

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 and Address 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

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 255M 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 [Fiscal Email Address](mailto:FiscalTeam@aging.ca.gov): FiscalTeam@aging.ca.gov. Signatures of the AAA director and staff are not required.

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

Once approved, you will receive a signed copy of the CDA 245M, to include documentation reflecting any CDA adjustments, via email. Please adjust your records to reflect any CDA adjustments.