DEPARTMENT OF HEALTH SERVICES 714/744 P STREET P.O. BOX 942732

RAMENTO, 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 Page 2

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

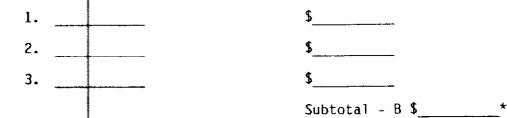
A. EDP STAFF RESOURCES

VENDOR/OL	ITSIDE CONSULT	ANT FEE				
Name of C	Consultant					
	- ·			Subtotal - A-1 \$		
DATA PROC	ESSING COSTS	FOR DEVELOPM	IENT AND IM	PLEMENTATIO		
County Ar	alysis Person					
Class	Cost/Hr	Total Hrs	Total \$			
			Subtotal	\$		
<u>County</u> Pr	ogramming Per	sonnel				
Class	Cost/Hr	Total Hrs	Total \$			
		<u> </u>				
			Subtotal	\$		
County ED	P Operations	Personnel				
Class	Cost/Hr	Total Hrs	Total \$			
		<u> </u>				
			Subtotal	\$		
Other Cou	nty Personnel	(identify)				
Class	Cost/Hr	Total Hrs	Total \$			
			Subtotal	\$		
			Subtotal -	- A-2 \$		

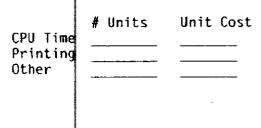
Subtotal - A \$____*

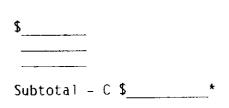
AID CODE REDESIGN PROJECT COST WORKSHEET ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

B. SUPPLIES (One time only)



C. IMPLEMENTATION OPERATING COSTS



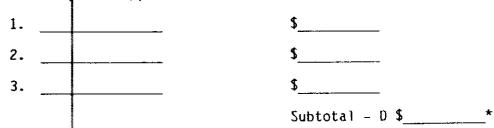


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D. OTHER COSTS (identify)



County:			MATED COSTS	Date:
Person responsible f	or preparat	ion of th	e Cost Statemen	it:
Name:				
Title:			·	
Address:				
Telephone: ()			
Total Estimated Cost	for Comple	ting CBA/	IP:	
Staff Resources				
Classification	Welfare/ EDP	No. of Hours	Hourly Rate	Cost
\$	\$	\$	\$	\$
			<u></u>	
	- 	<u> </u>		
				
				<u></u>
			Subtotal	\$
<u>Other Costs (de</u>	tail)			
Туре	Cor	nments		Cost
				\$
			Subtotal	\$
			TOTAL COSTS	\$

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

Bring * figures forward from Section I.

Α.	STAFF RESOURCES	\$
8.	SUPPLIES	
C.	OPERATING COSTS	
D.	OTHER	
TOTA	AL COSTS (Items A - D)	\$

TOTAL COSTS (Items A - D)