## **Coverdell Cost Collection Too**

#### Introduction

Thank you for participating in the Coverdell cost study. We are researchers from Research Triangle Institute (RTI), International evalue Disease Control and Prevention. This data collection effort will provide important information about the costs necessary for program this cost study, please let us know. We believe there are minimal risks to you from participation, and every effort will be made to proor ongoing program improvements, we will share de-identified cost data with CDC and summarize findings in reports. For any questions

You can navigate the Cost Collection Tool (CCT) using the tabs at the bottom of the spreadsheet or the buttons for each section below additional technical assistance, please contact Naomi Buell at nbuell@rti.org.

In this cost data collection instrument, we ask that you report costs for each of six resource categories:

- 1. Personnel
- 2. Contracts & Consultants
- 3. Equipment, Supplies & Materials, Travel, & Other Services
- 4. Indirect/Overhead costs
- 5. In-kind Labor costs
- 6. In-kind Non-Labor costs

For each cost category you are asked to allocate how costs were divided across the Coverdell strategies your program is implementin

The 9 Coverdell Strategies are:

- (1) EHR/Health IT
- (2) Data Management
- (3) Referral Tracking
- (4) Quality Improvement
- (5) Workforce Development
- (6) Patient Care Practices
- (7) Establish and strengthen partnerships
- (8) Patient Navigators/CHWs
- (9) Educational Messaging

You need only to provide cost allocations for the strategies your program is working on. Full strategy descriptions are included on the workbook.

We also ask that you estimate project-level effort across strategies, by populations reached (high risk and general), and by setting (pr under the 'Other' setting. Level of effort estimates should consider all potential cost categories.

Please report only costs for the following reporting period

**OMB Burden Disclosure Statement:** CDC estimates the average public reporting burden for this collection of information as approxi searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of informatio collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden statemer reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-004)

### **Reporting Period:**

#### How to Navigate the Cost Data Collection Tool:

Data on Personnel is entered on the tab, 1\_Personnel, or by clicking the button to the right.

Data on contracted services and consultants is entered on the tab, 2\_Contracts, or by clicking the button to the right.

Data on equipment and supplies is entered on the tab, 3\_Equipment, or by clicking the button to the right.

Data on indirect/overhead costs is entered on the tab, 4\_Indirect, or by clicking the button to the right.

Data on in-kind labor costs is entered on the tab, 5\_InKind\_Labor or by clicking the button to the right.

Data on in-kind non-labor costs is entered on the tab, 6\_InKind\_NonLabor or by clicking the button to the right.

F

## **Project Level**

**Instructions:** On this screen you are stroke events in each setting, and t sum of the whole row should equa For additional technical assistance,

## Report only costs for the following Reporting Period:

Strategy
C.1 - EHR/Health IT
C.2 - Data Management
C.3 - Referral Tracking
C.4 - Quality Improvement
C.5 - Workforce Development
C.6 - Patient Care Practices
C.7 - Establish & strengthen partnerships

C.8 - Patient Navigators/CHWs

C.9 - Educational Messaging

e asked to estimate program-wide level of effort by populations reached and by setting the % of efforts spent on educational messaging activities intended to reach the general 100% for each strategy being implemented.

, please contact Naomi Buell at nbuell@rti.org.

reporting period:

Strategy Description

Strategy C.1 Leverage electronic health records (EHRs) and health information technology (HIT) to identify patients with strok monitor health care disparities for those at highest risk for stroke events.

Strategy C.2 Establish and expand state-wide data infrastructure through an integrated data management system that links p data for measurement, tracking, and assessment of quality of stroke care data.

Strategy C.3 Coordinate the development and implementation of a referral tracking system to support transitions of care for s

Strategy C.4 Analyze data and identify areas to improve the efficiency and quality of care within EMS and hospital settings and through systematic Quality Improvement (QI) methods and interventions (e.g. PDSA, Lean, Six Sigma).

Strategy C.5 Coordinate, develop, and implement professional and work force development opportunities (e.g. training, techr education, workshops, etc.)to improve evidence-based clinical knowledge for stroke care, recognition of disparities in stroke c them (e.g. unconscious bias training, clinical decision-making tools, cultural competence).

Strategy C.6 Develop and implement patient care practices/patient care protocols within EMS and hospital systems to coordir throughout the stroke systems of care.

Strategy C.7 Establish and strengthen partnerships with relevant state or local stroke coalitions, initiatives, professional organ provide resource support for stroke patients, as well as those at highest risk for stroke events. Strategy C.8 Facilitate engagement of patient navigators/community health workers in the management of those at highest ri support and follow-up of stroke patients across clinical and community settings.

Strategy C.9 Coordinate and/or promote stroke messaging/education within communities and clinical settings around the imp highest risk for stroke events and the appropriate response during a stroke event, including utilizing EMS for stroke transport.

Enter Comments Here (optional):

xample, estimate the % of programmatic wide effort on Educational Messagi ler all potential cost categories when estimating effort (including labor costs,

	Level of Effort (%) by Popu				
	% Effort Targ	eted to High Risk Pop	oulations		
Pre-Hospital	In-Hospital	Post-Hospital	Other Setting	Total	Pre-Hospital
				0%	
				0%	
				0%	
				0%	
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				0%	
				0%	

		0%	
		0%	

ng (Strategy 9) specifically targeted to populations at highest risk of contracts, supplies and equipment, and in-kind contributions). The

lations Reached				
% Effort Ro	Percent Effort Totals Check			
In-Hospital	Post-Hospital	Other Setting	Total	Fercent Lifert Totals Check
			0%	0%
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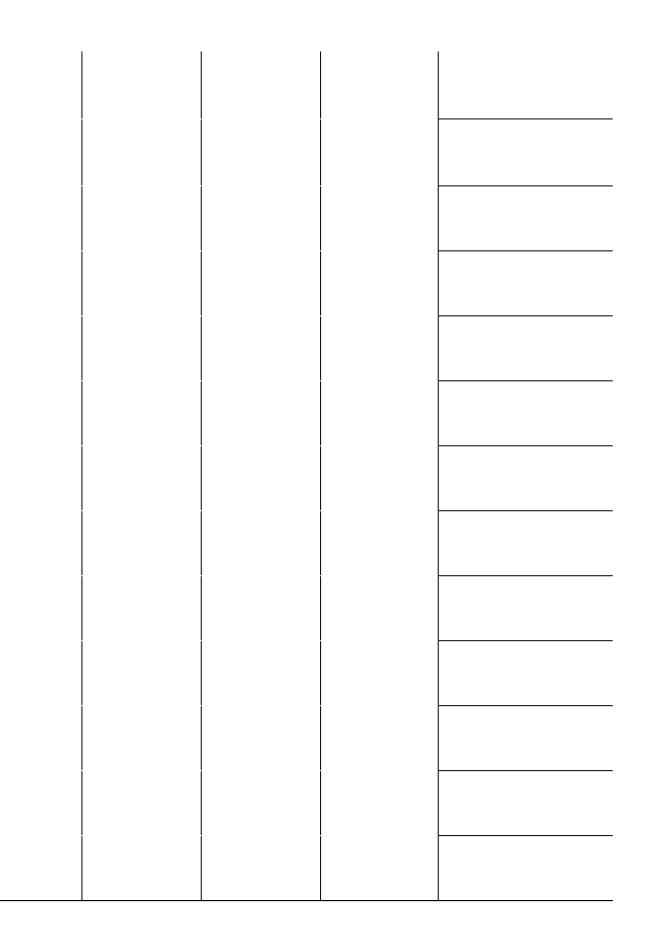
	0%	0%
	0%	0%

**Instructions:** On this screen you are asked to enter salaries (including fr of effort on Coverdell strategies. Consultants are not included in this se update as you enter percent allocations. Help information is available for

Report only costs for the following reporting period:

**Reporting Period:** 

		l	l		]
Job Title	Salary and Fringe	Months Worked on Coverdell During the Reporting Period	% Time Spent on Coverdell Activities	C.1 - EHR/Health IT	
					-
					-
					-
					-
					-



Enter Comments Here (optional):

inge) of all staff members working on Coverdell, how many r ction; they are counted in another section. All entered perce or each data element by clicking on the data element title in

C.2 - Data Management	C.3 - Referral Tracking	C.4 - Quality Improvement

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	1	I

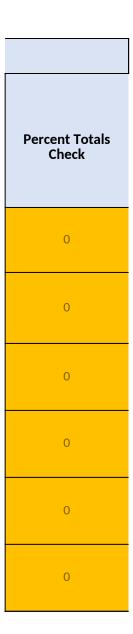
nonths they have been working on Coverdell in the reporting ntages must add to 100% across the row. The percentage ch each column. For additional technical assistance, please cont

% of Coverdell Time Spent on Specific Strategies				
C.5 - Workforce Development	C.6 - Patient Care Practices	C.7 - Establish & Strengthen Partnerships		

1	I	I
	1	I

### ; period, and information on their level eck cell on the far right of the table will tact Naomi Buell at nbuell@rti.org.

C.8 - Patient Navigators/CHWs	C.9 - Educational Messaging	Evaluation	Administration
	1	1	

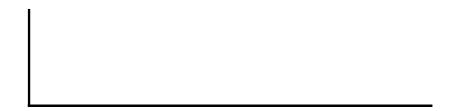



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# Report only costs for the following reporting period: **Reporting Period:**

Description	Total Cost	? % of Resource Used for Coverdell Activities	C.1 - EHR/Health IT

Enter Comments Here:



				% of Coverdell Us
C.2 - Data Management	C.3 - Referral Tracking	C.4 - Quality Improvement	C.5 - Workforce Development	C.6 - Patient Care Practices

1	I	l	l	

age Spent on Specific Strategies				
C.7 - Establish & Strengthen Partnerships	C.8 - Patient Navigators/CHWs	C.9 - Educational Messaging	Evaluation	Administration

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Percent Totals Check
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# Equipment, Supplies & Materials, Travel & Other Services

### Report only costs for the following reporting period: **Reporting Period:**

		Item Descriptior	ו
Date of Expenditure	Description	Total Cost	ہ % of Resource Used for Coverdell Activities

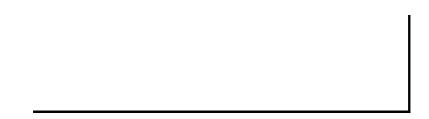
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Enter Comments Here:

# C.1 - EHR/Health IT C.2 - Data Management C.3 - Referral Tracking C.4 - Quality Improvement

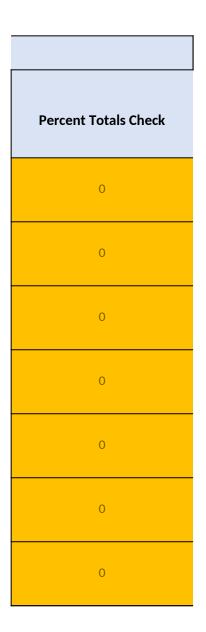
	% of Coverdell U	Isage Spent on Specific Strategies
C.5 - Workforce Development	C.6 - Patient Care Practices	C.7 - Establish & Strengthen Partnerships

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		r	
C.8 - Patient Navigators/CHWs	C.9 - Educational Messaging	(6) Evaluation	7) Administration

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### Indirect/Overhead Costs

**Instructions:** In the table below, please record information for ov Program. Organizations typically have a specific method for alloca your orgnization uses and provide details. For additional technica nbuell@rti.org.

Report only costs for the following reporting period: **Reporting Period:** 

- 1. What is the total administrative/overhead costs of the Coverde
- 2. What indirect cost allocation methodology was used to genera

Indirect/Overhead Cost Methodology	Selection
Fixed Dollar (\$) Amount	Yes

Pecentage of Direct Cost

Other No
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No

List any additional administrative or infrastructure costs below that are not included in		
Item Description	Total Cost	

Enter Comments Here (optional):

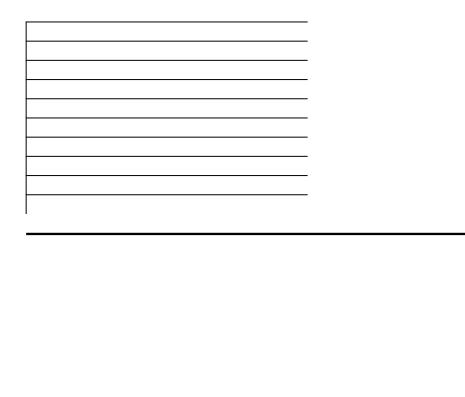
erhead costs spent on activities for the Coverdell ating overhead costs, so please select the method al assistance, please contact Naomi Buell at

ell program in this period?

te the admin/overhead cost?

the total overhead costs provided above.

Percent Used for Coverdell



# In-Kind Labor/Personnel Costs

**Instructions:** On this screen you're asked to enter informatio strategies. The percent time on all strategies should sum to : Naomi Buell at nbuell@rti.org.

Report only costs for the following reporting period: Reporting Period:

		2
Description	Estimated Value of Each Hour	Total In-Kind Hours Contributed to Coverdell

•	· · ·

Enter Comments Here:

n on staff that contributed time to the Coverdell program, bu 100% for each person. Help information is available for each (

C.1 - EHR/Health IT	C.2 - Data Management	C.3 - Referral Tracking

1	

It were not paid out of the Coverdell budget. You are also as data element by clicking on the data element title in each col

		% of Coverdell Hours Spe
C.4 - Quality Improvement	C.5 - Workforce Development	C.6 - Patient Care Practices

1	

ked to provide information on time spent on Coverdell lumn. For additional technical assistance, please contact

C.7. Fatabliah C. Chuanathan	C.Q. Detient	
C.7 - Establish & Strengthen Partnerships	C.8 - Patient Navigators/CHWs	C.9 - Educational Messaging

•	•	· ·



Evaluation	Administration	Percent Totals Check
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## In-Kind Non-Labor

**<u>Instructions</u>**: On this screen you're asked to enter information on no also asked to provide information about their use on Coverdell activi for each data element by clicking on the data element title in each c

Report only costs for the following reporting period: Reporting Period:

Description	Estimated Value	F Percent for Coverdell	C.1 - EHR/Health IT

1	1	i I

Enter Comments Here:

n-labor items used in the Coverdell program, but were not paid out of the ities. The percent time on all activities should sum to 100% for each row. H olumn. For additional technical assistance, please contact Naomi Buell at r

	% of Coverdell Usage Spent on Sp				
C.2 - Data Management	C.3 - Referral Tracking	C.4 - Quality Improvement	C.5 - Workforce Development	C.6 - Patient Care Practices	C.7 - Establish & Strengthen Partnerships

### Coverdell budget. You are lelp information is available ıbuell@rti.org.

fic Strategies						
C.8 - Patient Navigators/CHWs	C.9 - Educational Messaging	(6) Evaluation	(7) Administration	Percent Totals Check		
				0		
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