

**DEPARTMENT OF HEALTH SERVICES**

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



July 26, 1993

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Liaisons/Specialists

Letter No.: 93-54

**COST BENEFIT ANALYSIS/IMPLEMENTATION PLAN (CBA/IP) FOR ONLINE ELIGIBILITY VERIFICATION (EV) PROJECT**

This letter is to provide counties with worksheets (enclosed) necessary to complete a CBA/IP for the Online EV project. The CBA/IP is for costs associated with modifications to county welfare automated systems made in accordance with the document titled California Eligibility Verification and Claims Management System (CA-EV/CMS) County Input Requirements for Share of Cost (SOC) Data Base mailed to all counties on June 30, 1993.

The worksheets cover the one-time development and implementation costs, and the cost of preparing the CBA/IP. Costs for ongoing annual maintenance and operations costs or for new equipment are not included because it is not expected that these items would be required in order to make the online EV modifications.

Completed CBA/IPs should include the worksheets and a transmittal letter with a summary description of the system changes to be made and total costs from the worksheets. CBA/IP's should be submitted within a month after receipt of this letter to assure timely processing.

Please submit completed CBA/IP to:

California Department of Social Services  
SAWS Approvals Unit  
744 P Street, Mail Station 19-53  
Sacramento, CA 95814

Although CBA/IPs will be reviewed by SAWS Approvals Unit staff upon receipt, no approvals will be made until all necessary federal approvals have been secured. The CBA/IPs are being sent to the 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. Questions concerning preparation of the CBA/IP should be directed to the SAWS Approvals Unit at (916) 322-3753.

Sincerely,

ORIGINAL SIGNED BY  
Angeline Mrva for

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

**SECTION I  
 ONLINE ELIGIBILITY VERIFICATION 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 \$ \_\_\_\_\_ \*

**ONLINE ELIGIBILITY VERIFICATION PROJECT  
 COST WORKSHEET  
 ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS**

**B. SUPPLIES (One time only)**

\_\_\_\_\_ >\$ \_\_\_\_\_

\_\_\_\_\_ >\$ \_\_\_\_\_

\_\_\_\_\_ >\$ \_\_\_\_\_

Subtotal - B \$ \_\_\_\_\_ \*

**C. DEVELOPMENT/IMPLEMENTATION COSTS**

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

Subtotal - C \$ \_\_\_\_\_ \*

**D. OTHER COSTS (identify)**

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Subtotal - D \$ \_\_\_\_\_ \*

**ONLINE ELIGIBILITY VERIFICATION PROJECT  
 SUMMARY OF  
 ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS**

Bring \* figures forward from Section I.

A. STAFF RESOURCES \$ \_\_\_\_\_

B. SUPPLIES \_\_\_\_\_

C. IMPLEMENTATION COSTS \_\_\_\_\_

D. OTHER \_\_\_\_\_

TOTAL COSTS (Items A thru D) \$ \_\_\_\_\_

SECTION II  
 ONLINE ELIGIBILITY VERIFICATION 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 \$ \_\_\_\_\_