

AIM State Workplan

Template Instructions



Introduction

This workplan template is offered to guide your state team in your work with AIM, specifically bundle implementation and related considerations for effective participation in the AIM program. It is not meant to be prescriptive but is a framework that is based on knowledge of successful quality improvement strategies as well as effective approaches that the AIM National Team has identified over time. It may be constructed with findings from the State Team/PQC Baseline Needs Assessment (see *Objective 5, AIM Reporting*).

Your workplan is a key tool that will be used to guide monthly conversations with your AIM Program Manager and will inform biannual reporting from your state to the AIM National Team. The AIM National Team is committed to assisting you in the development of your workplan.

Mission of PQC/State Team

This is either a formal mission or vision statement or implied goal reached by consensus by your state team. This is supportive of the next item of the workplan, the SMART goal, and speaks to the team's broader mission.

SMART Goal - see [Resource 1 SMART Goals](#)

Employing a SMART goal setting technique helps bring structure to your state team's goals and establishes a clear pathway to achieving that goal. It may also support development of your state's impact statements as you carry out the work of AIM.

Objectives - see [Resource 2 Driver Diagrams](#)

The following are set objectives for each critical element of AIM implementation. Please see the recommend resource for guidance on construction of action steps to achieve the SMART goal as designed.

Objective 1: Bundle Implementation

Lead and monitor implementation of selected AIM patient safety bundle

Selection

Patient safety bundles should be selected using existing data and guidance from maternal health data insights and entities (Maternal Mortality Review Committee (MMRC), Perinatal Quality Collaborative (PQC) within your state. Data that has been stratified by race and ethnicity should be examined to identify outcome disparities that can be addressed by implementation of a patient safety bundle, with opportunities for addressing inequity considered in all aspects of planning.

Core AIM patient safety bundles, or the most commonly implemented bundles, accompanied by a variety of support resources, include:

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction of Primary Cesarean Birth
- Obstetric Care for Women with Opioid Use Disorder

You may find that many birthing facilities across your state will have experience implementing some of the elements included in these bundles.

Rollout Strategy

To foster support and enthusiasm for selected bundle implementation, states often choose to host a kick-off event, either virtually or in person. Hospital and health system leaders and clinical champions that will be responsible for bundle implementation efforts within participating birthing facilities should be attend. If desired, your AIM Program Manager can present an overview of the AIM Program and AIM Data Center and can assist in identifying additional subject matter expert speakers for the event. Please refer to *Objective 2* for guidance on planning the recruitment, engagement, and support of birthing facilities and health systems participating in AIM.

Scalability

A strategy for collaborative learning should be developed that allows for experts in implementation science to share best practices and for birthing facilities in your state to embark on shared learning opportunities. Platforms for learning may include calls/webinars (quarterly or monthly), newsletters, podcasts, or web-based collaborative platforms. A structure to share and archive clinical guidance, toolkits, implementation resources, and recordings of past meetings/calls should be established.

Birthing facilities of varying resource levels may need additional support with bundle implementation. This should be anticipated as part of your state workplan. Please refer to

Objectives 2 and 3 for additional guidance on how facilities can best be supported with bundle implementation as well as data collection and submission.

Sustainability

From the earliest stages in patient safety bundle implementation, sustainability of the work being planned should be considered. This includes using quality improvement implementation methodologies that are not dependent on a single individual, developing or identifying continuing education content, clearly delineating ongoing funding expectations, and identifying ownership of all aspects of a project, including plans for enduring change.

Objective 2: Birthing Facilities

Recruit, engage, and support birthing facilities and health systems in AIM bundle implementation

Successful implementation of an AIM bundle requires the active recruitment, engagement, and support of birthing facilities and health systems statewide. As preparation is made to execute this large-scale initiative, it is important to assess readiness in the following key areas:

Hospital Recruitment

- How will hospitals be recruited for participation both in a quality improvement project with your state PQC and in the implementation of AIM patient safety bundles?

Engagement

- How will collaborative learning be implemented among hospital teams in your state?

Support

- How will hospitals and facilities be supported in AIM patient safety bundle implementation in your state?

Communication

- What is the plan for regular communications to hospital teams across your state?

Above all, identifying champions at the facility level is as significant to bundle implementation as identifying those at the state or PQC project level. Participation in AIM requires buy-in from enthusiastically engaged providers. Your assigned state AIM Program Manager may be able to help provide additional suggestions for strategies to best reach and support birthing facilities.

Objective 3: Data Collection

Collect patient safety bundle measure related data

Please access the [AIM Data Collection Plan](#) and [AIM Bundle Specific FAQs](#) from the AIM website or your AIM Program Manager, as needed for completion.

Access to Hospital Discharge/Administrative Data

A core component of the AIM data process is working with other stakeholders in your state to obtain access to the administrative data you will need to calculate historic and ongoing outcome data for AIM. This can be a lengthy process, and AIM recommends planning to begin this process as early in your state's enrollment and onboarding timeline as possible.

The AIM Bundle FAQs may be used as a resource to determine if you need access to other types of data not typically available in hospital discharge data files, such as a supplemental clinical data file or birth certificate data to calculate cesarean birth rates. Depending on the quality of transfusion coding in your state, your ability to access revenue or blood product billing codes to better approximate transfusions when calculating severe maternal morbidity may be needed.

Project Measurement Strategy

Another core component of the AIM data process is developing a project measurement strategy and maintaining this information as part of the larger data collection plan. Broadly, a project measurement strategy asks: How will data on AIM bundle implementation be collected and how long will AIM bundle implementation last? Your project measurement strategy should address whether you plan to have hospitals submit process and structure data directly to the AIM Data Center or if you will develop your own state data submission center.

Unique data collection considerations for structure, process, and outcome metrics associated with the bundle you plan to implement and whether certain bundle metrics have unique data collection needs should be considered. As you review and plan the collection of AIM bundle metrics, you will compile your data collection strategies and supporting materials into a comprehensive data collection plan separate from your workplan.

Workflow for Analysis and Submission

Your workplan should include establishing a workflow for calculating and submitting outcome data to the AIM Data Center based on the availability of hospital discharge/administrative data in your state. If your state chooses to develop its own system for collecting structure and process metrics from participating hospitals, development of a workflow for submitting quarterly process and structure measure data to AIM on behalf of hospitals should be planned for as part of the workplan. This could include establishing a timeline for accessing data, a standardized process for analyzing data, etc.

Data Management

The lifecycle of your quality improvement project should be considered, including how you plan to share, store and archive data on bundle implementation and severe maternal morbidity by creating a data management plan. Creation of this plan should be included in your state workplan. For more information see the [AIM Data Collection Plan](#).

Objective 4: AIM Financial

Manage AIM financial responsibilities

All steps of AIM budget development and management should be included in this objective.

These may include:

- Initial budget development
- Quarterly invoice submission
- Any requests planned for carryover of unallocated funds at end of funding periods
- Any necessary requests for budget amendments during funding period

For further guidance, please see [Resource 3- Budget Management and Invoice Submission](#)

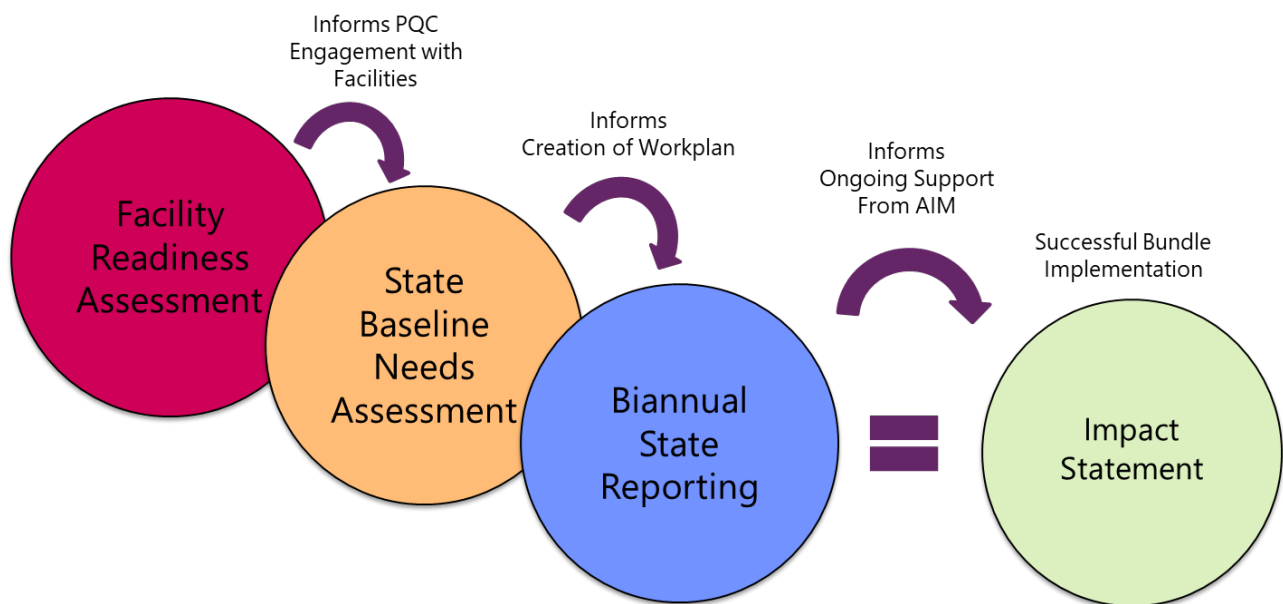
Objective 5: AIM Reporting

Manage AIM reporting responsibilities

AIM program reporting requirements allow the AIM National Team to track and address state team needs, remain accountable to our federal funder, and sustain the ongoing work of AIM. These reporting requirements are separate from your AIM data collection plan; requirements should be built into your state workplan Reporting includes three required elements and one optional tool:

- State Team/PQC Baseline Needs Assessment
 - Required time of initial enrollment, during completion of AIM State Workplan
 - Assessment tool used to identify needs to inform project planning
 - Completed via online survey
- Biannual AIM State Report
 - Required in Spring and Fall of each year
 - Assessment used to collect specific state-based data needed on an ongoing basis, generally focused on established workplan goals
 - Completed via online survey

- State Impact Statements
 - Required as data become available, ideally after 1 year of AIM implementation and/or annually
 - Describes the effect a given set of quality improvement interventions has had on a specific maternal health outcome, such as rate of severe maternal morbidity
 - May be used on AIM website, by HRSA, legislators, or other public facing entities
 - Submitted via [link](#) to online portal
- Facility Readiness Assessment Tool
 - Optional tool available to states preparing to implement patient safety bundles. Provided for completion by health systems and birthing facilities and used to evaluate gaps in readiness or needs at the facility level
 - Survey link provided to state teams to share with facilities, results shared with state team by AIM Program Manager
 - Completed via online survey





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AIM Workplan- Resource 1

Goal Setting

When implementing a quality improvement (QI) project it is critically important to first identify the overall goal or goals (desired outcome) for your project - *what do you plan to achieve as a result of the project?* Your goal should be bold, yet attainable. It should create a focus and sense of urgency within your organization, but should always be realistic, based on what the evidence suggests is possible. ¹

A well-defined goal should answer the following questions:

1. What will we improve?
2. Who will we improve it for?
3. By how much will we improve it?
4. By when will we improve it?

“Some is not a number, soon
is not a time.”

- Don Berwick

Developing SMART Goals

You’re probably familiar with the concept of SMART goals, but are you really using them effectively? Employing the SMART goal setting technique helps bring structure to your goals and establishes a clear pathway to achieving your goal. Developing SMART goals may seem like unnecessary work but don’t worry – developing SMART goals doesn’t have to be complicated or take a lot of time and having them already developed with help when it comes time to select your measures (we’ll cover those later).

The acronym SMART has several slightly different variations, but for purposes of this toolkit we will utilize the following acronym:

Specific, Measurable, Attainable, Relevant, and Time-Bound ²



Specific

In order to get where you want to be you must precisely define where you want to end up; incomplete goals will produce incomplete results. A goal that is specific has a better chance of being accomplished than a less specific, more general goal. It is critical to ensure that your goal is clear and well-defined.

Characteristics of a specific goal:

- Extremely clear and unambiguous.
- Lists measurable action-steps.

¹ <https://innovation.cms.gov/files/x/hciatwoaimsdrrvs.pdf>

² <http://www.kean.edu/sites/default/files/u7/SMART%20Objectives.pdf>

- Should seek to answer: What are we going to do with or for whom?

M

Measurable

When you effectively measure progress towards your goal you are more likely to stay on track to achieve it. A goal must have specific criteria in order to measure progress towards attainment.

Characteristics of a measurable goal:

- Clearly defines how you'll measure progress towards completion.
- Answers the questions: how will we know we are going in the right direction? When will we know that we have accomplished the goal?

A

Attainable

Setting lofty, unattainable goals is an easy thing to do when seeking to evoke big change! However, it is critical to remember that a goal should not be so lofty that it is unattainable. Goals should be challenging but not unrealistic. Goals that may have once seemed out of reach eventually become more attainable, not because your goals shrink, but because you grow and expand to match them.

Characteristics of an attainable goal:

- Should be a challenge for you and all involved.
- Will become attainable over time.

R

Relevant

A goal must matter to those involved in accomplishing it, otherwise it won't get the support it needs. A goal that is relevant will receive the buy-in and support that is necessary to move it to completion.

Characteristics of a relevant goal:

- Accomplishable given the resources available (time, money, expertise).
- In-line with current efforts and needs of the team and the organization.

T

Time-Bound

A goal must have a deadline for completion that you will aim to meet. It may also help to have multiple short-term deadlines on the way to your final deadline; having these will help your larger goal seem less daunting and will help to keep the team motivated.

Characteristics of a time-bound goal:

- Has clearly defined timeframe, including start date and target end date.
- Should create a sense of urgency for taking action.

Examples of SMART Goals

Goal	SMART Goal
Reduce rate of postpartum hemorrhage.	Decrease the rate of postpartum hemorrhage at North Community Hospital by 25% from January 1, 2017 to January 1, 2018.
Providers will understand the importance of effectively quantifying blood loss.	By the end of 2017, 70% of obstetricians and perinatal nurses at North Community Hospital will have successfully completed the educational program on quantifying blood loss.
Increase number of drills on obstetric hemorrhage events.	By January 2017, North Community Hospital will increase the number of obstetric hemorrhage drills from two per year to four per year (one per quarter).

SMART Goal Resources

- [Centers for Disease Control and Prevention Evaluation Brief: Writing SMART Objectives](#)
- [Minnesota Department of Health SMART and Meaningful Objectives](#)

AIM Workplan- Resource 2

Driver Diagrams

Using Driver Diagrams to Achieve Desired Outcome

Once your goals have been clearly set, your team has been formed, and organizational leadership has been brought onboard, a driver diagram is used to identify the factors that influence the achievement of the goal. It serves as a tool for building and testing your theories for improvement and movement towards the goal (desired outcome). Think of it like this: the driver diagram informs testing and testing refines your theory. It does this by first narrowing down and defining the activities that are contributing factors to your desired outcome. Secondly, it helps your team understand what types of interventions or changes to the contributing factors are most effective in reaching the desired outcome. In short, it serves as a prediction: what changes or interventions lead to progress toward the desired outcome? ¹

A driver diagram typically has 3 sections of information:

1. **Desired Outcome:** This is the improvement project. It must be realistic, clearly defined, and measurable.
2. **Primary Drivers:** These are a set of factors or addressed to achieve your desired outcome. They – the factors that you feel have a direct impact on the desired outcome. ²

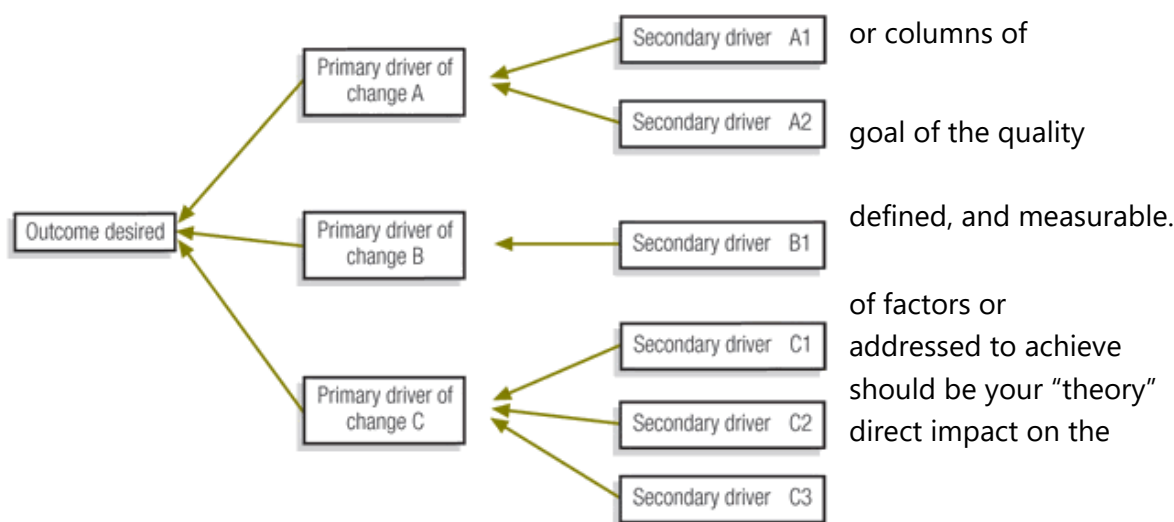


Diagram from the [World Health Organization](#)

¹ <https://innovation.cms.gov/files/x/hciatwoaimsdrrvs.pdf>

² <https://www.hqsc.govt.nz/assets/.../Driver-diagram-explanation.docx>

- 3. Secondary Drivers:** These are specific areas where changes or interventions occur. Each secondary driver will contribute to at least one primary driver. They should be process changes that are thought to impact the desired outcome and should be evidence-based.³

Keeping it simple: At first glance a driver diagram may look overly complicated and daunting. However, when broken down into actionable areas it is a highly predictive tool that will prove helpful in identifying the interventions that are contributing to your desired outcome and help you “weed out” those that aren’t.

When developing your driver diagram, it is important to keep in mind:

- It should serve as the theory about how your system works as it relates to your overall goal/desired outcome.
- Don’t automatically ignore drivers that seem outside of your control.
- There is no set number of primary or secondary drivers that should be included.
- There is no one right answer; your organization will have variables that may be vastly different from those of other organizations and that’s okay!
- The diagram is a living document that can and should change as your project evolves, new information is obtained, and your theories of improvement are refined – don’t stress over having it “perfect” from the outset – that’s not the purpose.

To help you better understand how to effectively utilize a driver diagram in your organization we have developed two sample diagrams for Obstetric Hemorrhage and Hypertension in Pregnancy. The examples provided were developed for a fictional organization and should be used to inform you; they are not meant to be comprehensive for every organization and should be modified to meet your specific needs

³ <http://www.qihub.scot.nhs.uk/knowledge-centre/quality-improvement-tools/driver-diagram.aspx>

Example Driver Diagram Applied to Obstetric Hemorrhage Patient Safety Bundle

OUTCOME	PRIMARY DRIVERS	SECONDARY DRIVERS	ACTION STEPS
Decrease severe maternal morbidity from OB Hemorrhage by __% from <u>(year)</u> to <u>(year)</u>.	Readiness for OB hemorrhage (For Every Unit)	1 Hemorrhage cart available and accessible intrapartum AND postpartum 2 Medications immediately available 3 Obstetric emergency response team in place 4 Establish massive and emergency release transfusion protocols 5 Unit education/Unit drills, including post-event debriefs	1 Establish a multidisciplinary team 2 Establish an obstetric rapid response team for all obstetric emergencies. 3 Research and standardize hemorrhage cart 4 Simulate medication procurement. Identify improvement opportunities and include all stakeholders including Pharmacy 5 Implement communication process for rapid response obstetric response team 6 Engage a multi-disciplinary team to develop massive and emergency release transfusion protocol 7 Adopt education for OB hemorrhage 8 Identify staff to lead multidisciplinary drills and simulations, including post-event debriefs.
	Recognition and prevention of OB hemorrhage (For Every Patient)	1 Assess hemorrhage risk 2 Quantify blood loss 3 Actively manage 3rd stage of labor	1 Identify hemorrhage risk assessment tool. Pilot. PDSA after pilot 2 Identify tools for the reliable quantification of blood loss for vaginal and cesarean delivery. One such tool may be to secure, and use graduated under-buttocks drapes. 3 Engage OB providers and nurses on Quantitative Blood Loss measurement and develop a shared educational program with standard tools. Pilot. PDSA after pilot. Ensure all staff and providers are held accountable to the standard. 4 Secure champions for active management of 3rd stage of labor implementation 5 Develop active management of 3rd stage of labor policy 6 Pilot AMTSL. PDSA after pilot

	Standardized Response to OB Hemorrhage (For Every Hemorrhage)	1 Adopt standard, stage-based, hemorrhage management plan with checklists 2 Adopt support program for patients, families, and staff for all significant hemorrhages	1 Develop standardized stage-based hemorrhage management plan with checklists 2 Pilot stage-based hemorrhage management plan in simulations. PDSA after pilot 3 Secure MD & Nurse champions for plan implementation 4 Incorporate plan into EMR (make it easy to do the right thing) 5 Form group representing all stakeholders to develop support program(s) for patients, families and staff. 6 Research resources available for support. 7 Pilot support programs. PDSA after pilot. Ensure all populations are represented.
	Reporting and systems learning from OB Hemorrhage (For Every Unit) (Facility Culture)	1 Huddle for high risk patients to prepare throughout care. 2 Debrief to identify successes and opportunities. Create a feedback system of learning. 3 Multidisciplinary review of stage 2/3 hemorrhages 4 Identify and utilize data collection plan to capture OB hemorrhage events	1 Identify nursing and medical champions for huddle design and implementation 2 Test before implementing huddle. Pilot. PDSA after pilot 3 Engage medical, nursing leadership to lead and implement debriefs 4 Test before implementing huddle. Pilot. PDSA after pilot 5 Engage medical, nursing, administrative leadership to establish multidisciplinary review 6 Implement multidisciplinary review for stage 2&3 7 Investigate data measures and other resources/tools. Identify data champion. 8 Utilize data collection plan. PDSA
	Structure Measures: 1) Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box? 2) Does your hospital have a unit-standardized, stage-based obstetric hemorrhage emergency management plan with checklists? Process Measures: 1) How many hemorrhage drills were performed this quarter? 2) What proportion of mothers had a hemorrhage risk assessment done at least once before birth during this quarter? 3) What proportion of mothers had formal measurement of cumulative blood loss from birth thru recovery period during this quarter?		

	4) Has hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications? Outcome Measures: Days between last hemorrhage
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Example Driver Diagram Applied to Hypertension in Pregnancy Patient Safety Bundle

OUTCOME	PRIMARY DRIVERS	SECONDARY DRIVERS	ACTION STEPS
Decrease severe maternal morbidity from Severe preeclampsia/ eclampsia by ___% from <u>(year)</u> to <u>(year)</u>.	Readiness for Severe Hypertension (For Every Unit)	- Standards for early warning signs, diagnoses, monitoring & treatment - Education on protocols, drills with post-drill debriefs - Process for timely triage and evaluation. Measure and report - Rapid access to medications - System plan for escalation, consultation and transport as needed	- Secure champions, including pharmacy representation, for development of standardized protocol. Identify early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia. - Provide education on severe hypertension and protocol. Identify staff to lead multidisciplinary drills. Perform drills using simulation. Debrief. PDSA - Identify champions for timely triage in OB, ED and outpatient areas. Develop timely triage process. Pilot process for timely triage which includes measurement. PDSA. - Simulate medication procurement, with Pharmacy representative. Identify improvement opportunities. Pilot. PDSA. - Identify champions for escalation, consultation and transport. Develop and measure process. Pilot process. PDSA.
	Recognition of Severe Hypertension (For Every Patient)	Standard protocol for assessment of BP and other systemic indicators for all pregnant and postpartum women	Develop protocol for assessment of BP and other systemic indicators for all women. Educate nursing and medical staff on BP assessment process. Pilot processes for BP and systemic assessment. PDSA.

		2 Standard response to maternal early warning signs, investigating symptoms and labs * Measure process- recognition and notification- over time. *Always R/O systemic dysfunction other than proteinuria ◦ Hepatic -- greater than 2-fold elevation in transaminases, epigastric pain ◦ Blood – platelets < 100,00/mm³ ◦ Renal – Creatinine > 1.1 mg/dl or doubled ◦ Respiratory – Pulmonary edema ◦ CNS – Headaches, visual changes, seizure 3 Facility-wide standards (prenatal and postnatal-including ED) for educating prenatal and postpartum women on signs/symptoms of hypertension/preeclampsia	2 Develop standardized notification for early warning signs, symptoms, labs and required response. Pilot. PDSA. Integrate into EMR. 3 Investigate resources for patient education by including a woman (patient) on the design team. Test education tools and identify population segments (one tool will not fit all). Identify pilot site (prenatal and hospital) as postpartum is a critical period for HTN. Pilot patient education. PDSA. Spread to others.
	Response to Severe Hypertension (For Every Case of Severe Preeclampsia/Eclampsia)	1 Facility-wide protocols with checklists and escalation policies. Test using simulation. 2 Support plan for patients, families, staff for ICU admissions and complications	1 Develop facility-wide standardized protocol for management and treatment of: severe hypertension, eclampsia, seizure prophylaxis, magnesium over dosage, postpartum presentation of severe hypertension/preeclampsia 2 Develop support program(s) for patients, families and staff. Include patient or family member in development team. 3 Research resources available for support. 4 Develop support program(s) for patient families and staff. 5 Pilot support programs. PDSA after pilot.

	Reporting and Systems Learning from Severe Preeclampsia/Eclampsia (For Every Unit) (Facility Culture)	1 Huddle for high risk patients to prepare 2 Debrief to identify successes and opportunities 3 Multidisciplinary review of severe hypertension/eclampsia admitted to ICU 4 Monitor outcomes/process metrics	1 Identify nursing and medical champions for huddle implementation 2 Implement huddle. Pilot under a variety of conditions, including shifts, L&D, ED, etc. PDSA after pilot 3 Engage medical, nursing leadership to implement debriefs 4 Implement debrief. Pilot under a variety of conditions, begin with day shift. PDSA after pilot 5 Engage medical, nursing, administrative leadership to establish multidisciplinary review. Senior leadership to develop and lead multidisciplinary review across the organization, in collaboration with unit level leadership 6 Implement multidisciplinary review for severe hypertension/eclampsia cases admitted to ICU 7 Investigate data measures and other resources/tools. Identify data champion 8 Utilize data collection plan. PDSA
	Structure Measures: 1) Does your hospital have a unit-standard approach to measuring BP, treatment of Severe HTN/Preeclampsia, administration and treatment of overdose of Magnesium Sulfate?		
	Process Measures: 1) How many hypertension drills were performed this quarter? 2) What proportion of OB physicians, midwives, nurses have completed education on Preeclampsia, including the Preeclampsia bundle and the unit-standard protocol? 3) How many women had persistent new-onset severe HTN and how many were treated within 1 hour? 4) Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications? Outcome Measures: 1) Days between women with severe HTN treatment > 1 hour		



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

Budget Management and Invoice Submission

All invoices for all work completed by Alliance for Innovation in Maternal Health (AIM) states, partners, and consultants in support of program activities must be submitted through the online submission portal. This will help to ensure that federal program dollars are utilized appropriately, that individual state and partner budgets can be effectively managed, and that invoices for all work completed can be processed and paid in a timely manner.

Invoice Submission

Invoices must be submitted via your designated online portal:

- [AIM State Teams](#)
- [AIM Partner Organizations](#)
- [AIM Consultants](#)

Invoices may be submitted on a rolling basis when work is completed. However, at a minimum, efforts should be made to submit all invoices for work completed during the previous quarter following the schedule outlined below. Please note that each AIM program year runs from September 1 – August 31. This schedule will be utilized for each year of program funding.

QUARTER 1 Submission by December 30 for any work completed between September 1 – November 30 <i>*Initial reminder sent December 1</i>	QUARTER 2 Submission by March 31 for any work completed between December 1 – February 28 <i>*Initial reminder sent March 1</i>
QUARTER 3 Submission by June 30 for any work completed between March 1 – May 31 <i>*Initial reminder sent June 1</i>	QUARTER 4 Submission by September 30 for any work completed between June 1 – August 31 <i>*Initial reminder sent Sept 1</i>
Any outstanding invoices for work completed during the current funding year must be submitted no later than November 1 of each year. Unfortunately, we will be unable guarantee payment of any invoices received after this deadline.	

Fund Carryover

While program workplans and budgets should be integrated so that as workplan milestones are met the corresponding budget spend downs are also made, we do understand that there may be times when program workplan milestones need to be adjusted and budget spend down may not be made. We also understand that other issues may arise which inhibit fund spending throughout the program year.

While requests for carryover of unspent program funds can be made, carryover approval can never be guaranteed. Approval is granted at the discretion of our federal funder, HRSA. If carryover of unspent funds is desired, requests, including a carryover budget detailing how the remaining funds will be utilized must be submitted no later than **November 1** of each year. Please work with your state program manager or AIM staff to facilitate the carryover request process.

How to Submit Program Invoices for Work Completed

As described above, all invoices for work completed must be submitted through your designated online portal. Below is an overview of how to utilize the portal for submission.

1. Select the name of the entity for whom the invoice is being submitted by clicking '+Add'.
2. Select the corresponding AIM program budget year that the invoice is for from the drop down.
Please note that the year is tied to the federal funding year and may be different from your contracted year with the program. Please refer to the calendar month and year in parenthesis when making your selection.
3. Enter the dollar amount of the invoice being submitted.
4. Select the applicable budget categories for the invoice being submitted. These categories should align with those on your program budget.

AIM State and Territory Invoice Submission Form

This form is for the submission of invoices for all work completed in support of the activities of the AIM Program.

Affiliated State or Territory *

Click 'Add' to select the State or Territory the invoice is being submitted for.

+ Add

Budget Year *

Select the program budget year that the invoice is assigned to. Note: this corresponds to the time in which work was completed.

Total Amount of Invoice *

Enter the total dollar amount of invoice being submitted.

Applicable Budget Categories *

Select all of the applicable budget categories reflected on invoice being submitted.

Select an option

Copy of Submitted Invoice *

Upload copy of signed invoice for processing.

Attach file

Drop files here

Submit

5. Upload a copy of your completed invoice. A fillable copy of the invoice template [can be found here](#). Please be sure that you have selected the invoice for the correct program year. The year can be found in **purple** at the top of the invoice.
6. Be sure to click the blue submission button to submit your invoice! Upon submission you will receive a confirmation page letting you that you can expect payment in 4-5 weeks. Please contact your state program manager or AIM staff with any concerns.

Invoices are reviewed and processed on a rolling basis as they are received and are submitted to our finance team for payment on weekly basis. Should we have any questions about the information contained within in your invoice or require any additional documentation, a member of the AIM team will reach out to you directly. To ensure there are no delays in payment, please be sure that your information (i.e. requested dollar amounts) are consistent throughout the invoice.

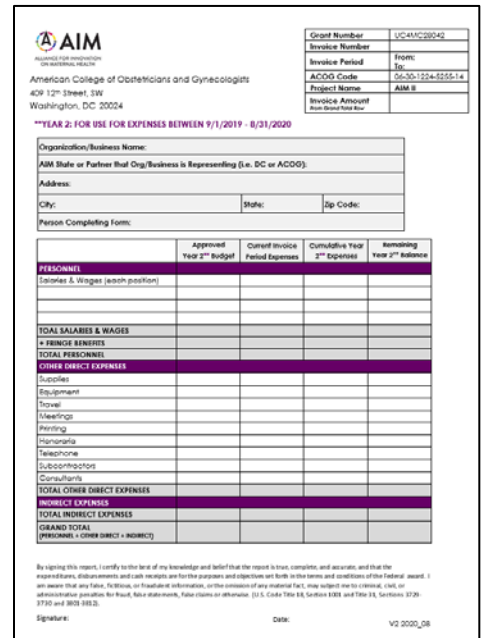
How to Amend Your AIM Budget

As stated in AIM State and Partner Contracts:

- a. Prior Approval for Changes. Subrecipient may not transfer allocated funds among cost categories within a budgeted program account without the prior written approval of ACOG; nor shall Subrecipient make any changes, directly or indirectly, in program design or in the Approved Services or in the Approved Budget without the prior written approval of ACOG.

AIM budget change process is dependent on what percentage of the total contracted yearly budget amount you desire to change. If you are planning to change budget allocations, please adhere to the follow procedures:

1. **States and partners with less than <10% change:** No prior approval needed.
2. **States with 10-25% change:** Please submit a request for budget amendment and updated [budget template](#) to your program manager. The program manager will review and approve any budgetary change for their portfolio of states upon request of less than 25% of total contracted yearly budget (Example: *less than \$6,500 of funds of a \$26,000 fiscal year budget*) to ascertain that any change supports the ongoing work of AIM and the AIM workplan objectives.



The image shows a budget template form for AIM (American Institute of Medical). The form includes a header section with the AIM logo and contact information. Below this is a table for 'PERSONNEL' with columns for 'Approved Year 2nd Budget', 'Current Invoice Period Expense', 'Cumulative Year 2nd Expense', and 'Remaining Year 2nd Expense'. The table lists various personnel categories such as Salaries & Wages, Benefits, and Other Personnel. Below the personnel table is a section for 'OTHER DIRECT EXPENSES' with a list of categories like Supplies, Equipment, Travel, etc. The form also includes a 'GRAND TOTAL' section and a signature line at the bottom.

3. **States > 25% change and Partners for any amount:** For total subawardee recipient budget changes of more than 25% of total contracted yearly budget for states or any budget change by partners greater than 10%, the request and amended budget template should be forwarded or submitted to the AIM Project Director, and in their absence, the Senior Director, AIM Project and Programs for review and approval to ascertain that any change supports the ongoing work of AIM and the AIM workplan objectives.
4. Written permission for budgetary changes will then be provided to subawardee recipients by their program manager or AIM Project Director via email.
5. A copy of the above email statement should be saved by the state or partner in compliance with federal and contracted guidelines.

Frequently Asked Questions (FAQs)

1. What about supplemental funds that I have received in addition to my contracted funds?

State teams and partner organizations are eligible to apply for supplemental funding to support additional program activities not specified or supported by the initial program contract and corresponding funding. Funds are awarded on a rolling basis as they are available; there is not guarantee that funds will always be available when applications are received. Supplemental funds do not require an invoice and are distributed in a single, one-time payment to the applying entity. Once awarded, supplemental funds can be utilized to support program activities anytime throughout the duration of the program funding period, ending August 31, 2023. Supplemental funds received also do not require carryover requests, once awarded they can be utilized to support the activities described without further approval by the AIM program.

2. How will I know how much program funding my organization has remaining during each year?

We restart your program budgets in our internal tracking system at the beginning of each funding year. As invoices are received, we are able to track your budget spend down in real-time and clearly see any outstanding invoices awaiting payment. Your remaining budget amount will be sent to your finance contact along with your invoice reminder at the end of the year quarter. Should you wish to know your remaining balance at other times, please reach out to your state program manager or AIM program staff. We will be happy to provide this information and help you manage your spending.