



# Advance Investment Payments (AIP) | Phase 2 | Agreement Period or Performance Year Beginning on January 1, 2024

Please refer to the [Application Toolkit webpage](#) for instructions and eligibility requirements for completing this application.

**PAPER APPLICATIONS ARE NOT ACCEPTED.** USE THIS DOCUMENT TO PREPARE YOUR RESPONSES. SUBMIT YOUR APPLICATION ONLINE VIA THE [ACO MANAGEMENT SYSTEM \(ACO-MS\)](#).

\*This is only applicable to Shared Savings Program applicants that meet the Advance Investment Payments eligibility criteria (see [42 CFR § 425.630\(b\)](#)).

## SECTION 1 – SPEND PLAN

Submit a spend plan for CMS review that specifies how your ACO intends to spend the advance investment payments during the agreement period to build care coordination capabilities (including coordination with community-based organizations, as appropriate) and address specific health disparities. The spend plan must identify the categories of goods and services that the ACO plans to purchase with advance investment payments, the dollar amounts to be spent on the various categories, and the general timing of those purchases. An ACO may adjust its spend plan with actual spending and make changes to the projected spending in future years. More details on the AIP spend plan can be found in the [AIP Guidance](#) document.

### TIP FOR SUCCESS

Information regarding how to submit a Spend Plan to CMS is located in the [Spend Plan Tip Sheet](#).

### Spend Plan Template:

Payment Use	General Spend Category	General Spend Subcategory	Projected Spending 2024	Projected Spending 2025	Projected Spending 2026	Projected Spending 2027	Projected Spending 2028
Line Item Description	Selected Category from Drop-Down	Selected Subcategory from Drop-Down	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount
Subtotals			Total Dollars Projected	Total Dollars Projected	Total Dollars Projected	Total Dollars Projected	Total Dollars Projected

### Spend Plan Summary

Projected Total Advance Investment Payments	Estimate from Participation Options Report and/or received payments
Future Projected Spending	Sums Projected Spending for future years
Remaining Funding to Allocate	Total Funding - Projected Spending

**Disclaimers:** The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

This communication material was prepared as a service to the public and is not intended to grant rights or impose obligations. It may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of its contents.

**The general spend categories and subcategories of permissible uses of advance investment payments are identified below:**

Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
<ul style="list-style-type: none"> <li>Physician</li> <li>Physician assistant, nurse practitioner, or clinical nurse specialist</li> <li>Registered dietitian or nutrition professional</li> <li>Case manager</li> <li>Licensed Clinical Social Worker</li> <li>Community health worker</li> <li>Health equity officer</li> <li>Other Staff (explain in "Payment Use")</li> </ul> <p><u>Behavioral health clinicians:</u></p> <ul style="list-style-type: none"> <li>Psychiatrist</li> <li>Clinical Psychologist</li> <li>Marriage and Family Therapists</li> <li>Mental health counselors or Licensed Professional Counselors</li> <li>Substance use counselors</li> <li>Peer recovery specialists</li> <li>Behavioral health case managers</li> <li>Behavioral health care coordinators</li> </ul> <p><u>Oral health providers:</u></p> <ul style="list-style-type: none"> <li>Public Health Dental Hygiene Practitioner</li> <li>Dental Hygienist</li> <li>Dentist</li> </ul> <p><u>Education:</u></p> <ul style="list-style-type: none"> <li>Training staff to provide culturally and linguistically tailored services</li> <li>Training staff to provide trauma-informed care</li> <li>Other staff education (explain in "Payment Use")</li> </ul> <p><u>General:</u></p> <ul style="list-style-type: none"> <li>Other (explain in "Payment Use")</li> </ul>	<p><u>General health-related social needs services:</u></p> <ul style="list-style-type: none"> <li>Screening for social needs</li> <li>Comprehensive assessments</li> <li>Social care coordination</li> <li>Follow-up to ensure social needs are being addressed</li> <li>Substance abuse counseling/programs</li> </ul> <p><u>Food security services and supports:</u></p> <ul style="list-style-type: none"> <li>Nutrition education/counseling</li> <li>Nutrition support</li> <li>Medically tailored meals after hospital discharge</li> <li>Medically tailored meals for a chronic condition</li> <li>Grocery store, farmers market, or other food voucher</li> <li>Other food-related services (explain in "Payment Use")</li> </ul> <p><u>Housing-related services and supports:</u></p> <ul style="list-style-type: none"> <li>Home or environmental modifications to support a healthy lifestyle</li> <li>Community transition costs</li> <li>Assisting with housing search, training on how to search for available housing</li> <li>Housing and environmental assessments, to ensure housing and environment are safe</li> <li>Moving expenses</li> <li>Securing documentation and fees to apply for housing</li> <li>Early identification and intervention for behaviors that may jeopardize housing</li> <li>Education on the role, rights, and responsibilities of the tenant and landlord</li> <li>Connecting an individual to community resources or benefits to maintain housing stability</li> <li>Rapid rehousing interventions</li> <li>Housing and setting up support structures for persons experiencing homelessness</li> <li>Wraparound housing services</li> <li>Lead remediation services</li> <li>Application for housing-related benefits</li> </ul>	<p><u>Health IT:</u></p> <ul style="list-style-type: none"> <li>Case/practice management systems</li> <li>Clinical data registries</li> <li>Electronic Quality Reporting</li> <li>Health information exchange and health information network participation</li> <li>Health IT to support behavioral health activities</li> <li>Health IT investments to support integration with dental services</li> <li>Investment in certified electronic health record technology (CEHRT)</li> <li>IT-enabled screening tools, including for social needs</li> <li>Remote access technologies/telehealth</li> </ul> <p><u>Infrastructure related to social determinants of health (SDOH):</u></p> <ul style="list-style-type: none"> <li>Implementing health-related social needs screening tools</li> <li>Closed-loop referral tools to connect patients to community-based organizations</li> <li>Other infrastructure related to addressing patient social needs (explain in "Payment Use")</li> </ul> <p><u>General:</u></p> <ul style="list-style-type: none"> <li>Practice physical accessibility improvements</li> <li>Other (explain in "Payment Use")</li> </ul>

Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
	<p><u>Transportation services:</u></p> <ul style="list-style-type: none"> <li>• Vouchers for ride-share services</li> <li>• Vouchers for public transportation services</li> <li>• Disability-related transport services</li> <li>• Services to help an individual maintain access to an automobile</li> <li>• Transportation to non-medical locations, such as grocery stores</li> <li>• Help with application for transportation benefits</li> </ul> <p><u>Utilities-related services and supports:</u></p> <ul style="list-style-type: none"> <li>• Water services</li> <li>• Electricity services</li> <li>• Heating services</li> <li>• Application for utilities-related benefits</li> <li>• Other utilities-related services and supports (explain in "Payment Use")</li> </ul> <p><u>Employment-related services:</u></p> <ul style="list-style-type: none"> <li>• Employment search assistance</li> <li>• Employment coaching</li> <li>• Services for individuals with disabilities to help them succeed at finding and maintaining employment</li> </ul> <p><u>Patient caregiver supports:</u></p> <ul style="list-style-type: none"> <li>• Caregiver counseling or support groups</li> <li>• Caregiver training and education</li> <li>• Respite care</li> <li>• Child Support Services</li> <li>• Other patient caregiver support services (explain in "Payment Use")</li> </ul> <p><u>Services to reduce social isolation:</u></p> <ul style="list-style-type: none"> <li>• Improving cultural and linguistic competency</li> <li>• Reintegration from incarceration counseling/program</li> <li>• Other reduction of social isolation services (explain in "Payment Use")</li> </ul> <p><u>General:</u></p> <ul style="list-style-type: none"> <li>• Other (explain in "Payment Use")</li> </ul>	

## SECTION 2 – CERTIFICATIONS

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I certify that my ACO agrees to meet all applicable Shared Savings Program requirements related to Advance Investment Payments, including the following:

42 CFR § 425.308(b)(8) (public reporting of AIP spending)

42 CFR § 425.316(e)(3) (obligation to repay advance investment payment if the ACO is determined to be ineligible for such payments)

42 CFR § 425.630(e)(4) (segregation of advance investment payments from all other revenues by establishing and depositing all AIP into a separate account solely used to hold and disburse AIP)

42 CFR § 425.630 (AIP regulations)

☐ Yes

## SECTION 3 – CERTIFY YOUR AIP SUPPLEMENTAL INFORMATION

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\*CMS will not process your AIP supplemental information if you do not complete this certification in ACO-MS. This page will appear at the end of your submission. You certify when you select “I agree.”

I have read the contents of this AIP supplemental information. I certify that I am legally authorized to execute this document and to bind my ACO to comply with all applicable laws and regulations. By my signature, I certify to the best of my knowledge, information, and belief that the information contained herein is true, accurate, and complete, and I authorize CMS to verify this information. If I become aware that any information is not true, accurate, or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information.

☐ I agree