

# North Carolina Department of Medicaid Services

## Instructions for Completing the NC Change in Scope of Services (CISS) Form

### Introduction

The NC DMA CISS Form should be completed when requesting a Change in Scope of Services (CISS). A Change in Scope of Services, occurs when a provider experiences a significant change in business practice. As a result of the change, a provider may request a rate increase or decrease. The Department also reserves the right to notify providers when a reduction in scope of services is noted for which the provider is still being reimbursed through the PPS rate.

In order to request a Change in Scope of Services, the provider should submit the required documentation listed on the NC DMA CISS Policy along with a completed NC DMA CISS Form.

The CISS rate shall be based on actual costs for the first full fiscal year (12 months) following the change in scope effective date.

### General Information

Please fill in the general information at the top of the form including the following:

- Provider Name
- Provider NPI#
- Reason for Change in Scope of Service
- Effective Date of Change in Scope Service

### Change in Scope of Service Information

Please complete ONLY the “TO BE COMPLETED BY PROVIDER” section of the NC DMA CISS Form.

Line 1 – Direct Cost: The amount of actual direct (non-administrative) cost associated with the CISS.

Line 2 – Please input the number of Medicaid (Title XIX) Visits/Encounters associated with the CISS.

Line 3 – Please input the total number of Visits/Encounters related to the CISS.

Line 4 – Please input the total Medicaid Visits/Encounters for the Reporting Period.

### Additional Documentation Required

The completed NC DMA CISS Form should be submitted, along with the following supporting documentation:

- A narrative describing the Change in Scope of Services since the base year.
- Documentation to support Direct Costs reported on the NC DMA CISS Form.
- Documentation to support Title XIX and total Visits/Encounters related to the Change in Scope of Service.
- A completed Cost Report for the same time period as the NC DMA CISS Form containing costs for the entire clinic (final Change in Scope of Service rates only).