**Wisconsin Department of Health Services**

Division of Medicaid Services

F-02759 (01/2025)

# Comprehensive Community Services Cost Settlement Advance Request

**Instructions:** Complete this form by March 1, 2025, and submit to the Wisconsin Department of Health Services at [dhsdmsccsmanualpayments@dhs.wisconsin.gov](mailto:dhsdmsccsmanualpayments@dhs.wisconsin.gov).

Counties certified as comprehensive community service providers will only be approved for up to 120% of their previous year's total cost settlement. Special circumstance requests will be handled on a case-by-case basis with no guarantee of distribution.

|  |  |  |  |
| --- | --- | --- | --- |
| Basic County Information | | | |
| **County** | **Medicaid Billing Provider ID (s)** | **Tax ID** | **NPI** |
|  |  |  |  |

|  |  |
| --- | --- |
| Comprehensive Community Services Cost Settlement Advance Request | Amount Requested |
| Total Anticipated Cost Settlement Advance |  |

This institution is an equal opportunity provider.