

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
D. BOX 942732  
ACRAMENTO, CA 94234-7320



JANUARY 16, 1990

TO: All County Welfare Directors  
All County Administrative Officers

Letter No. :90-08

SUBJECT: COST BENEFITS ANALYSIS/IMPLEMENTATION PLAN (CBA/IP)  
FOR THE MEDICARE CATASTROPHIC CARE ACT (MCCA)

Reference: ACWDL 89-90

The purpose of this letter is to provide counties with worksheets (enclosed) necessary to complete a CBA/IP for the MCCA program. Instructions for ordering equipment for the MCCA program were contained in All County Welfare Directors Letter 89-90. This CBA/IP is to be used only for costs associated with modifications to county systems resulting from MCCA. The worksheets cover one-time development and implementation costs, ongoing annual maintenance and operations, and cost of preparing the CBA/IP.

Submit completed CBA/IP worksheets to:

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

Questions concerning preparation of the CBA/IP should be directed to your analyst in the County Approvals Section 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

Expiration Date: JANUARY 16, 1991

SECTION I  
 MEDICARE CATASTROPHIC CARE ACT (MCCA)  
 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

Analysis Personnel

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

Programming Personnel

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

EDP Operations Personnel

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

Other Personnel (identify)

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

Subtotal - A.2 \$ \_\_\_\_\_

Subtotal - A \$ \_\_\_\_\_ \*

MEDICARE CATASTROPHIC CARE ACT (MCCA)  
COST WORKSHEET  
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

B. SITE PREPARATION (Cable pulling, wiring, etc). \$ \_\_\_\_\_ \*

C. SUPPLIES (One time only)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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

D. IMPLEMENTATION OPERATING COSTS

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

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

E. OTHER COSTS (identify)

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

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

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

Subtotal - E \$ \_\_\_\_\_ \*

F. EQUIPMENT

Any additional equipment required for MCCA should have been (or be) ordered per All County Welfare Director's Letter 89-90.

MEDICARE CATASTROPHIC CARE ACT (MCCA)  
SUMMARY OF  
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

Bring \* figures forward from Section I.

A. STAFF RESOURCES	\$ _____
B. SITE PREPARATION	_____
C. SUPPLIES	_____
D. OPERATING COSTS	_____
E. OTHER	_____

TOTAL COSTS (Items A - E) \$ \_\_\_\_\_

SECTION II  
 MEDICARE CATASTROPHIC CARE ACT (MCCA)  
 COST WORKSHEET  
 ONGOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)

A. EDP STAFF RESOURCES

1. VENDOR/OUTSIDE CONSULTANT FEE

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

2. DATA PROCESSING COSTS FOR MAINTENANCE AND OPERATIONS

Analysis Personnel

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

Programming Personnel

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

EDP Operations Personnel

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

Other Personnel (identify)

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

Subtotal - A.2 \$ \_\_\_\_\_

Subtotal - A \$ \_\_\_\_\_\*

MEDICARE CATASTROPHIC CARE ACT (MCCA)  
 COST WORKSHEET  
 ON-GOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)

B. SITE PREPARATION (Cable pulling, wiring, etc). \$ \_\_\_\_\_ \*

C. SUPPLIES (One time only)

	\$ _____
	\$ _____
	\$ _____
	Subtotal - C \$ _____ *

D. IMPLEMENTATION OPERATING COSTS

	# Units	Unit Cost	
CPU Time			\$ _____
Printing			_____
Other			_____
			Subtotal - D \$ _____ *

E. OTHER COSTS (identify)

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
	Subtotal - E \$ _____ *

F. EQUIPMENT

Any additional equipment required for MCCA should have been (or be) ordered per All County Welfare Director's Letter 89-90.

MEDICARE CATASTROPHIC CARE ACT (MCCA)  
SUMMARY OF  
ON-GOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)

Bring \* figures forward from Section II.

- A. STAFF RESOURCES \$ \_\_\_\_\_
- B. SITE PREPARATION \_\_\_\_\_
- C. SUPPLIES \_\_\_\_\_
- D. OPERATING COSTS \_\_\_\_\_
- E. OTHER \_\_\_\_\_

TOTAL COSTS (Items A - E) \$ \_\_\_\_\_

SECTION III  
 MEDICARE CATASTROPHIC CARE ACT (MCCA)  
 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 \$ _____