Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

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

**Attachment #13d**

**Annual Implementation Costs for CoRECT- Health Department**

Public reporting burden of this collection of information is estimated to average 1.5 hours 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)

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|  |  | **Appendix 13d Annual Implementation Costs for CoRECT- Health Department** |  | **Rev: 01/18/2015** |
|  |  |   |   |   |  |  |
| **Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|   |  |  |  |  |  |   |
| **Data collection period (MM/DD/2016 -- MM/DD/2018)** |  |
|   |   |   |  |   |   |   |

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. Out-of-care list generation
2. DIS activities
3. Administration time
4. Office supplies
5. Durable material
6. Facility space and utilities
7. Health department 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.**

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| **(1) Out- of- care list** | **Description** | **Responsible staff**(ex. study coordinator, DIS, data manager)  | **Time spent**  |
| Generate surveillance line list | Create initial OOC list using surveillance data  |  | \_\_\_\_\_ hr/week |
| Match with clinic list  | Time spent reconciling health department and clinic OOC list  |  | \_\_\_\_\_ hr/week |
| Communicate with clinic-data transmission (initial) | Transmit reconciled OOC list back to clinic prior to case conference  |  | \_\_\_\_\_ hr/week |
| Health department preliminary investigation  | How much time spent HD staff spent determining if OOC patients are deceased, out of jurisdiction, incarcerated etc |  | \_\_\_\_\_ hr/week |
| Case Conference  | Time HD staff spent participating in case-conference to complete OOC list  |  | \_\_\_\_\_ hr/week |
| Communicate with clinic-data transmission (final) | Transmit final OOC list back to clinics prior to case conference |  | \_\_\_\_\_ hr/week |
| Data entry of final list  | Time spent entering OOC patient data into system to transfer to field epidemiologists/disease intervention specialist  |  | \_\_\_\_\_ hr/week |

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| **(2) DIS activities** | **Description** | **Responsible staff**(ex. study coordinator, DIS, data manager)**ac** | **Frequency Count/Week, Month bc** | **Total Time Spent (hr)b** |
| Records review | Time spent reviewing OOC patient records prior to initiating  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Outreach to locate and contact OOC patients | Time spent to contact OOC patients including phone calls, databases, in-person visits  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Out of care interview/barriers to care survey | Initial interview with OOC patients to assess why have not returned to HIV medical care  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Engagement assistance | Activities that assist in re-engagement (ie ARTAS intervention)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Follow-up with clinics | Time spent communicating with clinics to enable clinic or phlebotomy visits  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Follow-up engagement assistance  | Transition to Care-Activities to complete patient hand-off with-in one week of patient re-linkage visit. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Documentation of engagement assistance into database | Time spent entering activities conducted to engage OOC patients and re-link to clinics for HIV medical care  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Other |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ |  |

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

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| **(3) Administration Time** | **Responsible staff**(ex. clinic nurse, physicians, data manager) **a** | **Frequency Count/Week, Month b** | **Total Time Spent (hr)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

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| **(4) Office supplies and materials** |  |  |  |
| **Description** | **Quantity** | **Unit** | **Monthly total** |
|  |  | **cost ($)** | **Cost ($)** |
| 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
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| **(5) Durable material/equipment cost** |  |  |  |  |  |
| Data from this section will be used to estimate the annual cost of durable items. 'Unit cost' may be based on the estimated remaining value of the item purchased previously, or the new purchase price. |  |  |
| **Description** | **Unit/quantity** | **Unit costs ($)** | **Remaining useful life (year)** | **% used for this project** | **Annual total costs** |
| Desktop computer a | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |  |  |  |
| Laptop computer | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |  |  |  |
| Furniture b | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |  |  |  |
| Other (e.g., cell phone, pager) | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |  |  |  |
| specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |  |  |  |
| specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_ |  |  |  |
| aOnly report cost of CoRECT computers used by DIS/field epibReport only if new furniture purchased for this project |

|  |  |
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| **(6) Facility space and utilities** | **Monthly total costs** |
| Office space for DIS/Field epi |  |
| Other |  |
|  |  |
| **Utilities:** |  |
| Telephone (local, long distance) |  |
| Internet |  |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **(7) Health Department Staff Salaries** | **Annual salary (exclude fringe)** | **Fringe benefit (%)** | **% time spent in this project**  |
| Surveillance Coordinator | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Data manager | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| DIS | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| CoRECT Study Coordinator | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Others (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Others (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Others (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Others (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |