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).