



Stage 3 Solution Analysis

California Department of Technology, SIMM 19C.2 (Rev. 3.0.7, 2/28/2022)

3.1 General Information

1. Agency or State Entity Name: 5225 - California Correctional Health Care Services

If Agency/entity is not in the list, then enter here. [Click or tap here to enter text.](#)

2. Proposal Name: Medi-Cal Reimbursement System

3. Department of Technology Project Number (0000-000): 5225-184

4. S3SD Version Number: Version 1

5. CDT Billing Case Number: CS0061508

Don't have a Case Number? [Click here to get one.](#)

3.2 Submittal Information

1. Contact Information

Contact Name: [Meena Kumar/Charles Momeny](#)

Contact Email: meena.kumar@cdcr.ca.gov and charles.momeny@cdcr.ca.gov

Contact Phone: (916) 691-4779 and (916) 691-3340

2. Submission Type: New Submission

If Withdraw, select Reason: [Choose an item.](#)

If Other, specify reason here: [Click or tap here to enter text.](#)

Sections Changed if an update or resubmission: (List all the sections that changed.)

[Click or tap here to enter text.](#)

Summary of Changes: (Summarize updates made.)

[Click or tap here to enter text.](#)

3. **Attach [Project Approval Executive Transmittal](#)** to your email submission. Attached
4. **Attach updated [Procurement Assessment Form](#)** with Stage 3 information to your email submission. N/A. The Procurement Assessment Form is not required as CCHCS is not procuring a solution or vendor-hosted system. Instead, CCHCS will build an in-house system.
5. **Conditions from Stage 2 Approval** (Enter any conditions from the Stage 2 Alternatives Analysis approval letter issued by CDT):

3.3 Detailed Solution Requirements and Outcomes

1. **Attach detailed** Requirements and Outcomes documents including traceability matrix to the email submission. Include any changed or updated requirements. [The detailed solution requirements will be submitted during Stage 4. CCHCS is currently working with the Department of Healthcare Services \(DHCS\) and will update the Requirements Traceability Matrix after receipt of the finalized Policies and Operations Guide from DHCS.](#)

2. **Stage 2 Requirements and Outcomes Changes**

Since approval of the Stage 2 Alternatives Analysis, has the agency/state entity developed or modified any requirements and/or outcomes that were not represented in Stage 2? **No**

If “Yes,” explain:

[Click or tap here to enter text.](#)

If “Yes,” please describe the nature and scope of the change(s) and how the requirements and/or outcomes align with the business objectives established in the Stage 1 Business Analysis:

[Click or tap here to enter text.](#)

3. **Attach** the updated To-Be Workflow(s) to your email submission.

If To-Be business process workflow(s) is not attached, explain why:

[The To-Be Workflows will be submitted during Stage 4 once we receive the finalized Policies and Operations Guide from DHCS and after the requirements are updated.](#)

4. **Attach** the Statement of Work to your email submission. N/A

3.4 Project and Procurements Roadmap

Attach a Project and Procurements Roadmap or Summary to the submission.

The roadmap or summary should include both the primary and all ancillary procurements. [The summary table of contracts/procurements is attached.](#)

3.5 Project Planning

Are the following Project Management Plans or artifacts completed to the required level, approved by the designated agency/state entity authority, and available for the Department of Technology to review? **Choose:** 'Yes,' 'No,' or 'Not Applicable.' If 'No' or 'Not Applicable,' provide the artifact status in the space provided.

Project Management Plan (Draft): No

Status: The Project Management Plan will be submitted with the completion of Stage 4.

Risk Management Plan (Approved): Yes

Status: Attached

Issue and Action Item Management Plan (Approved): Yes

Status: Attached

Change Control Management Plan (Approved): Yes

Status: Attached

Quality Management Plan (Approved): No

Status: The Quality Management Plan will be submitted with the completion of Stage 4.

Testing Management Plan (Approved): Choose an item.

Status: The Testing Management Plan will be submitted with the completion of Stage 4.

Security Management Plan (Approved): Yes

Status: Attached

Contract Management Plan (Updated Draft): Yes

Status: Attached

Other (enter name) Plan: Yes

Status: Attached are the finalized and approved plans for Stages 2 and 3.

3.6 Primary Solicitation

Attach the Primary Solicitation document to your email submission. *N/A*

For a standard procurement, please attach a copy of your IFB, RFP, or RFO.

For a challenge-based procurement, please attach a copy of the solicitation.

3.7 Ancillary Procurements

1. **Attach** all in-progress and completed ancillary procurement documents to your email submission.
2. Has the project begun procurement activities for Independent Verification and Validation (IV&V) services per the State Administrative Manual Section 4940.3? **Yes**

If “Yes,” indicate the planned start date for IV&V services below:

10/5/2023

If “No” or “Not applicable,” provide a brief explanation below:

[Click or tap here to enter text.](#)

3. Provide the following information for each of your ancillary procurements:

Service Type: Project Manager

If “Other,” specify: [Click or tap here to enter text.](#)

Roles/Responsibilities or Tasks: The Project Management consultant will work alongside the Technical Project Manager and the Project Team to complete project management documents and artifacts, respond to control agencies, and work with the Independent Verification and Validation consultant to ensure that the CalAIM MCRS Project meets specified requirements and the needs of the stakeholders.

Status: Complete

CDT STP Conducted: Yes

Procurement Type: IT-MSA

If “Other,” specify: [Click or tap here to enter text.](#)

Length of Contract: 24 months with an optional one-year extension.

Service Type: Other

If “Other,” specify: [Switch network vendor](#)

Roles/Responsibilities or Tasks: The switch vendor will provide the network connection to route Medi-Cal information for transmitting electronic claims and remittances.

Status: In-Progress

CDT STP Conducted: No

Procurement Type: Other

If “Other,” specify: [The switch vendor will support routing claims information to DHCS.](#)

Length of Contract: The switch vendor services are a one-time purchase and will be approximately \$14,000 per year to process and submit Medi-Cal claims.

End of agency/state entity document.

Please ensure ADA compliance before submitting this document to CDT.

When ready, submit Stage 3 and all attachments in an email to ProjectOversight@state.ca.gov.

Department of Technology Use Only

Original “New Submission” Date: 10/16/2023

Form Received Date: 10/16/2023

Form Accepted Date: 10/16/2023

Form Status: In Analysis

Form Status Date: 10/16/2023

Form Disposition: Approved

Form Disposition Date: 11/06/2023