

# Community Case Management (CCM) Nurse Directory

## CCM Member Job Aid

Prepared for:

MassHealth



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ForHealth Consulting  
UMass Chan Medical School

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*For any questions on use of the CCM Nurse Directory or for assistance with filling CSN hours, please reach out to the CCM Nurse Directory Program Coordinator at [CSNAccessSupport@umassmed.edu](mailto:CSNAccessSupport@umassmed.edu) or by calling CCM directly at 1-800-863-6068*

# CCM Member Registration

A CCM Member will need to access the Community Case Management (CCM) Nurse Directory webpage to create an account and profile for the CCM Nurse Directory.

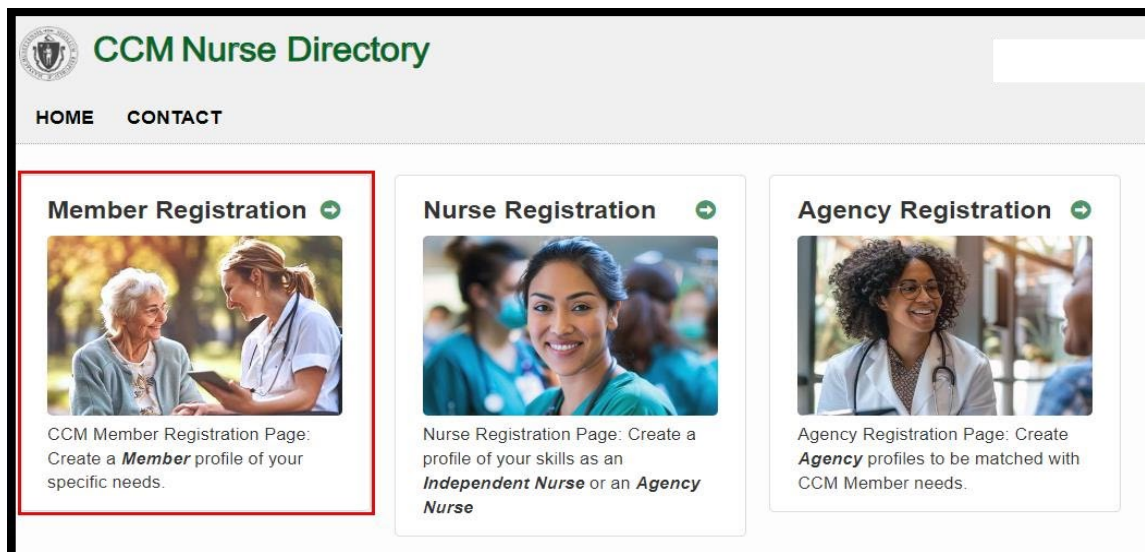
<https://ccmnursedirectory.org>

After the CCM Member accesses the CCM Nurse Directory webpage, the CCM Member needs to click on the “Register Now” button outlined by red rectangle just below the Log in button.

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.



The CCM Member will need to click on the “Member Registration” option outlined by red square (can click anywhere on the picture).



The CCM Member will enter the information for their family member and click on the “Register” button to submit their registration. An email will be sent to the CCM Member’s email address for them to authenticate into the CCM Nurse Directory.

An official website of the MassHealth Community Case Management (CCM) program

Select Language Register Log in

# CCM Nurse Directory

HOME CONTACT

## Member Registration

*Note: Fields marked with a red \* are required.*

### Applicant Information

\* CCM Member First Name

\* CCM Member Last Name

\* Street Address

\* City

\* State

\* Zip Code

\* CCM Member Date of Birth

\* Is there a parent/guardian?

Home Phone Number

Cell Phone Number

\* MassHealth ID

\* Preferred initial contact method:  
To receive text messages, select the "Text Messages" option and make sure to provide a valid cell phone number.  
 E-mail  Phone  Cell phone  Text message

\* Email

\* Password

\* Confirm password

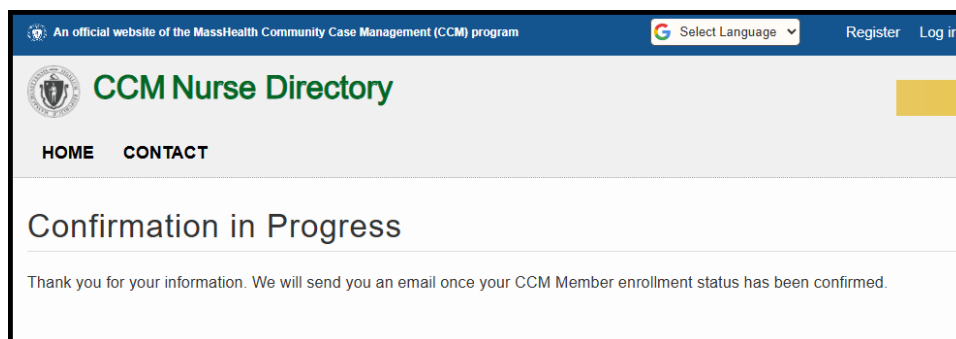
- Password must be at least 8 characters long.
- Passwords must have at least one non letter or digit character (!, #, \$, %, ^, ?, \*, \_ , -).
- Passwords must have at least one digit ('0'-'9').
- Passwords must have at least one uppercase ('A'-'Z').
- Passwords must have at least one lowercase ('a'-'z').

Register Cancel

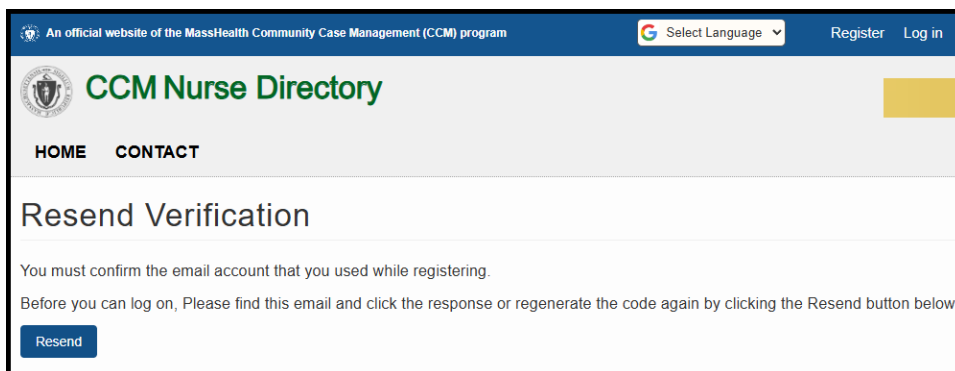
## Helpful Hints

- The following fields are required: CCM Member First Name; CCM Member Last Name; Zip Code (when Zip Code is entered, the City and State will populate); Street Address; CCM Member Date of Birth; Is there a parent/guardian? (If yes, Parent/Guardian Contact First Name, Parent/Guardian Contact Last Name); MassHealth ID; Preferred initial contact method; Email; Password and Confirm Password. The system will provide a message and highlight the corresponding field if NOT populated when the “Register” button is clicked. These fields are also identified with a red asterisk before each field.
- The email address and password entered in the registration will be used by the CCM Member to log into the CCM Nurse Directory.
- The CCM Member will have the ability to update their account (registration) information after they authenticate into the CCM Nurse Directory.

The CCM Member will receive the Confirmation in Progress message as shown below, and an email sent to the CCM Member’s email address for them to authenticate into the CCM Nurse Directory. Note: The CCM Member must confirm their email address prior to using the CCM Nurse Directory.



If the CCM Member logs into the CCM Nurse Directory without confirming their email, they will receive the message below asking them to confirm their email account. Once email confirmation has been completed, the CCM Member can log into the CCM Nurse Directory for the first time.

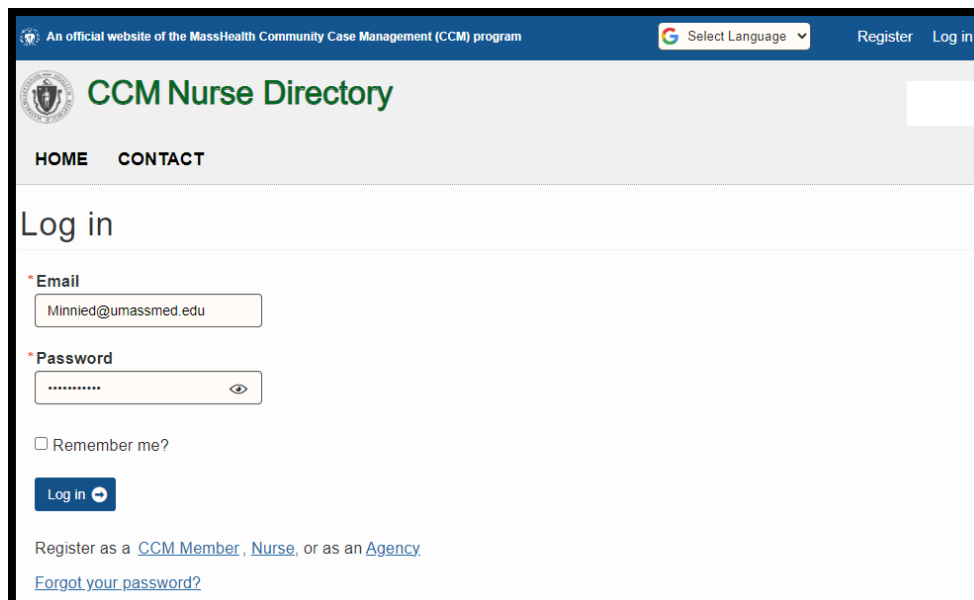


# CCM Member Log In

After the CCM Member authenticates their account, they will be able to log into the CCM Nurse Directory. The CCM Member can use the “Log In” menu item on the upper right corner of the screen or the “Log In” button on the bottom of the screen to log into the CCM Nurse Directory, both outlined by red rectangle.



The CCM Member needs to use the email address and password that they entered at the time of registration and click on the “Log In” button.



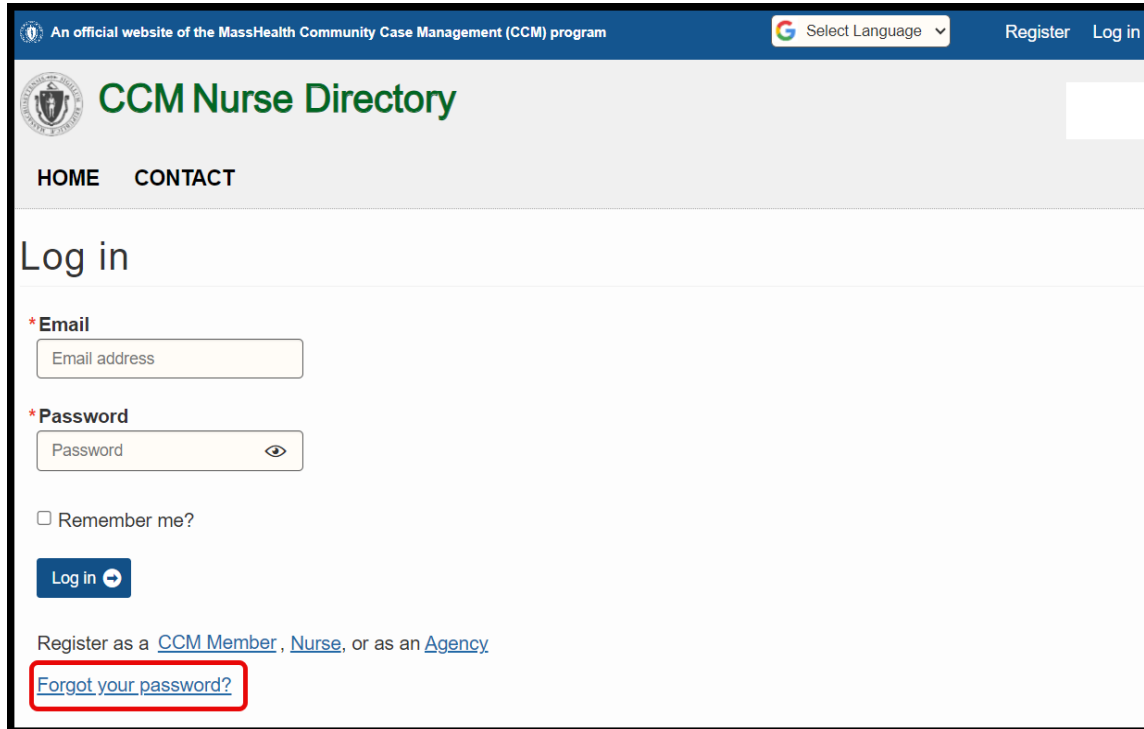
Once logged in, the CCM Member will be brought to the CCM “Member Home” page.

The screenshot shows the 'Marie Dee (Member) Home' page. At the top, there is a blue navigation bar with the text 'An official website of the MassHealth Community Case Management (CCM) program', a 'Select Language' dropdown menu, and the user's name 'Marie Dee' with a 'Log off' link. Below the navigation bar is the 'CCM Nurse Directory' header with a logo on the left and a yellow bar on the right. Underneath the header are two navigation links: 'HOME' and 'CONTACT'. The main heading is 'Marie Dee (Member) Home'. The page features six interactive cards arranged in a 2x3 grid:

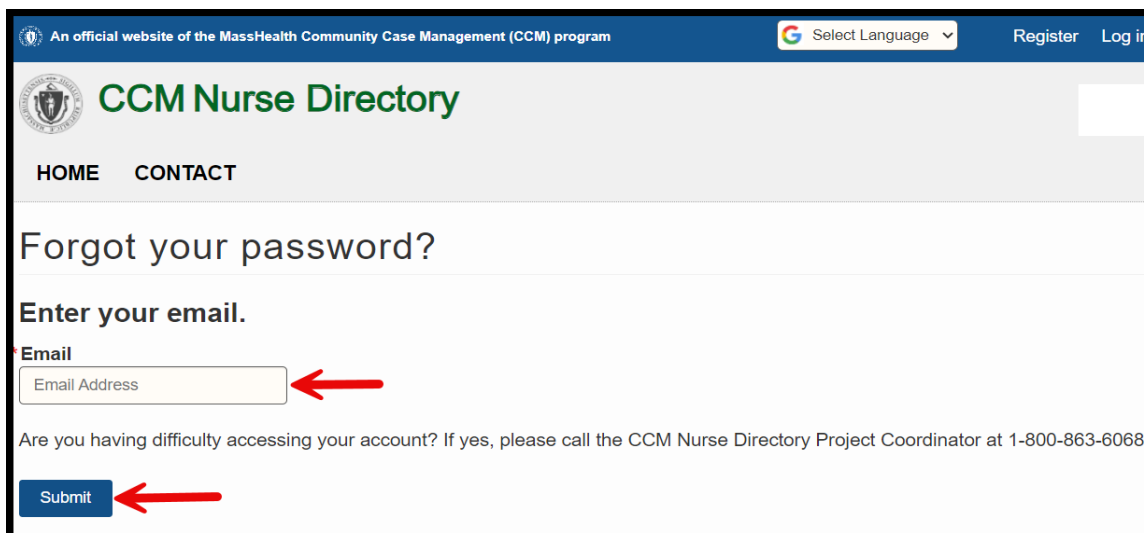
- Edit CCM Member Profile**: Edit your CCM Member profile information. (Icon: clipboard with pencil)
- Add an additional CCM Member Profile**: Add additional member(s) under the same Parent/Guardian Registration. (Icon: clipboard with plus sign)
- View or Switch Member Profile**: Edit or perform search for additional member profiles. (Icon: three people)
- Access Messages**: View your messages and send messages to other users. (Icon: envelope)
- Search Function**: Search for job openings within your specified service area. (Icon: magnifying glass)
- Change Password**: Update/change your current password. (Icon: padlock with asterisks)

# Forgot Password

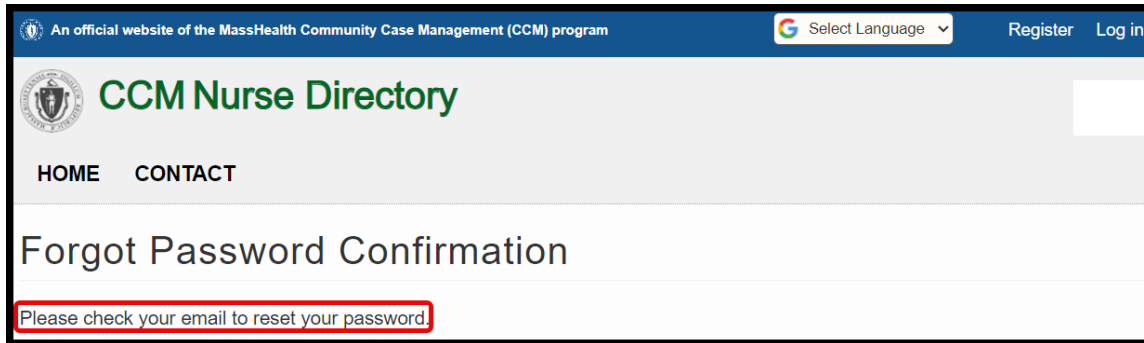
If the CCM Member does not remember their password, they can click on “Forgot your password?” outlined by red rectangle on the “Log in” page.



The CCM Member will enter the email address for their registration and click the “Submit” button.



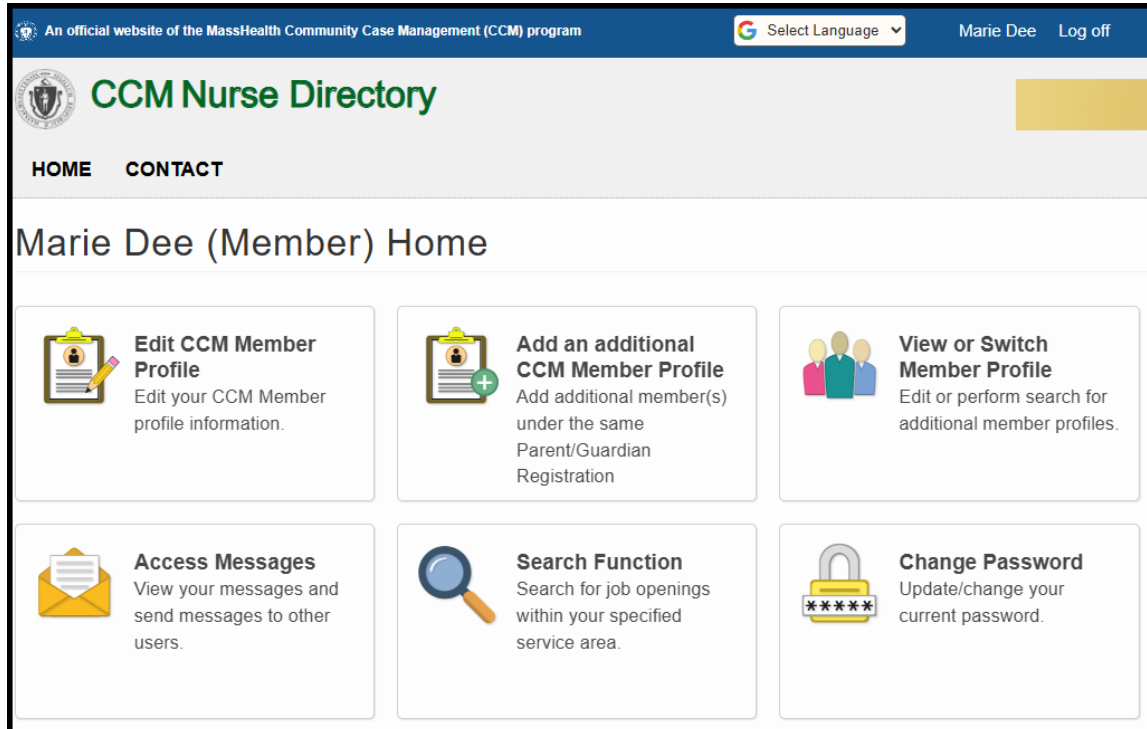
The CCM Member will be brought to the “Forgot Password Confirmation” screen and will receive an email to reset their password.



# CCM Member Landing Page

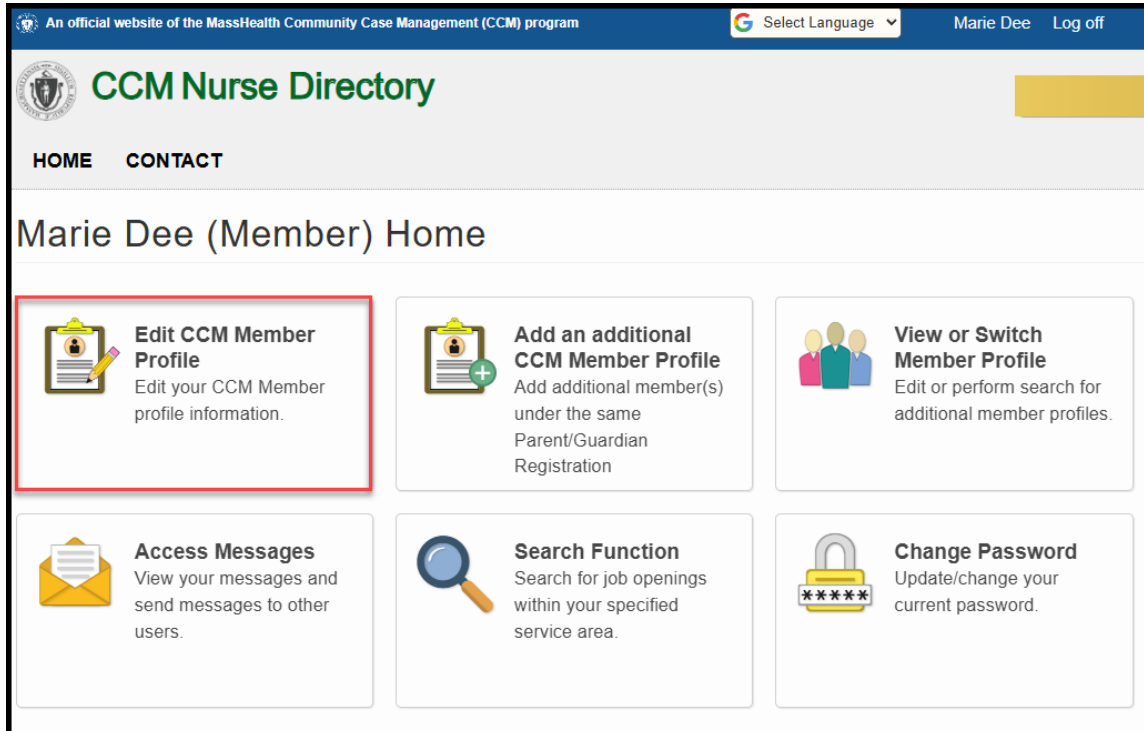
When a CCM Member logs into the CCM Nurse Directory, they will be brought to the CCM “Member Home” page.

The six functions that can be performed using this page are: “Edit CCM Member Profile,” “Add an additional CCM Member Profile,” “View or Switch Member Profile,” “Access Messages,” “Search Function”, and “Change Password.”



# Edit CCM Member Profile

The first time the CCM Member selects the “Edit CCM Member Profile” option outlined by red rectangle, the “Member Demographics” screen will appear and will need to be populated. The required fields have a red asterisk “\*.”



HOME CONTACT

## CCM Member Profile and Preferred Nurse Skills

Note: Fields marked with a red \* are required.

### Member Demographics Please continue to alert your CCM Clinical Manager of any contact information changes.

**\* Active profile:**

An inactive profile will prevent the profile from appearing in the search results when a nurse searches for CCM members.

Yes  No

**\* Reason for Inactivating:**

**Case Number:**

172

**Profile last updated on:**

Monday September 22, 2025 5:09 AM

**\* CCM Member First Name:**

**\* CCM Member Last Name:**

**Email:**

Mdee@umassmed.edu

**\* Street Address:**

**\* City:**

**\* State:**

**\* Zip Code:**

**\* CCM Member Date of Birth:**

**Height:**

**Weight:**

**\* Is there a parent/guardian?**

**\* Parent/Guardian Contact First Name**

**\* Parent/Guardian Contact Last Name**

**Home Phone Number:**

**Cell Phone Number:**

**\* CCM Member Gender:**  
 Male  Female  Transgender Male  Transgender Female  Nonbinary  Prefer not to answer  
 Other  Prefer a different term (please specify)

**\* Preferred initial contact method:**  
 To receive text messages, select the "Text Messages" option and make sure to provide a valid cell phone number.  
 E-mail  Phone  Cell phone  Text message

**\* Contact Email:**

**\* MassHealth ID:**

**\* CCM Member Primary Diagnosis:**

**Does the CCM Member attend School or a Day Program:**  
 Yes  No

**\* Total CSN Authorized Hours per Week:**

**Additional Nurse Hours Available (i.e.unused hours or temporary medical necessity increase):**  
 Yes  No

**Preferred Nurse Skills**

Check All (excludes 'Other') At least one Preferred Nurse Skill is required

■ Respiratory:		
<b>Suction</b> <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Deep pharyngeal <input type="checkbox"/> Tracheal	<b>Tracheostomy</b> <input type="checkbox"/> Tracheostomy Care <input type="checkbox"/> Trach Change <input type="checkbox"/> HME <input type="checkbox"/> PM valve <input type="checkbox"/> Cap use	<b>Ventilator/Ventilation</b> <input type="checkbox"/> CPAP <input type="checkbox"/> BiPAP <input type="checkbox"/> Mechanical Ventilation Type: <input type="text" value="Mechanical ventilation"/>
<b>Medication</b> <input type="checkbox"/> Nebulizer use <input type="checkbox"/> Inhaler use	<b>Oxygen</b> <input type="checkbox"/> Oxygen (type of delivery system) <input type="checkbox"/> Experience with Titration	<b>Oxygenation</b> <input type="checkbox"/> Pulse Oximeter Use <input type="checkbox"/> Managing Desaturations
<b>Airway Clearance</b> <input type="checkbox"/> Chest Physiotherapy (CPT) <input type="checkbox"/> Chest Wall Oscillator (CPT Vest) <input type="checkbox"/> Cough Assist/Inexsufflator	<b>Other</b> <input type="checkbox"/> Respiratory Skilled Assessment	<input type="checkbox"/> Other (describe): <input type="text" value="Respiratory Other"/>

<b>■ Cardiac:</b>		
<input type="checkbox"/> Management of Hypertension	<input type="checkbox"/> Fluid Balance Management	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Management of Hypotension	<input type="checkbox"/> CPR Certification	<input type="text" value="Cardiac Other"/>
<input type="checkbox"/> Cardiac Anomalies	<input type="checkbox"/> Cardiac Skilled Assessment	
<b>■ Gastrointestinal (GI):</b>		
<input type="checkbox"/> NPO	<input type="checkbox"/> Syringe Bolus	<input type="checkbox"/> Management of Bowel Protocol
<input type="checkbox"/> G-Tube	<input type="checkbox"/> Managing Reflux	<input type="checkbox"/> Ostomy/Colostomy Management and Care
<input type="checkbox"/> J-Tube	<input type="checkbox"/> Aspiration Precautions	<input type="checkbox"/> Cecostomy Care
<input type="checkbox"/> G/J-Tube	<input type="checkbox"/> Adjustments to Feeding Volume	<input type="checkbox"/> GI Skilled Assessment
<input type="checkbox"/> N/G Tube	<input type="checkbox"/> Venting G-Tube	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Farrell Bag	<input type="text" value="Gastrointestinal Other"/>
<b>■ Genitourinary (GU):</b>		
<input type="checkbox"/> Catheterization	<input type="checkbox"/> Bladder/Catheter Irrigation	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Straight/Intermittent	<input type="checkbox"/> Dialysis	<input type="text" value="Genitourinary Other"/>
<input type="checkbox"/> Foley Catheter	<input type="checkbox"/> Ostomy	
<input type="checkbox"/> Pubic Catheter	<input type="checkbox"/> GU Assessment	
<b>■ Wounds:</b>		
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Wound Assessment	
<b>■ Neurological:</b>		
<input type="checkbox"/> Seizure Management Type	<input type="checkbox"/> Dysautonomia Management	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Neurological Assessment		<input type="text" value="Neurological Other"/>
<b>■ Pain Management:</b>		
<input type="checkbox"/> Pain Management Protocol (Pharmaceutical Management)	<input type="checkbox"/> Alternative Pain Management Techniques	<input type="checkbox"/> Pain Assessment
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Pain Management Other"/>
<b>■ Musculoskeletal:</b>		
<input type="checkbox"/> Caring for patients with Osteopenia or Osteoporosis:	<input type="checkbox"/> Contractures	<input type="checkbox"/> Musculoskeletal Assessment
<input type="checkbox"/> Fractures	<input type="checkbox"/> Use of Orthotics, Splints	<input type="checkbox"/> Other (describe):
		<input type="text" value="Musculoskeletal Other"/>

<b>■ Central Line/Intravenous (IV) Access/Medication:</b>		
<input type="checkbox"/> Hickman Catheter	<input type="checkbox"/> Peripheral IV	<input type="checkbox"/> Calculation of IV Rates
<input type="checkbox"/> Broviac Catheter	<input type="checkbox"/> IV Dressing Site Changes	<input type="checkbox"/> TPN
<input type="checkbox"/> PICC Line	<input type="checkbox"/> IV Infusion/Pump Management	<input type="checkbox"/> Lipids
<input type="checkbox"/> Implantable Venous Access	<input type="checkbox"/> Prepare & Mix IV Medication	<input type="checkbox"/> Heparin Flushes
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Central Line Other"/>
<b>■ Medication Administration:</b>		
<input type="checkbox"/> Oral	<input type="checkbox"/> IV	<input type="checkbox"/> Ear Drops
<input type="checkbox"/> IM	<input type="checkbox"/> G-Tube	<input type="checkbox"/> Eye Drops
<input type="checkbox"/> SQ	<input type="checkbox"/> J-Tube	<input type="checkbox"/> Topical
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Medication Other"/>
<b>■ Experience with individuals who have:</b>		
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Hearing Impairments	<input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Visual Impairments	<input type="checkbox"/> Mobility Impairments	<input type="checkbox"/> Medical Complexities
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Experience Other"/>
<b>■ Languages:</b>		
<input type="checkbox"/> Afghani	<input type="checkbox"/> Chinese	<input type="checkbox"/> Hmong
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Creole	<input type="checkbox"/> Italian
<input type="checkbox"/> Amharic	<input type="checkbox"/> Croatian	<input type="checkbox"/> Khmer
<input type="checkbox"/> Arabic	<input type="checkbox"/> English	<input type="checkbox"/> Korean
<input type="checkbox"/> Armenian Hayeren	<input type="checkbox"/> Farsi	<input type="checkbox"/> Lithuanian
<input type="checkbox"/> Bengali	<input type="checkbox"/> French	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Burmese	<input type="checkbox"/> Gorbeh	<input type="checkbox"/> Portuguese/Brazilian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Greek	<input type="checkbox"/> Russian
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cape Verdean Creole	<input type="checkbox"/> Haitian	<input type="checkbox"/> Urdu
<input type="checkbox"/> Certified Deaf Interpreter	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Hindi	<input type="checkbox"/> Other (describe):
		<input type="text" value="Language Other"/>
<b>■ Durable Medical Equipment:</b>		
<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Specialized Bathroom Equipment	<input type="checkbox"/> Lift Systems Type
<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> Communication Equipment	<input type="text" value="Lift Systems Type"/>
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Equipment Other"/>

**Other:**

Proficient in Clinical Documentation
  Other (describe):
 

Other's Other

### Preferred Nurse Skills (continued)

**Is the CCM Member/Caregiver comfortable providing training to CSN providers?**  
 Yes  No

**Shift Preferences:**

(Please select all shift preferences that apply)

Days
  Evening
  Overnight
  Weekends
  Holidays
  Per Diem

**Flexible:**

If you choose "Flexible" the Vacant Shift section will NOT be displayed and your search results will be based on other criteria that you have selected to find a CSN Provider. If you fill in the Vacant Shifts section below, then the times you entered will be part of the search criteria and will be matched to the available times of the CSN Provider.

**Vacant shifts:**

Enter your shifts in order of preference with #1 being your most preferred shift. To remove data from Vacant Shifts section, select "-----" in the Day of Week box and delete the hour, minutes, and AM/PM in the Start time and End time box.

Preference	Day of Week	Start Time	End Time	Overnight
1.	----- v	--:-- ⌚	--:-- ⌚	
2.	----- v	--:-- ⌚	--:-- ⌚	
3.	----- v	--:-- ⌚	--:-- ⌚	
4.	----- v	--:-- ⌚	--:-- ⌚	
5.	----- v	--:-- ⌚	--:-- ⌚	

+ Add a new shift

**Provide any other pertinent information (i.e., care level, routine of CCM Member, etc.):**

Additional Pertinent Information

**Does the CCM Member have other cultural/religious considerations?**  
 Yes  No

**If yes, please describe the considerations:**

Description of considerations

**Does the CCM Member have a pet(s) in the home?**  
 Yes  No

**If yes, please provide the type of animal(s):**

Description of Pet

**Are there people who smoke in the CCM Member's home?**  
 Yes  No

**Is there available parking for the CSN Provider?**  
 Yes  No



**Comments about parking:**

Parking Comments

**Do you prefer a CSN Provider that is vaccinated for COVID?**  
 Yes  No preference

**Do you prefer that a CSN provider wear a mask when working with the member?**  
 Yes  No

**Upload a profile picture:**

  Maximum file size: 4 MB  
Supported file types: jpeg, jpg

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## Helpful Hints

- The CCM Member needs to select at least one skill within the Preferred Nurse Skills section to perform a search.
- The CCM Member profile needs to be approved by the CCM team PRIOR to performing a search.
- If the “No” button for “Active Profile” has been selected, the CCM Member Profile WILL NOT appear in the search results for CSN Providers, and a Reason for Inactivating is required.
- The application will provide messages if there is any information that needs to be populated. For example, if the CCM Member clicks “Mechanical Ventilation Type,” “Other,” or “Lift

Systems Type” in the CSN Skills table without entering data in the required text box, the system will prompt the user to do so.

After completing and saving the CCM Member Profile, when the CCM Member logs into the CCM Nurse Directory and selects the “Edit CCM Member Profile” option on the home page, the CCM Member will be brought to the completed CCM Member profile.

### CCM Member Profile and Preferred Nurse Skills

*Note: Fields marked with a red \* are required.*

#### Member Demographics Please continue to alert your CCM Clinical Manager of any contact information changes.

**\* Active profile:**  
An inactive profile will prevent the profile from appearing in the search results when a nurse searches for CCM members.  
 Yes  No

**\* Reason for Inactivating:**


**Case Number:**  
172

**Profile last updated on:**  
Monday September 22, 2025 5:09 AM

**\* CCM Member First Name:**  **\* CCM Member Last Name:**

**Email:**  
Mdee@umassmed.edu

**\* Street Address:**  **\* City:**  **\* State:**  **\* Zip Code:**

**\* CCM Member Date of Birth:**  
 

**Height:**  
 ft  in

**Weight:**  
 lbs

**\* Is there a parent/guardian?**

**\* Parent/Guardian Contact First Name**  **\* Parent/Guardian Contact Last Name**

**Home Phone Number:**  **Cell Phone Number:**

**\* CCM Member Gender:**  
 Male  Female  Transgender Male  Transgender Female  Nonbinary  Prefer not to answer  
 Other  Prefer a different term (please specify)

**\* Preferred initial contact method:**

To receive text messages, select the "Text Messages" option and make sure to provide a valid cell phone number.

- E-mail    Phone    Cell phone    Text message

**\* Contact Email:**

Mdee@umassmed.edu

**\* MassHealth ID:**

111111111111

**\* CCM Member Primary Diagnosis:**

CP

**Does the CCM Member attend School or a Day Program:**

- Yes    No

**If Yes, where and when?**

School Program during the day

**\* Total CSN Authorized Hours per Week:**

150

**Additional Nurse Hours Available (i.e.unused hours or temporary medical necessity increase):**

- Yes    No

**Preferred Nurse Skills**

Check All (excludes 'Other') *At least one Preferred Nurse Skill is required*

<input checked="" type="checkbox"/> Respiratory:		
<b>Suction</b> <input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> Nasal <input checked="" type="checkbox"/> Deep pharyngeal <input checked="" type="checkbox"/> Tracheal	<b>Tracheostomy</b> <input checked="" type="checkbox"/> Tracheostomy Care <input checked="" type="checkbox"/> Trach Change <input checked="" type="checkbox"/> HME <input checked="" type="checkbox"/> PM valve <input checked="" type="checkbox"/> Cap use	<b>Ventilator/Ventilation</b> <input checked="" type="checkbox"/> CPAP <input checked="" type="checkbox"/> BiPAP <input type="checkbox"/> Mechanical Ventilation Type: <input type="text" value="Mechanical ventilation"/>
<b>Medication</b> <input checked="" type="checkbox"/> Nebulizer use <input checked="" type="checkbox"/> Inhaler use	<b>Oxygen</b> <input checked="" type="checkbox"/> Oxygen (type of delivery system) <input checked="" type="checkbox"/> Experience with Titration	<b>Oxygenation</b> <input checked="" type="checkbox"/> Pulse Oximeter Use <input checked="" type="checkbox"/> Managing Desaturations
<b>Airway Clearance</b> <input checked="" type="checkbox"/> Chest Physiotherapy (CPT) <input checked="" type="checkbox"/> Chest Wall Oscillator (CPT Vest) <input checked="" type="checkbox"/> Cough Assist/Inexsufflator	<b>Other</b> <input checked="" type="checkbox"/> Respiratory Skilled Assessment <input type="checkbox"/> Other (describe): <input type="text" value="Respiratory Other"/>	

<b>✓ Cardiac:</b>		
<input checked="" type="checkbox"/> Management of Hypertension	<input checked="" type="checkbox"/> Fluid Balance Management	<input type="checkbox"/> Other (describe):
<input checked="" type="checkbox"/> Management of Hypotension	<input checked="" type="checkbox"/> CPR Certification	<input type="text" value="Cardiac Other"/>
<input checked="" type="checkbox"/> Cardiac Anomalies	<input checked="" type="checkbox"/> Cardiac Skilled Assessment	
<b>✓ Gastrointestinal (GI):</b>		
<input checked="" type="checkbox"/> NPO	<input checked="" type="checkbox"/> Syringe Bolus	<input checked="" type="checkbox"/> Management of Bowel Protocol
<input checked="" type="checkbox"/> G-Tube	<input checked="" type="checkbox"/> Managing Reflux	<input checked="" type="checkbox"/> Ostomy/Colostomy Management and Care
<input checked="" type="checkbox"/> J-Tube	<input checked="" type="checkbox"/> Aspiration Precautions	<input checked="" type="checkbox"/> Cecostomy Care
<input checked="" type="checkbox"/> G/J-Tube	<input checked="" type="checkbox"/> Adjustments to Feeding Volume	<input checked="" type="checkbox"/> GI Skilled Assessment
<input checked="" type="checkbox"/> N/G Tube	<input checked="" type="checkbox"/> Venting G-Tube	<input type="checkbox"/> Other (describe):
<input checked="" type="checkbox"/> Feeding Pump	<input checked="" type="checkbox"/> Farrell Bag	<input type="text" value="Gastrointestinal Other"/>
<b>✓ Genitourinary (GU):</b>		
<input checked="" type="checkbox"/> Catheterization	<input checked="" type="checkbox"/> Bladder/Catheter Irrigation	<input type="checkbox"/> Other (describe):
<input checked="" type="checkbox"/> Straight/Intermittent	<input checked="" type="checkbox"/> Dialysis	<input type="text" value="Genitourinary Other"/>
<input checked="" type="checkbox"/> Foley Catheter	<input checked="" type="checkbox"/> Ostomy	
<input checked="" type="checkbox"/> Pubic Catheter	<input checked="" type="checkbox"/> GU Assessment	
<b>✓ Wounds:</b>		
<input checked="" type="checkbox"/> Wound Care	<input checked="" type="checkbox"/> Wound Assessment	
<b>✓ Neurological:</b>		
<input checked="" type="checkbox"/> Seizure Management Type	<input checked="" type="checkbox"/> Dysautonomia Management	<input type="checkbox"/> Other (describe):
<input checked="" type="checkbox"/> Neurological Assessment		<input type="text" value="Neurological Other"/>
<b>✓ Pain Management:</b>		
<input checked="" type="checkbox"/> Pain Management Protocol (Pharmaceutical Management)	<input checked="" type="checkbox"/> Alternative Pain Management Techniques	<input checked="" type="checkbox"/> Pain Assessment
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Pain Management Other"/>
<b>✓ Musculoskeletal:</b>		
<input checked="" type="checkbox"/> Caring for patients with Osteopenia or Osteoporosis:	<input checked="" type="checkbox"/> Contractures	<input checked="" type="checkbox"/> Musculoskeletal Assessment
<input checked="" type="checkbox"/> Fractures	<input checked="" type="checkbox"/> Use of Orthotics, Splints	<input type="checkbox"/> Other (describe):
		<input type="text" value="Musculoskeletal Other"/>

<input checked="" type="checkbox"/> <b>Central Line/Intravenous (IV) Access/Medication:</b>		
<input checked="" type="checkbox"/> Hickman Catheter <input checked="" type="checkbox"/> Broviac Catheter <input checked="" type="checkbox"/> PICC Line <input checked="" type="checkbox"/> Implantable Venous Access	<input checked="" type="checkbox"/> Peripheral IV <input checked="" type="checkbox"/> IV Dressing Site Changes <input checked="" type="checkbox"/> IV Infusion/Pump Management <input checked="" type="checkbox"/> Prepare & Mix IV Medication	<input checked="" type="checkbox"/> Calculation of IV Rates <input checked="" type="checkbox"/> TPN <input checked="" type="checkbox"/> Lipids <input checked="" type="checkbox"/> Heparin Flushes <input type="checkbox"/> Other (describe): <input type="text" value="Central Line Other"/>
<input checked="" type="checkbox"/> <b>Medication Administration:</b>		
<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> IN THE <input checked="" type="checkbox"/> SQ	<input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> G-Tube <input checked="" type="checkbox"/> J-Tube	<input checked="" type="checkbox"/> Ear Drops <input checked="" type="checkbox"/> Eye Drops <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Other (describe): <input type="text" value="Medication Other"/>
<input checked="" type="checkbox"/> <b>Experience with individuals who have:</b>		
<input checked="" type="checkbox"/> Developmental Delay <input checked="" type="checkbox"/> Visual Impairments	<input checked="" type="checkbox"/> Hearing Impairments <input checked="" type="checkbox"/> Mobility Impairments	<input checked="" type="checkbox"/> Chronic Illness <input checked="" type="checkbox"/> Medical Complexities <input type="checkbox"/> Other (describe): <input type="text" value="Experience Other"/>
<input checked="" type="checkbox"/> <b>Languages:</b>		
<input checked="" type="checkbox"/> Afghan <input checked="" type="checkbox"/> American Sign Language <input checked="" type="checkbox"/> Amharic <input checked="" type="checkbox"/> Arabic <input checked="" type="checkbox"/> Armenian Hayeren <input checked="" type="checkbox"/> Bengali <input checked="" type="checkbox"/> Burmese <input checked="" type="checkbox"/> Cambodian <input checked="" type="checkbox"/> Cantonese <input checked="" type="checkbox"/> Cape Verdean Creole <input checked="" type="checkbox"/> Certified Deaf Interpreter	<input checked="" type="checkbox"/> Chinese <input checked="" type="checkbox"/> Creole <input checked="" type="checkbox"/> Croatian <input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> To get <input checked="" type="checkbox"/> French <input checked="" type="checkbox"/> Gorbeh <input checked="" type="checkbox"/> Greek <input checked="" type="checkbox"/> Gujarati <input checked="" type="checkbox"/> Haitian <input checked="" type="checkbox"/> Haitian Creole <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Hmong <input checked="" type="checkbox"/> Italian <input checked="" type="checkbox"/> Khmer <input checked="" type="checkbox"/> Korean <input checked="" type="checkbox"/> Lithuanian <input checked="" type="checkbox"/> Mandarin <input checked="" type="checkbox"/> Portuguese/Brazilian <input checked="" type="checkbox"/> Russian <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Urdu <input checked="" type="checkbox"/> Vietnamese <input type="checkbox"/> Other (describe): <input type="text" value="Language Other"/>
<input checked="" type="checkbox"/> <b>Durable Medical Equipment:</b>		
<input checked="" type="checkbox"/> Wheel Chair <input checked="" type="checkbox"/> Hospital Bed	<input checked="" type="checkbox"/> Specialized Bathroom Equipment <input checked="" type="checkbox"/> Communication Equipment	<input type="checkbox"/> Lift Systems Type <input type="text" value="Lift Systems Type"/> <input type="checkbox"/> Other (describe): <input type="text" value="Equipment Other"/>

**Other:**

Proficient in Clinical Documentation       Other (describe):

**Preferred Nurse Skills (continued)**

Is the CCM Member/Caregiver comfortable providing training to CSN providers?

Yes    No

**Shift Preferences:**

(Please select all shift preferences that apply)

Days    Evening    Overnight    Weekends    Holidays    Per Diem

**Flexible:**

If you choose "Flexible" the Vacant Shift section will NOT be displayed and your search results will be based on other criteria that you have selected to find a CSN Provider. If you fill in the Vacant Shifts section below, then the times you entered will be part of the search criteria and will be matched to the available times of the CSN Provider.

**Vacant shifts:**

Enter your shifts in order of preference with #1 being your most preferred shift. To remove data from Vacant Shifts section, select "-----" in the Day of Week box and delete the hour, minutes, and AM/PM in the Start time and End time box.

Preference	Day of Week	Start Time	End Time	Overnight
1.	Sunday	10:00 AM	09:00 PM	
2.	Monday	12:00 AM	12:01 PM	
3.	Tuesday	11:00 PM	07:00 AM	<input checked="" type="checkbox"/>
4.	Wednesday	--:--	--:--	
5.	Thursday	--:--	--:--	

[+ Add a new shift](#)

Provide any other pertinent information (i.e., care level, routine of CCM Member, etc.):

Does the CCM Member have other cultural/religious considerations?

Yes    No

Does the CCM Member have other cultural/religious considerations?  
 Yes  No

\* If yes, please describe the considerations:

Does the CCM Member have a pet(s) in the home?  
 Yes  No

\* If yes, please provide the type of animal(s):



Are there people who smoke in the CCM Member's home?  
 Yes  No

Is there available parking for the CSN Provider?  
 Yes  No

Comments about parking:

Do you prefer a CSN Provider that is vaccinated for COVID?  
 Yes  No preference

Do you prefer that a CSN provider wear a mask when working with the member?  
 Yes  No

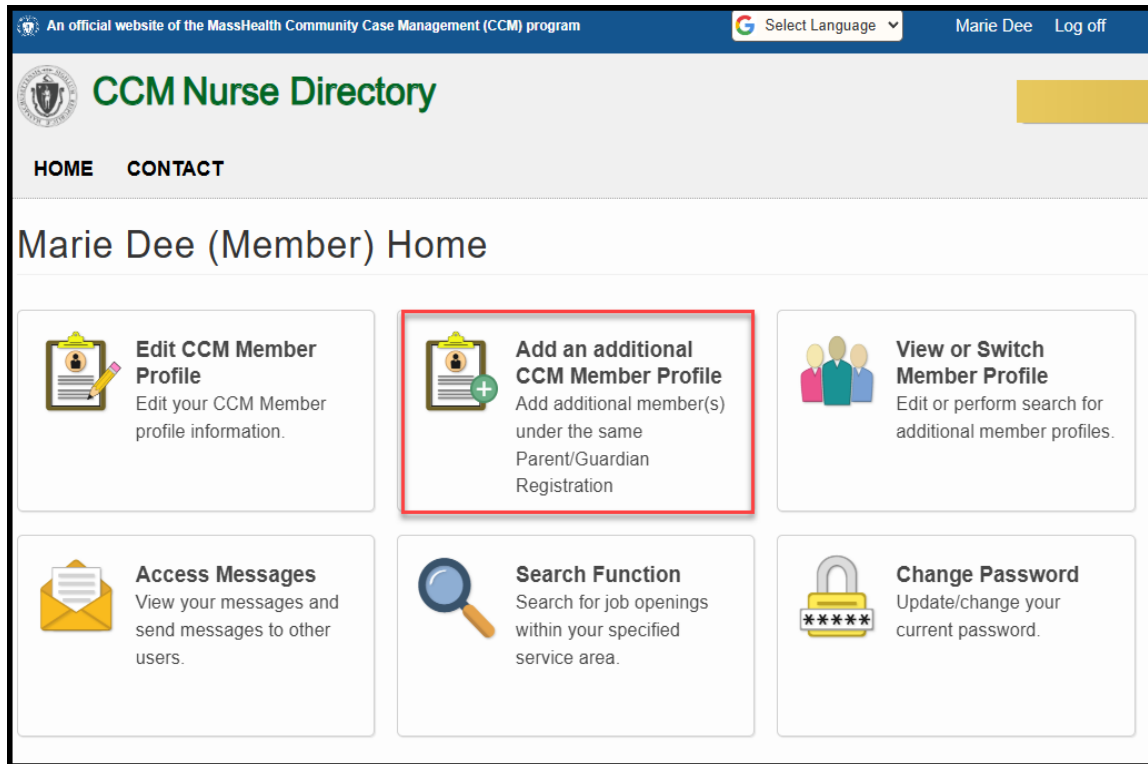
Upload a profile picture:  
  Maximum file size: 4 MB  
Supported file types: jpeg, jpg

[▲ Back To Top](#)

While in the profile, the CCM Member can edit any of the fields within the profile. The CCM Member can save the profile and remain on the profile by clicking on “Save,” save and close the profile and return to the home page by clicking “Save and Close,” or click Cancel to discard changes and go back to the home page, all outlined by red rectangle.

# Add an Additional CCM Member Profile

In instances where a caregiver may be managing more than one member profile (i.e., a parent with two children enrolled in CCM), an additional CCM Member profile may be added by clicking on “Add an additional CCM Member Profile” outlined by red square.



A new CCM Member Profile and Preferred Nurse Skills screen will appear with fields that have auto-populated based on the previous CCM Member's profile created. The CCM Member should review and update all fields as necessary.

## CCM Member Profile and Preferred Nurse Skills

*Note: Fields marked with a red \* are required.*


### Member Demographics

Please continue to alert your CCM Clinical Manager of any contact information changes.

**\* Active profile:**  
An inactive profile will prevent the profile from appearing in the search results when a nurse searches for CCM members.  
 Yes  No

**\* CCM Member First Name:**  **\* CCM Member Last Name:**

**\* Street Address:**  **\* City:**  **\* State:**  **\* Zip Code:**

**\* CCM Member Date of Birth:**  

**Height:**  
 ft  in

**Weight:**  
 lbs

**\* Is there a parent/guardian?**

**\* Parent/Guardian Contact First Name**  **\* Parent/Guardian Contact Last Name**

**Home Phone Number:**  **Cell Phone Number:**

**\* CCM Member Gender:**  
 Male  Female  Transgender Male  Transgender Female  Nonbinary  Prefer not to answer  
 Other  Prefer a different term (please specify)

**\* Preferred initial contact method:**  
To receive text messages, select the "Text Messages" option and make sure to provide a valid cell phone number.  
 E-mail  Phone  Cell phone  Text message

**\* Contact Email:**

**\* MassHealth ID:**

**\*CCM Member Primary Diagnosis:**

**Does the CCM Member attend School or a Day Program:**  
 Yes  No

**If Yes, where and when?**

**\* Total CSN Authorized Hours per Week:**

**Additional Nurse Hours Available (i.e.unused hours or temporary medical necessity increase):**  
 Yes  No

**Preferred Nurse Skills**

**\*  Check All (excludes 'Other') At least one Preferred Nurse Skill is required**

**Respiratory:**

<b>Suction</b> <input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> Nasal <input checked="" type="checkbox"/> Deep pharyngeal <input checked="" type="checkbox"/> Tracheal	<b>Tracheostomy</b> <input checked="" type="checkbox"/> Tracheostomy Care <input checked="" type="checkbox"/> Trach Change <input checked="" type="checkbox"/> HME <input checked="" type="checkbox"/> PM valve <input checked="" type="checkbox"/> Cap use	<b>Ventilator/Ventilation</b> <input checked="" type="checkbox"/> CPAP <input checked="" type="checkbox"/> BiPAP <input type="checkbox"/> Mechanical Ventilation Type: <input type="text" value="Mechanical ventilation"/>
<b>Medication</b> <input checked="" type="checkbox"/> Nebulizer use <input checked="" type="checkbox"/> Inhaler use	<b>Oxygen</b> <input checked="" type="checkbox"/> Oxygen (type of delivery system) <input checked="" type="checkbox"/> Experience with Titration	<b>Oxygenation</b> <input checked="" type="checkbox"/> Pulse Oximeter Use <input checked="" type="checkbox"/> Managing Desaturations
<b>Airway Clearance</b> <input checked="" type="checkbox"/> Chest Physiotherapy (CPT) <input checked="" type="checkbox"/> Chest Wall Oscillator (CPT Vest) <input checked="" type="checkbox"/> Cough Assist/Inexsufflator	<b>Other</b> <input checked="" type="checkbox"/> Respiratory Skilled Assessment <input type="checkbox"/> Other (describe): <input type="text" value="Respiratory Other"/>	

**Cardiac:**

<input checked="" type="checkbox"/> Management of Hypertension <input checked="" type="checkbox"/> Management of Hypotension <input checked="" type="checkbox"/> Cardiac Anomalies	<input checked="" type="checkbox"/> Fluid Balance Management <input checked="" type="checkbox"/> CPR Certification <input checked="" type="checkbox"/> Cardiac Skilled Assessment	<input type="checkbox"/> Other (describe): <input type="text" value="Cardiac Other"/>
--	---	--

<b>✓ Gastrointestinal (GI):</b>		
<input checked="" type="checkbox"/> NPO	<input checked="" type="checkbox"/> Syringe Bolus	<input checked="" type="checkbox"/> Management of Bowel Protocol
<input checked="" type="checkbox"/> G-Tube	<input checked="" type="checkbox"/> Managing Reflux	<input checked="" type="checkbox"/> Ostomy/Colostomy Management and Care
<input checked="" type="checkbox"/> J-Tube	<input checked="" type="checkbox"/> Aspiration Precautions	<input checked="" type="checkbox"/> Cecostomy Care
<input checked="" type="checkbox"/> G/J-Tube	<input checked="" type="checkbox"/> Adjustments to Feeding Volume	<input checked="" type="checkbox"/> GI Skilled Assessment
<input checked="" type="checkbox"/> N/G Tube	<input checked="" type="checkbox"/> Venting G-Tube	<input type="checkbox"/> Other (describe):
<input checked="" type="checkbox"/> Feeding Pump	<input checked="" type="checkbox"/> Farrell Bag	<input type="text" value="Gastrointestinal Other"/>
<b>✓ Genitourinary (GU):</b>		
<input checked="" type="checkbox"/> Catheterization	<input checked="" type="checkbox"/> Bladder/Catheter Irrigation	<input type="checkbox"/> Other (describe):
<input checked="" type="checkbox"/> Straight/Intermittent	<input checked="" type="checkbox"/> Dialysis	<input type="text" value="Genitourinary Other"/>
<input checked="" type="checkbox"/> Foley Catheter	<input checked="" type="checkbox"/> Ostomy	
<input checked="" type="checkbox"/> Pubic Catheter	<input checked="" type="checkbox"/> GU Assessment	
<b>✓ Wounds:</b>		
<input checked="" type="checkbox"/> Wound Care	<input checked="" type="checkbox"/> Wound Assessment	
<b>✓ Neurological:</b>		
<input checked="" type="checkbox"/> Seizure Management Type	<input checked="" type="checkbox"/> Dysautonomia Management	<input type="checkbox"/> Other (describe):
<input checked="" type="checkbox"/> Neurological Assessment		<input type="text" value="Neurological Other"/>
<b>✓ Pain Management:</b>		
<input checked="" type="checkbox"/> Pain Management Protocol (Pharmaceutical Management)	<input checked="" type="checkbox"/> Alternative Pain Management Techniques	<input checked="" type="checkbox"/> Pain Assessment
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Pain Management Other"/>
<b>✓ Musculoskeletal:</b>		
<input checked="" type="checkbox"/> Caring for patients with Osteopenia or Osteoporosis:	<input checked="" type="checkbox"/> Contractures	<input checked="" type="checkbox"/> Musculoskeletal Assessment
<input checked="" type="checkbox"/> Fractures	<input checked="" type="checkbox"/> Use of Orthotics, Splints	<input type="checkbox"/> Other (describe):
		<input type="text" value="Musculoskeletal Other"/>
<b>✓ Central Line/Intravenous (IV) Access/Medication:</b>		
<input checked="" type="checkbox"/> Hickman Catheter	<input checked="" type="checkbox"/> Peripheral IV	<input checked="" type="checkbox"/> Calculation of IV Rates
<input checked="" type="checkbox"/> Broviac Catheter	<input checked="" type="checkbox"/> IV Dressing Site Changes	<input checked="" type="checkbox"/> TPN
<input checked="" type="checkbox"/> PICC Line	<input checked="" type="checkbox"/> IV Infusion/Pump Management	<input checked="" type="checkbox"/> Lipids
<input checked="" type="checkbox"/> Implantable Venous Access	<input checked="" type="checkbox"/> Prepare & Mix IV Medication	<input checked="" type="checkbox"/> Heparin Flushes
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Central Line Other"/>

<b>✓ Medication Administration:</b>		
<input checked="" type="checkbox"/> Oral	<input checked="" type="checkbox"/> IV	<input checked="" type="checkbox"/> Ear Drops
<input checked="" type="checkbox"/> IM	<input checked="" type="checkbox"/> G-Tube	<input checked="" type="checkbox"/> Eye Drops
<input checked="" type="checkbox"/> SQ	<input checked="" type="checkbox"/> J-Tube	<input checked="" type="checkbox"/> Topical
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Medication Other"/>
<b>✓ Experience with individuals who have:</b>		
<input checked="" type="checkbox"/> Developmental Delay	<input checked="" type="checkbox"/> Hearing Impairments	<input checked="" type="checkbox"/> Chronic Illness
<input checked="" type="checkbox"/> Visual Impairments	<input checked="" type="checkbox"/> Mobility Impairments	<input checked="" type="checkbox"/> Medical Complexities
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Experience Other"/>
<b>✓ Languages:</b>		
<input checked="" type="checkbox"/> Afghani	<input checked="" type="checkbox"/> Chinese	<input checked="" type="checkbox"/> Hmong
<input checked="" type="checkbox"/> American Sign Language	<input checked="" type="checkbox"/> Creole	<input checked="" type="checkbox"/> Italian
<input checked="" type="checkbox"/> Amharic	<input checked="" type="checkbox"/> Croatian	<input checked="" type="checkbox"/> Khmer
<input checked="" type="checkbox"/> Arabic	<input checked="" type="checkbox"/> English	<input checked="" type="checkbox"/> Korean
<input checked="" type="checkbox"/> Armenian Hayeren	<input checked="" type="checkbox"/> Farsi	<input checked="" type="checkbox"/> Lithuanian
<input checked="" type="checkbox"/> Bengali	<input checked="" type="checkbox"/> French	<input checked="" type="checkbox"/> Mandarin
<input checked="" type="checkbox"/> Burmese	<input checked="" type="checkbox"/> Gorbek	<input checked="" type="checkbox"/> Portuguese/Brazilian
<input checked="" type="checkbox"/> Cambodian	<input checked="" type="checkbox"/> Greek	<input checked="" type="checkbox"/> Russian
<input checked="" type="checkbox"/> Cantonese	<input checked="" type="checkbox"/> Gujarati	<input checked="" type="checkbox"/> Spanish
<input checked="" type="checkbox"/> Cape Verdean Creole	<input checked="" type="checkbox"/> Haitian	<input checked="" type="checkbox"/> Urdu
<input checked="" type="checkbox"/> Certified Deaf Interpreter	<input checked="" type="checkbox"/> Haitian Creole	<input checked="" type="checkbox"/> Vietnamese
	<input checked="" type="checkbox"/> Hindi	<input type="checkbox"/> Other (describe):
		<input type="text" value="Language Other"/>
<b>✓ Durable Medical Equipment:</b>		
<input checked="" type="checkbox"/> Wheel Chair	<input checked="" type="checkbox"/> Specialized Bathroom Equipment	<input type="checkbox"/> Lift Systems Type
<input checked="" type="checkbox"/> Hospital Bed	<input checked="" type="checkbox"/> Communication Equipment	<input type="text" value="Lift Systems Type"/>
		<input type="checkbox"/> Other (describe):
		<input type="text" value="Equipment Other"/>
<b>✓ Other:</b>		
<input checked="" type="checkbox"/> Proficient in Clinical Documentation	<input type="checkbox"/> Other (describe):	
		<input type="text" value="Other's Other"/>

**Preferred Nurse Skills (continued)**

Is the CCM Member/Caregiver comfortable providing training to CSN providers?

Yes  No

**Shift Preferences:**

(Please select all shift preferences that apply)

Days  Evening  Overnight  Weekends  Holidays  Per Diem

**Flexible:**

If you choose "Flexible" the Vacant Shift section will NOT be displayed and your search results will be based on other criteria that you have selected to find a CSN Provider. If you fill in the Vacant Shifts section below, then the times you entered will be part of the search criteria and will be matched to the available times of the CSN Provider.

**Vacant shifts:**

Enter your shifts in order of preference with #1 being your most preferred shift. To remove data from Vacant Shifts section, select "-----" in the Day of Week box and delete the hour, minutes, and AM/PM in the Start time and End time box.

Preference	Day of Week	Start Time	End Time	Overnight
1.	-----	--:--	--:--	<input type="checkbox"/>
2.	-----	--:--	--:--	<input type="checkbox"/>
3.	-----	--:--	--:--	<input type="checkbox"/>
4.	-----	--:--	--:--	<input type="checkbox"/>
5.	-----	--:--	--:--	<input type="checkbox"/>

[+ Add a new shift](#)

Provide any other pertinent information (i.e., care level, routine of CCM Member, etc.):

Test

Does the CCM Member have other cultural/religious considerations?

Yes  No

\* If yes, please describe the considerations:

Test

Does the CCM Member have a pet(s) in the home?

Yes  No

Does the CCM Member have other cultural/religious considerations?  
 Yes  No

\* If yes, please describe the considerations:

Does the CCM Member have a pet(s) in the home?  
 Yes  No

\* If yes, please provide the type of animal(s):



Are there people who smoke in the CCM Member's home?  
 Yes  No

Is there available parking for the CSN Provider?  
 Yes  No

Comments about parking:

Do you prefer a CSN Provider that is vaccinated for COVID?  
 Yes  No preference

Do you prefer that a CSN provider wear a mask when working with the member?  
 Yes  No

Upload a profile picture:  
  Maximum file size: 4 MB  
Supported file types: jpeg, jpg

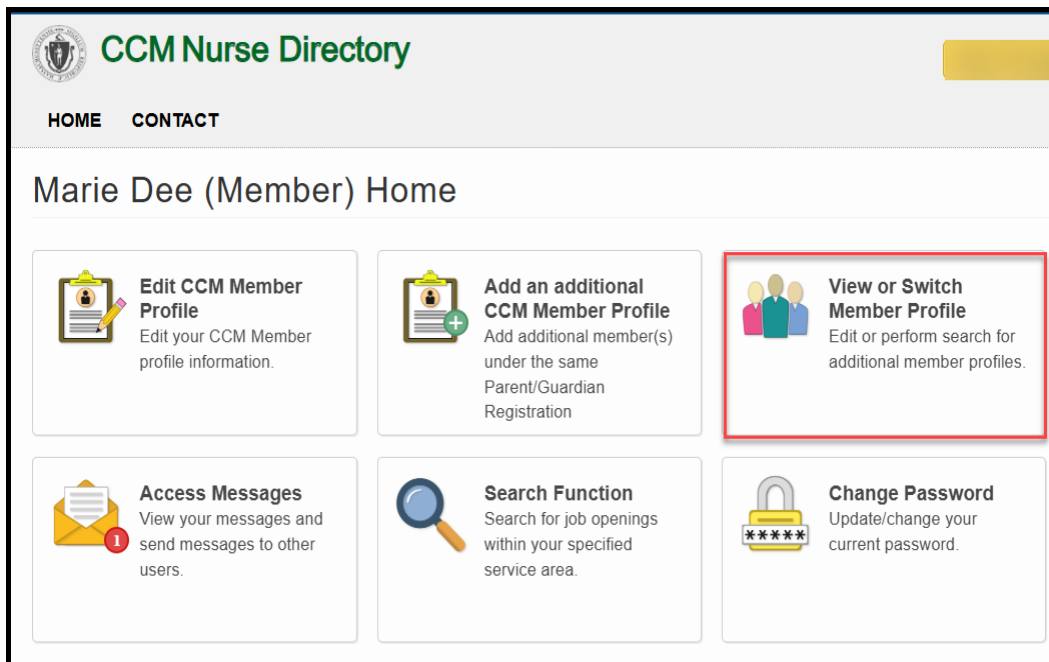
[▲ Back To Top](#)

## Helpful Hints

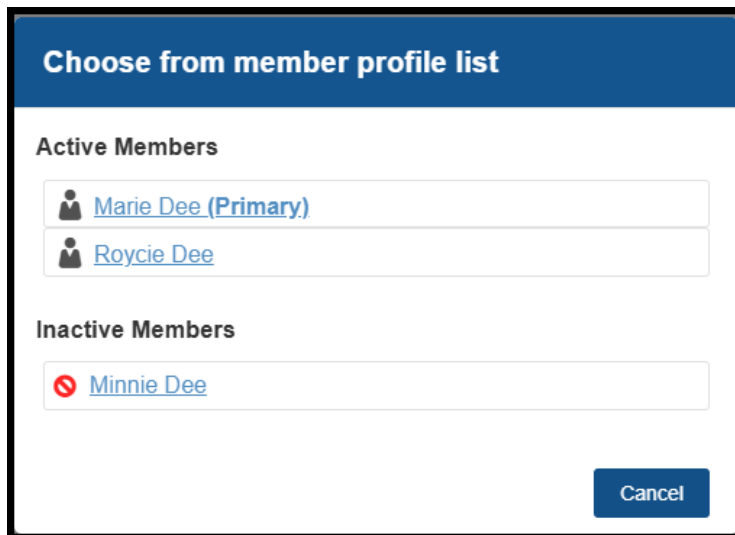
- The CCM Member can save the profile and remain on the profile by clicking on “Save,” save and close the profile and return to the home page by clicking “Save and Close,” or click Cancel to discard changes and go back to the home page, all outlined by red rectangle.
- When a Start Time and End Time are entered for an overnight shift, a checkmark will appear in the Overnight section.
- The CCM Member needs to select at least one skill within the Preferred Nurse Skills section to perform a search.
- The CCM Member profile needs to be approved by the CCM team PRIOR to performing a search.
- If the “No” button for “Active Profile” has been selected, the CCM Member Profile WILL NOT appear in the search results for CSN Providers, and a Reason for Inactivating is required.

# View or Switch Member Profile

The CCM Member can view or switch to another member’s profile by clicking on “View or Switch Member Profile” outlined by red square.



When the CCM Member clicks on “View or Switch Member Profile,” the CCM Member can select an Active or Inactive Member within the “Choose from member profile list” pop-up window.



Upon selecting a CCM Member, the profile for that selected CCM Member will open. The CCM Member will follow the same steps within this job aid as they do for their “Primary” CCM Member.

# Home Function

By selecting “Home” outlined by red rectangle at any time, the CCM Member will be brought back to the CCM Member home page.

**HOME** CONTACT

## CCM Member Profile and Preferred Nurse Skills

*Note: Fields marked with a red \* are required.*

**Member Demographics** Please continue to alert your CCM Clinical Manager of any contact information changes.

**\* Active profile:**  
An inactive profile will prevent the profile from appearing in the search results when a nurse searches for CCM members.  
 Yes  No

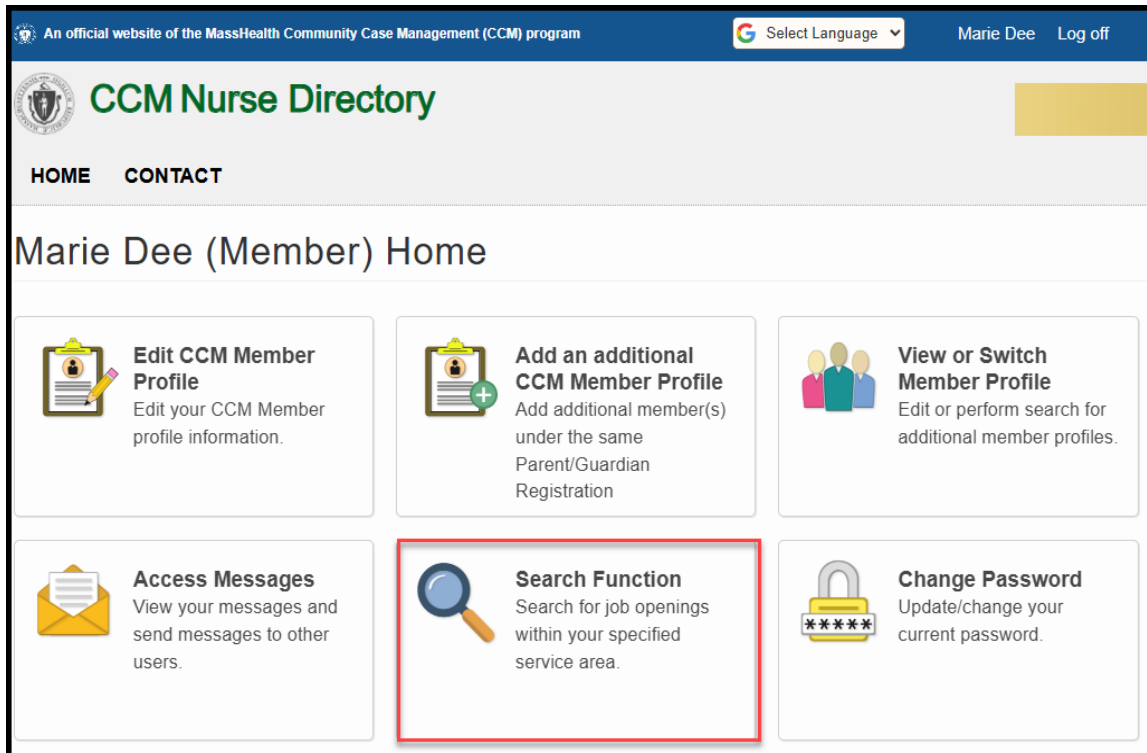
**Case Number:**  
172

**Profile last updated on:**  
Monday September 22, 2025 6:31 AM

**\* CCM Member First Name:**  **\* CCM Member Last Name:**

# Search Function

Once the CCM Member profile(s) have been approved by the CCM Project Coordinator, the CCM Member will receive an approval email and may use the Search Function to search for CSN Providers by clicking on “Search Function” outlined by red rectangle.



By clicking on the Search Function, search criteria will show along with any results that match the criteria listed.

### Search for Nurses

The initial search below was conducted using the default preferences specified on your profile page. To see your current search preferences and/or fine tune the search criteria to conduct another search, please access the advanced search below.

Advanced Search ▼

Search Again
Cancel
Reset

ⓘ Independent nurses will provide references upon request. You may request them when you send a message.

#### Search Results

Show Hidden Nurses SHOW

Nurse <span style="float: right;">▼</span>	Credentials <span style="float: right;">▼</span>	Gender <span style="float: right;">▼</span>	Areas Servicing <span style="float: right;">▼</span>	Schedule <span style="float: right;">▼</span>	Shift Length <span style="float: right;">▼</span>	Technology <span style="float: right;">▼</span>			
<a href="#">Christina Andrian (Dorothea Dix Nursing)</a> Dorothea Dix Nursing-Brighton	RN	Female	Marlborough, Shrewsbury	Flexible, ShiftType: Days, Evening, Holidays, Overnight, PerDiem, Weekends		null			
<a href="#">John Wayne</a> -	RN	Male	Abington, Accord, Acton, Ashburnham, Falls, Assonet, Athol, Falls, Auburn, Auburn	Sunday - 12:00 AM - 11:59 PM Monday - 07:00 AM - 12:00 PM Monday - 07:00 PM - 11:00 PM Tuesday - 03:00 PM - 11:00 PM Wednesday - 12:00 PM - 09:00 PM, ShiftType: Days, Evening	More than 8 Hours	Zoom, Cell Phone, laptop, iPad			

⏪ ⏩
1 - 2 of 2 items

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If the CCM Member gets minimal results or Search Results displays zero, the CCM Member can adjust the search criteria by clicking on the dropdown arrow for “Advanced Search” outlined by red rectangle.

### Search for Nurses

The initial search below was conducted using the default preferences specified on your profile page. To see your current search preferences and/or fine tune the search criteria to conduct another search, please access the advanced search below.

Advanced Search ▼

Search Again
Cancel
Reset

The CCM Member can:

- Toggle the “Multiple city selection” on or off.
- Check off “Group by County” to sort all cities by County.
- Use the arrows highlighted in orange to edit their Service Area by selecting one or more cities from the Available Cities box and moving them to the Serviced Cities box.
- Use the Include Agency Nurses and Include Independent Nurses toggle buttons to include and/or exclude Agency Nurses and Independent Nurses.
- Edit Shift Preferences by selecting a “Shift Preferences Search Type” and/or by checking/unchecking any of the shift checkboxes.
- Select Shift Length and select Flexible Schedule or a specific schedule from the dropdown field under Shift Preferences.

These are all outlined by red rectangles.

### Search for Nurses

Please use the advanced search criteria fields below to fine tune your search. You can update the service area, shift preferences, and preferred CSN skill sets in the form below. To return to your default preferences, click the reset button below.

Advanced Search ^

i The search and cancel button are now located below the advanced search section.

#### Service Area

Multiple city selection

Group by County

**Available Cities**

Abington  
 Accord  
 Acton  
 Acushnet  
 Adams  
 Agawam  
 Allston  
 Amesbury  
 Amherst  
 Andover  
 Arlington

**Serviced Cities**

Shrewsbury

NO Are there people who smoke in the CCM member home?

NO Member has pet/s?

Include Agency Nurses?

Include Independent Nurses?

**Shift Length**

Less than 8 Hours  8 Hours  More than 8 Hours  No preference

#### Shift Preferences

**Shift Preferences Search Type:**  Match any Shift Preferences  Match exact Shift Preferences

Days  Evening  Overnight  Weekends  Holidays  Per Diem

#### Shift Preferences

Sundays 11:20 AM-4:21 PM

Wednesdays 3:00 PM-11:01 PM

**Shift Preferences Search Type:**  Match any Shift Preferences  Match exact Shift Preferences

Night  Weekends  Holidays  Per Diem

CSN Skills Set Preferences may be edited by:

- Selecting the “Skill Search Type” of “Match any skills” or “Match exact skills.”
- Checking/unchecking the “Select all CSN skill sets” checkbox.
- Checking/unchecking any of the main skill sets, i.e., Respiratory, Cardiac, etc.
- Removing any of the existing skill sets by clicking on the “x” next to each label.

Once the fields are updated, the CCM Member can click “Search Again” to get the new results, “Cancel” to discard any changes, or “Reset” to reset all the data on this page (All outlined by red rectangle).

### CSN Skills Set Preferences

**Skill Search Type:**  Match any skills <sup>?</sup>  Match exact skills <sup>?</sup>

Select all CSN skill sets 🗕 🗑

Respiratory:
 Oral x
Nasal x
Deep pharyngeal x
Tracheal x
Tracheostomy Care x
Trach Change x
HME x
PM valve x
Cap use x
▼

CPAP x
BiPAP x
Nebulizer use x
Inhaler use x
Oxygen (type of delivery system) x
Experience with Titration x
Pulse Oximeter Use x

Managing Desaturations x
Chest Physiotherapy (CPT) x
Chest Wall Oscillator (CPT Vest) x
Cough Assist/Inexsufflator x
Respiratory Skilled Assessment x

Cardiac:
 Management of Hypertension x
Management of Hypotension x
Cardiac Anomalies x
Fluid Balance Management x
CPR Certification x
▼

Cardiac Skilled Assessment x

Gastrointestinal (GI):
 NPO x
G-Tube x
J-Tube x
G/J-Tube x
N/G Tube x
Feeding Pump x
Syringe Bolus x
Managing Reflux x
▼

Aspiration Precautions x
Adjustments to Feeding Volume x
Venting G-Tube x
Farrell Bag x
Management of Bowel Protocol x

Ostomy/Colostomy Management and Care x
Cecostomy Care x
GI Skilled Assessment x

Genitourinary (GU):
 Catheterization x
Straight/Intermittent x
Foley Catheter x
Pubic Catheter x
Bladder/Catheter Irrigation x
Dialysis x
▼

Ostomy x
GU Assessment x

Wounds:
 Wound Care x
Wound Assessment x
▼

Neurological:
 Seizure Management Type x
Dysautonomia Management x
Neurological Assessment x
▼

Pain Management:
 Pain Management Protocol (Pharmaceutical Management) x
Alternative Pain Management Techniques x
Pain Assessment x
▼

Musculoskeletal:
 Caring for patients with Osteopenia or Osteoporosis x
Fractures x
Contractures x
Use of Orthotics, Splints x
▼

Musculoskeletal Assessment x

Central Line/Intravenous (IV):
 Hickman Catheter x
Broviac Catheter x
PICC Line x
Implantable Venous Access x
Peripheral IV x
▼

IV Dressing Site Changes x
IV Infusion/Pump Management x
Prepare & Mix IV Medication x
Calculation of IV Rates x
TPN x
Lipids x

Heparin Flushes x

Medication Administration:
 Oral x
IM x
SQ x
IV x
G-Tube x
J-Tube x
Ear Drops x
Eye Drops x
Topical x
▼

Experience with individuals who have:
 Developmental Delay x
Visual Impairments x
Hearing Impairments x
Mobility Impairments x
▼

Chronic Illness x
Medical Complexities x

Languages:
 Afghani x
American Sign Language x
Amharic x
Arabic x
Armenian Hayeren x
Bengali x
Burmese x
Cambodian x
▼

Cantonese x
Cape Verdean Creole x
Certified Deaf Interpreter x
Chinese x
Creole x
Croatian x
English x
Farsi x
French x
Gorbeh x

Greek x
Gujarati x
Haitian x
Haitian Creole x
Hindi x
Hmong x
Italian x
Khmer x
Korean x
Lithuanian x
Mandarin x

Portuguese/Brazilian x
Russian x
Spanish x
Urdu x
Vietnamese x

Durable Medical Equipment:
 ▼

Physical/Manual (Need for Physical Transfer):
 ▼

Other Preferred Skills:
 ▼

Search Again
Cancel
Reset

CSN Skill sets can also be expanded/collapsed by clicking on the “+” or “-“ button on the right under Select all CSN skill sets outlined by red rectangles.

**CSN Skills Set Preferences**

Skill Search Type:  Match any skills <sup>?</sup>  Match exact skills <sup>?</sup>

Select all CSN skill sets + -

Respiratory: Oral x Nasal x Deep pharyngeal x Tracheal x Tracheostomy Care x Trach Change x HME x PM valve x Cap use x ▲

CPAP x BiPAP x Mechanical Ventilation Type x Nebulizer use x Inhaler use x Oxygen (type of delivery system) x Experience with Titration x

Pulse Oximeter Use x Managing Desaturations x Chest Physiotherapy (CPT) x Chest Wall Oscillator (CPT Vest) x Cough Assist/Inexsufflator x

**Suction**

- Oral
- Nasal
- Deep pharyngeal
- Tracheal

**Tracheostomy**

- Tracheostomy Care
- Trach Change
- HME
- PM valve
- Cap use

**Ventilator/Ventilation**

- CPAP
- BiPAP
- Mechanical Ventilation Type:
 

Mechanical Ventilation

**Medication**

- Nebulizer use
- Inhaler use

**Oxygen**

- Oxygen (type of delivery system)
- Experience with Titration

**Oxygenation**

- Pulse Oximeter Use
- Managing Desaturations

**Airway Clearance**

- Chest Physiotherapy (CPT)
- Chest Wall Oscillator (CPT Vest)
- Cough Assist/Inexsufflator

**Other**

- Respiratory Skilled Assessment
- Other (describe):
 

Respiratory Other

Upon clicking on “Search Again,” the CCM Member will see any matches under the “Search Results” section outlined by red rectangle.

**Search Results**

Show Hidden Nurses Show

Nurse	Credentials	Gender	Areas Servicing	Schedule	Shift Length	Technology
Pierce, Bronson	RN	Other	Ashley Falls, Ashfield, Arlington, Arlington Heights, Aubrey, Ashland, Ashburnham	Monday - 02:31 PM - 06:31 PM Tuesday - 06:31 PM - 02:31 AM, ShiftType: Days, Evening, Weekends	More than 8 Hours	Cell phone, Laptop, iPad, Tablet, Zoom
Rodgers, Yalour	RN		Boston	Monday - 09:00 AM - 09:00 PM Tuesday - 09:00 AM - 09:00 PM Wednesday - 09:00 AM - 09:00 PM Thursday - 09:00 AM - 09:00 PM Friday - 09:00 AM - 09:00 PM, ShiftType: Days, Evening, Holidays, Overnight, Weekends	No preference	sdsad

## Helpful Hints

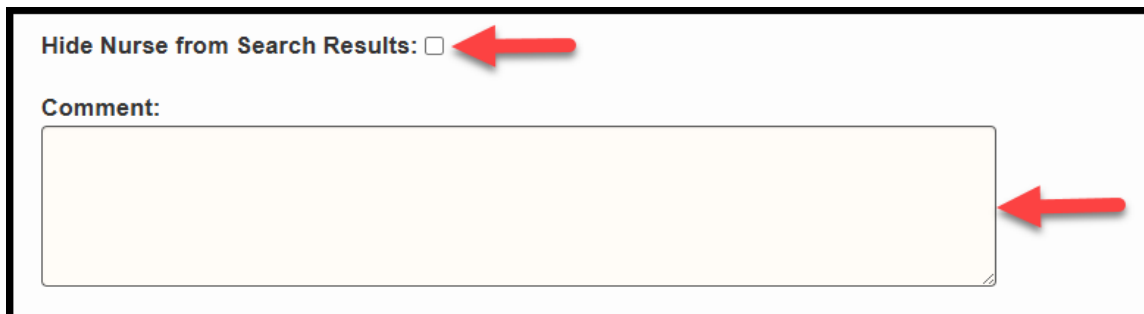
- The CCM Member can show or hide any provider they have selected to hide from search results by using the “Show Hidden Nurses” slider (outlined by black square).

- The CCM Member can view the Independent Nurse or Agency Nurse profiles by clicking on the Nurse Name hypertext in the search results table (outlined by red rectangle).
- The CCM Member can click and open an attached resume (outlined by green square).
- The CCM Member can enter a private comment (viewable to the member only) regarding a provider by clicking on the “Enter a private comment” icon (outlined by purple rectangle).
- The CCM Member can send a message to the Independent Nurse or Agency Nurse by clicking on the “Send Private Message” envelope icon in the search results table (outlined by yellow square).

When viewing the Nurse profile, the CCM Member can also view the Independent Nurse or Agency Nurse resume (if uploaded) by clicking on the uploaded document link.



The CCM Member can also hide a nurse from their search results by clicking on the “Hide Nurse from Search Results” checkbox and adding a comment within the “Comment” text box that is only viewable by the CCM Member.



# Sending Private Message

The CCM Member can contact an Independent Nurse or Agency using the “Send Private Message” icon outlined by yellow square in the search results table. The message will go to that specific Independent Nurse or Agency.

Nurse	Credentials	Gender	Areas Servicing	Schedule	Shift Length	Technology			
<a href="#">Rodger Vautour</a>	RN		Boston	Monday - 09:00 AM - 09:00 PM Tuesday - 09:00 AM - 09:00 PM Wednesday - 09:00 AM - 09:00 PM Thursday - 09:00 AM - 09:00 PM Friday - 09:00 AM - 09:00 PM PM, ShiftType: Days, Evening, Holidays, Overnight, Weekends	No preference	sdasd			

When the CCM Member clicks on the “Send Private Message” icon, the “Send Private Message” screen will appear. The CCM Member will enter a subject in the Subject text box, add a message in the box, and click the “Send” button outlined by red rectangle.

An official website of the MassHealth Community Case Management (CCM) program

Select Language Marie Dee Log off

## CCM Nurse Directory

HOME CONTACT

### Send Private Message

Subject:

Message:

Important

Example:

An official website of the MassHealth Community Case Management (CCM) program

Select Language Minniea Diaz Log off

## CCM Nurse Directory

HOME CONTACT

### Send Private Message

**Subject:**  
Charles B

**Message:**  
I've read your profile and would like to speak with you about working with my family. I'd like to provide more details about the level of care for my family member. |

Important

Send Cancel

The message will be sent to the CSN Provider, and a confirmation message outlined in red rectangle will appear. The CSN Provider will receive an email notification that a message is waiting for their response in the CCM Nurse Directory.

An official website of the MassHealth Community Case Management (CCM) program

Select Language Minniea Diaz Log off

## CCM Nurse Directory

HOME CONTACT

### Messages

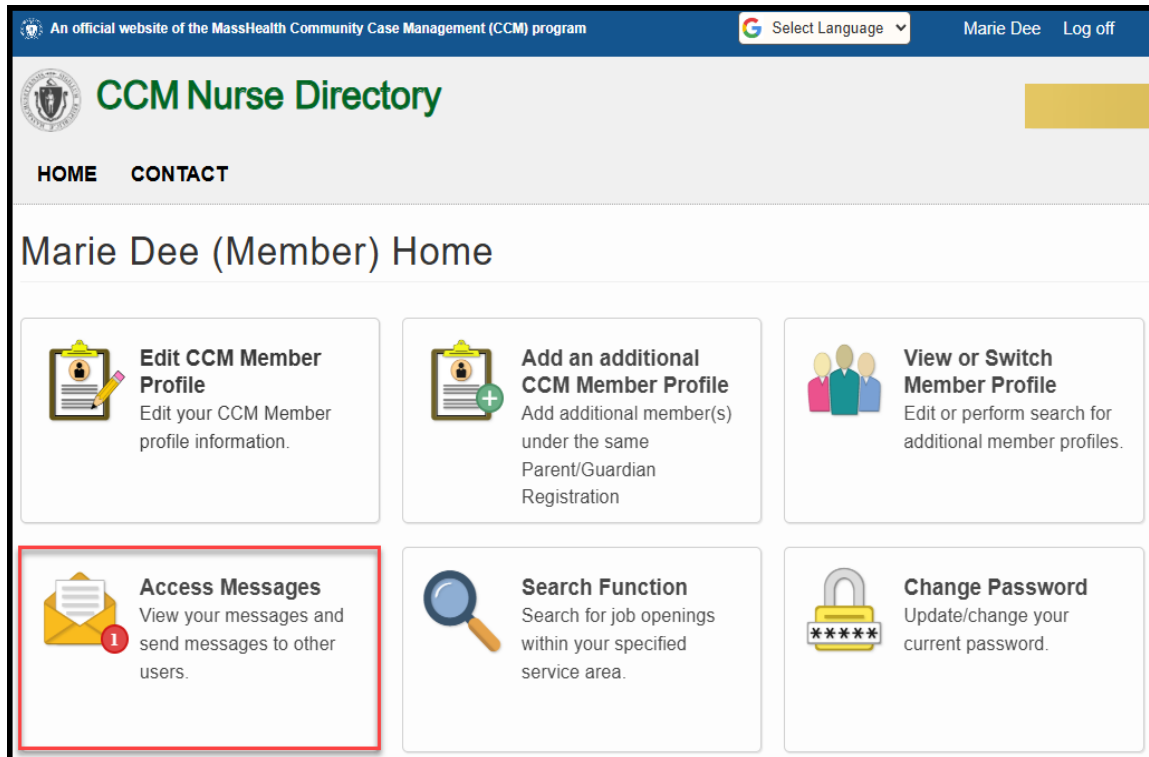
✓ Private Message has been sent.

No Incoming Messages Found

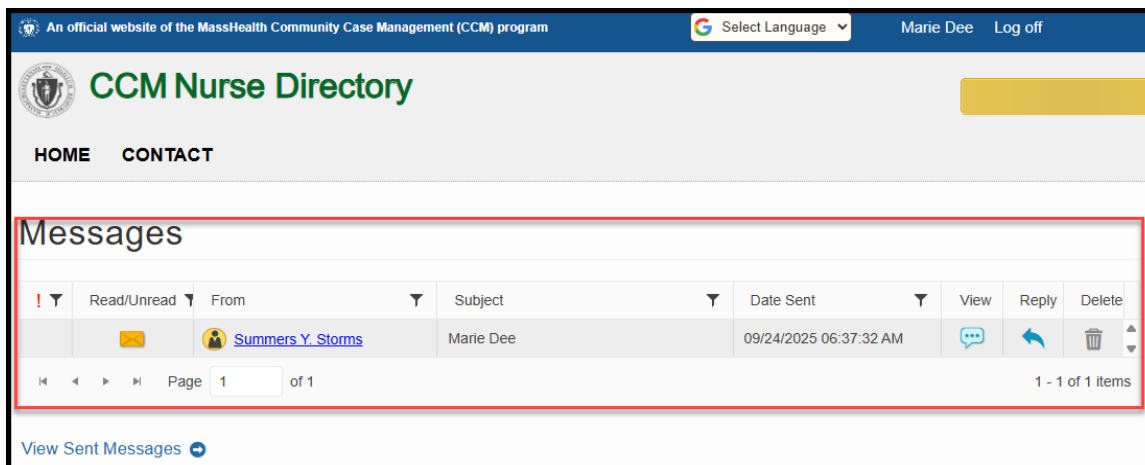
[View Sent Messages](#)

# Access Messages

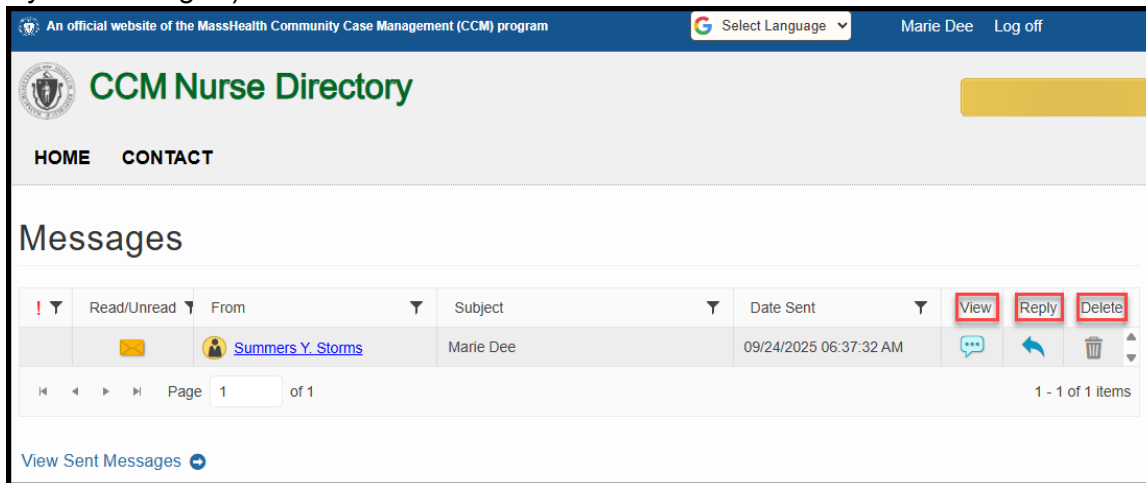
Members can click on “Access Messages” outlined by red rectangle to view messages that have been sent to/from a CSN Provider. The number of new messages will display within a red circle.



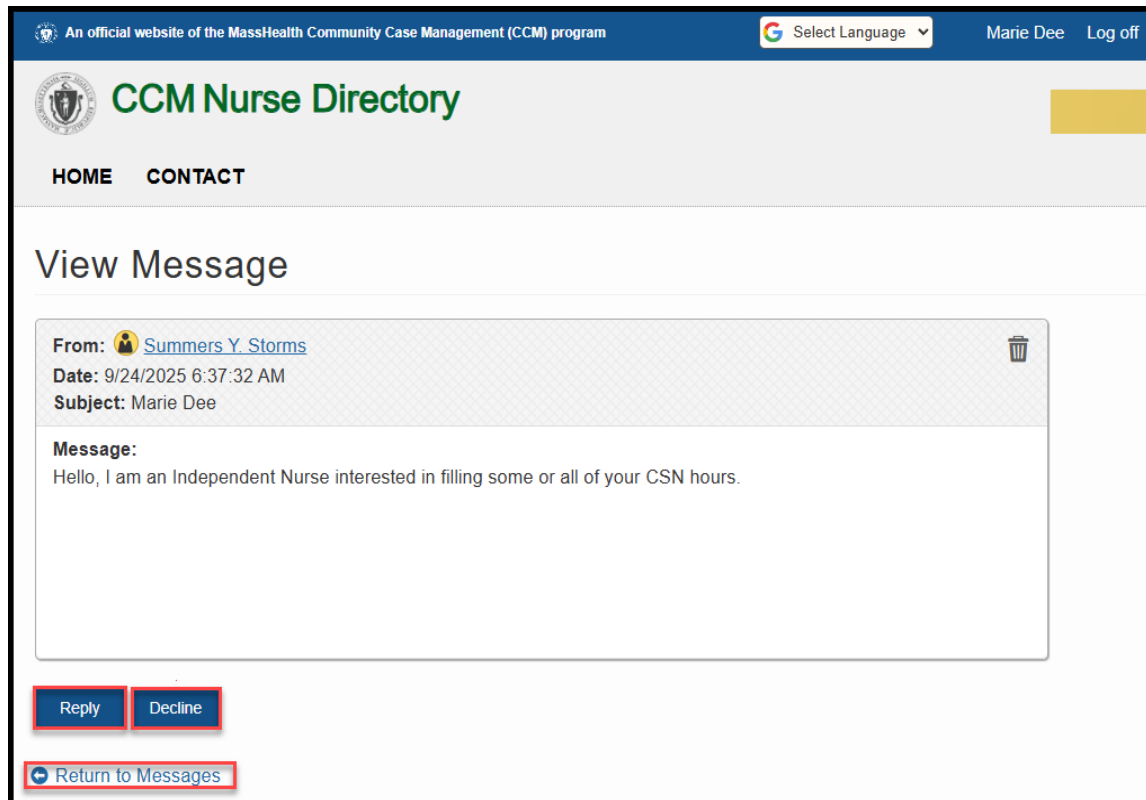
Unread messages display with a closed envelope within the Read/Unread column. Read messages display with an open envelope. Messages section is outlined by red rectangle.



CCM Members have three options for received messages: “View,” “Reply,” or “Delete” (outlined by red rectangles).



When the CCM Member selects the “View” button, the message will open, and the CCM Member can read the message and have the option to “Reply,” “Decline,” or “Return to Messages,” (outlined by red rectangles). When the CCM Member clicks on the “Return to Messages” hypertext, they will return to the “Messages” screen.



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When the CCM Member selects “Reply,” the “Message Reply” screen will be displayed, and the CCM Member can enter a subject, message, and click “Send” outlined by red rectangle to reply. However, if the CCM Member selects the “Reply” button in error, they can select the “Cancel” button outlined by red rectangle and be returned to the “Messages” screen.

An official website of the MassHealth Community Case Management (CCM) program

Select Language Minniea Diaz Log off

### CCM Nurse Directory

HOME CONTACT

## Message Reply

Subject:

Message:

Important

The CCM Member can select the “View Sent Messages” button outlined by red rectangle to view the messages that they sent to CSN Providers.

An official website of the MassHealth Community Case Management (CCM) program

Select Language Marie Dee Log off

### CCM Nurse Directory

HOME CONTACT

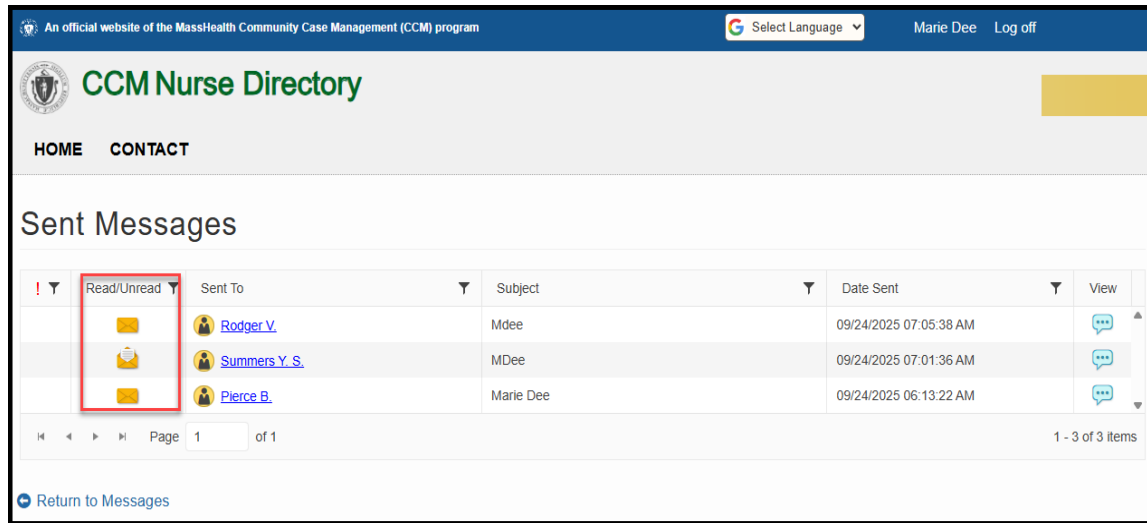
## Messages

! Read/Unread	From	Subject	Date Sent	View	Reply	Delete
	Summers Y. Storms	Marie Dee	09/24/2025 06:37:32 AM			

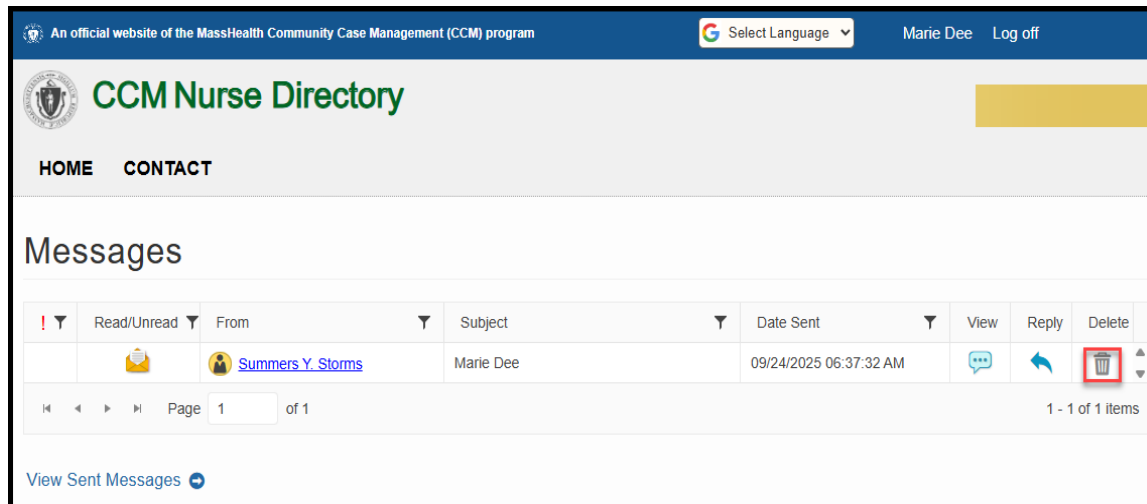
Page 1 of 1

1 - 1 of 1 items

If the CSN Provider has viewed the message, an open envelope icon is displayed within the Read/Unread column outlined in red rectangle. Messages that have not been read will display a closed envelope icon.

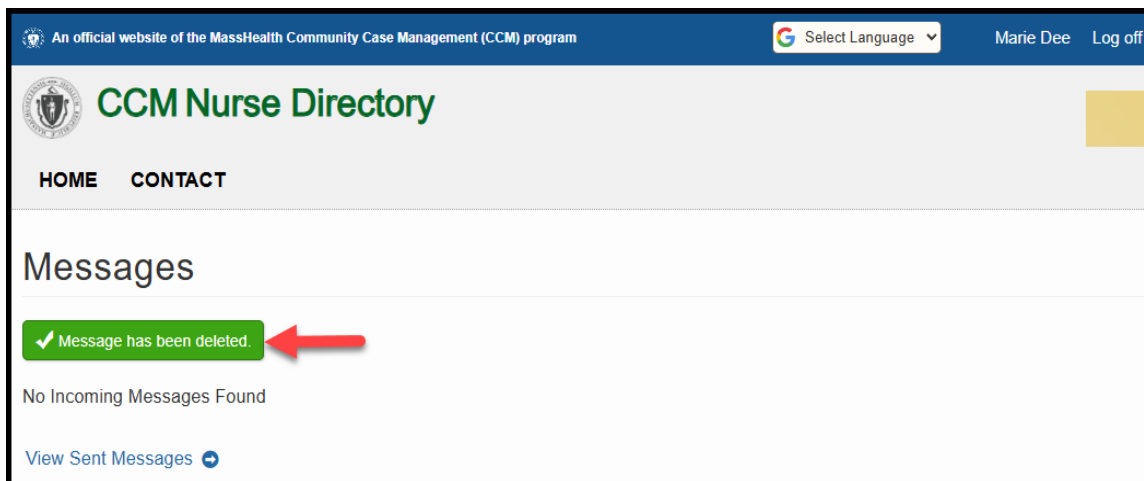
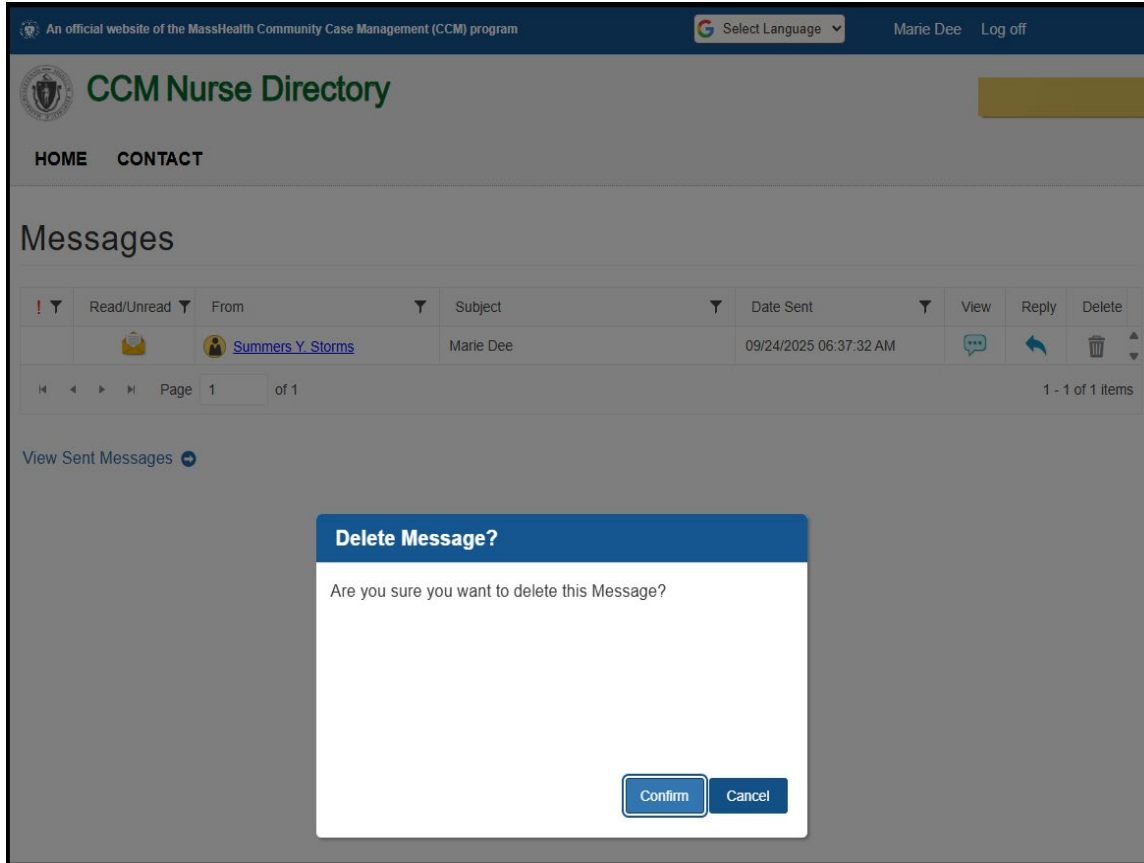


From the Messages screen, the CCM Member can delete a message by clicking on the “Delete” trash can icon outlined in red square in the “Delete” column for that provider.



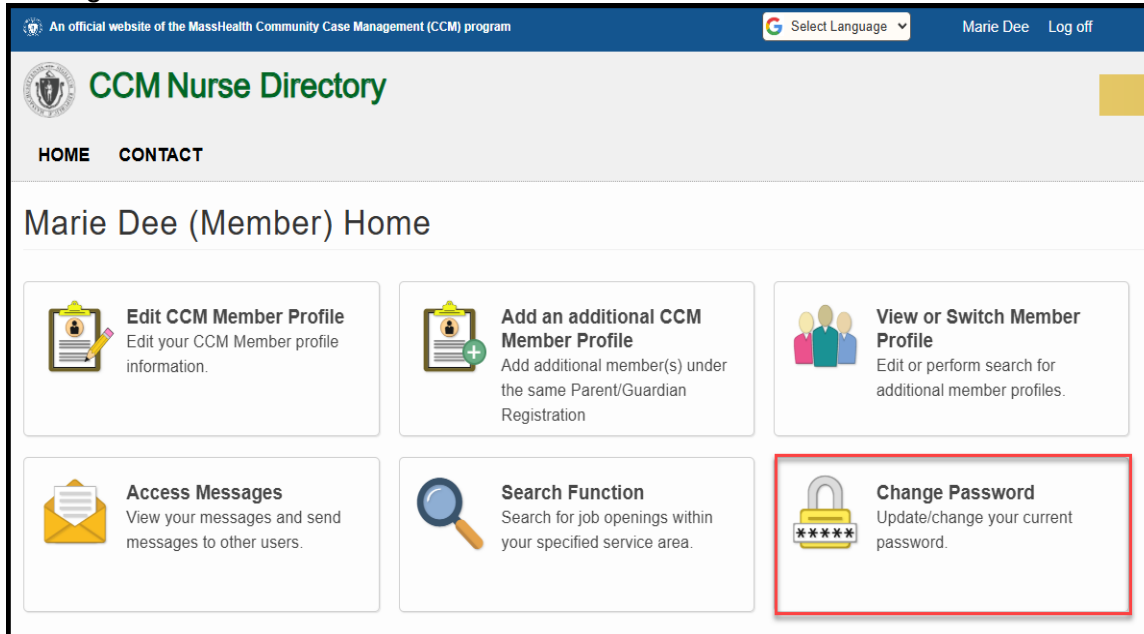
## ForHealth Consulting at UMass Chan Medical School

A confirmation message will appear to ask if the CCM Member wants to delete the message. If the CCM Member selects the “Confirm” button outlined by blue rectangle, the message will be deleted, and a confirmation of deletion will appear on the “Messages” screen.

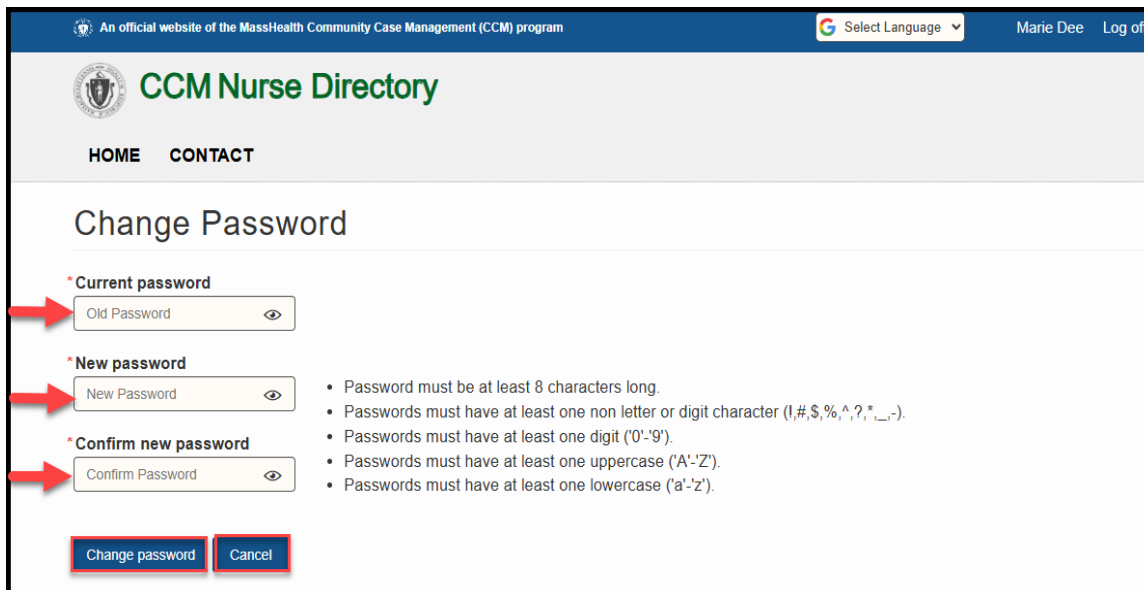


# Change Password

The CCM Member can change their password by clicking on “Change Password” outlined by red rectangle.



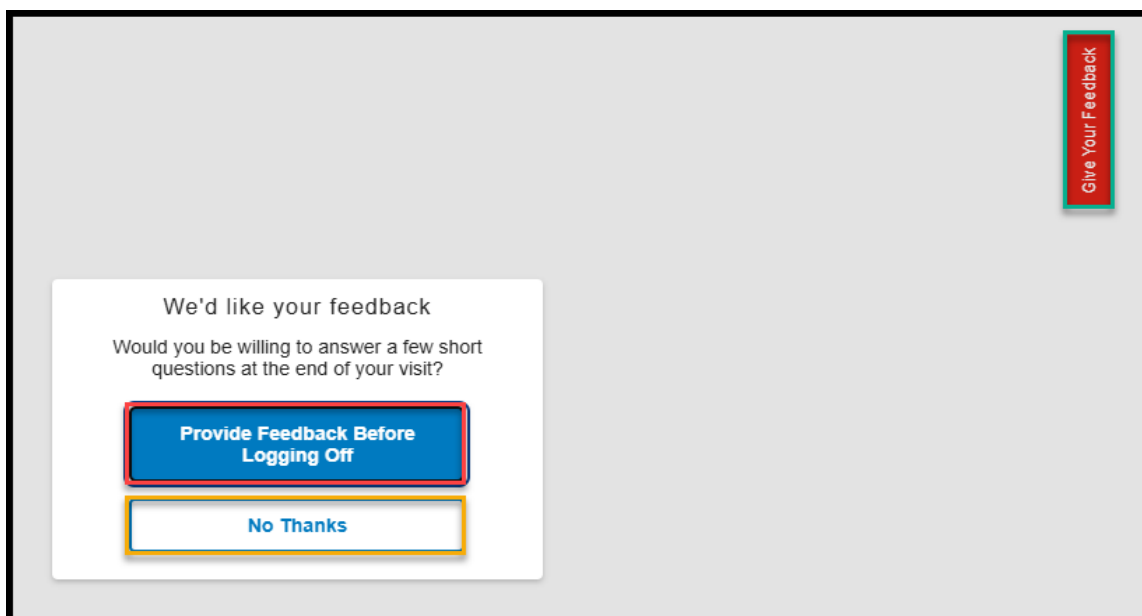
The “Change Password” screen will display, and the CCM Member will enter the required fields: “Current password,” “New password,” and “Confirm new password,” then click on the “Change password” or “Cancel” button outlined by red rectangles to return to the home page.



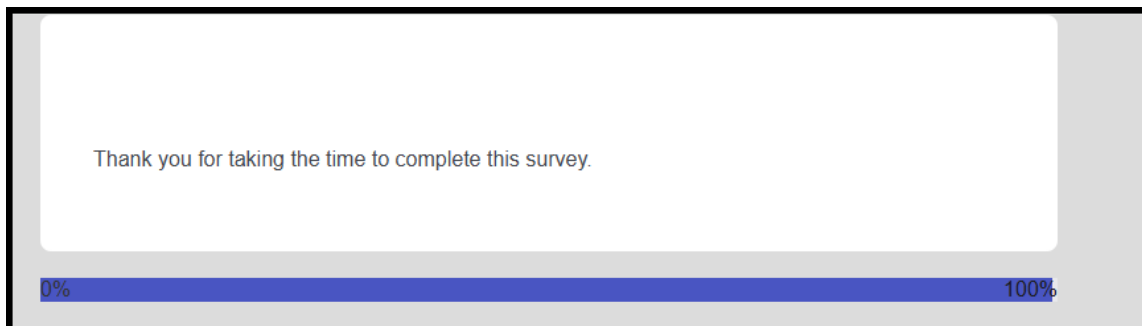
# Feedback

When accessing the CCM Nurse Directory on a desktop, the user will occasionally receive a web intercept pop-up survey. The CCM Member can provide feedback by clicking on the “Provide Feedback Before Logging Off” button outlined by red rectangle as it pops up within the screen the CCM Member is currently on or clicking on “No Thanks” outlined by yellow rectangle.

The CCM Member can also provide feedback at any time from any device (mobile or desktop) by clicking on the “Give Your Feedback” button outlined by green rectangle on the right-hand side of the Edit profile, Access messages, and Search function screens. Please note that questions may vary depending on the screen you are providing feedback on.



Once feedback is submitted, the CCM Member will see the screen below and will click on the X at the top right-hand corner to exit the screen.



In addition to the web-intercept pop-up survey, a follow-up survey will be sent to nurse directory users via email or text 2 weeks after the event. User responses to the follow-up email survey help to inform how well the directory is performing and identify any areas for improvement.