Access Costing Worksheet – Further Detail on the Costing Calculator

We have been receiving questions on the access costing worksheet, and from those questions wanted to share the following information for you use in filling out the workbook. We hope that this information as a supplement to our 1 hours kick off webinar will give you all the information that you need.

1. **Kick off Meeting**: If you did not take part in the kickoff meeting, please take the time to watch the recording of that meeting as we covered a lot there.

2. **Don’t over think this**: This worksheet is simply meant to capture the reality of what it takes to get an individual consumer through the PBHCI intake process of your agency. This means all of the activities that occur in the PBHCI intake, assessment paperwork, treatment plan, so that the consumer can take part in their first primary care or wellness appointment.

3. **Data Entry**: You will want to enter your stat in the section below in chronological order, with the wait times entered as they would happen chronologically. For the wait times, you would simply put in Wait Time @ 1, then #2, and so on in the activity description:

4. **Costing Information**: For the section below on costing –
   a. Enter the average salary and/or direct service production for the PBHCI positions
   b. As per the note on the tool, you will put in all available hours for non-direct service staff and only the actual/billable hours delivered for your direct service staff.
   c. So if you have a staff who does administrative hours along with direct service, you would put in their hours for direct service time and the pay associated with the direct service time only.
We hope that this information is helpful for your work. To offer more insight, here are the questions answered so far to assist you further in case you had a similar one:

- **For Care Coordinator**, we have 3 Wellness Navigators that I want to include here. It is easiest for me to aggregate them since they are subcontracted employees and I have a monthly invoice that lumps their salaries together rather than itemizing each person. Is it ok to do this? If so, should I just recalculate their number of hours? They account for 1.25 FTE. You would put in the average salary for the position and average number of direct service hours.  You have put in 2080 hours for your direct service staff, you need to put in actual direct service time not all available hours as per the note on the tool.

- What is included in overhead? Is this where we put in supplies, utilities, etc? If not, where are these costs accounted for? If we do include these in overhead, how should we differentiate across staff members if the supplies are used by the program, not necessarily the individual? Right now I have only added overhead for our subcontracted employees. You would want to put in anything that is not direct service salary or fringe benefit. So all other costs as per your P&L that are associated specifically with PBHCI services.

- Should we group our entries by staff person (listing all activities the staff person does on a day-to-day basis) or by activity type (for example: new client referral, first office visit, follow/up appointment, re-assessment appointment)? No, go in chronological order of events so that you can put the wait time in between each group of PBHCI activities.
• What should we record as wait time between contacts? Wait time between activity types? What if this varies greatly by client or location? You would put times in for whatever location and PBHCI activity you want to measure.

• When entering activity time, is this average per day? Average per month? Average per individual activity (for example, how long it takes to make one phone call to a client or how long it takes for one office visit)? This is a look at what it takes to get one person though the PBHCI intake process, so you want to look at the activity time per person.

• Are newly funded grantees from cohort VII also required to complete this assessment calculator by July 17th? All grantees are strongly encouraged to complete this activity so that we can have meaningful discussions at the regional meetings in August and September. While you still may be in the planning stages, you may have already planned for PBHCI costs, activities, and costs that you can include in the cost activity.

  **Staff costing information:** should this include only staff funded via the SAMHSA PCBHI funding or should it include all PCBHI team members regardless of their funding source? The purpose of the costing activity is to look at sustainability and cost of providing primary care and wellness services associated with the PBHCI program. You should plan to include information on staff that are critical for successful implementation of PBHCI (primary care provider, wellness coach, peer coach, evaluator).

• **Staff costing information:** the project coordinator’s role includes administrative, counseling duties and other direct client services; do we only include the time spent with clients (direct services) or do we also include the administrative hours? Many of the administrative hours are spent on program implementation (this is our first year – we were awarded in October), building partnerships/collaborations, team meetings and outreaching to the community – do we account for these hours (in the staff costing information)? You would put in your hours for direct service time and the pay associated with the direct service time only. Consider the actual PBHCI services and activities that you would sustain beyond the grant funding.

Thank you for all of your questions! For additional information, please contact:

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** All finalized sheets should be submitted by July 17, 2015, to: Scott C. Lloyd, President, MTM Services: Scott.lloyd@mtmservices.org