

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



November 20, 1990

TO: All County Welfare Directors  
All County Administrative Officers

Letter No.: 90-99

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

All County Welfare Directors  
All County Administrative Officers  
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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

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 \$ \_\_\_\_\_ \*

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		\$ _____

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)	\$ _____