

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**Cooperative Re-Engagement Controlled Trial (CoRECT)**

**Attachment #13b**

**Start-up Costs for CoRECT**

**Health Department**

Public reporting burden of this collection of information is estimated to average 1 hour per response, 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, Georgia 30333; Attn: OMB-PRA (0920-New)

Appendix 13b: Start-up Costs for CoRECT  
Health Department

Rev:  
01/18/201  
5

<b>Site name:</b> _____	<b>Completed Date:</b> _____
<b>Data collection period (MM/DD/2016 -- MM/DD/2018)</b>	

The attached cost analysis worksheets are designed to determine how much it costs to implement the intervention that reengages those who are determined out of care respectively - the worksheets will:

- Systematically list the resources needed to implement the CoRECT Study
- Itemize the amount (quantity) of each of the resources used
- Assign dollar values to the resources

The worksheets contain fields for several cost categories listed below. The data will be used to determine the total start-up program costs.

1. Pre-implementation training
2. Out-of-care list generation
3. DIS activities
4. Administration time
5. Office supplies
6. Staff salaries

Sites may update (insert rows) and clarify cost categories and the items listed under each of the cost categories, based on the retention in care project activities performed at that specific site. The data should reflect actual cost or resources allocated under this project, however, some of the data elements may require estimation of costs or resources used based on available information. In such cases, sites may use appropriate data sources or separate calculation to complete the forms.

**Evaluation costs that are strictly research-related (e.g., ACASI software, incentives for completing ACASI) should NOT be included in this exercise. However, all resources that are used for project implementation purposes should be included, even if those go beyond specific project funds.**

<b>(1) Pre-implementation/ training</b>	<b>Staff</b> (ex. study coordinator, DIS, data manager)	<b>Training period (days)</b> mmdd-mmdd	<b>Time spent per day</b>	<b>Per diem</b>
<b>Person 1</b>				
<b>Person 2</b>				
<b>Person 3</b>				
<b>Person 4</b>				
<b>Person 5</b>				
<b><u>Training related travel</u></b>	<b>Staff</b> (ex. study coordinator, DIS, data manager)	<b>Time spent on travel (hrs)</b>	<b>Mileage (mile)</b>	<b>Other costs (\$) <sup>a</sup></b>

<sup>a</sup> Include offsite/out-of-state training: parking, taxi fare, and miscellaneous costs, if applicable

<b><u>(2) Out-of-care lists</u></b>	<b>Description</b>	<b>Responsible staff</b>	<b>Frequency</b>	<b>Total Time</b>
-------------------------------------	--------------------	--------------------------	------------------	-------------------

		(ex. study coordinator, DIS, data manager) <sup>ac</sup>	Count/Week, Month <sup>bc</sup>	Spent (hr) <sup>b</sup>
<b>Generate surveillance line list</b>	Create initial OOC list using surveillance data	_____	_____/_____ _____/_____ _____/_____	
<b>Match with clinic list</b>	Time spent reconciling health department and clinic OOC list	_____	_____/_____ _____/_____ _____/_____	
<b>Communicate with clinic-data transmission (initial)</b>	Transmit reconciled OOC list back to clinic prior to case conference	_____	_____/_____ _____/_____ _____/_____	
<b>Health department preliminary investigation</b>	How much time spent HD staff spent determining if OOC patients are deceased, out of jurisdiction, incarcerated etc	_____	_____/_____ _____/_____ _____/_____	
<b>Case Conference</b>	Time HD staff spent participating in case-conference to complete OOC list	_____	_____/_____ _____/_____ _____/_____	
<b>Communicate with clinic-data transmission (final)</b>	Transmit final OOC list back to clinics prior to case conference	_____	_____/_____ _____/_____ _____/_____	
<b>Data entry of final list</b>	Time spent entering OOC patient data into system to transfer to field epidemiologists/disease intervention specialist	_____	_____/_____ _____/_____ _____/_____	

a List multiple staff if applicable; labor cost could be calculated based on median wage or directly from the activity log data.

b Data in this column reflect the aggregate over the data collection period, e.g., week or month

c Fill out a separate

line (staff and hours) for any staff involved in this item

<b>(3) DIS Activities</b>	<b>Description</b>	<b>Responsible staff</b> (ex. study coordinator, DIS, data manager) <sup>a</sup>	<b>Frequency</b> Count/Week, Month <sup>b</sup>	<b>Total Time Spent (hr)<sup>b</sup></b>
<b>Records review</b>	Time spent reviewing OOC patient records prior to initiating		_____/_____	

<b>Outreach to locate and contact OOC patients</b>	Time spent to contact OOC patients including phone calls, databases, in-person visits		_____/____	
<b>Out of care interview/barriers to care survey</b>	Initial interview with OOC patients to assess why have not returned to HIV medical care		_____/____	
<b>Engagement assistance</b>	Activities that assist in re-engagement (ie ARTAS intervention)		_____/____	
<b>Follow-up with clinics</b>	Time spent communicating with clinics to enable clinic or phlebotomy visits		_____/____	
<b>Follow-up engagement assistance</b>	Transition to Care-Activities to complete patient hand-off with-in one week of patient re-linkage visit.		_____/____	
<b>Documentation of engagement assistance into database</b>	Time spent entering activities conducted to engage OOC patients and re-link to clinics for HIV medical care		_____/____	

a List multiple staff if applicable; labor cost could be calculated based on median wage or directly from the activity log data.

b Data in this column reflect the aggregate over the data collection period, e.g., week or month.

<b>(4) Administration Time</b>	<b>Responsible staff (ex. study coordinator, DIS, data manager)<sup>ac</sup></b>	<b>Frequency Count/Week, Month<sup>bc</sup></b>	<b>Total Time Spent (hr)<sup>b</sup></b>
Project-related meetings	_____ _____ _____	_____/____ _____/____ _____/____	
Data management	_____ _____ _____	_____/____ _____/____ _____/____	
Quality assurance checks	_____ _____ _____	_____/____ _____/____ _____/____	

General administrative duties	_____	____/____	
	_____	____/____	
	_____	____/____	
Project supervision	_____	____/____	
	_____	____/____	
	_____	____/____	
Other (specify): _____	_____	____/____	
	_____	____/____	
	_____	____/____	
Other (specify): _____	_____	____/____	
	_____	____/____	
	_____	____/____	

a List multiple staff if applicable; labor cost could be calculated based on median wage or directly from the activity log data.

b Data in this column reflect the aggregate over the data collection period, e.g., week or month

c Fill out a separate

line (staff and hours) for any staff involved in this item

<b>(5) Office supplies and materials</b>				
<b>Description</b>		<b>Quantity</b>	<b>Unit cost (\$)</b>	<b>Monthly total Cost (\$)</b>
Office supplies/stationeries		_____	\$ _____	\$ _____
Printed material provided to patients		_____	\$ _____	\$ _____
Appointment reminder cards		_____	\$ _____	\$ _____
Postage		_____	\$ _____	\$ _____
Calendar/day planner		_____	\$ _____	\$ _____
File folder/organizers		_____	\$ _____	\$ _____
Translation of materials		_____	\$ _____	\$ _____
Posters, brochures		_____	\$ _____	\$ _____
Other (specify) _____		_____	\$ _____	\$ _____
Other (specify) _____		_____	\$ _____	\$ _____
Other (specify) _____		_____	\$ _____	\$ _____

<b>(6) Health Department Staff</b>	<b>Annual salary (exclude fringe)</b>	<b>Fringe benefit (%)</b>	<b>% time spent in this project</b>
Surveillance Coordinator	\$ _____	_____ %	_____ %
Data manager	\$ _____	_____ %	_____ %
DIS	\$ _____	_____ %	_____ %
CoRECT Study Coordinator	\$ _____	_____ %	_____ %
Others (specify _____)	\$ _____	_____ %	_____ %
Others (specify _____)	\$ _____	_____ %	_____ %
Others (specify _____)	\$ _____	_____ %	_____ %