CY2024 CSN Annual Staffing Report

Jan - July 2024

Commonwealth of Massachusetts | Executive Office of Health and Human Services

The Executive Office of Health and Human Services has established annual staffing report requirements for continuous skilled nursing (CSN) agencies under 130 CMR 438.000: Continuous Skilled Nursing Agency. For the CSN agency annual staffing report due February 1, 2025, CSN agencies are required to submit one report for dates of service between **January 1** and **July 31, 2024**, and a second report for dates of service between **August 1** and **December 31, 2024**. The form for the first report is on pages 1-2, titled "Jan - July 2024," and the form for the second report is on pages 3-4, titled "Aug - Dec 2024." Please be sure to complete both reports and include appropriate information based on the dates of service for each report.

SECTION 1: AGENCY INFORMATION

Please fill out the sections below for your agency, based on your current staffing numbers and nurse wages paid between **January 1, 2024**, and **July 31, 2024**. Please complete the report in full.

Agency name	Agency phone number
Owner, partner, or officer name	
Owner, partner, or officer email address	
Preparer name and title	
Preparer email address	Preparer's phone number
Provider ID and service location	
Number of full-time nurse employees	Number of part-time nurse employees
Number of complex care assistant employees who are family members	
Number of complex care assistant employees who are not family members	

SECTION 2: GROSS HOURLY NURSE WAGE INFORMATION

Please use the chart below to enter the **median** gross hourly wage data for nurses working in your agency, broken down by licensure, visit type, acuity, and time of visit. A gross hourly wage is the amount an employee earns as compensation before all payroll deductions for taxes, benefits, or wage garnishments. Please do not include employee bonuses or overtime in your calculation of gross hourly wages. Report the gross hourly wages for overtime in the Overtime column. Overtime hours are hours worked above 40 hours in a consecutive seven-day period. The section for high acuity patient visit refers to the enhanced rate provided to nurses caring for members with high acuity needs, such as high technology (ventilators, tracheotomies, central lines) or other acuity indicators (such as a higher number of CSN hours, need for higher-skilled nurses, or a geographic location that requires a higher rate). Agencies may or may not have established a separate high acuity rate.

Median Gross Hourly Wage by Service	Weekday: 7:00 a.m.–3:00 p.m. Mon.–Fri.		Night: 3:00 p.m.–7:00 a.m. Mon.–Thurs.		Weekend: Fri. 3:00 p.m.– Mon. 7:00 a.m.		Holiday		Overtime		Other (optional; please specify)	
	RN	LPN	RN	LPN	RN	LPN	RN	LPN	RN	LPN	RN	LPN
Single patient visit												
Two publicly aided patients visit												
Three publicly aided patients visit												
High acuity visit												

If your agency has established a high acuity rate, please describe how it defines high acuity below.

In the chart below, please break down into **quartiles** your gross hourly wage distribution for registered nurses (RNs) and licensed practical nurses (LPNs) providing skilled nursing services. Quartile 1 is the wage at or below which 25% of the wages are situated, Quartile 2 is the wage at or below which 50% of the wages are situated, Quartile 3 is the wage at or below which 75% of the wages are situated, and Quartile 4 is your highest wage paid. Do not include overtime rates or bonuses in your calculations for this section.

	First Quartile (25th percentile)		Second Quartile (50th percentile)		Third Quartile (75th percentile)		Fourth Quartile (100th percentile, or maximum)	
	RN	LPN	RN	LPN	RN	LPN	RN	LPN
Gross hourly wage								
Number of full-time-equivalent employees (FTEs)								
Number of part-time-equivalent employees (PTEs)								

If your agency provides wage increases based on criteria like years of experience, advanced degrees, or other nurse qualifications, please provide that detail below.

SECTION 3: STATEMENT OF CERTIFICATION

I warrant and represent that I, the submitter, am duly authorized and have full authority to file this staffing report on behalf of the provider. The information herein was provided by the provider (e.g., by an executive director, financial officer, owner, partner, or other officer or director of the provider) in connection with this report and certified by the provider under the penalties of perjury to be true, correct, and accurate. I attest, to the best of my knowledge and belief, that this staffing report is true, correct, and a complete statement. This report is subject to audit and verification by MassHealth. By signing below, I hereby certify that I am the appropriate personal representative who is responsible for the provider's operation in the state and I am authorized to submit this information.

Electronic signature of authorized submitter (typed)

Date

Forms must be signed by the appropriate personal representative, who is the person responsible for the CSN agency's operation in the state. Completed forms must be submitted by February 1, 2025, to support@masshealthltss.com, with the subject line "[Agency Name] CSN Annual Staffing Report for CY 24."

Additional details and requirements can be found in Continuous Skilled Nursing Agency Bulletin 21.

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Aug - Dec 2024

Commonwealth of Massachusetts | Executive Office of Health and Human Services

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