in SFY25 with some individuals being served by more than one provider, (i.e., an individual may be served by some combination of a CSN Agency and independent nurse).

^{xxxii} Two responses were received from one agency that has multiple locations, so each response was on behalf of a different location.

^{xxxiii} Calculated as the percentage of total cost of CSN services. 962 unduplicated individuals received CSN services with some individuals being served by more than one provider, (i.e., an individual may be served by some combination of a CSN Agency and independent nurse).

^{xxxiv} Nurse staffing levels of individual agencies within the MassHealth CSN provider network vary, ranging to as many as 545 RNs and 233 LPNs, to as few as one employed nurse providing CSN services.

^{xxxv} The number of CSN individuals included in the section of the report is based on survey responses and therefore represents self-reported data from the agencies and does not account for members who may be seen by nurses from more than one agency and/or independent nurses. Therefore, this data point is not intended to replace or be directly compared to the number of unduplicated members served by CSN agencies mentioned elsewhere in the report.

nurses providing CSN services, and 3) a comparison of that supply figure with the total number of MassHealth-authorized hours.

The survey conducted by BerryDunn of CSN Agencies provides a partial view of the number of nurses employed by CSN Agencies and should be viewed as an estimated headcount. However, it does not yield needed specificity about the actual available CSN hours from this workforce. The attainment of a valid measure of the specific number of CSN hours available from all CSN Agency-employed nurses requires a more detailed modeling exercise that falls outside the scope of this study. Instead, this report relies on reports by the agencies about the degree to which they can fully use their existing workforce.

Nurse Educational and Experience Requirements

Section 24 requires a description of the training, experience, and education qualifications of nurses who provide CSN care.^{xxxvi}

Requirements for Independent Nurses

Independent nurses who contract directly with MassHealth to provide CSN services must comply with MassHealth regulations including, but not limited to, 130 CMR 414.000 and 450.000.^{xxxvii} In order to participate as a MassHealth independent nurse provider, a nurse must:

- Be licensed and in good standing as a nurse by the board of registration for the state in which the nursing services are provided
- Meet all provider eligibility requirements set forth in 130 CMR 450.212^{xxxviii}
- Sign a MassHealth provider contract and receive a MassHealth provider number
- Notify MassHealth in writing within 14 days of any change in any information submitted in the provider application in accordance with 130 CMR 450.223(B)

In addition, MassHealth conducts criminal offender record information (CORI) and sexual offender registry information (SORI) checks on independent nurses at enrollment, annually, and at each five-year contract revalidation. MassHealth also confirms all enrolled independent nurses have an active license monthly. Nurses with incidents noted on either their CORI or SORI check may have their MassHealth contract terminated depending on the type and severity of the offense.

Pursuant to 130 CMR 414.402 and 130 CMR 438.402, CSN services may be provided by a nurse who is licensed by the State's Board of Registration in Nursing. MassHealth regulations require independent nurses to be licensed RNs or LPNs. MassHealth reports that some independent nurses also hold an advanced practice nursing (APRN) license.

^{xxxvi} Children and adults receiving CSN care have complex medical conditions and often require medical equipment (e.g., ventilators), technology (e.g., various monitors), and therapy services, in addition to nursing care.

^{xxxvii} 130 CMR 450.223(B) states that "[e]ach MassHealth provider must notify the MassHealth agency in writing within 14 days of any change in any of the information submitted in the application. Failure to do so constitutes a breach of the provider contract. In no event may a group practice file a claim for services provided by an individual practitioner until the individual practitioner is enrolled and approved by the MassHealth agency as a member of the group. At its discretion, the MassHealth agency may require a provider to recertify, at reasonable intervals, the continued accuracy and completeness of the information contained in the provider's application. Failure to complete such recertification upon request by the MassHealth agency may result in termination of the provider contract."

^{xxxviii} 130 CMR 403.405 and 403.406 state the HHA provider eligibility requirements in state and out of state. An HHA providing CSN care in Massachusetts must be a certified provider of home health services under the Medicare program by the Massachusetts Department of Public Health.

To be licensed as an RN or LPN in Massachusetts, the Board of Registration in Nursing requires licensure applicants to provide proof that they: 1) graduated from a board-approved nursing program; 2) are of good moral character, as defined by state law; and 3) have passed the National Council Licensure Examination (NCLEX).⁴⁷ For a licensed RN or LPN to remain in good standing with the board in registration in nursing, a nurse must comply with the Standards of Conduct for Nurses set forth in 244 CMR 9.00, and any other laws and regulations related to nursing.⁴⁸

Requirements for Nurses Employed by CSN Agencies

CSN Agencies may provide CSN services if they meet the requirements set forth in 130 CMR 438.000 and 450.000.^{xxxix} Nurses employed by CSN Agencies to provide CSN services must also be licensed as a RN or LPN and thus must comply with the Board of Registration in Nursing requirements for licensure as discussed above.

The BerryDunn survey of CSN Agencies asked about the training, experience, and education requirements for nurses employed to provide CSN services. All the responding CSN Agencies confirmed adhering to MassHealth employment requirements for nurses providing CSN, and over 75% (10 out of 13) of the responding agencies noted requiring additional education, skills, work experience, or training. The additional requirements reported by respondents varied:

- Tracheostomy, ventilator, and wound care management experience (training provided as needed)
- Comparable complex care experience in institutional settings
- Successful validation of specialized skills in the office skills lab and the client home
- Completion of self-directed learning modules specific to skill level (e.g., pediatrics, intravenous placement, high-tech care)
- Skilled nurse orientation and 12 hours of agency-specific training
- Training and mastery of the Electronic Medical Record (EMR) system
- Mandatory shadowing and case-specific orientation for each client
- OSHA respirator medical evaluation and qualitative fit test sitting

Reimbursement Rates

This section summarizes findings on reimbursement rates for independent nurses delivering CSN services as established in 101 CMR 361.04(2).^{xi} In accordance with Section 24, BerryDunn compared these rates to:

- a) Wages paid directly to nurses providing CSN care through CSN Agencies that contract with MassHealth, and
- b) The median wage for all nurses in Massachusetts.

This evaluation serves two purposes:

- 1) To determine the adequacy of reimbursement rates offered by MassHealth to contracted nurses, and

^{xxxix} 130 CMR 414.000 states the requirements for the payment of nursing services, and 130 CMR 450.000 sets forth the Administrative and Billing regulations for the Division of Medical Assistance; 130 CMR 450.212 sets forth the Provider Eligibility Criteria to be eligible to participate in MassHealth as any provider type.

^{xi} 101 CMR 350.04 establishes rates for payment for home health services. 101 CMR 361.04 sets forth the rates of payment for CSN Services in the Home. For the purposes of this report, the rate comparisons are to those set forth in 101 CMR 361.04.

- 2) To understand how the supply of nurses for CSN care might be affected by differences in pay rates across three groups – Independent Nurses providing CSN care, CSN Agency-employed nurses providing CSN care, and Massachusetts nurses working in other health care sectors.

The Massachusetts' Executive Office of Health and Human Services, in 101 CMR 361.04, establishes the reimbursement rates paid to independent RNs and LPNs who contract directly with MassHealth.⁴⁹ BerryDunn converted these rates from 15-minute units to hourly rates to compare them to CSN Agency employee wages. Several other factors require consideration when assessing the relative wages among various nursing categories:

- Wage rates paid by CSN Agencies to nurses providing CSN care are not publicly reported. These rates began being self-reported for 2024 wages to MassHealth in early 2025.
- Data from the federal BLS include a time lag and do not provide wage information specific to independent nurses.
- Provider rates paid to independent nurses will differ from wages paid to CSN Agency-employed nurses because the two provider rates that MassHealth pays independent nurses and agency providers do not treat fringe benefits and other applicable overhead (including office functions) costs similarly.
 - Independent nurses are paid all-inclusive rates that build in the total cost of self-employment, including employer share of payroll taxes, health insurance, retirement contributions, and other fringe benefits, paid vacation or sick leave days, and overhead (office functions).⁵⁰
 - In the case of CSN Agency-employed nurses, the employing agency pays for the items that, for an independent nurse, are self-employment costs. Additionally, the employing agency has other agency-specific employer costs, including but not limited to payroll taxes and supporting administrative staff. CSN Agency-employed nurses receive an hourly wage that does not include the overall hourly costs of employment incurred by their agency employer, including employer-funded benefits.
 - For this reason, the hourly rate for independent nurses (self-employed) would generally be higher than wages paid for CSN Agency nurse employees.

The use of adjustment factors allows better comparison between the rates paid to contracted independent nurses and the wages paid to CSN Agency-employed nurses. BerryDunn applies an adjustment factor of 0.77 to independent nurse rates, to separate the actual wage component from independent nurse self-employment expenses.^{xli, 51, 52}

BerryDunn obtained data about wage rates for RNs and LPNs employed by CSN Agencies through surveying those agencies. Surveys were sent to 50 CSN Agencies that have contact information listed in MassHealth's list of active CSN Agencies as of October 2025, and 13 responses were received, representing 12 of these agencies.^{xlii} The responding MassHealth CSN provider agencies account for approximately 84.9% of all MassHealth-paid CSN Agency services in SFY 2025. These responding CSN Agencies served 749 individuals of the 834 MassHealth individuals receiving CSN services through an agency in SFY 2025.⁵³ This indicates a strong response by the most

^{xli} The 1.3 inflation factor from wages to service fees translates to a 0.77 factor to deflate fees to effective hourly wage/salary values.

^{xlii} Two responses were received from one agency that has multiple locations, so each response was on behalf of a different location.

active MassHealth CSN provider agencies. Therefore, the data received from the survey's respondents provides a robust measure for the questions of interest.

Alongside the survey data, BerryDunn reviewed 2024 data from the BLS, which reports average hourly wages paid to all RNs and LPNs in Massachusetts.⁵⁴ These hourly wages are averages and medians and do not include the dollar value of employer-paid benefits or account for factors such as overtime pay or bonus rates for working with multiple individuals simultaneously. The BLS reports wage data within specific occupation sectors; BerryDunn used data from RNs and LPNs within the "home health care services" and compared to other similar health care service sectors.^{xliii}

Overall, the analysis of reimbursement rates for CSN services relies on three data sources: 1) Independent nurse reimbursement rates; 2) Wage information in the CSN Agency survey data, and 3) BLS wage data for all Massachusetts RNs and LPNs. In order to make the independent nurse reimbursement data comparable to the two sources of wage data, BerryDunn adjusted for the costs of self-employment, applying a factor of 0.77 to the reported rates.

Table 6 and Table 7 present the hourly wages for RNs and LPNs. Wages are broken out separately by the number of individuals treated at the same time (in most cases, one individual only) and the shift during which services are provided. MassHealth reimburses CSN services provided on the weekend at the same rate as CSN services provided at night. Table 6 and Table 7 together enable comparison of the average hourly wages of nurses employed by CSN Agencies to rates for independent nurses who contract directly with MassHealth to provide CSN services. The MassHealth established CSN rates were set on August 2, 2024, through regulation, and the wages for CSN-agency-employed nurses reflect average wages for the time period of August to December 2024.

Table 6. BLS Hourly Average Wage and Range Data for Nurses in Home Health Care, Massachusetts, 2024⁵⁵

WAGE	AVERAGE	10th PERCENTILE	50th PERCENTILE (MEDIAN)	90th PERCENTILE
RN Hourly	\$ 42.54	\$ 28.49	\$ 41.04	\$ 51.83
LPN Hourly	\$ 34.93	\$ 29.56	\$ 34.71	\$ 44.08

^{xliii} CSN differs from most home health nursing. While both take place in the home, CSN involves higher level of acuity. Despite the difference, home health nursing remains the closest point of comparison for understanding broader workforce trends in CSN.

Table 7. MassHealth Provider Hourly Wages for RNs and LPNs, by Number of Individuals and Shift^{xliv,xlv}
Single Individual – per Straight-time Hour

CODE	DESCRIPTION	INDEPENDENT NURSE RATES, AUGUST 2024	EMPLOYED CONVERSION FACTOR 0.77	WEIGHTED AVERAGE GROSS HOURLY WAGE FOR CSN Agency NURSES, AUGUST - DECEMBER 2024
T1002	RN Services, Weekday	\$77.84	\$59.94	\$52.62
T1002 - UJ	RN Services, Nights	\$83.52	\$64.31	\$54.46
T1002	RN Services, Holidays	\$112.88	\$86.92	\$78.31
T1003	LPN Services, Weekday	\$53.88	\$41.49	\$39.68
T1003 - UJ	LPN Services, Nights	\$57.84	\$44.54	\$41.32
T1003	LPN Services, Holidays	\$78.40	\$60.37	\$58.87

Two Individuals – per Straight-time Hour

CODE	DESCRIPTION	INDEPENDENT NURSE RATES, AUGUST 2024	EMPLOYED CONVERSION FACTOR 0.77	WEIGHTED AVERAGE GROSS HOURLY WAGE FOR CSN AGENCY NURSES, AUGUST – DECEMBER 2024
T1002 - TT	RN Services, Weekday	\$112.52	\$86.64	\$74.80
T1002 - U1	RN Services, Nights	\$120.72	\$92.95	\$79.16
T1002 - TT	RN Services, Holidays	\$163.20	\$125.66	\$107.75
T1003 - TT	LPN Services, Weekday	\$78.24	\$60.24	\$65.00
T1003 - U1	LPN Services, Nights	\$83.96	\$64.65	\$67.13
T1003 - TT	LPN Services, Holidays	\$113.84	\$87.66	\$91.24

Three Individuals – per Straight-time Hour

CODE	DESCRIPTION	INDEPENDENT NURSE RATES, AUGUST 2024	EMPLOYED CONVERSION FACTOR 0.77	WEIGHTED AVERAGE GROSS HOURLY WAGE FOR CSN AGENCY NURSES, AUGUST – DECEMBER 2024
T1002 - U2	RN Services, Weekday	\$130.48	\$100.47	\$83.10
T1002 - U3	RN Services, Nights	\$140	\$107.80	\$85.04
T1002 - U2	RN Services, Holidays	\$189.24	\$145.71	\$117.07
T1003 - U2	LPN Services, Weekday	\$90.72	\$69.85	\$61.55
T1003 - U3	LPN Services, Nights	\$97.36	\$74.97	\$63.76
T1003 - U2	LPN Services, Holidays	\$132	\$101.64	\$85.72

^{xliv} The MassHealth-authorized rates were set August 2, 2024, 101 CMR 361.04, and the weighted average gross hourly wages for CSN agency nurses were provided by MassHealth based on data collected from CSN agencies.

^{xlv} This information is based on data reported August – December 2024 obtained from the MassHealth “CY2024 Annual Staffing Report.”

Overtime Rates – Hourly^{xlvi}

CODE	DESCRIPTION	INDEPENDENT NURSE RATES, AUGUST 2024	EMPLOYED CONVERSION FACTOR 0.77
T1002 - TU	RN Services, Weekday	\$111.52	\$85.87
T1002 - U4	RN Services, Nights	\$119.64	\$92.12
T1002 - TU	RN Services, Holidays	\$161.72	\$124.52
T1003 - TU	LPN Services, Weekday	\$77.64	\$59.78
T1003 - U4	LPN Services, Nights	\$83.32	\$64.16
T1003 - TU	LPN Services, Holidays	\$113	\$87.01

The independent nurse rates established in August 2024 (once adjusted for self-employment costs) are generally higher than the weighted average gross hourly wage for CSN Agency nurses as reported by MassHealth.

Overtime Weighted Average Gross Hourly Wage by Visit Type⁵⁶

VISIT TYPE	RN	LPN
Single patient	\$81.27	\$61.35
Two publicly aided patients	\$112.91	\$80.30
Three publicly aided patient	\$124.38	\$92.32
High acuity	\$85.10	\$61.96

Within Massachusetts, RNs and LPNs have options about practice settings for their work. Table 8 displays the average and median hourly wages for RNs and LPNs in Massachusetts for a range of practice settings that compete for the hiring of nurses. Median hourly wages in 2024 for Massachusetts nurses employed by a home health care agency were \$41.04 for RNs and \$34.71 for LPNs. These hourly wages are inclusive of all nursing services provided by a home care agency and are not solely reflective of CSN nurse wages. Home health care wages fall below the wages available from hospital employment but are comparable to the median hourly wage for nurses in other non-hospital-based nursing practice settings within Massachusetts.

^{xlvi} Overtime wage information for 2024, stratified by weekday, nights, and holidays, was not available for CSN agency nurses. The overtime rate data shown in the "Overtime Rates – Hourly" table is based on 101 CMR 361.00. The overtime wage data that is available is shown in the table titled "Overtime Weighted Average Gross Hourly Wage by Visit Type"

Table 8. Average and Median Hourly Wage, Nurses, Massachusetts Practice Settings, 2024⁵⁷

PRACTICE SETTING	RN AVERAGE	RN MEDIAN	LPN AVERAGE	LPN MEDIAN
Home Health Care Services	\$ 42.54	\$ 41.04	\$ 34.93	\$ 34.71
Hospitals	\$ 59.06	\$ 53.73	\$ 35.79	\$ 36.76
General Medical and Surgical Hospitals	\$ 59.08	\$ 54.36	\$ 35.49	\$ 37.82
Ambulatory Health Care Services	\$ 45.37	\$ 45.94	\$ 34.56	\$ 33.89
Nursing and Residential Care Facilities	\$ 43.84	\$ 43.76	\$ 37.45	\$ 38.04
Nursing Care Facilities (Skilled Nursing Facilities)	\$ 44.15	\$ 46.11	\$ 38.05	\$ 38.50
Continuing Care Retirement and Assisted Living Facilities	\$ 37.59	\$ 36.67	\$ 36.86	\$ 36.90

Massachusetts nurses may also choose to practice in nearby states. Table 9 displays the average and median hourly wages for RNs and LPNs providing home health care services. For home health care services, Massachusetts exceeds all the neighboring states for LPN average and median hourly wages, exceeds Rhode Island and Vermont for RN average hourly wages, and exceeds New Hampshire and Vermont for RN median hourly wages. As noted above, hourly wages are inclusive of all nursing services provided by a home care agency and are not solely reflective of CSN nurse wages.

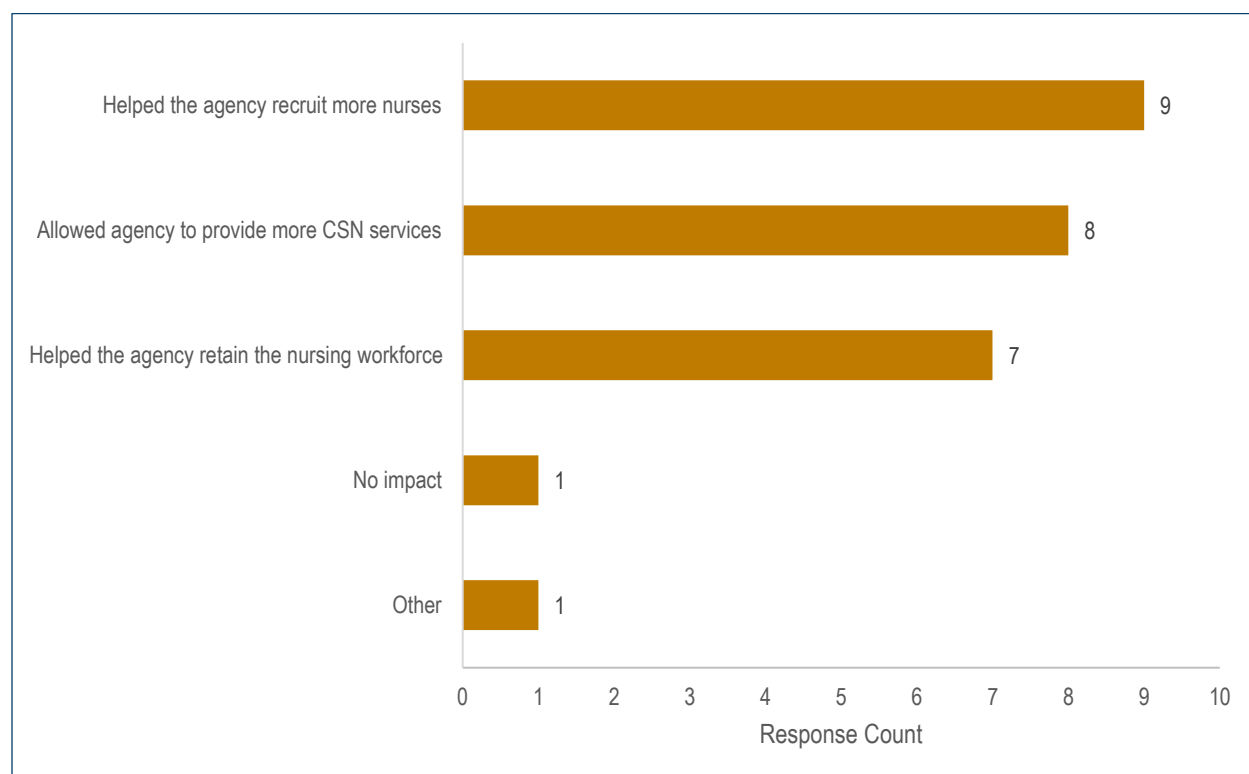
Table 9. BLS Hourly Wage Data for Home Health Care Nurses, Massachusetts Compared to Neighboring States, 2024⁵⁸

STATE	RN AVERAGE	RN MEDIAN	LPN AVERAGE	LPN MEDIAN
Massachusetts	\$ 42.54	\$ 41.04	\$ 34.93	\$ 34.71
Connecticut	\$ 49.31	\$ 47.91	\$ 31.99	\$ 31.76
New Hampshire	\$ 42.58	\$ 40.85	\$ 33.09	\$ 31.23
Rhode Island	\$ 42.21	\$ 42.89	NA	NA
Vermont	\$ 40.92	\$ 38.69	\$ 29.24	\$ 29.98

Rate Enhancements, Policy and Regulatory Changes, and COVID-Related Measures

MassHealth reimbursement rates for CSN services have increased several times since 2018. Appendix A lists the series of payment and policy changes as reported by MassHealth.⁵⁹ Most recently in August 2024, MassHealth increased rates for CSN Agencies and independent nurses by almost 33% for RNs and just over 10% for LPNs.⁶⁰

These recent payment increases, along with allowing for an agency overtime enhanced reimbursement rate, aim to address the primary challenges noted by agencies in filling CSN-authorized hours, and are intended to increase nursing hours in the CSN program. Figure 8 shows how MassHealth rate increases have improved an agency's ability to provide CSN services, as reported by the CSN Agencies that responded to BerryDunn's survey. One response to the survey commented that the increased rate would entice nurses to work with CSN Agencies, but since MassHealth makes it possible for individual nurses to contract with MassHealth directly, some nurses may prefer to forgo work with CSN Agencies.

Figure 8. Effects of MassHealth Rate Increases on the Ability to Provide CSN Services

CSN Agencies indicated in their responses to the BerryDunn survey that finding qualified candidates to fill open positions is a significant challenge in being able to provide CSN services. Statewide, nurse recruitment and staffing turnover for nursing roles are challenges across health care settings. In the home health care setting, agencies have cited a shortage of eligible applicants and non-competitive salaries as the biggest challenges to recruitment, as well as non-competitive salaries/benefits and significant paperwork and regulatory burden as the biggest challenges in nurse retention, according to the 2023/2024 Massachusetts Health Care and Human Services Workforce Survey.^{61,xlvii}

The state has adopted other policies, beyond pay increases, aimed at improving the active nurse workforce. These include increasing funding and resources to support employment and retention of nurses, and advancement opportunities for health care workers. For example, in SFY 2022 and 2023 using ARPA funds, the Commonwealth implemented a CSN loan repayment program for new nurse graduates through MassHealth,⁶² paid CSN nurse retention bonuses to independent nurses⁶³ and agency nurses,^{64,65} and procured two entities to provide a clinical CSN training program⁶⁶ to address CSN workforce shortages and turnover.

MassHealth also promulgated a new provider regulation in 130 CMR 438.000: *Continuous Skilled Nursing Agency*, effective January 1, 2022, which established CSN Agencies as a new provider type.⁶⁷ By adding CSN Agencies as a

^{xlvii} CSN differs from most home health nursing. While both take place in the home, CSN involves higher level of acuity. Despite the difference, home health nursing remains the closest point of comparison for understanding broader workforce trends in CSN. The Massachusetts Health Care and Human Services Survey includes both home health agencies and CSN agencies; however, responses are predominately from intermittent home health providers.

new provider type, MassHealth enabled an increase in the number of agencies authorized to provide CSN services. These regulatory changes were intended to support broader access and specialized oversight for CSN delivery.

To further address the need to provide services to individuals needing CSN, a new service, CCAs services,⁶⁸ was added to the CSN Agency regulations and made available to CSN individuals on July 21, 2023. CCAs can either be employed or contracted by a CSN Agency and can be family members (including parents, spouses, and legal guardians) or non-family members (including friends, neighbors, or individuals not connected to the CCM member). Under the supervision of an RN designated by the CSN Agency, CCAs can provide enhanced care services such as enteral G-tube/J-tube feedings, oxygen therapy, and ostomy and catheter care.⁶⁹

In 2024, MassHealth established provisions that allow for the addition of authorized hours to be used for administrative and training purposes. Under one provision, established in June 2024, nurses can use up to eight authorized CSN hours for training when the training is being provided by another nurse or an individual from the member's family. Another provision, established in December 2024, increases the weekly CSN hours for CCM members by 5% to account for the documentation time that takes place during each shift. Members may elect to use these hours by finding a new CSN provider or by adding hours to an existing CSN PA.⁷⁰ Please see Appendix A for more detail on recent CSN program updates and initiatives.

3.0 Conclusion

In Massachusetts, a need exists for the provision of CSN services for children and adults with complex medical needs. Of the 2.8 million CSN service hours authorized by MassHealth in 2024 1.9 million (69.7%) hours were delivered (used). Overall, 2024 shows a slight increase in the percentage of authorized hours used annually, with a total increase of 1.7% from 2022 to 2024. This increase was slightly higher for children, from 65.1% to 67.4%, than that for adults, from 71.9% to 72.9%.

Many reasons might contribute to why authorized hours might not be delivered, such as if a member is on vacation, or otherwise unavailable to receive services, or because a scheduled nurse becomes unavailable.^{xlviii} Eleven responses to the BerryDunn survey indicated their agency could not fill all hours requested by individuals and authorized by MassHealth. When asked for the approximate percentage of authorized CSN hours their agencies are able to fill, the respondents' answers ranged from 40% – 92%, averaging 67.2% among responding agencies.^{xlix}

Most individuals receive care on a one-to-one nurse-to-individual basis, although a nurse may provide CSN care to more than one individual at a time. Approximately 4.7% of individuals receiving CSN care from CSN Agencies are being treated by an RN or LPN simultaneously with at least one other individual. This percentage is slightly lower than the 6.1% of independent nurses contracting directly with MassHealth who care for more than one individual at a time.

^{xlviii} Please see Appendix C for a non-exhaustive list of potential reasons authorized hours might not be delivered.

^{xlix} Two responses to the survey were not included in the results analysis for this question because the responses were either blank or zero.

Overall, the wages paid to nurses by CSN Agencies compare favorably to the rates paid by MassHealth to independent nurses. CSN Agencies compete with other health care provider sectors and with nearby states in order to hire and retain nursing staff, so the degree to which wages for CSN services are comparable to nurse wages in other health care settings may influence the supply of nurses for such employment. Federal data indicate that Massachusetts' median wage for home health care nurses compares well to the median hourly wage for nurses in other non-hospital-based nursing practice settings within Massachusetts. Additionally, for Home Health Care Services and CSN services, Massachusetts exceeds all the neighboring states in average and median LPN hourly wages. For average RN hourly wages, Massachusetts exceeds Rhode Island and Vermont, and for median RN hourly wages, Massachusetts exceeds New Hampshire and Vermont. Please note, not all states separate CSN services from home health care services.

MassHealth payment rates for CSN services have increased several times since 2018. In January 2022, MassHealth began allowing CSN Agencies to bill for CSN overtime services, and on July 1, 2023, a 10% rate increase was issued to permanently incorporate the 10% ARPA add-on into the CSN base rate. Most recently in August 2024, MassHealth increased rates for CSN Agencies and independent nurses by almost 33% for RNs and just over 10% for LPNs.⁷¹ These payment increases, coupled with other service and payment policy changes, are intended to increase the amount of CSN hours provided to complex care individuals.

Increased compensation for nurses providing CSN services might mitigate some of the gap between authorized and delivered hours; however, nurses base their employment decisions on many factors in addition to compensation. CCAs might help to meet some of the service needs of CCM individuals who have unfilled CSN hours. However, CSN staffing and service gaps persist amid the overall state and national shortages in the nursing workforce. This broader policy challenge, as well as the broader nursing workforce challenge, will most likely continue to affect CSN and health care service delivery throughout Massachusetts.

Appendix A

MassHealth-Reported Payment and Policy Changes Related to CSN Services 2018-Current¹

CSN Rate Enhancements and Flexibilities

SFY19 (July 2018-June-2019)

- Rate increase promulgated in May 2018 and increased all CSN rates by 3.88% effective Feb 2018 and increased agency CSN rates by 7.47% effective April 2018.

SFY20 Q1&Q2 (July 2019-Dec 2019)

- In July 2019, removed CSN rates from 101 CMR 350.00 and established stand-alone rate regulations for CSN services at 101 CMR 361.00.

SFY20 Q3 (Jan-Mar 2020)

- March 10, 2020 Gov. Baker declares a state of emergency due to the COVID-19 pandemic.
- Beginning in March 2020, CCM members and families began turning away CSN nurses in an effort to mitigate risk of exposure.
- MassHealth began issuing COVID-19 flexibilities to allow for the easier provision of CSN services. These flexibilities were last updated in July 2020, and many remained in effect through the end of the state public health emergency (PHE), while many others are still in effect until the end of the federal PHE.
 - Notable CSN flexibilities include: allowing INs to work and be reimbursed for up to 80 hours per week and 16hrs per day; allowance of telehealth for consultative services, including assessments; easier access to overtime rates for INs; expansion of who can order HH services; and allowance for CCM to conduct assessments via telehealth.
 - Many of these flexibilities were codified through provider bulletins in January 2021.

SFY20 Q4 (April-June 2020)

- April 2020 issued 10% rate increase due to COVID-19 pandemic and through AB 20-23
 - Rates effective April 1, 2020, through July 31, 2020
- June 2020 issued an additional 10% increase through AB 20-63
 - Rates effective May 1, 2020, through July 31, 2020
 - Additional 10% on top of previous COVID-19 rate

¹ This payment and policy history was provided by MassHealth, via personal communication, October 1, 2025.

SFY21 Q1 (July-September 2020)

- Permanent rate increase established in July 2020 and increased all CSN rates by 1.57%

SFY22 Q1 – Q2 (July 2021 – December 2021)

- MassHealth issued several temporary rate increases for CSN services through the funds from the ARPA and established under 101 CMR 447.
 - A 10% rate increase to all home and community-based services included in the ARPA, including for CSN for dates of service between 7/1/21 – 12/31/21
 - An additional 20% rate increase for CSN services for dates of service between 7/1/21 – 12/31/21

SFY22 Q3 – Q4 (January 2022 – June 2022)

- MassHealth extended the standard 10% rate increase for all Home- and Community-Based Services (HCBS) programs, including CSN, until June 30, 2022
- MassHealth issued a permanent 20% rate increase for all CSN services effective on January 1, 2022
- MassHealth also began allowing CSN Agencies and home health agencies to bill for CSN overtime services, starting January 1st, 2022 through June 30th, 2022

SFY23 (July 2022 – June 2023)

- Starting July 1st, 2022, MassHealth extended the CSN overtime allowance for agencies through December 31st, 2022
- MassHealth then made agency access to CSN overtime reimbursement permanent on January 1st, 2023

SFY24 Q1 – Q2(July 2023 – December 2023)

- MassHealth incorporated the 10% temporary ARPA rate add-on into the CSN base rate, for dates of service on or after July 1st, 2023.
- MassHealth also established rates for a new CSN Agency service, called CCA Services, which went into effect on July 1st, 2023.

SFY25

- Last rate increase promulgated in August of 2024, and increased CSN rates by:
 - CSN Agencies
 - RNs: 32.44%
 - LPNs: 11.14%

- Independent Nurses
 - RNs: 32.83%
 - LPNs: 10.41%

Other CSN Initiatives (FY22 – FY23)

ARPA Funded Initiatives

- Development of the online CCM Nurse Directory
 - Aim: Create an online directory to match CCM members with both independent nurses and agency providers with available nursing hours
 - Development began in 2022; directory launched in April 2023
 - Have invested \$300K through ARPA funds
- CCM Caregiver Relief Funds
 - Received \$12.3M total in ARPA funds to provide four rounds of relief payments to CCM natural caregivers
 - First round launched at the end of 2022; round 2 launched in June 2023, round 3 launched in October 2023, round 4 launched in February 2024
 - Provides CCM member natural caregivers with relief payments/stipends between \$3,000 and \$4,500 at a time, to be used by the member/family in whatever way provides them relief
- CSN Retention Bonus Program
 - \$15M in ARPA funds to provide retention bonuses to CSN nurses who meet CSN service commitments each quarter
 - Started in April 2023 and concluded in June of 2024; over 4,000 retention bonuses were issued for over \$10M
 - Retention Bonus amounts range from \$1,250 - \$3,250 for each service quarter
- CSN Loan Repayment Program for New Nurse Graduates
 - \$15M in ARPA funds to provide loan repayment to eligible CSN nurses who make two- or three-year service commitments
 - Nurse must have graduated from an eligible nursing program on or after January 1st, 2022, to be eligible
 - May work full or part time for two or three years to qualify
 - Program application opened on September 20, 2023
 - Loan repayment amounts range from \$10K to \$35K, depending on service commitment and licensure level

- CSN Training Award
 - MassHealth issued a request for response (RFR) and ultimately procured two entities to provide a clinical CSN training program to current CSN nurses and nurses interested in joining the CSN workforce
 - These awards were finalized in September 2023, with both programs launching in early 2024
 - More than 300 nurses received training through the programs
 - Total of \$1.85M in ARPA funds

Other CSN Initiatives

- Complex Care Assistant
 - MassHealth established a new service type through our CSN program regulations, called a “Complex Care Assistant”
 - This new service type is able to provide all the same tasks as a home health aide, as well as “enhanced care tasks” – a list of higher-level care tasks that are specific to the CSN population and that do not require the skills, assessment, or judgment of a nurse
 - This new service can also be provided by a family member, including a parent, spouse, or legal guardian
 - This new service type was established through amendments to the CSN Agency regulations at 130 CMR 438.000 on July 21st, 2023
- CSN Training Time
 - MassHealth established CSN Training Time in June of 2024, which allows agency nurses and independent nurses to use up to eight hours of authorized CSN training time when orienting to a new member’s care
 - Training time can be used when the nurse is being trained/oriented by another nurse or when the family orients the nurse to the member’s care
- CSN Documentation Time
 - Starting on December 15, 2024, MassHealth began including a 5% administrative increase for all CCM members for their weekly CSN hours to account for documentation time that takes place during each nursing shift
 - Example: A member previously had been assessed for 100 CSN hours/week; they would now be able to use 105 CSN hours per week
 - Members may choose to use these additional hours by finding a new CSN provider or adding hours to an existing CSN PA

Appendix B

MGL Chapter 12C §24: Report on the provision of continuous skilled nursing care⁷²

Section 24. The center, in conjunction with MassHealth, shall prepare a biennial report on the provision of continuous skilled nursing care as defined in 101 CMR 361 and 130 CMR 403.402. The report shall include, but not be limited to: (i) the number of pediatric patients and the number of adult patients requiring continuous skilled nursing care; (ii) the average and median number of continuous skilled nursing hours authorized by MassHealth per day, week, month and year for pediatric patients and for adult patients; (iii) the average and median number of authorized continuous skilled nursing hours actually delivered per day, week, month and year for pediatric patients and for adult patients; (iv) the total number of continuous skilled nursing hours authorized and actually delivered by MassHealth per month and year for pediatric patients and for adult patients; (v) the number of nurses providing continuous skilled nursing care to more than one patient at a time and, for the patients cared for by those nurses, the aggregate proportion of authorized continuous skilled nursing hours to utilized continuous skilled nursing hours; (vi) the number of nurses who contract with MassHealth to provide continuous skilled nursing care, the number of nurses who provide continuous skilled nursing care through a home health agency that contracts with MassHealth and whether the total number of nurses providing such care is sufficient to fill all authorized continuous skilled nursing hours; (vii) a description of the training, experience and education levels of the nurses who contract with MassHealth to provide continuous skilled nursing care; and (viii) an evaluation of the adequacy of the reimbursement rates for continuous skilled nursing care as established in 101 CMR 350.04(2) and a comparison of those rates against: (A) the rate paid to nurses who contract directly with MassHealth to provide continuous skilled nursing care; (B) the portion of the reimbursement rate paid directly as wages to nurses providing continuous skilled nursing care through a home health agency that contracts with MassHealth; and (C) the median wage rate paid to all nurses in the commonwealth.

Not later than January 1 of each even-numbered year, the report shall be filed with the secretary of health and human services, the clerks of the senate and the house of representatives, the joint committee on health care financing, the joint committee on public health and the senate and house committees on ways and means. The center shall make the report publicly available on its website.

Appendix C

Potential Reasons Why CSN-Authorized Hours May Not be Used (Filled)^{ii,73}

- No available nursing supports identified and available that matches the member's needs
- Available CSN Agency nurses or Independent Nurses who have the scheduling availability might not be a good fit for the member for reasons such as:
 - The nurse requires more skills and/or training to perform the member's nursing interventions
 - A nurse's personal attribute(s) may not be a good fit for the member or family, i.e., smoker, gender, etc.
 - The nurse is not COVID vaccinated or not willing to disclose vaccination status.
- The member chooses not to fill their hours with nursing because:
 - The member is taking a break from recruiting nursing care and is using other care services, such as the PCA option or home health aide services
 - They prefer the PCA option where the family uses PCA services in lieu of CSN
 - They prefer to use authorized hours at a later date during the PA period
 - They are trying to reduce the number of caregivers entering home in an effort to mitigate risk of COVID-19 exposure
 - They prefer to only use authorized CCA hours
- The member is waiting for a specific nurse to be available through a CSN Agency or to obtain IN provider number
- The member travels and does not or cannot take nursing with them
- A member's hours are filled, but the nurse gets sick, goes on vacation, etc., and there is no coverage from the agency and/or other co-vending providers
- A member's hours are filled, but their nurse ends up leaving the agency, or ending their contract with MassHealth to pursue other personal or career opportunities
- The member is brand new (under three months) in the CCM Program and is working to find nursing availability
- The member is hospitalized for an extended period, and their CSN nurses may switch to work another case
- The member's condition changes, and they no longer need services authorized (or some portion of) (i.e., member is weaned off ventilator, a tracheostomy or feeding tube are removed)
- The member's living arrangements change so that CSN services are no longer necessary, i.e., they move out of state, they move to a setting that offers nursing, etc.
- CSN Agency discharges member, or IN chooses to end services due to safety concerns for IN or CSN staff and/or difficult member/family behaviors impacting care
- The nurse can no longer accommodate the requested schedule or change in number of hours worked per week
- The agency nurse is filling hours for another member paid through TPL or school therefore cannot access overtime paid for through MassHealth

ⁱⁱ This is not intended as an exhaustive list and does not represent the frequency or relative importance of identified reasons.

Endnotes

¹ M.G.L. c. 12C § 24. <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter12C/Section24>.

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⁴ *Op cit.* 101 CMR 361.00: Rates for Continuous Skilled Nursing Services.

⁵ Massachusetts Executive Office of Health and Human Services. 101 CMR 350.04: Rates of Payment for Home Health Services in the Home. July 7, 2023. Accessed January 8, 2026. <https://www.mass.gov/doc/rates-for-home-health-services-effective-july-1-2023-0/download>. Note: CSN rates have been codified in 101 CMR 361.

⁶ *Op. cit.* 101 CMR 361.00: Rates for Continuous Skilled Nursing Services.

⁷ MassHealth Continuous Skilled Nursing Agency Bulletin 18. Amended: Continuous Skilled Nursing Agency Retention Bonuses for Nurses. February 2024. Accessed December 11, 2025. <https://www.mass.gov/doc/continuous-skilled-nursing-agency-bulletin-18-amended-continuous-skilled-nursing-agency-retention-bonuses-for-nurses-0/download>.

⁸ Continuous Skilled Nursing (CSN) Loan Repayment Program. Accessed December 5, 2025. <https://www.marepay.org/continuous-skilled-nursing-csn>.

⁹ MassHealth personal communication. October 1, 2025.

¹⁰ Massachusetts Center for Health Information and Analysis. Massachusetts Health Care Workforce Survey. Updated December 24, 2024. Accessed December 9, 2025. <https://www.chiamass.gov/massachusetts-healthcare-workforce-survey>.

¹¹ *Op. cit.* M.G.L. c. 12C § 24.

¹² *Op. cit.* 101 CMR 361.00: Rates for Continuous Skilled Nursing Services.

¹³ *Op. cit.* 130 CMR 403.000: Home Health Agency.

¹⁴ *Op. cit.* 101 CMR 361.00: Rates for Continuous Skilled Nursing Services.

¹⁵ *Op. cit.* 101 CMR 350.04: Rates of Payment for Home Health Services in the Home.

¹⁶ *Op. cit.* 101 CMR 361.00: Rates for Continuous Skilled Nursing Services.

¹⁷ 101 CMR 361.02 definition of Continuous Skilled Nursing Services.

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- ¹⁸ 130 CMR 438.00: Continuous Skilled Nursing Agency. <https://www.mass.gov/regulations/130-CMR-438000-continuous-skilled-nursing-agency>.
- ¹⁹ 130 CMR 438.402 Definition of Registered Nurse Supervisor.
- ²⁰ 130 CMR 438.415(C) Complex Care Assistant Delivery.
- ²¹ Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid, MassHealth. Continuous Skilled Nursing Agency Bulletin 17. RE: Provider Eligibility for Continuous Skilled Nursing Services. February 2024. <https://www.mass.gov/doc/continuous-skilled-nursing-agency-bulletin-17-provider-eligibility-for-continuous-skilled-nursing-services-0/download>.
- ²² *Ibid.*
- ²³ 130 CMR 438.411(A). Program Regulations – Prior Authorization Requirements.
- ²⁴ Mass.gov. The MassHealth Community Case Management (CCM) Program. Nd. Accessed November 5, 2025. <https://www.mass.gov/the-masshealth-community-case-management-ccm-program>.
- ²⁵ 130 CMR 438.411(B). Program Regulations – Prior Authorization Requirements.
- ²⁶ 130 CMR 438.402. Program Regulations – Definitions.
- ²⁷ Radu, M., et al. Families with complex needs: an inside perspective from young people, their carers, and healthcare providers. March 18, 2022. <https://doi.org/10.1007/s12687-022-00586-z>.
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- ³¹ 130 CMR 438.414: Administrative Care Management.
- ³² CCM Welcome Packet. Accessed December 4, 2025. <https://www.mass.gov/doc/ccm-welcome-packet-en-2025/download>.
- ³³ 130 CMR 438.414: Administrative Care Management.
- ³⁴ *Op. cit.* CCM Welcome Packet.
- ³⁵ Community Case Management (CCM) Nurse Directory. 2025. Accessed December 4, 2025. <https://ccmnursedirectory.org/>.
- ³⁶ *Op. cit.* CCM Welcome Packet.
- ³⁷ 130 CMR 519.001 MassHealth Coverage Types.

³⁸ Data Provided by MassHealth.

³⁹ 130 CMR 414.413 Prior Authorization Requirements.

⁴⁰ MassHealth personal communication. October 30, 2025.

⁴¹ Data provided by MassHealth.

⁴² *Ibid.*

⁴³ Mass.gov. MassHealth CSN Provider Types. N.d. Accessed December 4, 2025. <https://www.mass.gov/info-details/masshealth-csn-provider-types>.

⁴⁴ 101 CMR 361.04. Rates of Payment.

⁴⁵ MassHealth personal communication, November 6, 2025.

⁴⁶ MassHealth personal communication, October 1, 2025.

⁴⁷ Massachusetts Board of Registration in Nursing. Accessed November 18, 2025. <https://www.mass.gov/how-to/apply-for-a-nursing-license-by-exam>.

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⁵¹ How to Pay an Independent Contractor in 2023. Accessed November 20, 2025. <https://www.forbes.com/advisor/business/how-pay-independent-contractor/>.

⁵² Salary.com. Self-Employment: Is It Worth It? Accessed November 20, 2025. <https://www.salary.com/articles/pay-yourself-right-when-being-your-own-boss/>.

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⁵⁴ U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statics (OEWS). OEWS Research Estimates by State and Industry. May 2024. U.S. Bureau of Labor Statistics. Accessed November 6, 2025. https://www.bls.gov/oes/special-requests/oes_research_2024_sec_62.xlsx.

⁵⁵ *Ibid.*

⁵⁶ MassHealth CY2024 Annual Staffing Report.

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

⁵⁹ MassHealth personal communication. October 1, 2025.

⁶⁰ *Op. cit.* 101 CMR 361.00: Rates for Continuous Skilled Nursing Services.

⁶¹ *Op. cit.* Massachusetts Center for Health Information and Analysis. Massachusetts Health Care Workforce Survey.

⁶² *Op. cit.* Continuous Skilled Nursing (CSN) Loan Repayment Program for Recent Nurse Graduates.

⁶³ MassHealth Independent Nurse Bulletin 17. Amended: Continuous Skilled Nursing Retention Bonuses for Independent Nurse Providers. February 2024. Accessed December 11, 2025.

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⁶⁴ MassHealth Home Health Agency Bulletin 91. Amended: Home Health Agency Retention Bonuses for Nurses Providing Continuous Skilled Nursing Services. February 2024. Accessed December 11, 2025.

<https://www.mass.gov/doc/home-health-agency-bulletin-91-amended-home-health-agency-retention-bonuses-for-nurses-providing-continuous-skilled-nursing-services-0/download>.

⁶⁵ *Op. cit.* MassHealth Continuous Skilled Nursing Agency Bulletin 18. Amended: Continuous Skilled Nursing Agency Retention Bonuses for Nurses.

⁶⁶ MassHealth personal communication. October 1, 2025.

⁶⁷ *Op. cit.* 130 CMR 438.000. Continuous Skilled Nursing Agency.

⁶⁸ 130 CMR 438.402 Complex Care Assistants.

⁶⁹ Complex Care Assistant Services Information Session with CCM Members and Families. Accessed December 11, 2025. <https://www.mass.gov/doc/complex-care-assistant-information-session-with-ccm-members-and-families/download>.

⁷⁰ MassHealth personal communication. October 1, 2025.

⁷¹ *Op. cit.* 101 CMR 361.00: Rates for Continuous Skilled Nursing Services.

⁷² *Op. cit.* M.G.L. c. 12C § 24.

⁷³ Reported by MassHealth. October 1, 2025.