

CHANGE IN SCOPE OF SERVICE REQUEST (CSOSR)

TALKING POINTS FOR CPCA/CAPH

1. The current SPA lacks clarity regarding the definitions for type, intensity, duration, and amount of services. Please provide suggested definitions for the terms.
2. Many States' SPAs specifically read that a Change in Scope occurs only when adding a new service and that adding an additional practitioner to an existing line of service is not considered a Change in Scope. Please discuss your position regarding DHCS incorporating similar language in the SPA.
3. The SPA language will require a full fiscal year (12 full months) of activity before a CSOSR can be filed.
4. The requirement that the application of Attachment 4.19-B, Section K.1(a) be a comparison between the fiscal year of change and the preceding fiscal year. There have been clinics that have waited two or more years after a qualifying event to file a CSOSR and this has led to confusion on how to apply the above section. The SPA will clarify this.
5. Language would be proposed to clarify that an interim PPS rate would be established within 90 days of receiving the CSOSR and the audit would be completed in accordance with Welfare and Institutions Code section 14170 (3 Years). Please provide feedback on the implementation an interim rate within 90 days of the CSOSR and three year period to complete the CSOSR audit.
6. As RHC and FQHC organizations grow and add clinics, the home office allocations are allocated over a larger number of clinics. What is your position on a proposal to adjust every clinics' PPS rate based on the most recent audited home office allocations, regardless if every clinic was under audit?
7. The productivity standards will be applied to CSOSRs.
8. Number 1 – 7 are DHCS' proposals for changing the CSOSR language in the SPA (section K). Are there any changes (not mentioned above) of the CSOSR that you would like CPCA to propose back to DHCS?