

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



June 22, 1990

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 90-57

SUBJECT: AID CODE REDESIGN COST BENEFITS ANALYSIS/IMPLEMENTATION PLAN
(CBA/IP)

REFERENCE: ACWDL 89-83

The purpose of this letter is to transmit the worksheets necessary for counties to complete the CBA/IP for the Aid Code Redesign project. The enclosed CBA/IP worksheets will be used solely for costs associated with the modifications to the county welfare automated systems resulting from changing the aid code from a two-digit numeric field to a two-digit alphanumeric field (the first digit will remain numeric, but the second digit could be alpha or numeric). The worksheets cover only the one-time development and implementation costs and the costs of preparing the CBA/IP. Cost estimate worksheets for ongoing annual maintenance and operations costs, or for new equipment are not included because it is not expected that these items will be required.

Please submit completed CBA/IP worksheets to:

State Department of Social Services
County Approvals Section
744 P Street, Mail Station 19-12
Sacramento, CA 95814

Although CBA/IPs will be reviewed by County Approvals Section staff upon receipt, no approvals will be made until all necessary federal approvals have been secured. The CBA/IPs are being sent to counties in advance of federal approval so that when the anticipated approvals are received, the State can notify the counties immediately and work can begin as soon as possible. Federal approval was requested in March 1990. The anticipated date for implementation of the alphanumeric aid codes is March 1991.

All County Welfare Directors
All County Administrative Officers
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Any questions regarding the completion of the enclosed CBA/IP worksheet should be directed to your County Approvals Section analyst at (916) 323-4306.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: All County Medi-Cal Liaisons
All County Program Consultants

SECTION I
 AID CODE REDESIGN PROJECT
 ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

A. EDP STAFF RESOURCES

1. VENDOR/OUTSIDE CONSULTANT FEE

Name of Consultant _____
 _____ hours X \$ _____/hour Subtotal - A-1 \$ _____

2. DATA PROCESSING COSTS FOR DEVELOPMENT AND IMPLEMENTATION

County Analysis Personnel

Class	Cost/Hr	Total Hrs	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Subtotal \$ _____

County Programming Personnel

Class	Cost/Hr	Total Hrs	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Subtotal \$ _____

County EDP Operations Personnel

Class	Cost/Hr	Total Hrs	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Subtotal \$ _____

Other County Personnel (identify)

Class	Cost/Hr	Total Hrs	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Subtotal \$ _____

Subtotal - A-2 \$ _____
 Subtotal - A \$ _____*

AID CODE REDESIGN PROJECT
COST WORKSHEET
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

B. SUPPLIES (One time only)

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

Subtotal - B \$ _____ *

C. IMPLEMENTATION OPERATING COSTS

	# Units	Unit Cost	
CPU Time	_____	_____	\$ _____
Printing	_____	_____	_____
Other	_____	_____	_____

Subtotal - C \$ _____ *

D. OTHER COSTS (identify)

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

Subtotal - D \$ _____ *

AID CODE REDESIGN PROJECT
SUMMARY OF
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

Bring * figures forward from Section I.

A. STAFF RESOURCES	\$ _____
B. SUPPLIES	_____
C. OPERATING COSTS	_____
D. OTHER	_____
 TOTAL COSTS (Items A - D)	 \$ _____

SECTION II
 AID CODE REDESIGN PROJECT
 COST BENEFIT ANALYSIS/IMPLEMENTATION PLAN DOCUMENT PREPARATION
 STATEMENT OF ESTIMATED COSTS

County: _____

Date: _____

Person responsible for preparation of the Cost Statement:

Name: _____

Title: _____

Address: _____

Telephone: (____) _____

Total Estimated Cost for Completing CBA/IP:

Staff Resources

Classification	Welfare/ EDP	No. of Hours	Hourly Rate	Cost
-----	-----	-----	-----	-----
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Subtotal	\$ _____

Other Costs (detail)

Type	Comments	Cost
-----	-----	-----
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Subtotal
		TOTAL COSTS

\$ _____

\$ _____

\$ _____