

# How to Complete the AIP Supplemental Information and Spend Plan in ACO-MS

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This tip sheet provides instructions on how to complete the Medicare Shared Savings Program (Shared Savings Program) Advance Investment Payments (AIP) supplemental information spend plan requirements in the [ACO Management System](#) (ACO-MS). Additional information on AIP and eligibility to receive advance investment payments can be found in the [AIP Guidance](#) document.

To access the AIP supplemental information, answer “yes” to the AIP question in Phase 2 of your Shared Savings Program Initial Application task (only eligible ACOs will see this question).

- You may **save progress** on your spend plan and leave the tab at any time, but you will not be able to submit your AIP supplemental information to CMS until all required fields (including certifications) are complete.
- **You will not be able to make edits to the spend plan after submitting it for CMS review**, until the **Phase 2 RFI** submission window of the Shared Savings Program application. Additional information on responding to an RFI can be found in the [RFI Tip Sheet](#).
- You can **download a copy** of your completed spend plan for your records by selecting the download icon in the upper left-hand corner above the spend plan.

## COMPLETING THE SPEND PLAN

To fill out the spend plan in ACO-MS, navigate to your AIP supplemental information task on your “My Dashboard” tab. The spend plan must be completed through the fillable form in ACO-MS; it **cannot** be submitted to CMS separately in another format (e.g., PDF, Word, Excel).

Authorized ACO users including the ACO Executive, Application Contact “Primary & Secondary,” Authorized to Sign Primary and Secondary, CMS Liaison, and Financial Contacts will be able to view, edit, and submit to CMS the AIP supplemental information task and AIP spend plan.

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## Instructions for Completing the Spend Plan

The following steps walk through how to populate the Spend Plan in ACO-MS.

*Sample Spend Plan:*

<b>1 Step 1</b>							
Projected Total Advance Investment Payments	ACO enters estimate from Participation Options Report and/or received payments						
<b>Step 2</b>							
<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>				
Payment Use	General Spend Category	General Spend Subcategory	Projected Spending Year 1	Projected Spending Year 2	Projected Spending Year 3	Projected Spending Year 4	Projected Spending Year 5
Free text line-item description	Selected category from drop-down*	Selected subcategory from drop-down*	Enter dollar amount	Enter dollar amount	Enter dollar amount	Enter dollar amount	Enter dollar amount
Continue for all line items							
<b>Subtotal</b>							
Spend Plan Summary							
Projected Total Advance Investment Payments			ACO-MS displays value entered in Step 1				
Future Projected Spending			ACO-MS sums projected spending for future years				
<b>6</b>	Remaining Funding to Allocate		ACO-MS calculates total funding – projected spending				

- 1 Enter your “Projected Total Advance Investment Payments” in Step 1 so that you can track the “Remaining Funds to Allocate” while entering your ACO’s projected spending. An ACO’s estimated quarterly advance investment payments total can be found in the *Participation Options Report (POR)* and within the Application Cycle subtab in ACO-MS. You can refer to the [AIP Guidance](#) to identify how to calculate your estimated advance investment payments.
- 2 Enter the specific use of advance investment payments as free text in the “Payment Use” column. Add and complete a new row for each of your distinct payment uses.
- 3 For each payment use row, select one of the following three categories using the dropdown in the “General Spend Categories” column:
  - a. Increased staffing

- b. Health care infrastructure
  - c. Provision of accountable care for underserved beneficiaries, which may include addressing social determinants of health
- 4 For each payment use entered, select the “General Spend Subcategory” using the dropdown options to further categorize the payment use. If none apply, select “Other.” (If you select “Other,” make sure to provide a clear description in the free text “Payment Use” column). A list of subcategories of permissible uses for advance investment payments can be found in Table 1 at the end of this document.
- 5 Indicate the projected performance year or years in which you plan to use each line item by entering the projected amounts in dollar values for each corresponding “Payment Use” row and “Performance Spending Year” column. If you do not intend to use funds for a line item in any given year (but have projected spending in other years within this row), enter “\$0” or leave the field blank.
  - The total projected spend amounts must equate to all dollars in the “Projected Total Advance Investment Payments.”
  - For example, if your ACO’s “Projected Total Advance Investment Payments” equals \$300,000, your ACO’s “Future Projected Spending” field (calculated by ACO-MS) for the Agreement Period must equal \$300,000.
- 6 Once all of your total projected advance investment payments are accounted for in the projected spending columns within the spend plan, the “Remaining Funding to Allocate” field (calculated by ACO-MS) will display as “\$0.” You will not be able to submit your spend plan for CMS review unless this field is equal to “\$0.”
- 7 Proceed to complete the certifications for your AIP supplemental information application and select the “Submit” icon.

Table 1 Subcategories of Permissible Uses of Advance Investment Payments

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>• Patient navigator</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 support 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> </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>• Partnership with food bank</li> <li>• Grocery store, farmers market, or other food voucher</li> <li>• Application for food-related benefits</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> </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</li> <li>• Remote access technologies/telehealth</li> <li>• Establishing or improving translation services</li> </ul> <p><u>Infrastructure related to social determinants of health (SDOH):</u></p> <ul style="list-style-type: none"> <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> </ul>



Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>• Housing payments for persons experiencing homelessness</li> <li>• 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> <li>• Other housing-related services (explain in “Payment Use”)</li> </ul> <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> <li>• Other transportation-related services (explain in “Payment Use”)</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> <li>• Other employment-related services and supports (explain in “Payment Use”)</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> </ul>	<ul style="list-style-type: none"> <li>• Other (explain in “Payment Use”)</li> </ul>



Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
	<ul style="list-style-type: none"> <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>	



## Illustrative Completed Spend Plan

Payment Use	General Spend Category	General Spend Subcategory	Projected Spending Year 1	Projected Spending Year 2	Projected Spending Year 3	Projected Spending Year 4	Projected Spending Year 5
Hire new behavioral health clinician	Increased staffing	Behavioral health case managers	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000
Update EHR	Health care infrastructure	Investment in certified electronic health record technology (CEHRT)	\$10,000	\$1,500	\$1,500	\$1,500	\$1,500
Medically tailored meals program	Provision of Accountable Care for underserved beneficiaries	Medically tailored meals for a chronic condition	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Ride share coupons	Provision of Accountable Care for underserved beneficiaries	Vouchers for ride-share services	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Add wheelchair lift to clinic	Health care infrastructure	Practice Physical accessibility improvements	\$4,000	\$0	\$0	\$0	\$0
<b>Subtotal</b>			<b>\$130,000</b>	<b>\$117,500</b>	<b>\$117,500</b>	<b>\$117,500</b>	<b>\$117,500</b>

Spend Plan Summary	
Projected Total Advance Investment Payments	\$600,000
Future Projected Spending	\$600,000 (Sum of Subtotal Row)
Remaining Funding to Allocate	\$0