



Colorectal Cancer Control Program

Cost Assessment Tool

User's Guide

Instructions for Program Year 2009-2010 Data Collection

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INTRODUCTION

This manual was written to guide the Colorectal Cancer Control Program (CRCCP) grantees in completing the Cost Assessment Tool (CAT). The CAT collects information on cost data elements and allocates these costs to specific activities. This activity based data collection will allow CDC to perform in-depth evaluation of the CRCCP that has not been possible previously using budget information and federal expenditure data. Economic evaluation will provide grantees and CDC critical information to inform decision-making by assessing the effectiveness of the program in relation to the cost expended on CRCCP activities.

The information collected by the CAT consists of a set of standardized cost data elements to ensure that consistent and complete information is collected. This information consists of annual expenditures, in-kind contributions; personnel activities and expenditures; consultant expenditures; costs associated with hardware, IT support, software, and other materials; administrative costs; and other factors affecting cost, effectiveness, and data collection. These data items are the minimum necessary to evaluate the cost effectiveness of the program. The objective of the cost data collection is to collect activity based cost data. Therefore, information on actual cost incurred or expenditures should be reported and not budget data. In addition to the cost expended on specific activities, we also request information on the total funding received (from all sources). Cost data will be collected for the following periods:

| | |
|---------|------------------------------|
| Year 1: | July 1, 2009 – June 30, 2010 |
| Year 2: | July 1, 2010 – June 30, 2011 |
| Year 3: | July 1, 2011 – June 30, 2012 |
| Year 4: | July 1, 2012 – June 30, 2013 |
| Year 5: | July 1, 2013 – June 30, 2014 |

Please note that we will also collect start-up period data. The length of the start-up period will vary for each program; however, the start-up period will occur within Year 1.

The cost data and other requested information will be collected via the web-based CAT. You will receive details on the web link, userid and password from RTI International. The CAT can be completed over several sessions by saving work in progress. Once the information for each screen is completed, grantees should save the information. ‘Save and Exit’ will save the information for the page and take the user back to the Home Page. ‘Save and Continue to Next Section’ will save the information and take the user to the next screen. Users can also skip to screens within CAT by scrolling over the CAT menu and selecting the desired screen. Information entered on a screen will not be saved unless one of the Save buttons is clicked. The sections below provide details on the screens that will have to be completed by the grantees.

Contact Information: Please contact Sujha Subramanian or Sonja Hoover from RTI, International, CDC contractor for this project, or Florence Tangka, CDC Economist, if you have any questions. You may also contact your CDC program consultant for guidance.

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1. PROGRAM DETAILS

Overview:

This worksheet collects information for each program including name and primary contact person for completing the CAT

View of Screen 1:

| | | |
|-----------------------------------|----------------|--|
| 1A. Name | | |
| | | |
| 1B. Address | | |
| | | |
| 1C. Primary Contact Person | | |
| | Name | |
| | Address | |
| | Email | |

Instructions:

- 1.a. Name: From the drop down categories in the purple box, please select the awardee name.
- 1.b. Address: Please provide the mailing address for the program.
- 1.c. Primary Contact Person: Enter the name and contact information for the person whom RTI should contact if there are any questions regarding the data elements provided.

2. TOTAL EXPENDITURE

Overview:

This spreadsheet requests information regarding total funding received for CRCCP activities and includes sections for CRCCP funding and other funds.

View of Screen 2A (CRCCP funds):

| Type of CRCCP funds | \$ Amount | Comments |
|--|-----------|----------|
| Total CRCCP funding for current year* | | |
| Unobligated CRCCP funds carried forward from previous year | | |
| Amount of CRCCP funds unspent for the current year | | |
| Total CRCCP funds expended: | — | |

* CRCCP funds are defined as those funds that were awarded directly by CDC through the program announcement.

View of Screen 2B (Other funds):

| Source of other funds | \$ Amount | Activity (if applicable) | Comments |
|--|-----------|--------------------------|----------|
| (e.g.) CDC Comprehensive Cancer Control Program (CCCP) Funds | | | |
| (e.g.) State funds | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total funds expended: | \$ — | | |

Instructions:

- 2.a. “Federal Funds”: Enter dollar amounts of the total CDC CRCCP funding for current year and amount of CRCCP funds unspent (unobligated) for the current fiscal year. Please enter the information for unobligated funds that are reported in the annual financial status report (FSR). ‘Total CRCCP funds expended’ row will be automatically calculated using this formula:

$$\text{Total CRCCP funds expended} = (\text{total CRCCP funding for current year} - \text{amount of CRCCP funds unspent for the current year})$$

- 2.b. “Other Funds”: Please enter the ‘source of other funding’ and the ‘amount’ of funding received that support your CRCCP program for the reporting period. Please enter the

sources from which you have received funding for the fiscal year. For each source of funding, select choices from the 'CRCCP activity' when directly applicable (that is, funding source funded one specific activity). A description for each activity category is listed in Appendix A below to assist you in completing the survey.

Total other funds expended will be automatically summed up. The total funds expended row is also automatically calculated using the formula:

$$\textit{Total funds expended} = \textit{Total CRCCP expended} + \textit{Total other funds expended}$$

3. IN-KIND CONTRIBUTION

Overview:

This section collects information on the amount and sources of in-kind contribution that support your CRCCP program. Labor and non-labor contributions should be reported.

View of Screen 3A (Labor):

| Source of In-Kind Contributions* | Hours Contributed | \$ Amount | CRCCP Activity (if applicable) | Method Used to Estimate \$ Value |
|---------------------------------------|-------------------|-----------|---|----------------------------------|
| Nurse | 25 | \$3,000 | Providing screening and diagnostic services | Percentage of staff salary |
| Physician - Scientific Advisory Board | 6 | \$900 | Quality Assurance | Other |
| | | | | |
| | | | | |
| Total: | | — | | |

View of Screen 3B (Non-labor):

| Source of In-Kind Contributions | \$ Amount | CRCCP Activity (if applicable) | Method Used to Estimate \$ Value |
|---------------------------------|-----------|--------------------------------|----------------------------------|
| Computer and Other Electronics | \$1,500 | | Market Price |
| | | | |
| | | | |
| Total: | — | | |

Instructions:

- 3.a. In-Kind Contributions—Labor: Please choose the 'source of in-kind contributions', 'activity funded by source' (please see **Appendix A** for details), and 'method used to assess \$ value' from the drop down boxes in the cells (see **Appendix B** for details). An additional column is provided if you use other methods for calculating \$ value or if you have any comments. If one funding source provided monies for more than one activity then they can be listed on multiple rows with the dollar amount relevant to specific activities. You can also indicate additional sources of in-kind contributions by selecting 'other' from 'source of in-kind contributions'. You will be asked to specify what type of contribution if you select "other" from the drop-down menu. The totals will be calculated automatically.

- 3.b. In-Kind Contributions–Non-Labor: Please follow the same instructions as in 3A. The drop down categories for the source of in-kind contribution is non-labor related in this case.

The total in-kind contribution is calculated as a sum of both labor and non-labor contributions.

Check Post 2: Only enter in-kind contributions that were provided or incurred during the reporting year.

4. PERSONNEL EXPENDITURE

Overview:

This section collects information on the personnel expenditures related to CRCCP activities. Details requested include job titles, FTEs, salaries, and percentage of time spent by each staff member on CRCCP activities.

View of Screen 4:

| | Job Title | FTE % (a full-time employee is 100%) | Total hours per week | Months Employed in Fiscal Year | Salary (based on annual time worked on all activities) | | |
|------|-----------------|---|----------------------|--------------------------------|---|--------|--------|
| | | | | | Base | Fringe | Total |
| ex 1 | Project Manager | 100% | 38 | 12 | 40,000 | 15,000 | 55,000 |
| ex 2 | Data Manager | 50% | 19 | 8 | 15,000 | 5,000 | 20,000 |
| 1 | | | | | | | — |
| 2 | | | | | | | — |
| 3 | | | | | | | — |
| 4 | | | | | | | — |
| 5 | | | | | | | — |

| | | % Salary Paid by Sources | | | |
|------|-----------------|--------------------------|---------------------------|----------------------------|-------------------------------|
| | Job Title | % Salary paid by CRCCP | % Salary paid by CDC CCCP | % Salary paid by the state | % Salary paid by other source |
| ex 1 | Project Manager | 50% | | 50% | |
| ex 2 | Data Manager | 100% | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Instructions:

Please provide information on one row for each employee in your program. Under "FTE" provide the total proportion of time employed (includes all CRCCP activities). Report the number of hours worked per week and also the number of months based on all CRCCP program activities.

Under the salary columns, please indicate the base salary and fringe (again for CRCCP program activities). The total will be calculated automatically. Please report only the information for positions that were filled at some point during the fiscal year. Please use the comments box at the bottom of the screen to describe positions that were vacant during the fiscal year. Note that salaries and fringe benefits reported in this section should include all benefits received by staff in the calculations of total salaries. Use the comments box at the bottom of the screen to describe the method for including paid leave in the calculations. For a staff member whose salary has changed during the fiscal year, please report a prorated salary if possible. For example, if a staff member has an annual salary of \$30,000 for the first four months of the fiscal year and an annual salary of \$33,000 for the last eight month of the fiscal year, please prorate as follows:

$$\text{Prorated annual salary} = (4/12)(\$30,000) + (8/12)(\$33,000) = \$32,000.00$$

If there are several salary changes for a given staff member within the fiscal year, or it is otherwise difficult to calculate a prorated salary, please take a simple average.

Next, for each employee, please enter the % of salary paid by CRCCP funds and other funds. For example, 50% of a person's salary could be paid by CRCCP and 50% could be paid by the state. Please make sure all percentages add to 100%.

Check Post 3: Please make sure salaries entered in the questionnaire are the total annual salaries earned by staff members and not only the amounts related to CRCCP or site activities.

5. PERSONNEL ACTIVITIES

Overview:

This worksheet collects information on the percentage of time spent on each specific CRCCP activity by each staff member (entered in section 4 as described above). Examples are provided below for Project Manager and Data Manager. Please note that a description of each activity is provided in **Appendix A** of this guide.

View of Screen 5:

| | (e.g.) Project Manager | (e.g.) Data Manager |
|--|------------------------|---------------------|
| Program Management | 50% | |
| Screening Promotion Activities | | |
| – Client reminders | | |
| – Small media | | |
| – Provider assessment and feedback | | |
| – Provider reminders | | |
| – Reduction in structural barriers | | |
| – Patient navigation and support | | |
| – Reduction in out-of-pocket costs | | |
| – Enrolling in insurance programs | | |
| – Other screening promotion activities | | |
| Screening Provision Activities | | |
| – Establishing provider contracts and billing systems | | |
| – Providing screening and diagnostic services | | |
| – Ensuring appropriate treatment for complications and cancers | | |
| Quality Assurance and Professional Development | | |
| Partnership Development and Maintenance | 50% | |
| Clinical and Cost Data Collection and Tracking | | 85% |
| Program Monitoring and Evaluation | | 15% |
| Other Activities | | |
| | 100% | 100% |

Instructions:

Please provide information in one column for each employee in your program. The title of each staff member will be automatically copied from the "personnel expenditure" section. For each staff member, please fill the cells with the percent of total time spent on each activity (include only activities specific to CRCCP). The percent time spent on all activities per person should equal 100%. For example, a program director may only spend 10% of his/her time on CRCCP activities and 90% of his/her time on other programs. If his/her 10% time dedicated to the program is spent half on Program Management and half on Partnership Development, then each of those categories would be recorded as 50% for a total of 100%. Examples of specific tasks to be included under each activity category are provided in **Appendix A**.

6. CONSULTANT/CONTRACT EXPENDITURE

Overview:

This worksheet collects information on costs related to consultants. A consultant is defined as an **individual** with whom you have a formal relationship to perform CRCCP related activities. For example, this could be a media specialist who designs a brochure for outreach activities or an endoscopist who performs colonoscopies. Contract, for the purposes of this data collection effort, is defined as a formal relationship with any organization or business (for example, a community based organization or company that prints the materials for outreach activities). The terms consultants and contracts are often used interchangeably, therefore we request that you only provide the information on a consultant or contract once, either in worksheet 6 (consultants) or worksheet 8 (contracts).

View of Screen 6:

| | Job Title | Annual Payment | Activity 1 | % Time Activity 1 | Activity 2 | % Time Activity 2 | Activity 3 | % Time Activity 2 | Total Percent Time |
|------|------------------|----------------|-------------|-------------------|------------|-------------------|------------|-------------------|--------------------|
| ex 1 | Public Relations | \$30,000 | Small media | 100% | | | | | 100 |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |

Instructions:

We are requesting information on consultant title, payment, and proportion of time spent on CRCCP activities. Please complete one line in the worksheet for each consultant.

- Step 1: “Job Title”: From the drop down box, please select a title for the consultant. Please use the rows highlighted in purple to enter additional titles than those provided in the drop down boxes.
- Step 2: “Annual Payment”: Enter the total amount of payments made to consultants during the project year. For example, if you have a contract with a public relations firm for \$30,000 for the entire year, please indicate only the amount that was received by the consultant for the requested period. The “Total cost of consultants” will be calculated for you at the bottom of this column.
- Step 3: “CRCCP Activity 1”, “CRCCP Activity 2”, and “CRCCP Activity 3”: From the drop down boxes in these three columns, select up to three main activities performed for the CRCCP by the consultant. If an individual performs less than three activities, please leave unneeded columns blank.
- Step 4: “% Time CRCCP Activity 1”, “% Time CRCCP Activity 2”, and “% Time CRCCP Activity 3”: Enter the percent of time spent on each activity in the respective columns. The percentage allocated to all activities should total 100%.

Check Post 4: Only payments made for services incurred during the project year should be reported.

7. SCREENING COSTS

7A. Screening and Diagnosis Costs

This worksheet collects data for the various screening and follow-up tests provided. All awardees are requested to report costs associated with pre-screening exams, bowel preparation, screening tests and diagnostic follow-up tests -- by type of screening test. The types of screening tests are in the column headings and include: FOBT, FIT, Sigmoidoscopy, Colonoscopy, DCBE, CT colonography, Other (specify). Only provide screening and diagnosis costs for the program year (for procedures that occurred during the annual reporting period). Costs for surveillance procedures (i.e. colonoscopies performed on individuals who have been diagnosed with a polyp or cancer) should be reported separately from the costs of screening/diagnostic tests.

View of Screen 7A:

| Cost of Screening and Diagnostic Testing | | | | | | | |
|--|-----------|-----|---------------|-------------|------|-----------------|----------------|
| | \$ Amount | | | | | | |
| | FOBT | FIT | Sigmoidoscopy | Colonoscopy | DCBE | CT Colonography | Other: Specify |
| Pre-screening exams | | | | | | | |
| Electrocardiogram (EKG) | | | | | | | |
| Blood work | | | | | | | |
| Office visit fee | | | | | | | |
| Other | | | | | | | |
| Bowel preparation | | | | | | | |
| Screening tests | | | | | | | |
| Take-home fecal occult blood test (FOBT) | | | | | | | |
| Take-home fecal immunochemical test (FIT) | | | | | | | |
| Sigmoidoscopy | | | | | | | |
| Colonoscopy | | | | | | | |
| Double-contrast barium enema (DCBE) | | | | | | | |
| CT colonography (Virtual colonoscopy) | | | | | | | |
| Anesthesia fee | | | | | | | |
| Facility fees | | | | | | | |
| Other | | | | | | | |
| Diagnostic follow-up tests | | | | | | | |
| Bowel preparation | | | | | | | |
| Colonoscopy | | | | | | | |
| Double-contrast barium enema (DCBE) | | | | | | | |
| Pathology fees | | | | | | | |
| Anesthesia fee | | | | | | | |
| Facility fees | | | | | | | |
| Other | | | | | | | |
| Total cost of screening and follow-up | | | | | | | |

| | |
|---|--|
| Cost of Surveillance Colonoscopy | |
|---|--|

Instructions:

Please enter the following information by screening test [FOBT, FIT, sigmoidoscopy, colonoscopy, DCBE, CT colonography, other (specify)]. Please report **all** costs associated with a selected test in a single column. For example, if the program provided 100 colonoscopies, then the screening costs and all pre- and post-screening exams/tests will be reported in the colonoscopy column for all 100 tests. The totals at the bottom of each column will indicate the total cost of providing all exams and tests for individuals screened using the selected screening test (FOBT, colonoscopy etc.).

“Pre-Screening Exams”: Enter the dollar amounts for the cost of **all** pre-screening exams including EKG and laboratory tests that were performed. If there are tests other than the ones specified, please select the “other” category and specify the test in the column cell indicated with “specify here”. Please add more rows if you have more tests.

Bowel Preparation and Anesthesia: Enter the dollar amount for the cost of **all** bowel preparations.

“Screening Tests”: Enter the dollar amounts for the cost of **all** tests that were performed. If there are tests other than the ones specified, please select the “other” category and specify the test in the column cell indicated with “specify here”. Please add more rows if you have more tests. Also indicate anesthesia and facility fees incurred during screening.

“Diagnostic Follow-Up Tests”: Enter the dollar amounts for the costs of **all** follow-up tests that were performed. If you would like to enter a test that is not included, please choose the “other” category and specify the test in the column cell indicated with “specify here”. Please add more rows if you have more tests. Also indicate any pathology, anesthesia and facility fees that were incurred.

The total costs by screening/diagnostic tests are automatically calculated in the yellow cell.

Please enter the cost incurred for surveillance in the category “Surveillance Colonoscopy”: Indicate the cost of **all** surveillance colonoscopies, i.e. colonoscopy on a person who has a prior history of adenoma(s) or colorectal cancer. The individual may have been screened either through the CRCCP or outside of the program.

7B. Screening and Diagnosis In-Kind Costs

Please follow the directions in 7A to complete this table. However, only include the costs of those services that were provided as in-kind contributions during the program year/reporting period. For example, cost of donated FOBT kits.

7C. Number of People Screened and Number of People Enrolled in Insurance Programs

This worksheet collects data on the number of people screened through various methods as well as the number of people enrolled in insurance programs due to CRCCP activities.

Note: Information on the number of individuals screened and those receiving surveillance is not required for programs that only provide these services using CRCCP funds. We can obtain the details required from the CCDE data. Programs that use other funds for these services should provide the total numbers for their program (CRCCP and other funding sources).

View of Screen 7C:

Number of People Screened and Number of People Enrolled in Insurance Programs

| | FOBT | FIT | Sigmoidoscopy | Colonoscopy | DCBE | CT Colonography | Other: Specify | Total |
|---|------|-----|---------------|-------------|------|--------------------|-------------------|-------|
| Total number of individuals screened | | | | | | | | 0 |
| Total number of screening tests performed | | | | | | | | 0 |
| Total number of follow-up colonoscopies | | | | | | | | 0 |
| Total number of adenomatous polyps/lesions detected | | | | | | | | 0 |
| Total number of cancers detected | | | | | | | | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |

| | |
|--|--|
| Total Number of Individuals Undergoing Surveillance | |
|--|--|

| | |
|---|--|
| Total Number of Individuals Enrolled in Insurance Programs | |
|---|--|

Instructions:

Please provide all the information requested in this section based on the number of procedures that were provided during the program year.

“Total Number of Individuals Screened:” Please provide the number of people screened for the current program year by the type of screen. For example, if the program provided 100 FOBTs and 50 colonoscopies, place “100” in the FOBT column and “50” in the colonoscopy column. The total number of individuals screened is automatically calculated.

“Total Number of Screening Tests Performed.” Please provide the number of screening tests performed for the current program year. Include repeat or follow-up screenings if they occurred within the same program year. For example, if a person had an FOBT and a follow-up FOBT within the same program year, count as 2 FOBTs.

“Total number of follow-up colonoscopies.” Please provide the number of follow-up colonoscopies performed for the current program year in the cell intersecting the column labeled “Colonoscopy” and the row labeled “Total number of follow-up colonoscopies.”

“Total number of adenomatous polyps/lesions detected.” Please provide the total number of adenomatous polyps/lesions detected for the current program year by the type of screen.

“Total number of cancers detected.” Please provide the total number of cancers detected for the current program year by the type of screen used to detect the cancer.

“Total Number of Individuals Undergoing Surveillance:” Please provide the number of individuals that were provided surveillance colonoscopy.

“Total Number of Individuals Enrolled in Insurance Programs:” Please provide the number of people that have been enrolled in any insurance program due to screening provision activities or screening promotion activities.

8. CONTRACTS, TRAVEL, MATERIALS OR SERVICES PURCHASED

Overview:

This worksheet collects expenditures on contracts, travel, materials, and services. Contracts with providers and other organizations for non clinical (screening and diagnostic testing) activities such as screening promotion activities should be reported in this section. This section also collects information on the method used to calculate the cost and the funding source. Please only report cost for the current program year.

View of Screen 8:

| | Type of Service Purchased | CRCCP Activity | Amount (\$) | Cost Calculation | Funding Source |
|------|--|--------------------|-------------|------------------|----------------|
| ex 1 | Sub-award to local health department | Client reminders | \$10,000 | Actual | Other |
| ex 2 | Travel for Reverse Site Visit | Program Management | \$ 5,000 | Actual | CRCCP |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Total cost of contracts, travel, materials and supplies | | - | | |

Instructions:

In this worksheet, please use one row to report each contract, travel, material or service purchased. You can report travel grouped into relevant activities (i.e. report all travel related to one type of CRCCP activity in a single row).

- Step 1: “Type of Service Purchased”—Indicate the type of cost incurred. Please refer to examples provided above (View Screen 7).
- Step 2: “CRCCP Activity”—From the drop down box in this column, please select an activity for which the cost was incurred. If it is for the program in general and cannot be assigned to a category, please enter ‘n/a’ (not applicable).
- Step 3: “Amount”—Enter the amount of expense incurred only for the current program year.
- Step 3: “Cost Calculation”—Please select whether the amount was based on “actual” cost or an “estimate” from the drop down list provided.
- Step 4: “Funding Source”—From the drop down box in this column, please select the funding source (“CRCCP”, “state” and “other”).

Check Post 5: Please indicate any donated or in-kind non-labor contributions in the “In-Kind” worksheet (Worksheet 3).

9. ADMINISTRATIVE COSTS

Overview:

This section collects information on administrative cost allocation methodology, the types of costs included in the administrative or overhead cost categories, and amount of such costs.

View of Screen 9A (Allocation methodology):

| 9A. Allocation Methodology | Y/N | | \$ Amount |
|---|-----|---|-----------|
| Proportion of direct cost | | | 0 |
| Please indicate percent of direct cost used | | % | |
| Lump-sum payment | | | 0 |
| Other: specify _____ | | | 0 |

View of Screen 9B (Administrative, indirect or overhead costs):

| 9B. Types of costs included in the administrative or overhead costs reported above: | Y/N | | \$ Amount |
|---|-----|-----------------------|-----------|
| Rent for office space (including water, gas, electric, etc) | | if no, provide amount | |
| Repairs/maintenance | | if no, provide amount | |
| Network connection/maintenance (i.e. internet connection charge) | | if no, provide amount | |
| Phone Service (i.e. local phone service, long distance or cell phone charges) | | if no, provide amount | |
| Shared office equipment | | if no, provide amount | |
| Other costs: | | | |
| Specify: | | provide amount | |

Instructions:

Under 9A, provide the allocation methodology/methodologies used for administrative costs. Indicate whether administrative costs are a proportion of direct costs. If yes, provide the percent or dollar amount. If no, indicate the lump-sum amount or other methodology and amount.

Under 9B, provide details on the total lump sum payment made and whether costs associated with rent, repairs/maintenance, network connection/maintenance, phone service, and shared office equipment, are included in the lump sum administrative cost. If these are paid for as specific line item charges in addition to the administrative costs, please provide the dollar amounts.

10. SUMMARY DATA SHEET

Please review the summary information to ensure that the difference reported between total expenditure and total cost allocated to activities is zero. If the difference is not zero, please review the data entries and correct any errors.

11. CONFIRMATION OF COST DATA

Please verify that all relevant fields have been completed on all 11 CAT screens and that you have reviewed the summary data sheet. The data will be submitted when you click the “Confirm Cost Data Complete” button.

Thank you for completing this questionnaire.

APPENDIX A: DESCRIPTION OF PROGRAM ACTIVITIES

| Program Activity | Description |
|---|---|
| 1. Program Management | <ul style="list-style-type: none"> ▪ Establish specific, measurable and realistic objectives; ▪ Recruit, hire, and train staff; ▪ Develop a fiscal system; ▪ Develop administrative-related policies and procedures; ▪ Manage programmatic/administrative/reporting issues; travel for program meetings; ▪ Integrate program management functions with existing CRC screening programs and/or other cancer screening or chronic disease programs; |
| 2. Screening Promotion Activities | |
| 2a) Client Reminders | <ul style="list-style-type: none"> ▪ Reminders include letters, postcards, or phone calls to alert clients that it is time for their cancer screening |
| 2b) Small Media | <ul style="list-style-type: none"> ▪ Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences. |
| 2c) Provider Assessment and Feedback | <ul style="list-style-type: none"> ▪ These interventions assess how often providers offer or deliver screening services to clients (assessment) and then give providers information about their performance (feedback). The feedback may describe the performance of an individual provider or of a group of providers (e.g., mean performance for a practice). The performance may be compared with a goal or standard. |
| 2d) Provider Reminders | <ul style="list-style-type: none"> ▪ Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The reminders can be provided in different ways, such as in client charts or by e-mail. |
| 2e) Reduce Structural barriers | <ul style="list-style-type: none"> ▪ Many barriers can make it difficult for people to seek screening for cancer. They include distance from screening location, limited hours of operation, lack of daycare for children, and language and cultural factors. These types of interventions seek to increase screening by removing structural barriers. (please report navigation in the section below) |
| 2f) Patient Navigation and Support | <ul style="list-style-type: none"> ▪ Establish a patient support system and/or use patient navigators to ensure appropriate screening, diagnostic, and treatment services are received in a timely manner. |
| 2g) Reduce Out of Pocket Costs | <ul style="list-style-type: none"> ▪ Interventions could include reducing the costs of the screening tests, providing vouchers, reimbursing clients or clinics, and/or reducing health insurance costs. |
| 2h) Enroll in Insurance Programs | <ul style="list-style-type: none"> ▪ Assist individuals eligible for Medicaid or other insurance programs to enroll |
| 2i) Other Screening Promotion Activities (please specify) | <ul style="list-style-type: none"> ▪ Report any additional screening promotion activity that is not reportable under the above options |

| Program Activity | Description |
|--|---|
| 3. Screening Provision Activities | |
| 3a) Establish provider contracts, billing systems and other procedures | <ul style="list-style-type: none"> ▪ Identify and contract with local physicians and clinics to deliver screening services; ▪ Establish the necessary administrative billing and reimbursement system; ▪ Convene MAB and develop necessary screening protocols |
| 3b) Provide screening and diagnostic services | <ul style="list-style-type: none"> ▪ Provide CRC pre-screening, screening, diagnostic follow-up, and surveillance colonoscopy services. |
| 3c) Ensure appropriate treatment for complications and cancers | <ul style="list-style-type: none"> ▪ Develop a plan, including identifying funding sources, for assuring treatment services for people diagnosed with cancer or experiencing medical complications |
| 4. Quality Assurance and Professional Development | <ul style="list-style-type: none"> ▪ Develop quality control standards and mechanisms; ▪ Develop clinical policies and procedures; ▪ Develop or enhance training to educate/train health care professionals |
| 5. Partnership Development and Maintenance | <ul style="list-style-type: none"> ▪ Maintain a relationship with the CDC-funded comprehensive cancer control (CCC) implementation program ▪ Develop and maintain partnerships with diverse group of entities |
| 6. Clinical and Cost Data Collection and Tracking | <ul style="list-style-type: none"> ▪ Establish a patient data tracking system; ▪ Develop/adapt data collection for reporting person level clinical data; ▪ Collect and report cost data |
| 7. Program Monitoring and Evaluation | <ul style="list-style-type: none"> ▪ Collaborate with CDC in the monitoring and evaluation of the program ▪ Plan and implement program-specific monitoring and evaluation efforts |

APPENDIX B: DROP DOWN BOX CATEGORIES

Program activities

Program Management
 Screening Promotion Activities
 – client reminders
 – small media
 – provider assessment and feedback
 – provider reminders
 – reduction in structural barriers
 – patient navigation and support
 – reduction in out-of-pocket costs
 – enrolling in insurance programs
 Screening Provision Activities
 – establishing provider contracts and billing systems
 – providing screening and diagnostic services
 – ensuring appropriate treatment for complications and cancers
 Quality Assurance and Professional Development
 Partnership Development and Maintenance
 Clinical and Cost Data Collection and Tracking
 Program Monitoring and Evaluation
 Other Activities

Source of Non-Federal Funds

American Cancer Society (ACS)
 State funds

In-Kind--Labor

IT Support
 MAB
 Provider Services

In-Kind-- Non Labor

Computer and Other Electronics
 Furniture
 Office Supplies

Value Estimation Method for In-Kind Contribution

Market Price
 Percentage of Staff Salary
 Other

Job Titles

Senior Manager
 Executive Director
 Project Director
 Chief Medical Officer
 Epidemiologist
 Data Manager
 Health Educator
 Patient Navigator
 Project Nurse
 Sr. Administrative Assistant
 Administrative Assistant
 Project Coordinator
 IT Specialist
 Fiscal Assistant
 Accountant
 Health Surveillance Specialist
 Practice Manager
 Case Manager
 Clinic Manager
 Social Worker
 Graduate Intern
 Family and General Practitioner
 Internist (Gastroenterologist)
 Surgeon
 Nurse

Consultants

Outreach Specialist
 Public Health Nurse
 Social Worker
 Co-coordinator
 Media/marketing Specialist
 Info Tech Specialist

Local Colorectal Cancer Control Programs

Alabama
 Alaska Native Tribal Health Consortium (Tribal Organization in Alaska)
 Arizona
 Arctic Slope Native Association (Tribal Organization in Alaska)
 California
 Colorado
 Connecticut
 Delaware
 Florida
 Iowa
 Maine
 Maryland
 Massachusetts
 Minnesota
 Montana
 Nebraska
 New Hampshire
 New Mexico
 New York
 Oregon
 Pennsylvania
 South Dakota
 South Puget Intertribal Planning Agency (Tribal Organization in Washington)
 Southcentral Foundation (Tribal Organization in Alaska)
 Utah
 Washington

Funding Source

CRCCP
 State
 Other

Type of Staff or Volunteer

CRCCP Funded
 Provider
 MAB
 Other

Cost Calculation

Actual
 Estimate