

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

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| LOCAL COMMISSIONERS MEMORANDUM |  
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OTDA-4037EL (Rev. 11/98)

Transmittal No: 99 LCM-7

Date: March 31, 1999

Division: Budget, Finance &  
Data Management

TO: Local District Commissioners

SUBJECT: "Automated Claiming System Re-hosting Project - Training  
Survey"

ATTACHMENTS: Attachment #1 - Automated Claiming System (ACS) Re-  
hosting Project Local District Training Survey  
(available on-line)

As you are aware, the Office of Temporary & Disability Assistance (OTDA) is currently in the process of re-hosting the Automated Claiming System (ACS). The project is scheduled for an August implementation, effective with the July 1999 claim submission.

As part of the implementation, OTDA is currently developing plans to deliver hands-on ACS training sessions. The training sessions will occur in the state regional computer training sites (Albany, NYC, Syracuse and Batavia). The training is scheduled for delivery during the period June 14 through August 13. Training will coincide, as best as possible, with regional workshops designed to provide information regarding the changes in the claim package/schedule forms due to Welfare Reform. These workshops, however, will be conducted separately, due to the seating available in the regional training sites, and will be a four hour session.

Local districts will be responsible for the travel expenses in the first instance. Expenses can then be claimed via monthly claiming process.

Training will consist of a hands-on approach to utilizing the new ACS application, focusing on the ACS menu structure, package entry, initial accept and inquiry functions. Training sessions will be approximately 4 hours in duration.

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We are requesting that each district identify an individual to assist us with the coordination of the training at each site. Assistance will include relaying training dates to individuals and corresponding with OTDA staff. To properly plan for the ACS training, it is essential that we collect the following information from each district:

1. Number of users per site
2. Training center preference
3. Name, telephone number and userid of local liaison

Please complete the attached form with the requested information and return by 4/9/99 to:

Bill Filiaci  
NYS Office of Temporary & Disability Assistance  
40 N. Pearl St. 12C  
Albany, NY 12243

Email address: 0fm330@dfa.state.ny.us  
InfoOfis/Exchange address: 0fm330  
Telephone: (518)473-8641  
Fax: (518)486-4978

As noted in previous correspondence, we are recommending district staff to pursue training in Excel 97, as a precursor (although not required). In addition, we are also recommending that potential users secure training in Windows NT version 4.0 and Outlook 98 to become familiar with the desktop and messaging system included in the personal computer builds. For information regarding upcoming training in these topics please call Vivian Armstrong at (518) 473-5294.

Please direct questions regarding the survey to Bill Filiaci at (518)473-8633 (userid 0fm330). I thank you in advance for your prompt attention and cooperation to this matter.

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Phil Maher  
Assistant Commissioner  
Budget, Finance and Data Management

Attachment 1  
Automated Claiming System (Acs) Re-Hosting Project  
Local District Training Survey

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| District Name: |
| District ACS Liaison: |
| District ACS Liaison Userid (NT/Exchange): |
| District ACS Liaison Userid (Ofislink): |
| District ACS Liaison Telephone Number: |
| District ACS Liaison Address: |
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| Number of District Trainees: |
| Preferred Training Site: |
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The following data will be used for informational purposes in scheduling training groups by district. A group can consist of no more than 10 individuals. Please identify three dates within the time frame identified above. We will attempt to schedule the groups on or as close to those dates as possible.

|                         | Number of<br>Individuals<br>In Group | Choice 1<br>Dates | Choice 2<br>Dates | Choice 3<br>Dates |
|-------------------------|--------------------------------------|-------------------|-------------------|-------------------|
| Group 1 Preferred Date: |                                      |                   |                   |                   |
| Group 2 Preferred Date: |                                      |                   |                   |                   |
| Group 3 Preferred Date: |                                      |                   |                   |                   |
| Group 4 Preferred Date: |                                      |                   |                   |                   |

Return to:

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