**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.

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.

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

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

This institution is an equal opportunity provider.