TO:       All County Welfare Directors
          All County Administrative Officers

SUBJECT:   AID CODE REDESIGN COST BENEFITS ANALYSIS/IMPLEMENTATION PLAN

Reference: ACWDL 89-83 and 90-57

The aid code redesign project, originally introduced in All County Welfare Directors Letter (ACWDL) 89-83, dated October 4, 1989, proposed for implementation in November 1990, has been delayed until July 1991. ACWDL 90-57, dated June 22, 1990, transmitted the Aid Code Redesign project Cost Benefit Analysis/Implementation Plan (CBA/IP) worksheets to counties for completion.

As stated in ACWDL 90-57, the worksheets will be used only for costs associated with the modifications to 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 should only address the one-time development and implementation costs of preparing the CBA/IP. Cost estimates for ongoing annual maintenance and operations costs or for new equipment should not be included as it is not expected that these items will be required.

To date, the Department of Social Services (DSS) received only 21 CBA/IPs. It is important that each county submit a CBA/IP to request necessary costs to implement the aid code project. If a CBA/IP is not submitted, the State will assume these counties do not need funds to cover one-time development and implementation costs.

DSS has requested that counties submit a CBA/IP if funds are needed, regardless of the dollar amount, in order to ensure the project costs do not exceed federally approved costs. Therefore, counties must return their completed CBA/IP worksheets by January 31, 1991 to:

State Department of Social Services
County Approvals Section
744 P Street, Mail Station 19-12
Sacramento, CA  95814
If you need additional time or you have any additional questions, please contact your DSS County Approvals Section analyst at (916) 323-4305.

Sincerely,

ORIGINAL SIGNED BY

Ricardo Bustamante for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

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

<table>
<thead>
<tr>
<th>Class</th>
<th>Cost/HR</th>
<th>Total Hrs</th>
<th>Total $</th>
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County Analysis Personnel

<table>
<thead>
<tr>
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<th>Cost/HR</th>
<th>Total Hrs</th>
<th>Total $</th>
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</table>

Subtotal $______

County Programming Personnel

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<tr>
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</table>

Subtotal $______

Other County Personnel (identify)

<table>
<thead>
<tr>
<th>Class</th>
<th>Cost/HR</th>
<th>Total Hrs</th>
<th>Total $</th>
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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

<table>
<thead>
<tr>
<th></th>
<th>Units</th>
<th>Unit Cost</th>
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<tbody>
<tr>
<td>CPU Time</td>
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<tr>
<td>Printing</td>
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<tr>
<td>Other</td>
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Subtotal - C $________*

D. OTHER COSTS (identify)
   1. __________ $________
   2. __________ $________
   3. __________ $________
   Subtotal - 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:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Welfare/ EDP</th>
<th>No. of Hours</th>
<th>Hourly Rate</th>
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Subtotal $____

Other Costs (detail)

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<th>Comments</th>
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<tbody>
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</tbody>
</table>

Subtotal $____

TOTAL COSTS $____
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) $_______