

**Attachment 4**

**NBCCEDP Cost Assessment Tool User's Manual**

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OMB No. 0920-0776  
Exp. Date: 03/31/2011

National Breast and Cervical  
Cancer Early Detection Program



## Cost Assessment Tool User's Manual

Public reporting burden of this collection of information is estimated to average 22 hours per program, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx). Do not send the completed form to this address.



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## INTRODUCTION

This manual was written to assist the NBCCEDP grantees to provide the information requested in the Cost Assessment Tool (CAT). The CAT is used to collect information on cost data elements. This data collection effort will provide CDC with activity-based cost elements to understand the cost of the various activities performed by the NBCCEDP grantees, the factors that may impact these costs, and the cost-effectiveness of the programs. Based on these analyses, CDC can utilize a systematic process to allocate program funds based on grantees' past performance and future needs. The cost data collected will also be used by the grantees themselves to improve efficiencies within their programs.

The information collected in the CAT consists of a set of standardized cost data elements developed to ensure that consistent and complete information on annual expenditures, in-kind contribution, staff and consultant salaries, screening costs, contracts and material costs, provider payments, administrative costs, and allocation of funds and staff time to breast cancer versus cervical cancer screenings are collected on all NBCCEDP grantees. Because the objective of the cost data collection is to collect activity-based cost data, information on costs incurred should be reported rather than budget data. For example, budget data is the amount **anticipated to be spent** on screening services (e.g., as calculated in the Clinical Cost Worksheet), whereas the CAT will collect the **actual amount spent** on screening based on the amount reimbursed to providers.

The data is collected via the web (<http://nbccedp.rti.org>) to reduce respondent burden, data collection errors and delays in receiving data. The web-based tool includes several features to specifically reduce burden and collect high quality data. For example, the tool contains automated data checks so that the grantees can perform self-directed quality checks on the data as they enter it. In addition, the list of NBCCEDP activities is provided in drop-down boxes to eliminate the time spent typing in text. The tool also contains an interactive user's guide that provides variable definitions and instructions for providing the required data elements.

**Contact Information** : Please contact Sujha Subramanian from RTI International if you have any questions regarding the questionnaire.

**Sujha Subramanian, Ph.D.**

411 Waverley Oaks Road, Suite 330

Waltham, Massachusetts 02452-8414

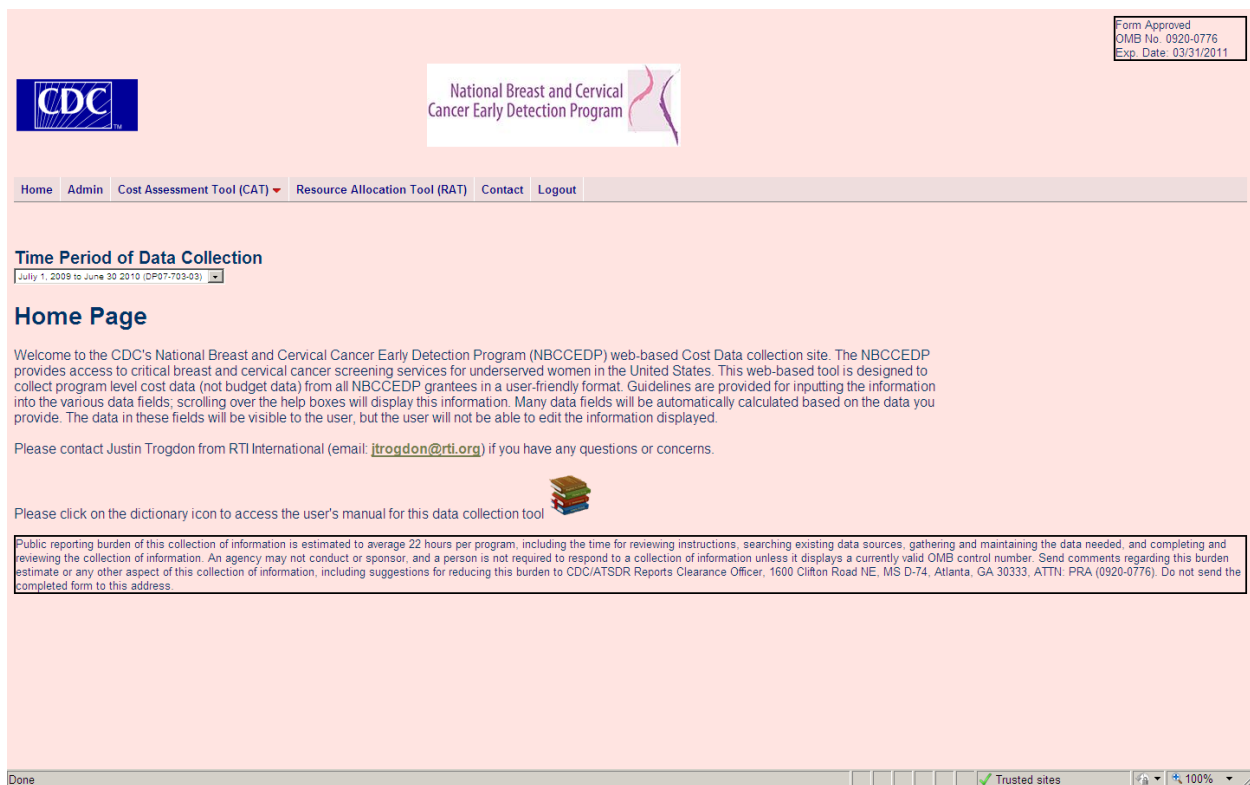
Phone: 781-434-1749

Email: [ssubramanian@rti.org](mailto:ssubramanian@rti.org)

**Specific goals of the NBCCEDP CAT User’s Manual are to:**

- Provide technical information necessary to complete the cost data questionnaire.
- Provide conventions to use in preparing the data.
- Provide guidelines for ensuring data quality.
- Provide examples of the data entry forms.
- Provide technical assistance to the grantees.

Data coordinators for each grantee will use the NBCCEDP CAT User’s Manual as they collect and prepare the data for submission to RTI. Please select the fiscal year for program costs on the Home page using the drop-down box.



The screenshot shows the home page of the NBCCEDP CAT User's Manual. At the top right, there is a box indicating 'Form Approved OMB No. 0920-0776 Exp. Date: 03/31/2011'. The main header features the CDC logo on the left and the 'National Breast and Cervical Cancer Early Detection Program' logo on the right. Below the header is a navigation menu with links for 'Home', 'Admin', 'Cost Assessment Tool (CAT)', 'Resource Allocation Tool (RAT)', 'Contact', and 'Logout'. The main content area is titled 'Time Period of Data Collection' with a dropdown menu set to 'July 1, 2009 to June 30 2010 (DP07-703-03)'. Below this is the 'Home Page' section, which includes a welcome message and contact information for Justin Trogdon. A dictionary icon is present with the text 'Please click on the dictionary icon to access the user's manual for this data collection tool'. At the bottom, there is a public reporting burden notice and a footer with 'Done', 'Trusted sites', and a zoom level of '100%'.

## ***Navigation of the CAT Screens***

***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.***

***On Screens 2 through 6 and 8 grantees must click 'Add Item' before the information in the cells directly above the 'Add Item' button is stored. Selecting 'Save and Continue to the Next Section' or 'Save and Exit' will NOT save the information in the cells without first selecting 'Add Item'.***

***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.***

***After completing the 11 screens, grantees will confirm that their cost data is ready for use by CDC on screen 12.***

***To begin, move the mouse over the CAT menu and select '1. Grantee Details'***

## 1. GRANTEE DETAILS

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File Edit View Favorites Tools Help

CDC

National Breast and Cervical Cancer Early Detection Program

Home Admin Cost Assessment Tool (CAT) Resource Allocation Tool (RAT) Contact Logout

July 1, 2006 to June 30, 2007 (PA 2060-5)

### 1. Grantee Details

1A. Grantee name Yukon-Kuskokwim Health Consortium

1B. Primary contact person

Name: Joe Smith  
Title: Data Coordinator  
Telephone: 555-555-5555  
Email: jsmith@email.com

1C. Please indicate program delivery structure (consult User's Guide) Centralized

1D. Please indicate "yes" or "no" for the questions below:

Do you provide any clinical services (eg. pap smears) in the satellite offices?  Yes  No  
Do you have contracts with physician offices to provide screening services?  Yes  No  
Do you have contracts with local/regional health department, private hospitals or other entities to provide screening services?  Yes  No

Where is case management performed (please indicate all that apply)?

Grantee - Central Office	<input checked="" type="checkbox"/>
Grantee - Satellite Office	<input checked="" type="checkbox"/>
Physician Office	<input type="checkbox"/>

1B. Please enter the primary staff contact information. This person will be contacted if there are any questions regarding the data elements provided.

1C. Please enter the type of service delivery system. Please refer to the definitions of the service delivery system below before making the selection.

i. Centralized program structure: grantee provides clinical services in its satellite, or geographically separate, offices (may exclude mammograms and diagnostics), pays the salary of clinicians who provide services in various locations by arrangement, provides all case management (CM) services, performs all data entry and analysis, performs all billing and reimbursement services, and performs all public education and outreach activities.



ii. Mixed program structure: grantee contracts directly with physician offices for all clinical services, contracts directly with physician offices to provide all CM services. Contractor(s) enter data in database, and grantee runs reports/conducts analysis. Hired contractor performs all billing and reimbursement services. Grantee assesses public education and outreach needs, develops messages and sets priorities, and contractors deliver public education and outreach.

iii. De-centralized program structure: grantee contracts with local/regional health departments, private hospitals or other entities to fully manage and subcontract screening and diagnostic services, to provide and/or subcontract CM services, and perform billing and reimbursement services. Contractors collect, enter and analyze data, assess public education and outreach needs, set priorities and provide public education and outreach.

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1C. Please indicate program delivery structure (consult User's Guide)

**1D. Please indicate "yes" or "no" for the questions below:**

Do you provide any clinical services (eg. pap smears) in the satellite offices?  Yes  No

Do you have contracts with physician offices to provide screening services?  Yes  No

Do you have contracts with local/regional health department, private hospitals or other entities to provide screening services?  Yes  No

Where is case management performed (please indicate all that apply)?

Grantee - Central Office	<input checked="" type="checkbox"/>
Grantee - Satellite Office	<input checked="" type="checkbox"/>
Physician Office	<input type="checkbox"/>
Contractor (provider)*	<input type="checkbox"/>
Don't Know/Not Applicable	<input type="checkbox"/>

Where are tracking and follow-up services performed (please indicate all that apply)?

Grantee - Central Office	<input checked="" type="checkbox"/>
Grantee - Satellite Office	<input checked="" type="checkbox"/>
Physician Office	<input type="checkbox"/>
Contractor (provider)*	<input type="checkbox"/>
Don't Know/Not Applicable	<input type="checkbox"/>

Who performs MDE data entry (please indicate all that apply)?

Grantee	<input checked="" type="checkbox"/>
Physician Office	<input type="checkbox"/>
Contractor (provider)*	<input type="checkbox"/>
Contractor (non-provider)	<input type="checkbox"/>
Don't Know/Not Applicable	<input type="checkbox"/>

Who performs MDE data management (please indicate all that apply)?

Grantee	<input checked="" type="checkbox"/>
Physician Office	<input type="checkbox"/>
Contractor (provider)*	<input type="checkbox"/>
Contractor (non-provider)	<input type="checkbox"/>

Done Internet

1D. Please indicate 'yes' or 'no' for each question in the first box. For the remaining questions, please check all categories that apply. The responses to these questions will be reviewed to ensure that the program delivery structure is specified consistently across all grantees.

**1E. Please provide a description of your program delivery for each component:**

Screening & Diagnostic Services  
Description here.  
(Maximum number of characters is 1000, including spaces)

Patient Support/Case Management  
Description here.  
(Maximum number of characters is 1000, including spaces)

Data Management  
Description here.  
(Maximum number of characters is 1000, including spaces)

Tracking and Follow-up  
Description here.  
(Maximum number of characters is 1000, including spaces)

Recruitment  
Description here.  
(Maximum number of characters is 1000, including spaces)

\* includes local/regional health department, private hospital and other entities who provide screening and diagnostic services

**1F. You may upload a narrative document (MSWord preferred) that would provide background on program activities not otherwise captured:**

Browse to your file to upload:     
 narrative.doc

1E. Please provide a description of your program delivery for screening and diagnostic services, patient support/case management, data management, tracking and follow-up, and recruitment in less than 200 words (1000 characters) for each. Description of these activities is provided in Appendix B of the User’s Manual.

1F. (Optional) Programs can upload a narrative document in which they provide additional information about their CAT data, program operations/practices, or general comments about their program. Please limit the narrative to information not reported elsewhere in the CAT. Click ‘Browse’ to locate the file on your computer and ‘Add’ to upload the selected file. Files should be in either Microsoft Word or PDF format.

## 2. TOTAL EXPENDITURE

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National Breast and Cervical Cancer Early Detection Program

Home Admin Cost Assessment Tool (CAT) Resource Allocation Tool (RAT) Contact Logout

July 1, 2006 to June 30, 2007 (PA 2060-5)

### 2. TOTAL EXPENDITURE

**2A. NBCCEDP Federal Funds (please indicate)**

Source of federal funds	\$ Amount
Total NBCCEDP federal funding for reporting year	\$ 2,006.00
Unobligated NBCCEDP federal funds carried forward from previous year	\$ 2,006.00
Amount of NBCCEDP federal funds unspent for the reporting year	\$ 2,006.00
Total NBCCEDP federal funds expended:	\$ 2,006.00

**2B. Non-Federal Funds (please indicate; use additional rows to indicate other sources)**

Source of non-federal fund	\$ Amount	Activity (if applicable)	Comments or List Additional Activities Here:
American Cancer Society (ACS)	\$ 2,006.00	Partnerships	
Avon Foundation grant	\$ 2,006.00	Screening & Diagnostic Services	
Susan G. Komen Foundation grant	\$ 2,006.00	Recruitment -40%	

2A. NBCCEDP Federal Funds: Enter dollar amounts for total NBCCEDP federal funding for reporting year, unobligated NBCCEDP federal funds carried forward from previous year, and amount of NBCCEDP federal funds unspent for the reporting year. ‘Total NBCCEDP federal funds expended’ will be automatically calculated using this formula:

Total NBCCEDP federal funds expended = (total NBCCEDP federal funding for reporting year + unobligated NBCCEDP federal funds carried forward from previous year) – (amount of NBCCEDP federal funds unspent for the reporting year)

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Total NBCCEDP federal funding for reporting year \$ 2,006.00  
 Unobligated NBCCEDP federal funds carried forward from previous year \$ 2,006.00  
 Amount of NBCCEDP federal funds unspent for the reporting year \$ 2,006.00  
 Total NBCCEDP federal funds expended: \$ 2,006.00

**2B. Non-Federal Funds (please indicate; use additional rows to indicate other sources)**

Source of non-federal fund	\$ Amount	Activity (if applicable)	Comments or List Additional Activities Here:
American Cancer Society (ACS)	\$ 2,006.00	Partnerships	
Avon Foundation grant	\$ 2,006.00	Screening & Diagnostic Services	
Susan G. Komen Foundation grant	\$ 2,006.00	Recruitment -40%	
State funds	\$ 2,006.00	Data Management	
Additional Non-Federal Funding Source:	\$	Please Select	
<b>Add Item</b>			
Gates Foundation	\$2,006.00	Quality Assurance/Quality Improvement	Delete? <input type="checkbox"/>
<b>Delete Item(s)</b>			
Total non-federal funds expended:	\$ 10,030.00		
<b>Total expenditure \$ 12,036</b>			

Save and Exit Save and Continue to Next Section

Done Internet

2B. Non-Federal Funds: For each of the four sources of non-federal funds listed, please list the amount of the funds for the reporting year and select an activity these funds support (if applicable). If you have not received funds from any of the four sources listed, please enter the amount as zero. For ‘activity’ funded by source, select from the choices in the drop down boxes. These activities are explained in detail in Appendix B. If you wish to include additional sources of non-federal funding, you can type in the requested information and add items one at a time by selecting ‘Add Item.’ (NOTE: Here and throughout the CAT, selecting ‘Save and Continue to Next Section’ or ‘Save and Exit’ will NOT save information without first selecting ‘Add Item’.) Total non-federal funds will be automatically summed. The total expenditure row is also automatically calculated using the formula:

Total expenditure = total NBCCEDP federal funds expended + total non-federal funds expended

**CHECK POST 1: PLEASE MAKE SURE THAT YOU ENTER COST DATA (AMOUNT SPENT IN FISCAL YEAR).**

### 3. IN-KIND CONTRIBUTION

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### 3. IN-KIND CONTRIBUTION

#### 3A. Assistance from Hospitals and Physicians

Have women enrolled in your program received in-kind services through voluntary services provided by physicians or hospitals?  Yes  No

If yes, please describe the type of in-kind services received

Description here

#### 3B. In-Kind Contributions -- Labor

Source of in-kind contributions	\$ Amount	Activity (if applicable)	Method used to estimate \$ value	Other Methods/Comments
Ex 1: Division Chief - Department of Health	\$3,000.00	Management	Percentage of staff salary	
Ex 2: Division Chief - Department of Health	\$900.00	Quality Assurance	Other	Estimate (based on hourly rate of \$150)
Line items:				
Please Select	\$	Please Select	Please Select	
Add Item				
Executive Director	\$2,006.00	Program Management	Percentage of Staff Salary	Delete? <input type="checkbox"/>
Delete Item(s)				
Total:	\$	2,006.00		

#### 3C. In-Kind Contributions -- Non Labor

Source of in-kind contributions	\$ Amount	Activity (if applicable)	Method used to estimate \$ value	Other Methods/Comments
---------------------------------	-----------	--------------------------	----------------------------------	------------------------

3A. Please indicate if your program receives any in-kind contribution from voluntary activities performed by physicians or hospitals.

3B. In-Kind Contributions—Labor: Please choose the ‘source of in-kind contributions’, ‘activity funded by source’, and ‘method used to estimate \$ value’ from the drop down boxes. 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. If you wish to include sources of in-kind contributions, you can type in the requested information and add items one at a time. The choices for ‘method(s) used to estimate \$ value’ are: Market price, Differential between charges and market price, Differential between charges and Medicare rates, Percentage of staff salary, and Other. An additional column is provided if you use other method(s) for calculating \$ value

or if you have any comments. The totals will be calculated automatically. The choices for program activities remain the same as above (please see Appendix B of the User's Manual).

3C. Please follow the same instructions as in 3B. The drop down categories for the source of in-kind contribution are non-labor in this case. The total in-kind contribution is calculated as follows:

Total in-kind contribution = total in-kind labor contributions + total in-kind non-labor contributions

**CHECK POST 2: ONLY ENTER IN-KIND CONTRIBUTIONS THAT WERE PROVIDED OR INCURRED DURING THE FISCAL YEAR.**



**4. PERSONNEL EXPENDITURE**

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**4. PERSONNEL EXPENDITURE**

Job Title: Student Worker

Select if more than one person with same title: [ ]

If the job title is "Other," please indicate title: [ ]

FTE % (a full-time employee is 100%): 50 %

Number of hours worked per week: 20

Salary (based on annual time worked on all activities):

Base \$: 2006

Fringe \$: 2006

Total \$: 4,012.00

% Time spent on NBCCEDP activities: 100 %

Salary allocated to NBCCEDP activities: \$ 4,012.00

Activity 1: Patient Support/Case Management (50 %)

Activity 2: Evaluation (50 %)

Activity 3: Please Select (50 %)

Add Item

Total expenditure \$: 0.00

Save and Exit Save and Continue to Next Section

Internet

Please provide information for each employee in your program. Please enter the appropriate job title for the staff member from the list provided in the drop down box. Under “FTE %” (Full-Time Equivalent) provide the total proportion of time employed. For example, 100% would indicate a full-time employee and any other percentage less than 100% would indicate a part-time employee. In the spaces provided for salary information, please enter the base and fringe salary amounts and the total will be calculated automatically. Under ‘% time spent on NBCCEDP activities’ indicate the proportion of time spent specifically on NBCCEDP related

tasks. For example, a program director may spend 10% time on NBCCEDP activities and 90% time supervising other programs. Please indicate up to three main activities performed within the NBCCEDP by the staff member and the percent of total time spent on each. If an individual performs less than three activities, please leave unneeded boxes blank. The percent time spent on all three activities should equal 100%. The choices for program activities remain the same as above (please see Appendix B of the User's Manual).

**CHECK POST 3: PLEASE MAKE SURE SALARIES ENTERED IN THE QUESTIONNAIRE ARE THE FULL ANNUAL SALARIES EARNED BY STAFF MEMBERS AND NOT ONLY THE AMOUNTS RELATED TO NBCCEDP ACTIVITIES.**

## 5. CONSULTANT EXPENDITURE

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CDC National Breast and Cervical Cancer Early Detection Program

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### 5. CONSULTANT EXPENDITURE

Job Title	If the job title is "Other," please indicate title	Annual Payment	Activity 1	% Time Activity 1	Activity 2	% Time Activity 2
Ex 1: Outreach Specialist		\$30,000.00	Patient Support	100%		
Ex 2: Public Health Nurse		\$60,000.00	Case Management	70%	Professional Development	30%
Line items:						
Please Select		\$	Please Select	%	Please Select	%
Add Item						
Project Director		\$2,006.00	Program Management	100.00%		%
Delete Item(s)						
Total Cost of consultants:		\$	2,006.00			
Save and Exit Save and Continue to Next Section						

Done Internet

Please enter the appropriate job title for the consultant from the list provided in the drop down box. Similar to personnel expenditure, in the activities columns, please indicate up to three main activities performed for each consultant and the percent of total time spent on each. If an individual performs less than three activities, please leave unneeded boxes blank. The percent time spent on all three activities should equal 100%. The choices for program activities remain the same as above (please see Appendix B of the User's Manual).

**CHECK POST 4: ONLY PAYMENTS MADE FOR SERVICES INCURRED DURING THE FISCAL YEAR SHOULD BE REPORTED.**

## 6. SCREENING EXPENDITURE

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### 6. SCREENING EXPENDITURE

6A. Indicate the type of screening procedures that you offer (apart from the standard mammograms, CBEs and Pap smears):

Breast Cancer Screening

Digital mammography

Other tests, please specify below:

Add Item

Cervical Cancer Screening

Liquid based cytology

HPV testing

Other tests, please specify below:

Add Item

6B. Cost (total amount reimbursed) associated with specific tests:

Test	Cost
Breast cancer screening	
Screening mammogram	\$ 2,006.00

Done Internet

Please provide details on the cost associated with screening and follow-up diagnostic tests.

6A. Please indicate whether or not your program offers the screening procedures listed by checking the box to the right of the listed procedure. If your program offers screening procedures other than those listed, you can type in the requested information and add items one at a time.

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**6B. Cost (total amount reimbursed) associated with specific tests:**

Test	Cost
<b>Breast cancer screening</b>	
Screening mammogram	\$ 2,006.00
Digital screening mammogram	\$ 2,006.00
<b>Breast cancer diagnostic procedures</b>	
Diagnostic Mammogram	
Diagnostic Mammogram (unilateral)	\$ 2,006.00
Diagnostic Mammogram (bilateral)	\$ 2,006.00
Digital Diagnostic Mammogram	\$ 2,006.00
Ultrasound	\$ 2,006.00
Fine Needle Aspiration (FNA)	\$ 2,006.00
Non-excisional Biopsy	\$ 2,006.00
Excisional biopsy	\$ 2,006.00
Surgical consult	\$ 2,006.00
Anesthesia services	\$ 2,006.00
Facility Fees	\$ 2,006.00
Pathology-breast	\$ 2,006.00
Other:	
<input type="text"/>	\$ <input type="text"/>
<input type="button" value="Add Item"/>	
Visual inspection	Delete? <input type="checkbox"/> \$2,006.00
<input type="button" value="Delete Item(s)"/>	
<b>Cervical cancer screening</b>	
Liquid-based pap smear	\$ 2,006.00
Standard pap smear	\$ 2,006.00
<b>Cervical cancer diagnostic procedures</b>	
Colpo-directed biopsy	\$ 2,006.00
Colposcopy alone	\$ 2,006.00
Loop Electrode Excision Procedure (LEEP)	\$ 2,006.00
Diagnostic Conization	\$ 2,006.00
Endocervical Curettage	\$ 2,006.00
Anesthesia services	\$ 2,006.00
Facility Fees	\$ 2,006.00

Internet

6B. Please enter costs (total amount reimbursed) associated with the specific tests without the cost of office visits. If your program offers diagnostic procedures other than those listed, enter the type of procedure and the costs and add items one at a time.

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Anesthesia services	\$ 2,006.00
Facility Fees	\$ 2,006.00
HPV testing	\$ 2,006.00
Pathology- cervical	\$ 2,006.00
Other:	\$

**6C. Cost of breast cancer screening/diagnosis without office visit:**

Screening Only	\$ 4,012.00
Diagnosis Only	\$ 22,066.00

**6D. Cost of cervical cancer screening/diagnosis without office visit:**

Screening Only	\$ 4,012.00
Diagnosis Only	\$ 18,054.00

**6E. Cost (total amount reimbursed) of office visit:**

New Patient Visits	\$ 2,006.00
Established Patient Visits	\$ 2,006.00
Problem-Focused Visits	\$ 2,006.00

**6F. Total cost of screening and diagnosis**

Screening and Diagnosis	\$ 54,162.00
-------------------------	--------------

**6G. Please indicate cost of providing transportation for clients to receive screening or diagnostic services**

	\$ 2,006.00
--	-------------

Internet

6C. The costs of breast cancer screening and diagnostic tests without the cost of office visits will be automatically calculated in section 6C from the information entered in section 6B.

6D. The costs of cervical cancer screening and diagnostic tests without the cost of office visits will be automatically calculated in section 6D from the information entered in section 6B.

6E. Please specify the cost for office visits. New Patient Visits are visits in which the patient has not been seen by the provider before, so the visit will be longer and more expensive. Established

Patient Visits are visits in which the patient has been seen by the provider before, so visit can be shorter and less expensive. Problem Focused Visits are visits used to discuss abnormal results, make referrals, etc. and can vary in length and cost.

6F. The total cost of breast and cervical cancer screening will be automatically calculated in section 6F from the information in sections 6C, 6D, and 6E.

6G. Please provide the cost of transportation for patients receiving screening and diagnostic services only if your program reimburses for transportation costs.

**7. EXPENDITURES FOR NON-SCREENING ACTIVITIES PERFORMED BY HEALTH DEPARTMENTS/CENTERS OR PROVIDERS**

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**7. EXPENDITURES FOR NON-SCREENING ACTIVITIES PERFORMED BY HEALTH DEPARTMENT/CENTERS OR PROVIDERS**

Provider Activities	Amount 40%	Amount 60%	Total Amount
Program Management	\$ 2,008.00	\$ 0.00	\$ 2,008.00
Patient Support / Case Management	\$ 2,008.00	\$ 2,008.00	\$ 4,012.00
Data Management	\$ 2,008.00	\$ 0.00	\$ 2,008.00
Quality Assurance / Quality Improvement	\$ 2,008.00	\$ 0.00	\$ 2,008.00
Partnerships	\$ 2,008.00	\$ 0.00	\$ 2,008.00
Professional Development	\$ 2,008.00	\$ 0.00	\$ 2,008.00
Recruitment	\$ 2,008.00	\$ 2,008.00	\$ 4,012.00
Evaluation	\$ 2,008.00	\$ 0.00	\$ 2,008.00
<b>Total</b>	<b>\$ 18,048.00</b>	<b>\$ 4,012.00</b>	<b>\$ 20,060.00</b>

Save and Exit Save and Continue to Next Section

Done Internet

This section should only be completed by decentralized and mixed programs that provide funds to health departments or providers to perform activities other than screening and diagnostic services. These activities could include administration/site coordination, data collection and management, case management, recruitment, public education, and professional education. Please provide an estimate of the funds expended by the providers on the activities listed in this section. For each activity listed, please report expenditures that involved direct patient contact in the 'Amount 60%' column. Please report expenditures that did not involve direct patient contact in the 'Amount 40%' column.



**8. EXPENDITURES ASSOCIATED WITH CONTRACTS, MATERIALS, TRAVEL, AND SERVICES**

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National Breast and Cervical Cancer Early Detection Program

Home Admin Cost Assessment Tool (CAT) Resource Allocation Tool (RAT) Contact Logout

July 1, 2006 to June 30, 2007 (PA 2060-5)

**8. EXPENDITURES ASSOCIATED WITH CONTRACTS, MATERIALS, TRAVEL, AND SERVICES**

	Description	Amount (\$)	Cost Calculation	NBCCEDP Activity (if appropriate)
ex 1	Software upgrade	\$10,000.00	Actual	N/A
ex 2	Third-party payer	\$100,000.00	Actual	Screening & Diagnostic Services
ex 3		\$5,000.00	Actual	Professional Development
ex 4		\$10,000.00	Estimate	Partnerships

Line items:

\$   Actual  Estimate

<input type="button" value="Delete Item(s)"/>	Conference travel	\$5,006.00	Actual	Professional Development	Delete? <input type="checkbox"/>
---	-------------------	------------	--------	--------------------------	----------------------------------

Total Cost: \$ 5,006.00



Done Internet

In this table, please use one row to report each contract or material purchased that was \$5,000 or more. You can also include groups of related contracts or materials purchased if they totaled \$5,000 or more (e.g., printing materials for multiple public health education campaigns that combined totaled more than \$5,000 but not each individually). Report whether ‘actual’ or ‘estimated value’ is used to estimate the cost. If applicable, please indicate the single most appropriate program activity that the contracted service or material corresponds to. The choices for program activities remain the same as above (please see Appendix B of the User’s Manual).

## 9. ADMINISTRATIVE EXPENDITURES

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 National Breast and Cervical Cancer Early Detection Program 

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### 9. ADMINISTRATIVE EXPENDITURES

**9A. Total program administrative or overhead costs (Please indicate amount paid)** \$ 2,008.00

**9B. Allocation methodology**

	Percentage
Fixed dollar amount	<input checked="" type="radio"/> Yes <input type="radio"/> No
Allocated as a percent of direct cost (indicate %)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value=""/> %
Other (specify) <input type="text" value=""/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

**9C. Types of costs included in the administrative or overhead costs**

Rent for office space (including water, gas, electricity)	<input type="radio"/> Yes <input checked="" type="radio"/> No. If no, provide amount \$	2,008.00
Repairs/maintenance	<input type="radio"/> Yes <input checked="" type="radio"/> No. If no, provide amount \$	2,008.00
Network connection/maintenance (i.e. internet connection charge)	<input type="radio"/> Yes <input checked="" type="radio"/> No. If no, provide amount \$	2,008.00
Phone Service (i.e. local phone service, long distance or cell phone charges)	<input type="radio"/> Yes <input checked="" type="radio"/> No. If no, provide amount \$	2,008.00
Shared office equipment	<input type="radio"/> Yes <input checked="" type="radio"/> No. If no, provide amount \$	2,008.00
Other costs:		
Specify: <input type="text"/>	provide amount \$	0.00
Specify: <input type="text"/>	provide amount \$	0.00
Specify: <input type="text"/>	provide amount \$	0.00
Specify: <input type="text"/>	provide amount \$	0.00

**9D. Adjusted total program administrative or overhead costs** \$ 12,038.00

Save and Exit Save and Continue to Next Section

Done Internet

9A. Please indicate the amount paid for total program administrative or overhead costs.

9B. Please indicate the allocation method used for determining administrative costs. Examples of allocation methods include 'fixed dollar amount' and 'allocation as a percent of direct costs.' If administrative costs are allocated as a percent of direct costs, please indicate the percentage.

9C. Please indicate whether or not the costs associated with rent, repairs/maintenance, network connection/maintenance, phone service, and shared office equipment were included in overall administrative cost entered in section 9A. If these costs were not included in section 9A, please provide the amount expended on these items in section 9C.

9D. The adjusted total cost for program administration and overhead will be automatically calculated in section 9D from the information in sections 9A and 9C.

**10. RESOURCE ALLOCATION TO BREAST VERSUS CERVICAL CANCER SCREENING FOR SELECTED ACTIVITIES**

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**CDC** National Breast and Cervical Cancer Early Detection Program

Home Admin Cost Assessment Tool (CAT) **Resource Allocation Tool (RAT)** Contact Logout

July 1, 2006 to June 30, 2007 (PA 2060-5)

**10. RESOURCE ALLOCATION TO BREAST VERSUS CERVICAL CANCER SCREENING FOR SELECTED ACTIVITIES**

Program Activities*	Percentage allocated to Breast Cancer Screening	Percentage allocated to Cervical Cancer Screening
Program Management	50 %	50.00 %
Patient Support / Case Management	50 %	50.00 %
Data Management	50 %	50.00 %
Quality Assurance / Quality Improvement	50 %	50.00 %
Partnerships	50 %	50.00 %
Professional Development	50 %	50.00 %
Recruitment	50 %	50.00 %
Evaluation	50 %	50.00 %

\* We are requesting this information in order to assign cost to cervical and breast cancer screening separately.

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This information is requested to allocate cost of specific NBCCEDP activities appropriately to breast and cervical cancer screening. This information is required to assess the average cost of breast cancer screening and average cost of cervical cancer screening separately. Enter your best estimate of the proportion of resources allotted to breast cancer screenings and the proportion allotted to cervical cancer screenings will be automatically calculated using the formula given below.

$$\text{Percentage of resources allotted to cervical cancer screening} = 100 - (\text{Percentage of resources allotted to breast cancer screening})$$

**11. SCREENING AND DIAGNOSTIC ACTIVITIES SUPPORTED THROUGH THE USE OF NON-FEDERAL FUNDS**

**11. Screening and Diagnostic Activities Supported Through the Use of Non-Federal Funds**

If your program serves women through the use of non-federal funds - **and these women are not reported through the MDE submission** - please provide the following data based on this group. Women and diagnoses reported here should be mutually exclusive of those reported through the MDEs.

**11A. Screened = the woman was provided a screening procedure (mammogram, CBE, Pap) by the program**

	Breast	Cervical
Number of women screened through the use of non-federal funds	2006	2006

**11B. Served = the woman was referred to the program for diagnostic follow-up; screening procedure was done elsewhere**

	Breast	Cervical
Number of women served through the use of non-federal funds	2006	2006

**11C. Number of cancers diagnosed through the use of non-federal funds**

	Breast	Cervical
Number of in-situ breast cancers diagnosed in women through the use of non-federal funds	2006	
Number of invasive breast cancers diagnosed in women through the use of non-federal funds	2006	
Number of pre-cancerous (CIN2/CIN3/CIS) cervical lesions diagnosed in women served through the use of non-federal funds		2006
Number of invasive cervical cancers diagnosed in women served through the use of non-federal funds		2006

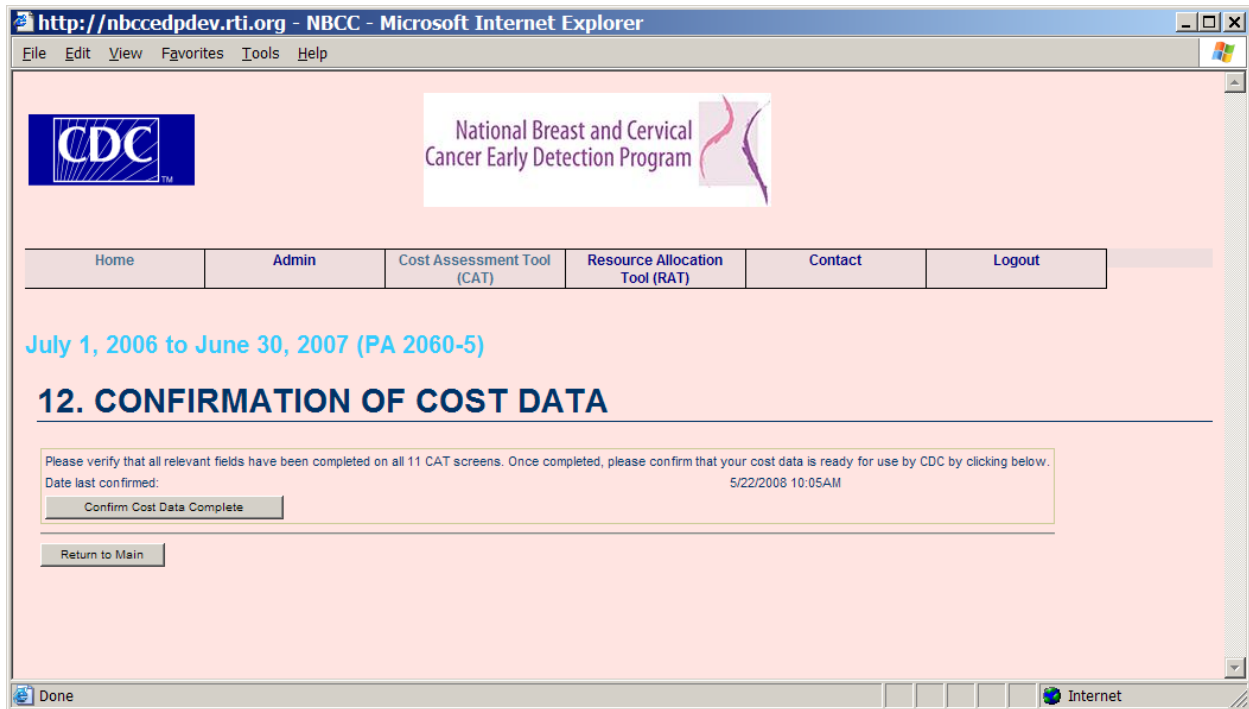
\* "Women screened" and "women served" are mutually exclusive from each other.

Save and Exit      Save and Continue to Next Section

If your program serves women through the use of non-federal funds - **and these women are not reported through the Minimum Data Elements (MDE) submission** - please provide the following data based on this group. Women and diagnoses reported here should be mutually exclusive of those reported through the MDEs.

Under 11A and 11B, “women screened” and “women served” are mutually exclusive from each other.

## 12. CONFIRMATION OF COST DATA



Please verify that all relevant fields have been completed on all 11 CAT screens. Once completed, please confirm that your cost data is ready for use by CDC by clicking 'Confirm Cost Data Complete'.

Thanks for completing the web-based CAT.

## **APPENDIX A: LIST OF NBCCEDP GRANTEES**

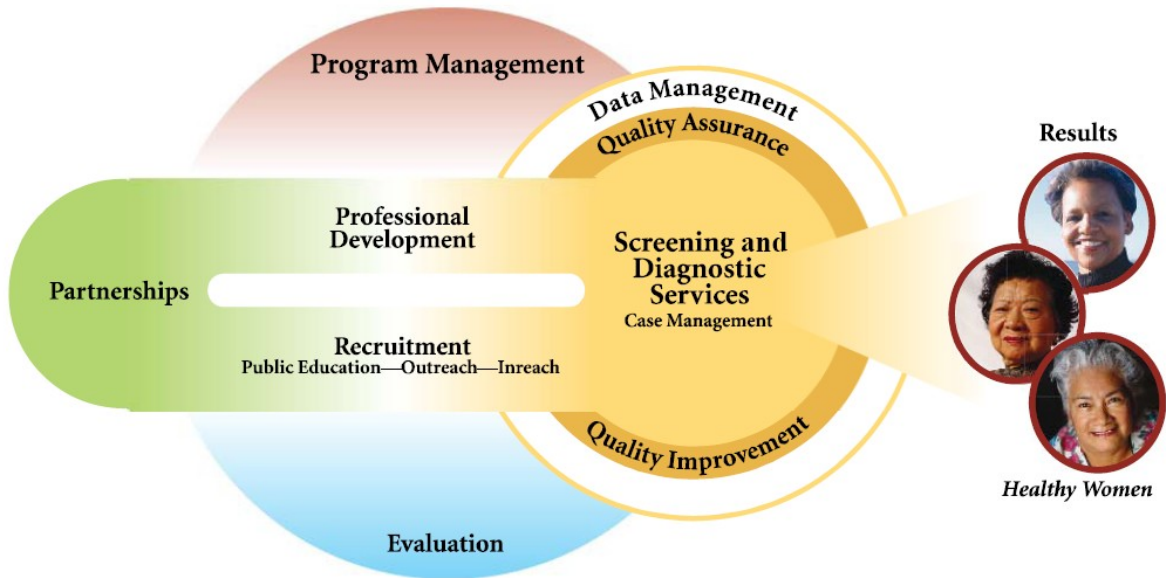
1. Alabama
2. Alaska
3. American Samoa
4. Arctic Slope Native Association Limited
5. Arizona
6. Arkansas
7. California
8. Colorado
9. Connecticut
10. Cherokee Nation
11. Cheyenne River Sioux Tribe
12. Delaware
13. District of Columbia
14. Florida
15. Georgia
16. Guam
17. Hawaii
18. Hopi Tribe
19. Idaho
20. Illinois
21. Indiana
22. Iowa
23. Kansas
24. Kaw Nation of Oklahoma
25. Kentucky
26. Louisiana
27. Maine
28. Mariana Islands (CNMI)
29. Maryland
30. Massachusetts
31. Michigan
32. Minnesota
33. Mississippi
34. Missouri
35. Montana
36. Native American Rehabilitation Association of the Northwest, Inc.
37. Navajo Nation
38. Nebraska
39. Nevada
40. New Hampshire
41. New Jersey
42. New Mexico
43. New York
44. North Carolina
45. North Dakota
46. Ohio
47. Oklahoma
48. Oregon
49. Pennsylvania
50. Poarch Band of Creek Indians
51. Puerto Rico
52. Republic of Palau
53. Rhode Island
54. South Carolina
55. South Dakota
56. South East Alaska Regional Health Consortium

57. South Puget Intertribal Planning Agency
58. Southcentral Foundation
59. Tennessee
60. Texas
61. Utah
62. Vermont
63. Virginia
64. Washington
65. West Virginia
66. Wisconsin
67. Wyoming
68. Yukon-Kuskokwim Health Consortium



## APPENDIX B: NBCCEDP PROGRAM COMPONENTS/ACTIVITIES

### NBCCEDP Conceptual Framework



### **Program Management**

Management and evaluation are represented by a sphere that symbolizes their all encompassing nature. The placement of management on top represents how all other parts of the program fall under this leadership. Managing these components requires a “systems approach” – understanding the bigger picture of how and why the program components interrelate to achieve optimal results.

### **Screening and Diagnostic Services**

Screening and Diagnostic Services is represented as the core of the program. Providing these services to underserved women is the intent of the NBCCEDP. All other program components are related to and support the delivery of screening and diagnostic services to those most in need.

### **Patient Support/Case Management**

Case Management represents a cooperative process between the client and her care provider intended to assure timely rescreening, diagnostic and treatment services. All NBCCEDP-enrolled women with an abnormal screening result must be assessed for their need of case management services and provided with such services accordingly.

### **Data Management**

Data Management is represented as a circle surrounding Screening and Diagnostic (S&D) Services, indicating its focus on this component. Data, especially the results of the S&D services, should be used to inform and evaluate each of the other program components. All activities related to data collection and management should be reported in this category.

### **Quality Assurance/Quality Improvement**

Quality Assurance/Quality Improvement is represented as an inner-circle to show its direct connection to S&D services. It works in concert with the data management and evaluation components to monitor, assess, and improve program outcomes. Quality Assurance is on the top representing the Program Management responsibility of assuring quality care. Quality Improvement is on the bottom showing its proximity to evaluation.

### **Partnerships**

Partnership is represented as an extension to show that partnerships expand the reach, capacity, and resources of the NBCCEDP. Partnerships influence all components and partners play a key role in advancing the broader goals of the NBCCEDP - enhanced access and quality for all women.

### **Professional Development**

Professional Development is one of two structural links that directly tie partnership to delivery of S&D services. Professional Development enhances service delivery.

### **Recruitment**

Recruitment is one of two structural links that directly tie partners to delivery of S&D services. Recruitment creates demand from and provides a link to services for women most in need. Recruitment includes educating women about the importance of screening, explaining the services available, and removing their barriers.

**Recruitment-60%**

For recruitment to be considered a 60% (direct service) activity, it must be 'one-on-one' in nature. The activities must be directed toward an individual woman, such as an outreach worker approaching an age-appropriate woman at a supermarket and presenting her with information about the NBCCEDP.

**Recruitment-40%**

Any recruitment activity that is not 'one-on-one' in nature would be a 40% (program support) activity. For example, if the same outreach worker left a supply of NBCCEDP brochures at the supermarket, then this would be a 40% activity. Radio spots, making a presentation in front of a group, or participating in a health fair would all be 40% activities.

**Evaluation**

Management and evaluation are represented by a sphere that symbolizes their all encompassing nature. Evaluation is placed on the bottom to show it is the foundation of successful operation of all components individually and together.