

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 \$ _____