

2025 Massachusetts Health Care and Human Services Workforce Survey

February 2026

Technical Appendix



Massachusetts Health Care and Human Services Workforce Survey 2025

TECHNICAL APPENDIX

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Introduction

A robust, qualified, and diverse health care workforce is essential to the health care system's capacity to provide high-quality health care services. However, Massachusetts is experiencing unprecedented levels of workforce stress, burnout, and labor shortages. The Center for Health Information and Analysis (CHIA) conducts the biennial Massachusetts Health Care and Human Services Workforce Survey (MHCW) to monitor the racial/ethnic composition, vacancy and turnover rates, and recruitment and retention challenges of staff in key occupations. First fielded in 2023, the MHCW provides a critical fact base for health care leaders and state policymakers seeking to more effectively target workforce policies that improve health care quality and equity.

This technical appendix provides details on the methodology used to produce the 2025 MHCW survey findings published in February 2026. This appendix describes the 2025 survey design and fielding, data weighting and imputation, data categorizations and groupings, and calculated measures. The 2025 survey was developed and fielded in collaboration with John Snow, Inc. Research & Training Institute, Inc. (JSI) and Massachusetts professional trade associations. Survey weighting and imputation was performed by Market Decisions Research.

Survey Design and Fielding Approach

Sample Design

The overall research design involved administering a survey to human resources and other administrators in health care organizations across 13 sectors of the Massachusetts health care workforce (Table 1). The survey was conducted at the organization-level, except in sectors where individual organizations are part of large systems with centralized hiring and decision-making processes. For Human Services – State Operators, sampling was conducted at the program level for the Department of Youth Services (DYS) and at the “agency office or worksite” level for all other state agencies providing human services.

Contact lists for each sector were compiled using at least one of the following sources:

- Member lists provided by sector-affiliated professional trade associations, if available
- Cost report data from previous years submitted by organizations to CHIA
- Contact information available in the National Provider Identifier (NPI) Registry
- Contact information provided by survey partners or directly from participating organizations

Table 1 shows the contact list source, sampling approach, and system-affiliation status by sector.

Table 1. Sample Identification and Approach by Sector

| Sector | List Source | Sampling Approach | Systems Sampled |
|--|---|---|-----------------|
| Adult Day Health | CHIA Adult Day Health Cost Report | 100% inclusion | |
| Ambulatory Surgical Centers | MA Association of Ambulatory Surgery Centers Member List | 100% inclusion | |
| Behavioral Health Care (Outpatient) | MA Association for Behavioral Healthcare Member List | 100% inclusion | |
| Behavioral Health Freestanding Hospitals | MA Association of Behavioral Health Hospitals | 100% inclusion | |
| Community Health Centers | MA League of Community Health Centers Member List | 100% inclusion | |
| Dental Practices | NPI Registry of MA Dental Practices | 100% inclusion | |
| Emergency Medical Services | MA Ambulance Association Member List CHIA Ambulance Services Cost Report | 100% inclusion | |
| Home Health Care | | | |
| Home Health Care: Certified Home Health | Home Care Alliance of MA Member List | 100% inclusion | |
| Home Health Care: Personal Care Assistance | Home Care Alliance of MA Member List | 100% inclusion | |
| Hospitals | | | |
| Hospitals: Acute Care | MA Health and Hospital Association Member List | 100% inclusion, organization and system-level data collection | X |
| Hospitals: Public | <ul style="list-style-type: none"> ■ MA Human Resources Division ■ Department of Public Health/Department of Mental Health | 100% inclusion | |
| Human Services | | | |
| Human Services: State Operators | <ul style="list-style-type: none"> ■ MA Executive Office of Health and Human Services Agency Lists of Human Service Providers ■ MA Human Resources Division | 100% inclusion | |
| Human Services: Private Operators | <ul style="list-style-type: none"> ■ MA Operational Services Division Uniform Financial | 100% inclusion | |

| Sector | List Source | Sampling Approach | Systems Sampled |
|---------------|---|--|-----------------|
| | Report (Chapter 257 providers) <ul style="list-style-type: none"> MA Human Resources Division | | |
| Nursing Homes | MA Senior Care Association Member List | 100% inclusion | X |
| Primary Care | Partnership with MA Medical Society and directly from participating organizations | 8 largest primary care provider organizations in MA representing approximately 60% of primary care practices | X |

Survey Content and Instrument

The survey development was informed by an environmental scan, which consisted of a review of existing literature and data resources and key informant interviews (KIIs) with health care workforce experts and Massachusetts-based provider organizations. The core survey instrument, with minor adjustments for each health care sector, included questions on the following topics:

- Staff Occupational Composition:**
 - Total full-time, part-time, contract and per diem¹ staff employed by an organization in 2024
- Staff Racial/Ethnic Composition:**
 - Number of staff in key occupations and executive/senior leadership staff² by racial/ethnic category as of December 31, 2024
- Staff Vacancies & Turnover:**
 - Number of full-time, part-time, and per diem workers in key occupations as of December 31, 2024
 - Number of full-time, part-time, and per diem workers in key occupations as of December 31, 2023
 - Number of full-time, part-time, and per diem workers in key occupations hired from January 1, 2024 to December 31, 2024
 - Number of full-time, part-time, and per diem workers in key occupations who left voluntarily or involuntarily from January 1, 2024 to December 31, 2024
 - Number of vacancies in key occupations as of December 31, 2024

¹ Per diem employee information was gathered for emergency medical service providers only.

² Executive/Senior leadership staff includes individuals who plan, direct, and formulate policies, set strategies, and provide overall direction of the organization. Examples include chief executive officers, chief financial officers, and chief human resource officers, owners/partners, practice managers.

- **Challenges in Recruitment and Retention:**

- Top challenges in 2024 faced by organization in recruiting and retaining select occupations, if any, including:
 - Non-competitive salary/benefits
 - Lack of scheduling flexibility for the position
 - Paperwork and regulatory burdens
 - Abuse or lack of respect from patients or patients' family
 - Family commitments (e.g. childcare, elder care)
 - Retirement
 - Burnout
- Staff roles organizations had the most difficulty recruiting and retaining in 2024

- **Current Strategies to Recruit and Retain Staff:**

- Organizations' top 3 most effective strategies to recruit new staff and retain existing staff in 2024 including:
 - Increasing wages
 - Expanding internal training (e.g. onboarding training)
 - Offering flexible work scheduling
 - Offering hiring or sign-on bonuses or bonuses linked to referral or retention
 - Offering support for obtaining licensure or certification
 - Offering work-from-home

- **Impacts of Workforce Shortages on Access to Services:**

- Adjustments made by organizations due to staffing shortages in any occupation in 2024, including:
 - Asking current staff to take on additional tasks or responsibilities
 - Asking current staff to work additional hours (e.g., through overtime or extra shifts)
 - Hiring temporary agency staff
 - Limiting new individuals and/or families served
 - Limiting services offered
 - Introducing technology to improve staff efficiency or reduce labor costs
- Changes in the number of people waiting for services in 2024

Organizations were asked to provide information on staff counts, vacancy and turnover counts, and recruitment/retention challenges for all sector-specific occupations; they were additionally asked to provide race/ethnicity data for select occupations. See **Table A1** for occupational definitions provided to respondents by sector and for additional information on which roles race/ethnicity data were collected.

The survey for each sector was individually programmed into REDCap, an online survey platform. The survey was administered to organizations for which the identified contact had a valid email address, with each organization assigned a unique survey link to track responses.

Data Collection

Data were collected between February 2025 and July 2025. Survey outreach was conducted using four primary methods: 1) outreach via the REDCap survey platform, 2) trade association outreach via email, 3) outreach via the project-affiliated email, and 4) telephone outreach.

Each of these steps were at least one week apart, with specific timelines and extra email outreach varying by sector. Trade association outreach was limited to sectors for which membership lists were used to identify the sample (see Table 1).

Survey Response Rates

Table 2 shows the response rate for the overall sample and by sector. Response rates were calculated as a ratio: the numerator is the number of completed surveys, and the denominator is the total sample size minus the number of ineligible firms. The total sample size was determined after reviewing the total number of eligible organizations, or sample frame, and combining records identified as different establishments of the same organization. Sample frame records were combined when they had similar organization names or physical addresses or were known subsidiaries.

During the data collection phase, 16 organizations (0.9%) in the overall sample refused to participate in the survey; 21 organizations (1.2%) were ineligible.

Table 2. Final Sample Size, Response Rates, and Fielding Duration – Overall and by Sector

| Sector | Initial Sample | Refused Survey | Ineligible | Total Completes* | Response Rate |
|--|----------------|----------------|------------|------------------|---------------|
| Adult Day Health | 84 | 1 | 1 | 36 | 43.4% |
| Ambulatory Surgical Centers | 58 | 2 | 3 | 10 | 18.2% |
| Behavioral Health Care (Outpatient) | 81 | 0 | 0 | 32 | 38.6% |
| Behavioral Health Freestanding Hospitals | 17 | 0 | 0 | 15 | 88.2% |
| Community Health Centers | 52 | 1 | 1 | 17 | 34.0% |
| Dental Practices | 443 | 3 | 0 | 26 | 5.9% |
| Emergency Medical Services | 307 | 2 | 3 | 82 | 27.0% |
| Home Health – Certified | 71 | 0 | 1 | 14 | 20.0% |
| Home Health – Personal Care Assistance | 84 | 2 | 4 | 12 | 15.0% |
| Hospitals – Acute Care (System Affiliated) | 5 | 0 | 0 | 4 | 80.0% |
| Hospitals – Acute Care (Unaffiliated) | 26 | 1 | 0 | 8 | 30.8% |
| Hospitals – Public | 10 | 0 | 0 | 6 | 60.0% |
| Human Services – Private Operators | 365 | 3 | 4 | 65 | 18.0% |
| Human Services – State Operators | 112 | 0 | 1 | 32 | 28.8% |
| Nursing Homes | 90 | 1 | 3 | 36 | 41.4% |
| Primary Care* | 8 | 0 | 0 | 6 | 75.0% |

*Primary care response rates represent system-level response rates, not the number of practices represented.

Data Cleaning and Preparation

Data were cleaned for discrepancies between reported values and outliers before proceeding with weighting and imputation. Initial data quality checks were pre-programmed using branching and survey logic to minimize errors during the data collection process. Additional post-data collection checks were implemented to ensure consistency within and across sections of the survey. Examples of data cleaning checks by survey topic area are as follows:

- **Staff Occupational Composition:**

- The total number of [full-time/part-time/per diem] employees reported for each occupation surveyed could not exceed the total number of [full-time/part-time/per diem] employees reported for the entire organization.
- The total number of [full-time/part-time/per diem] employees reported across all occupations surveyed could not exceed the total number of [full-time/part-time/per diem] employees reported for the entire organization.

- Survey-reported data on role counts were handled under the assumption that the number of workers at the end of 2024 equals the number of workers at the end of 2023 plus the number of workers hired during 2024 minus the number of workers who left voluntarily or involuntarily in 2024. Cases that did not meet this assumption were flagged for further review.
- **Staff Racial/Ethnic Composition:**
 - Survey logic required the total number of employees across racial/ethnic categories reported for a given occupation to equal the total number of full-time and part-time employees reported for that occupation (inclusive of employees whose race/ethnicity was unknown).
 - If a respondent entered all employees into the “Race/Ethnicity Unknown” category, they were automatically directed to the next survey section.
- **Challenges in Recruitment and Retention:**
 - Respondents were only asked about recruitment and/or retention challenges for occupations they reported currently recruiting and/or employing.
 - If respondents selected the “Other” answer option and entered a response into the accompanying textbox, responses were reviewed and recoded to an existing answer option if applicable.

Weighting Procedures

Sampling Frame and Sector Population Estimation

The first step in the analytical process involved estimating the sampling frame, or total number of eligible organizations in each sector, and their distribution across regions. This established the foundation for both base weights and calibration. To do this, each targeted sector was classified according to the best estimate of its North American Industry Classification System (NAICS) code, which standardized sector identification. NAICS codes were used to link the sample frame to external datasets, most notably the U.S. Census Bureau's County Business Patterns (CBP) dataset from 2022, which provides counts of business establishments by industry and geography. By identifying all organizations in the sampling frame within a given code and comparing them to the total number of organizations in the CBP data, this provided an estimation of the frame coverage and the total number of eligible organizations statewide. This approach was repeated across all sectors included in the survey. In sectors where the sampling frame was known to be incomplete, external data were essential for constructing realistic population estimates. **Table 3** shows the final weighting counts for each sector based on available sampling frame data and assigned NAICS codes.

Table 3. Sector Sample and Population Overview

| Sector | Site Type | Initial Sample | NAICS Code | Final Weighting Counts (Site-Level) |
|--|--------------|----------------|------------|-------------------------------------|
| Adult Day Health | Multi-site | 84 | 624120 | 153 |
| Ambulatory Surgical Centers | Multi-site | 58 | 621493 | 59 |
| Behavioral Health Care (Outpatient) | Single-site | 81 | 621420 | 81 |
| Behavioral Health Freestanding Hospitals | Single-site | 17 | 622210 | 17 |
| Community Health Centers | Single-site | 52 | 621498 | 52 |
| Dental Practices | Multi-site | 443 | 621210 | 2,342 |
| Emergency Medical Services | Multi-site | 307 | 621910 | 336 |
| Home Health – Certified | Single-site | 71 | 621610 | 306 |
| Home Health – Personal Care Assistance (PCA) | Single-site | 84 | 621610 | 84 |
| Hospitals – Acute Care (System Affiliated) | Multi-site | 5 | 622110 | 26 |
| Hospitals – Acute Care (Unaffiliated) | Multi-site | 26 | 622110 | 26 |
| Hospitals – Public | Single-site | 10 | 622110 | 10 |
| Human Services – Private Operators | Multi-site | 365 | 624190 | 372 |
| Human Services – State Operators | Single-site* | 112 | 624190 | 112 |
| Nursing Homes | Multi-site | 90 | 623110 | 348 |
| Primary Care | Multi-site | 160 | 621111 | 1,393 |

*Division of Youth Services were disaggregated by programs, which function as independent sites.

These estimates were also disaggregated by region to allow for geographic calibration. Many surveyed sectors, such as hospital systems, human services operators, and nursing homes, include organizations that operate as multi-site entities with a single administrative or corporate headquarters. While such organizations may report workforce data centrally, the distribution of their service locations is often spread across multiple regions of the Commonwealth. Regional estimates would be distorted if these organizations were treated as single units for weighting purposes.

To address this issue, multi-site organizations were disaggregated into site-level records so that each physical establishment could be assigned to its correct region and receive a weight reflecting its regional distribution. Each site was treated as an independent unit for calculating regional sector weights, preventing inflated counts in headquarters regions and ensuring that totals accurately represented the statewide footprint.

For the Human Services – State Operators and Public Hospitals sectors, there was a known number of establishments and employees based on data from the Massachusetts Executive Office of Health and Human Services (EOHHS). Final weighting counts were determined using the complete known sample frame; thus, these sectors are excluded from discussion below on weighting and imputation.

Sector Weighting

To ensure representativeness, a two-stage weighting procedure was implemented. The process accounted for differential sampling rates across regions and survey non-response.

1. **Base weights** adjusted for sampling design effects and were calculated as the ratio of the regional population size to the total regional sample size.
2. **Final sector weights** (*sector_wt*) accounted for non-response across regions and were calculated only for completed surveys.

Incomplete cases were assigned a weight of zero. This approach ensured that regional representativeness was maintained despite varying completion rates. The final sector weight formula was:

$$sector_wt_{(i)(r)(c=1)} = \frac{N_s}{n_s}$$

where:

- N_s is the estimated total number of eligible sites in sector s
- n_s is the number of responding sites in sector s
- c_1 is the completion status of case i in sector s

Imputation Procedures

Imputation was used in cases where survey responses were incomplete, particularly with respect to staff counts by occupation and staff demographics such as race and ethnicity. Missing data on key characteristics were imputed using a conservative structured ratio-based approach. This approach only imputes missing data when there is enough evidence to make reliable assumptions, which prevents bias from aggressive imputation, maintains the integrity of the original survey uncertainty, and ensures robust analysis.

Imputation of Staff Counts

To address missing values in staff counts, a ratio-based imputation procedure was used. For each occupation, average proportions of staff by employment status (e.g. full-time, part-time, and per diem) relative to total staffing were calculated across a dataset. When a staff count for a given occupation was missing, it was imputed using these proportions applied to the organization's reported total staff. This proportional allocation assumes that organizations with missing occupation-specific data maintained similar staffing distributions to those organizations that provided complete information. Historical organization data, such as staff from the previous year, was not imputed.

Imputation of Race and Ethnicity Distributions

When an organization reported at least some race/ethnicity details, the case's own distribution of observed race categories was used to allocate unknown counts and subtract excess counts proportionally across groups. When a case reported no race/ethnicity information at all, sector-level distributions were used. Rounding was performed at each step, and any residual discrepancies were reconciled by adjusting the largest categories, ensuring that imputed race totals matched reported staff totals.

Employee-Level Estimation and Weighting

The final phase of the analytical process involved developing population-representative, staff-level estimates that accurately reflected the structure and composition of Massachusetts' health care and human services workforce. This process required integrating the imputed staff-level data with site- and sector-level weights, then refining those weights to align with known demographic and occupational benchmarks. The outcome was a fully weighted employee-level dataset capable of supporting precise, disaggregated analyses by occupation, demographic characteristics, and sector.

Construction of the Employee-Level Dataset

Following imputation, a comprehensive disaggregated employee-level dataset was created by expanding each organization's reported or imputed staffing data to represent individual records. This long-format approach restructured the survey data to create person-level records for each role count and each role's race/ethnicity count within each organization and each sector.

Construction of Staff Population Estimates

External benchmarks informed the estimation of total staff counts by sector and role. The primary sources for these benchmarks were the 2023 American Community Survey (ACS) 1-year estimates and the 2022 County Business Patterns (CBP) data. Additionally, staff conducted AI-assisted research using staffing patterns from the Bureau of Labor Statistics' Occupational Employment and Wage Statistics (OEWS) to provide estimates for roles that lacked reliable ACS or CBP data. These calibrations ensured that, within each NAICS industry, the weighted distribution of occupations matched established labor statistics by Standard Occupational Classification (SOC) code.

Development of Employee-Level Weights

The development of employee-level weights extended sector-level adjustments to account for role-specific representation within each health care sector. This refinement acknowledged that accurate workforce estimation requires not only proper representation of sectors but also balanced representation of occupations within those sectors. Employee-level weights (*employee_wt*) by sector (*s*) and role (*r*) were therefore computed as:

$$employee_wt_{(s)(r)} = \frac{N_{(s)(r)}}{\sum_{(r)}^{(s)} sector_wt} \times sector_wt$$

where:

- **Population estimate (N)** represents the external benchmark estimate of employment in a specific role within a specific sector as well as total sector staff population.
- **Sector weight (sector_wt)** represents the previously calculated sector-level weight assigned to each organization.

This approach ensured that analyses at both the sector and occupational level benefited from correct proportional representation, preserving accuracy even when certain roles were concentrated in specific organizational types.

Additional Considerations

The Behavioral Health Care (Outpatient) sector did not have an identified benchmark population for creating the sampling frame; as a result, the employee weights correspond directly to the sector weight. Total employee counts for this sector were calculated using the survey data rather than through benchmarking.

Employee totals may sometimes include individuals who appear in multiple sectors, such as Human Services – Private Operators and Behavioral Health Care (Outpatient). To address duplication when aggregating counts for statewide estimates, a duplicate weighting variable (*employee_wt2*) was added to the employee dataset that eliminated redundant roles from one of the sectors. The resulting staff-level dataset not only mirrors the distribution of the sampled providers but also generalizes accurately to the entire health care and human services workforce of Massachusetts.

Data Categorizations and Groupings

Race/Ethnicity

Employee composition by race and ethnicity were provided by organizations for the following categories: Hispanic or Latino regardless of race, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic American Indian/Alaska Native, non-Hispanic Native Hawaiian/Other Pacific Islander, non-Hispanic Two or More Races, or Race/Ethnicity Unknown. Due to small sample sizes, the non-Hispanic American Indian/Alaska Native, non-Hispanic Native Hawaiian/Other Pacific Islander, and non-Hispanic Two or More Races categories were combined and reported as “All Other Races” in the Tableau dashboard and survey databook. Results for all sectors were reported as weighted and imputed estimates, except Public Hospitals and Human Services – State Operators, which were reported using complete population data and therefore were neither weighted nor imputed. Race and ethnicity information were only collected for leadership and for select

occupations, which varied by sector (see Table A1). Leadership was defined as employees who plan, direct, and formulate policies, set strategies, and provide overall direction for an organization.

Institutional Characteristics

In addition to reporting results for the overall sample, data for the following sectors were grouped by institutional characteristics with particular significance or relevance within their sector:

- Acute Care Hospitals: System-affiliated hospital or unaffiliated hospital
- Emergency Medical Services: Private services or public (municipal) services
- Human Services: State operators or private operators
- Nursing Homes: Single-site or multi-site organization

Calculated Measures

Vacancy Rate

Occupational vacancy rates were calculated by dividing the total number of job vacancies by the sum of current full-time employees, part-time employees, and number of job vacancies in 2024 as reported by organizations. Sector-specific vacancy rates were suppressed for occupations that made up less than 2% of all employees among occupations surveyed. Additionally, some occupations were suppressed due to missing data or low response rates. For the cross-sector analysis, an all-sector vacancy rate was calculated for five key occupations: physicians, registered nurses (RNs), licensed practical nurses (LPNs), direct care workers, and social workers. The EMS and dental sectors did not contribute to these all-sector rates as they did not collect data on any of the key occupations.

Turnover Rate

Occupational turnover rates were calculated by dividing the total number of employees who left their position for any reason in 2024 by the average of total employees in 2024 and total employees in 2023, as reported by organizations. Turnover rates were reported separately for full-time, part-time, and per diem (EMS only) employees. For each employment status, sector-specific turnover rates were suppressed for occupations that made up less than 2% of employees among occupations surveyed. Additionally, some occupations were suppressed due to missing data or low response rates. The cross-sector analysis included all-sector turnover rates among full-time employees for five key occupations: physicians, RNs, LPNs, direct care workers, and social workers. The EMS and dental sectors did not contribute to these all-sector rates as they did not collect data on any of the key occupations.

Additional Tables

Table A1. Occupations and Definitions by Sector – Overall and by Staff Race/Ethnicity

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--|--|---------------------------------|
| Adult Day Health | | |
| Activity Staff | Leads recreational and social activities for program participants. | |
| Adult Day Drivers | Provides a for patients to and from adult day facilities. | |
| Direct Care Workers (e.g., Certified Nursing Assistants, Home Health Aides, Personal Care Aides) | Provides assistance with daily living activities such as personal care, bathing, dressing, and feeding, such as a certified nursing assistant (CNA), home health aide, or personal care aide. | X |
| Licensed Practical Nurses | Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse. | |
| Registered Nurses | Licensed by the Board of Registration in Nursing to practice as a registered nurse. | X |
| Social Workers | Performs social work services such as psychosocial evaluation, counseling, psychotherapy of a nonmedical nature, and referral to community resources | |
| Ambulatory Surgical Centers | | |
| Licensed Practical Nurses | Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse | |
| Physicians | Doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is registered to practice medicine. | X |
| Physician Assistants/Nurse Practitioners/Other Advanced Practice Registered Nurses | <ul style="list-style-type: none"> ■ Physician Assistant (PA): Authorized to practice medicine by the Board of Registration of Physician Assistants ■ Nurse Practitioner (NP): Registered nurse authorized to practice as a NP by the Board of Registration in Nursing | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|---|---|---------------------------------|
| | <ul style="list-style-type: none"> Advanced Practice Registered Nurse (APRN): Registered nurse licensed by the Board of Registration in Nursing with post graduate education engaging in advanced practice nursing activities, such as a certified NP, certified nurse midwife (CNM), certified nurse anesthetist (CRNA), psychiatric clinical nurse specialist (PCNS), or clinical nurse specialist (CNS) | |
| Registered Nurses | Licensed by the Board of Registration in Nursing to practice as a registered nurse | X |
| Surgical Technicians | Provides surgical technology services, such as preparation of operating room, gathering and preparing sterile supplies, and ensuring surgical equipment is functioning properly and safely | |
| Behavioral Health Freestanding Hospitals | | |
| Psychiatrists | Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who is registered to practice medicine and who is specialized in psychiatry | X |
| Physicians (excluding Psychiatrists) | Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who is registered to practice medicine, who is not specialized in psychiatry | X |
| Advanced Practice Registered Nurses (e.g., Psychiatric Nurse Practitioner, Psychiatric Clinical Nurse Specialist) | Registered nurse licensed by the Board of Registration in Nursing with post graduate education engaging in advanced practice nursing activities for behavioral health, such as a certified psychiatric nurse practitioner (NP) or psychiatric clinical nurse specialist (PCNS) | |
| Registered Nurses (i.e., staff registered nurses) | Licensed by the Board of Registration in Nursing to practice as a registered nurse, such as a staff registered nurse | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|---|--|---------------------------------|
| Licensed Practical Nurses | Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse | |
| Independently Licensed Clinicians (e.g., licensed psychologists, LICSWs, LMHCs, LMFTs, LADCs I) | Licensed to conduct independent unsupervised practice of clinical behavioral health work, such as a licensed psychologist, licensed independent clinical social worker (LICSW), licensed mental health counselor (LMHC), licensed marriage and family therapist (LMFT), or licensed alcohol and drug counselor level I (LADC I) | X |
| Occupational Therapists | Licensed by the Division of Professional Licensure, Board of Allied Health Professionals, providing therapy services such as diagnostic evaluation and therapeutic intervention using programs designed to improve quality of life by recovering competence, preventing further injury or disability, and improving individual's ability to perform tasks required for independent functioning | |
| Case Managers | Health care personnel whose primary role is to help a patient or client develop a plan that coordinates and integrates the support services that the patient/client needs to optimize the health care and psychosocial possible goals and outcomes | |
| Care Coordinators | Health care personnel whose primary role is to manage and coordinate a patient or client's care across multiple providers | |
| Recovery Coaches | Personnel with lived experience of recovery from substance use, who work directly with patients to engage, educate, and support them in their recovery | |
| Unlicensed Mental Health Counselors/Mental Health Workers | Unlicensed or certified personnel who provide behavioral health counseling and related services | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|---|--|---------------------------------|
| Behavioral Health Care (Outpatient) | | |
| Advanced Practice Registered Nurses (e.g., Psychiatric Nurse Practitioner, Psychiatric Clinical Nurse Specialist) | Registered nurse licensed by the Board of Registration in Nursing with post graduate education engaging in advanced practice nursing activities for behavioral health, such as a certified psychiatric nurse practitioner (NP) or psychiatric clinical nurse specialist (PCNS) | |
| Clinical Directors | Director of clinical operations at behavioral health program | |
| Clinical Supervisors | Clinic/site supervisor of behavioral health providers | |
| Independently Licensed Clinicians (e.g., licensed psychologists, LICSWs, LMHCs, LMFTs) | Licensed to conduct independent unsupervised practice of clinical behavioral health work, such as a licensed psychologist, licensed mental health counselor (LMHC), or licensed marriage and family therapist (LMFT), or licensed alcohol and drug counselor level I (LADC I) | X |
| Non-Independently Licensed Clinicians | Licensed to conduct clinical behavioral health work under the supervision of a licensed independent clinician, such as a licensed certified social worker (LCSW) | |
| Psychiatrists | Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who is registered to practice medicine and who is specialized in psychiatry | X |
| Physicians (excluding Psychiatrists) | Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who is registered to practice medicine, who is not specialized in psychiatry | X |
| Community Health Centers | | |
| Dental Hygienists | Licensed by the Board of Registration in Dentistry to practice dental hygiene (e.g., teeth cleanings, preventive dental care, oral hygiene instruction) | |
| Dentists | Licensed by the Board of Registration in Dentistry to practice as a registered dentist, such as a general dental | X |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--|--|---------------------------------|
| Medical Assistants | <p>practitioner, oral surgeon, periodontist, or endodontist</p> <p>Graduate of post-secondary medical assisting education program who performs administrative, clerical, and clinical duties such as managing medical records, checking vitals, or supporting medical or therapeutic procedures</p> | |
| Physician Assistants / Nurse Practitioners / Other Advanced Practice Registered Nurses | <ul style="list-style-type: none"> ■ Physician Assistant (PA): Authorized to practice medicine by the Board of Registration of Physician Assistants under supervision of a supervising physician ■ Nurse Practitioner (NP): Registered nurse authorized to practice as a NP by the Board of Registration in Nursing ■ Advanced Practice Registered Nurse (APRN): Registered nurse licensed by the Board of Registration in Nursing with post graduate education engaging in advanced practice nursing activities, such as a certified NP, certified nurse midwife (CNM), certified nurse anesthetist (CRNA), psychiatric clinical nurse specialist (PCNS), or clinical nurse specialist (CNS) | |
| Physicians | Doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is registered to practice medicine | X |
| Registered Nurses | Licensed by the Board of Registration in Nursing to practice as a registered nurse. | |
| Social Workers | Performs social work services such as psychosocial evaluation, counseling, psychotherapy of a nonmedical nature, and referral to community resources | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--------------------------------------|---|---------------------------------|
| Dental Practices | | |
| Dental Assistants | Licensed by the Board of Registration in Dentistry to practice as a registered dental assistant. Provides support for dental care including preparing and sterilizing dental tools, handling dental instruments, and taking dental X-rays | X |
| Dental Hygienists | Licensed by the Board of Registration in Dentistry to practice dental hygiene (e.g., teeth cleanings, preventive dental care, oral hygiene instruction), including public health hygienists | X |
| Dentists | Licensed by the Board of Registration in Dentistry to practice as a registered dentist, such as a general dental practitioner, oral surgeon, periodontist, or endodontist | X |
| Front Desk Staff | Supports in greeting patients, scheduling appointments, managing patient records, and/or other administrative functions | |
| Emergency Medical Services | | |
| Administrators/Managers/Supervisors | Supervises strategic and operational management of emergency medical services, primarily serving in a non-field provider role | |
| Dispatchers/Call Takers | 911 telecommunicator certified to provide emergency medical dispatch (EMD) services and to act as a certified emergency medical dispatcher for a public safety answering point (PSAP) or regional emergency communications center (RECC) | |
| Educators/Preceptors | Guides and oversees education/training for EMS certification | |
| Emergency Medical Technicians (EMTs) | Field providers who are a certified EMT tasked with provision of basic or limited advanced pre-hospital emergency medical care and transportation for critical and emergent patients, such as an EMT-Basic or Advanced EMT, | X |

| Occupation | Definition | Staff Racial/Ethnic Composition |
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| | inclusive of field training officers/preceptors | |
| Paramedics | Field providers who are a certified paramedic tasked with provision of advanced emergency medical care for critical and emergent patients, inclusive of field training officers/preceptors | X |
| Home Health – Certified | | |
| Direct Care Workers (e.g., Certified Nursing Assistants, Home Health Aides, Personal Care Aides) | Provides assistance with daily living activities such as personal care, bathing, dressing, and feeding, such as a certified nursing assistant (CNA), home health aide, homemaker, or personal care aide | X |
| Occupational Therapists | Licensed by the Division of Professional Licensure, Board of Allied Health Professionals, providing therapy services such as diagnostic evaluation and therapeutic intervention using programs designed to improve quality of life by recovering competence, preventing further injury or disability, and improving individual's ability to perform tasks required for independent functioning | |
| Physical Therapists | Licensed by the Division of Professional Licensure, Board of Allied Health Professionals, providing therapy services such as diagnostic evaluation and therapeutic intervention using a form of rehabilitation focused on treatment of physical dysfunctions involving neuromuscular, musculoskeletal, cardiovascular/pulmonary, or integumentary systems | |
| Registered Nurses | Licensed by the Board of Registration in Nursing to practice as a registered nurse | X |
| Social Workers | Performs social work services such as psychosocial evaluation, counseling, psychotherapy of a nonmedical nature, and referral to community resources | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--|--|---------------------------------|
| Speech Language Pathologists | Licensed by the Board of Registration in Speech-language Pathology and Audiology, providing therapy services such as diagnostic evaluation and therapeutic intervention designed to improve, prevent, or slow worsening of speech/language communication and swallowing disorders | |
| Home Health – Personal Care Assistance | | |
| Direct Care Workers (e.g., Certified Nursing Assistants, Home Health Aides, Personal Care Aides) | Provides assistance with daily living activities such as personal care, bathing, dressing, and feeding, such as a certified nursing assistant (CNA), home health aide, homemaker, or personal care aide | X |
| Licensed Practical Nurses | Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse | |
| Registered Nurses | Licensed by the Board of Registration in Nursing to practice as a registered nurse | X |
| Social Workers | Performs social work services such as psychosocial evaluation, counseling, psychotherapy of a nonmedical nature, and referral to community resources | |
| Hospitals – Acute Care | | |
| Licensed Practical Nurses | Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse | |
| Medical Technologists | Performs medical laboratory tests for diagnosis, treatment, and prevention of disease | |
| Physician Assistants/Nurse Practitioners/Certified Registered Nurse Anesthetists/Other Advanced Practice Registered Nurses | <ul style="list-style-type: none"> ■ Physician Assistant (PA): Authorized to practice medicine by the Board of Registration of Physician Assistants under supervision of a supervising physician ■ Nurse Practitioner (NP): Registered nurse authorized to | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|---|--|---------------------------------|
| | <p>practice as a NP by the Board of Registration in Nursing</p> <ul style="list-style-type: none"> ■ Certified Registered Nurse Anesthetist (CRNA): Registered nurse authorized to practice as a CRNA by the Board of Registration in Nursing, providing services such as anesthesia care, acute and chronic pain management, palliative care, and resuscitative and sedation services ■ Advanced Practice Registered Nurse (APRN): Registered nurse licensed by the Board of Registration in Nursing with post graduate education engaging in advanced practice nursing activities, such as a certified NP, certified nurse midwife (CNM), certified nurse anesthetist (CRNA), psychiatric clinical nurse specialist (PCNS), or clinical nurse specialist (CNS) | |
| Physicians | Doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is registered to practice medicine | X |
| Radiologic Technologists | Performs imaging procedures such as X-rays, CT scans, MRI, mammography, or nuclear medicine | |
| Registered Nurses (i.e., staff registered nurses) | Licensed by the Board of Registration in Nursing to practice as a registered nurse, such as a staff registered nurse | X |
| Social Workers | Performs social work services such as psychosocial evaluation, counseling, psychotherapy of a nonmedical nature, and referral to community resources | |
| Hospitals – Public | | |
| Licensed Independent Clinical Social Workers | Licensed by the Board of Social Workers to conduct independent | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--|--|---------------------------------|
| Occupational Therapists | <p>unsupervised practice of clinical social work</p> <p>Licensed by the Board of Allied Health Professionals, providing therapy services such as diagnostic evaluation and therapeutic intervention using programs designed to improve quality of life by recovering competence, preventing further injury or disability, and improving individual's ability to perform tasks required for independent functioning</p> | |
| Physician Assistants/Nurse Practitioners/Certified Registered Nurse Anesthetists/Other Advanced Practice Registered Nurses | <ul style="list-style-type: none"> ■ Physician Assistant (PA): Authorized to practice medicine by the Board of Registration of Physician Assistants ■ Nurse Practitioner (NP): Registered nurse authorized to practice as a NP by the Board of Registration in Nursing ■ Certified Registered Nurse Anesthetist (CRNA): Registered nurse authorized to practice as a CRNA by the Board of Registration in Nursing, providing services such as anesthesia care, acute and chronic pain management, palliative care, and resuscitative and sedation services ■ Advanced Practice Registered Nurse (APRN): Registered nurse licensed by the Board of Registration in Nursing with post graduate education engaging in advanced practice nursing activities, such as a certified NP, certified nurse midwife (CNM), certified nurse anesthetist (CRNA), psychiatric clinical nurse | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--|---|---------------------------------|
| | specialist (PCNS), or clinical nurse specialist (CNS) | |
| Physicians (excluding Psychiatrists) | Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who is registered to practice medicine, who is not specialized in psychiatry | X |
| Psychiatrists | Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who is registered to practice medicine and who is specialized in psychiatry | |
| Psychologists | Licensed by the Board of Registration of Psychologists to practice psychology | |
| Registered Nurses (i.e., staff registered nurses) | Licensed by the Board of Registration in Nursing to practice as a registered nurse, such as a staff registered nurse | X |
| Licensed Practice Nurses | Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse | |
| Respiratory Therapists | Licensed by the Board of Respiratory Care, providing respiratory care services such as identifying, preventing, and rehabilitating acute or chronic dysfunction to promote respiratory health and function | |
| Recreational Therapists | Guides or instructs in recreational therapy programs, including development of therapeutic objectives for patients, planning and organizing of recreational, social, and special activities, and motivating patients to participate in the activities | |
| Social Workers (MSW/LSW) | Performs social work services such as psychosocial evaluation, counseling, psychotherapy of a nonmedical nature, and referral to community resources, with a Master of Social Work (MSW) degree or as a licensed social worker (LSW) | |
| Unlicensed Mental Health Counselors/ Mental Health Workers | Unlicensed mental health personnel and support personnel, including certified personnel, who provide | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--|--|---------------------------------|
| | counseling or treatment, or who support mental health providers | |
| Human Services – Private Operators | | |
| Case Managers | Works directly with program clients/service recipients in non-therapy roles to provide casework/case management services centered on individual needs (e.g., service eligibility determination, service plan development, service coordination, resource development, advocacy, etc.). Case managers typically require a higher level of prior experience than case workers. | |
| Case Workers | Works directly with program clients/service recipients in non-therapy roles to provide casework/case management services centered on individual needs (e.g., service eligibility determination, service plan development, service coordination, resource development, advocacy, etc.). Case workers typically require a lower level of prior experience than case managers. | |
| Direct Care Workers I/II | Provides programmatic direct care services and supports to individuals, including general daily care of program clients/service recipients. Direct Care Workers I/II typically require a lower level of prior experience than Direct Care Workers III. | X |
| Direct Care Workers III (supervisor) | Plans, organizes, and directs delivery of direct care services. Direct Care Workers III typically require a higher level of prior experience than Direct Care Workers I/II. | |
| Independently Licensed Clinicians (e.g., licensed psychologist, LICSW, LMHC, LMFT, LADC I) | Licensed to conduct independent unsupervised practice of clinical behavioral health work, such as a licensed psychologist, licensed independent clinical social worker (LICSW), licensed mental health | X |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|---|--|---------------------------------|
| | counselor (LMHC), licensed marriage and family therapist (LMFT). | |
| Licensed Practical Nurses | Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse. Engaged in nursing duties (e.g., clinical responsibilities and/or direct care worker oversight). | |
| Non-Independently Licensed Clinicians (e.g., LCSW, LADC II, other master's-prepared clinicians) | Licensed to conduct clinical behavioral health work under the supervision of a licensed independent clinician, such as a licensed certified social worker (LCSW). | |
| Registered Nurses (do not include APRNs) | Licensed by the Board of Registration in Nursing to practice as a registered nurse. May be primarily engaged in clinical responsibilities or practicing in an expanded role (including supervisory duties). | |
| Human Services – State Operators | | |
| Case Managers | Assists patients in the management of their health and social needs, including the following roles: <ul style="list-style-type: none"> ■ Clinical Social Worker A, B ■ Qualified Vocational Rehabilitation Counselor II, III | |
| Case Workers | Provides services centered on individual needs, including the following roles: <ul style="list-style-type: none"> ■ Benefits Eligibility & Referral Social Worker A, B, C, D ■ Benefits Eligibility Team Leader ■ Community Resource Developer A, B, C ■ Dietitian II ■ Human Services Coordinator I, II, III | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--------------------------------------|--|---------------------------------|
| | <ul style="list-style-type: none"> ■ Interpreter, Deaf/Hard of Hearing I, II, III ■ Interpreter/CART Referral Specialist I, II, III ■ Qualified Vocational Rehabilitation Counselor I ■ Rehabilitation Counselor A, B, C, D ■ Social Worker I, II, III ■ Vocational Disability Examiner I, II, III, IV ■ Vocational Instructor A, B, C ■ Youth Services Caseworker | |
| Direct Care Workers I/II | <p>Provides programmatic direct care services and supports to individuals, including the following roles:</p> <ul style="list-style-type: none"> ■ Developmental Service Worker I, II, III, IV ■ Mental Health Coordinator I, II, III, IV ■ Mental Health Worker I, II, III, IV ■ Music Therapist I ■ Nursing Assistant II ■ Recovery Treatment Worker I, II ■ Recreational Therapist I, II ■ Residential Supervisor I, II ■ Social Worker Technician A, B ■ Juvenile Justice Youth Development Specialist (JJYDS) I, II, III ■ Youth Service Program Officer C | X |
| Direct Care Workers III (supervisor) | <p>Plans, organizes, and directs delivery of direct care services, including the following roles:</p> <ul style="list-style-type: none"> ■ Residential Supervisor III | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|--|---|---------------------------------|
| Independently Licensed Clinicians | <p>Licensed to conduct independent unsupervised practice of clinical work, including the following roles:</p> <ul style="list-style-type: none"> ■ Clinical Social Worker C, D ■ Licensed Alcohol and Drug Counselor (LADC) I ■ Licensed Independent Clinical Social Worker (LICSW) ■ Licensed Marriage and Family Therapist (LMFT) ■ Licensed Mental Health Counselor (LMHC) ■ Occupational Therapist I, II, III ■ Physical Therapist I, II, III ■ Physician Specialist ■ Psychologist I, II, III, IV ■ Social Worker IV ■ Speech-Language Pathologist I, II, III | X |
| Licensed Practical Nurses | <p>Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse, including the following roles:</p> <ul style="list-style-type: none"> ■ Licensed Practical Nurse I, II | |
| Non-Independently Licensed Clinicians | <p>Licensed to conduct clinical work under the supervision of a licensed independent clinician, including the following roles:</p> <ul style="list-style-type: none"> ■ Licensed Certified Social Worker (LCSW) ■ Licensed Alcohol and Drug Counselor (LADC) II | |
| Registered Nurses (do not include APRNs) | <p>Licensed by the Board of Registration in Nursing to practice as a registered nurse, including the following roles:</p> <ul style="list-style-type: none"> ■ Nurse Practitioner ■ Registered Nurse I, II, III, IV, V, VI | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|---|---|---------------------------------|
| Nursing Homes | | |
| Activity Staff | Leads recreational and social activities for program participants. | |
| Dietary Staff | Supports in development of dietary plans and in meal preparation and service. | |
| Direct Care Workers (e.g., Certified Nursing Assistants, Home Health Aids, Personal Care Aides) | Provides assistance with daily living activities such as personal care, bathing, dressing, and feeding, such as a certified nursing assistant (CNA), or personal care aide. | X |
| Licensed Practical Nurses | Nurse licensed by the Board of Registration in Nursing to practice as a licensed practical nurse. | |
| Occupational Therapists | Licensed by the Division of Professional Licensure, Board of Allied Health Professionals, providing therapy services such as diagnostic evaluation and therapeutic intervention using programs designed to improve quality of life by recovering competence, preventing further injury or disability, and improving individual's ability to perform tasks required for independent functioning. | |
| Registered Nurses | Licensed by the Board of Registration in Nursing to practice as a registered nurse. | X |
| Social Workers | Performs social work services such as psychosocial evaluation, counseling, psychotherapy of a nonmedical nature, and referral to community resources. | |
| Primary Care | | |
| Physicians | Doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is registered to practice medicine | X |
| Physician Assistants/Nurse Practitioners/Other Advanced Practice Registered Nurses | <ul style="list-style-type: none"> ■ Physician Assistant (PA): Authorized to practice medicine by the Board of Registration of Physician Assistants | |

| Occupation | Definition | Staff Racial/Ethnic Composition |
|----------------------------------|---|---------------------------------|
| | <ul style="list-style-type: none"> <li data-bbox="732 268 1141 407">■ Nurse Practitioner (NP): Registered nurse authorized to practice as a NP by the Board of Registration in Nursing <li data-bbox="732 426 1141 890">■ Advanced Practice Registered Nurse (APRN): Registered nurse licensed by the Board of Registration in Nursing with post graduate education engaging in advanced practice nursing activities, such as a certified NP, certified nurse midwife (CNM), certified nurse anesthetist (CRNA), psychiatric clinical nurse specialist (PCNS), or clinical nurse specialist (CNS) | |
| Registered Nurses | Licensed by the Board of Registration in Nursing to practice as a registered nurse | X |
| Medical Assistants | Graduate of post-secondary medical assisting education program who performs administrative, clerical, and clinical duties such as managing medical records, checking vitals, or supporting medical or therapeutic procedures | |
| Front Desk Staff and Secretaries | Supports in greeting and communicating with patients, scheduling appointments, managing patient records, and other administrative functions, such as a medical receptionist, appointments clerk, secretary or patient access representative | |

