

Instructions for Completing CDA 245M

The MIPPA Request for Funds form (CDA 245M) is designed for requesting monthly advances or reimbursement for the Medicare Improvements for Patients and Providers Act (MIPPA). All requests for funds entered into the CDA 245M should be rounded to the nearest dollar.

HEADER SECTION:

Enter the following information:

- Planning and Service Area (PSA) number [assigned two-digit contract extension]
 - Remit to Name will auto-populate once the PSA # is entered
- Fiscal Year – State Fiscal Year
- Contract Number will auto-populate once the PSA # is entered
- Invoice Date – Date the report is being submitted
- Remit to Address – Enter the remit to address, which must be on file with CDA

REQUEST FOR FUNDS:

Enter the month and year for which funds are being advanced or reimbursed. Reconcile Advances with Expenditures reported to determine actual Cash on Hand, and estimate Cash need. Enter Federal Funds requested for Program and Administration for each MIPPA fund source. For Reimbursement payments, enter exact amounts from the CDA 245M Contract Expenditures line for each fund.

FOR STATE USE ONLY:

This section is to be completed by CDA staff.

SUBMISSION DUE DATES:

The completed CDA 245M must be sent as an e-mail attachment to the [Local Finance Bureau: Finance@aging.ca.gov](mailto:Finance@aging.ca.gov). Signatures of the AAA director and staff are not required.

In the email subject line, identify PSA ##, Program, Current Month and Report being submitted (Example: PSA [34](#) MI [10](#) RFF FY [1819](#)).

Once approved, an email will be sent with a signed copy of the CDA 245M including documentation reflecting any CDA adjustments. PSA records must be adjusted to reflect any CDA adjustments.