



Advance Investment Payments (AIP) | Phase 2 | Agreement Period Beginning on January 1, 2026

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 application is only applicable to Shared Savings Program applicants that meet the Advance Investment Payments eligibility criteria (refer to [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. Additional details on the AIP spend plan can be found in the [AIP Guidance](#) document. For information regarding how to submit a spend plan to CMS, refer to the [How to Complete the AIP Supplemental Information and Spend Plan in ACO-MS](#) tip sheet.

Spend Plan Template:

Step 1

Projected Total Advance Investment Payments	<i>Automatically populated by ACO-MS based on the information in the ACO's Participation Options Report for their first performance year.</i>
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Step 2

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
<i>Line Item Description</i>	<i>Selected Category from Drop-Down</i>	<i>Selected Subcategory from Drop-Down</i>	<i>Dollar Amount</i>	<i>Dollar Amount</i>	<i>Dollar Amount</i>	<i>Dollar Amount</i>	<i>Dollar Amount</i>
Subtotals			<i>Total Dollars Projected</i>	<i>Total Dollars Projected</i>	<i>Total Dollars Projected</i>	<i>Total Dollars Projected</i>	<i>Total Dollars Projected</i>

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.

Spend Plan Template (continued):

Spend Plan Summary	
Projected Total Advance Investment Payments	Auto-populated estimate from Step 1
Future Projected Spending	Sums Projected Spending for future years
Remaining Funding to Allocate	Total Funding - Projected Spending (must be \$0 to submit spend plan to CMS)
Advance Investment Payments Received	Total advance investment payments received from CMS as of most recent payment (\$0 for applicant ACO)

The general spend categories and subcategories of permissible uses of advance investment payments are identified in the table below.

Subcategories of Permissible Uses of Advance Investment Payments

Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
<u>General Staffing:</u> <ul style="list-style-type: none"> Case manager Community health worker Health equity officer Licensed Clinical Social Worker Other Staff (explain in "Payment Use") Physician Physician assistant, nurse practitioner, or clinical nurse specialist Registered dietitian or nutrition professional <u>Behavioral health clinicians:</u> <ul style="list-style-type: none"> Behavioral health care coordinators Behavioral health case managers Clinical Psychologist Marriage and Family Therapists Mental health counselors or Licensed Professional Counselors Peer support specialists Psychiatrist Substance use counselors 	<u>Employment-related services:</u> <ul style="list-style-type: none"> Employment coaching Employment search assistance Other employment-related services and supports (explain in "Payment Use") Services for individuals with disabilities to help them succeed at finding and maintaining employment <u>Food security services and supports:</u> <ul style="list-style-type: none"> Grocery store, farmers market, or other food voucher Medically tailored meals after hospital discharge Medically tailored meals for a chronic condition Nutrition education/counseling Nutrition support Other food-related services (explain in "Payment Use") Partnership with food bank <u>General:</u> <ul style="list-style-type: none"> Other (explain in "Payment Use") 	<u>General:</u> <ul style="list-style-type: none"> Other (explain in "Payment Use") Practice physical accessibility improvements <u>Health IT:</u> <ul style="list-style-type: none"> Case/practice management systems Clinical data registries Electronic Quality Reporting Establishing or improving translation services Health information exchange and health information network participation Health IT investments to support integration with dental services Health IT to support behavioral health activities Investment in certified electronic health record technology (CEHRT) IT-enabled screening tools, including for social needs Remote access technologies/telehealth

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[NOT FOR SUBMISSION - SAMPLE ONLY]

Increased Staffing	Provision of Accountable Care for Underserved Beneficiaries	Health Care Infrastructure
<u>Education:</u> <ul style="list-style-type: none"> Other staff education (explain in "Payment Use") Training staff to provide culturally and linguistically tailored services Training staff to provide trauma-informed care <u>General:</u> <ul style="list-style-type: none"> Other (explain in "Payment Use") <u>Oral health providers:</u> <ul style="list-style-type: none"> Dental Hygienist Dentist Public Health Dental Hygiene Practitioner 	<u>General health-related social needs services:</u> <ul style="list-style-type: none"> Comprehensive assessments Follow-up to ensure social needs are being addressed Screening for social needs Social care coordination Substance abuse counseling/programs <u>Housing-related services and supports:</u> <ul style="list-style-type: none"> Application for housing-related benefits Assisting with housing search, training on how to search for available housing Community transition costs Connecting an individual to community resources or benefits to maintain housing stability Early identification and intervention for behaviors that may jeopardize housing Education on the role, rights, and responsibilities of the tenant and landlord Home or environmental modifications to support a healthy lifestyle Housing and environmental assessments to ensure housing and environment are safe Housing and setting up support structures for persons experiencing homelessness Lead remediation services Moving expenses Other housing-related services (explain in "Payment Use") Rapid rehousing interventions Securing documentation and fees to apply for housing Setting up support structures for persons experiencing homelessness Wraparound housing services 	<u>Infrastructure related to social determinants of health (SDOH):</u> <ul style="list-style-type: none"> Closed-loop referral tools to connect patients to community-based organizations Other infrastructure related to addressing patient social needs (explain in "Payment Use")

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

SECTION 2 – CERTIFICATIONS

I certify that my ACO agrees to meet all applicable Shared Savings Program requirements related to AIP, 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 payments 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(g)(4) (obligation to repay advance investment payments if the ACO terminates its participation agreement during the agreement period in which it received an advance investment payment)
- 42 CFR § 425.630 (AIP regulations)

☐ Yes

SECTION 3 – CERTIFY YOUR AIP SUPPLEMENTAL INFORMATION

*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. 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