



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: 4265 - Public Health, Department of

If Agency/entity is not on the list, then enter here with the [organization code](#).

2. Proposal Name: Centralized Applications Branch (CAB) Online Project

3. Department of Technology Project Number (0000-000): 4265-081

4. S3SD Version Number: Version 1

5. CDT Billing Case Number: CS0054196

Don't have a Case Number? [Login](#) to the CDT IT Services Portal to get one. If you need assistance with a login, contact your [Account Lead](#).

3.2 Submittal Information

1. Contact Information

Contact Name: [Saigeetha Murugan](#)

Contact Email: Saigeetha.Murugan@cdph.ca.gov

Contact Phone: [925-529-2889](tel:925-529-2889)

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.
4. **Attach updated [Procurement Assessment Form](#)** with Stage 3 information to your email submission.
5. **Conditions from Stage 2 Approval** (Enter any conditions from the Stage 2 Alternatives Analysis approval letter issued by CDT):

[None](#)

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. **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? [Yes](#)

If “Yes,” explain:

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:

[During Stage 3 additional requirements were identified and added to the RTM to support license management, data management, the user portal, data integration, the provider portal workflow, payments and reporting. All of the additional requirements align with the business objectives established in Stage 1.](#)

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

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

[To-Be workflows for CAB Online have been reviewed by the control agencies earlier.](#)

3. **Attach the Statement of Work** to your email submission. [Please refer Solicitation Builder.](#)

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.

[They have been 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):Yes

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

[Risk Management Plan](#) (Approved):Yes

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

[Issue and Action Item Management Plan](#) (Approved):Yes

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

[Change Control Management Plan](#) (Approved):Yes

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

[Quality Management Plan](#) (Approved):Yes

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

[Testing Management Plan](#) (Approved):Yes

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

Security Management Plan (Approved):Yes

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

[Contract Management Plan](#) (Updated Draft):Yes

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

Other (enter name) [Click here to enter text.](#) Plan: [Choose an item.](#)

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

3.6 Primary Solicitation

Attach the Primary Solicitation document to your email submission.

For a standard procurement, please attach a copy of your IFB, RFP, or RFO. [Please refer to Solicitation Builder.](#)

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:

7/1/2026

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

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

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: Project management services to support CDPH.

Status:In-Progress

CDT STP Conducted: Yes

Procurement Type:IT-MSA

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

Length of Contract: 28 Months

TIP: Copy and paste or click the + button in the lower right corner of the ancillary procurement items to add Services (for different Service Types or Lengths of Contract) with all additional information as needed.

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: 8/19/2025 **Form**

Received Date: 8/19/2025

Form Accepted Date: 8/19/2025

Form Status: Completed

Form Status Date: 10/13/2025

Form Disposition: Approved

Form Disposition Date: 10/13/2025