

**Veterans Authorizations and Preferences (VAPii)**  
**Work Effort Unique Identifying #20120112**  
*Business Requirements Document*



**April 2012**

## Revision History

Date	Description	Signatory
4/5/2012 submitted to Business OWNER(s) and Health Enterprise Systems Manager for sign-off	Approved version	<ul style="list-style-type: none"> <li>• Tim Cromwell, Director, Standards and Interoperability, Chief Health Informatics Office (CHIO), OIA, VHA (4/10/12)</li> <li>• Jamie Bennett, Director VLER Health, SI, CHIO, OIA, VHA (4/10/12)</li> <li>• Pam Heller, Director Health Information Management (HIM), VHA OIA (4/6/12 with edits that will be included in the Business Requirements Change Document (BRCD))</li> <li>• Rob Reynolds, Director, Benefits Assistance Service (BAS); Nancy Lansing, Deputy Director, BAS (4/6/12 with edits that will be included in the BRCD)</li> <li>• Joe Paiva, Director VLER (Lonnie Bergeron, Deputy Director, VLER, 4/9/12)</li> <li>• Health Enterprise Systems Manager Shawn Faherty (4/9/12)</li> </ul>
4/5/2012 submitted to OIT for sign-off		OIT Representative, Brian Morgan, Program Manager, NwHIN, VLER IT PMO (4/10/12)

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# Business Requirements Document

## 1. Purpose

The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner. The BRD provides insight into the AS IS and TO BE business area, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the request requirements, constraints, and Information Technology (IT) options considered. This document does not state the development methodology. The intended audience for this document is the Office of Information and Technology (OIT).

## 2. Overview

The Virtual Lifetime Electronic Record (VLER) Enterprise Program Management Office (EPMO), in partnership with the Office of Informatics and Analytics (OIA) of the Veterans Health Administration (VHA), and the Veterans Benefits Administration (VBA), seeks to create a seamless customer service experience for the Veteran/Service Member (SM) and/or authorization user, by implementing a Release of Information (ROI)/Benefits forms/requests processing system. This system, known as the Veteran Authorizations and Preferences Interface Improvement (VAPii), will encourage increased participation in Veteran/SM healthcare, benefits, and other VA related services, by improving the means with which to access, retrieve, complete and store the required forms that must be completed for processing by VA for entitlements, benefits, or services for which they are eligible.

This document is intended to encompass a current set of VAPii related business requirements to manage Release of Information (ROI)/Benefits forms/requests electronically from a central location. Business requirements that remain unrealized by Office of Information and Technology (OIT) contained in the product backlog of the OIT VAP Requirements Traceability Matrix (RTM) for VAP have been reviewed by the business for relevance and pulled into this document as appropriate.

The bulk of these outstanding business requirements originated from the Nationwide Health Information Network (NwHIN) Enhancements New Service Request (NSR) #[20100102](#) and associated BRD. This NwHIN BRD outlines the necessary business requirements for forms processing as they relate to the Release of Information (ROI) for Healthcare information sharing between VA and external partners.

Additionally, this document contains information extracted from the Social Security Administration (SSA) NSR #[20110320](#) and related BRD as it pertains to information exchange with the SSA, for the purpose of “coverage” for disability benefits. Both of these BRDs and associated New Service Requests (NSR) will be “completed” and no longer referenced for VAP related requirements.

### ***Background on Requests/Forms***

From entrance into military service, throughout their careers, and into retirement, Veterans, SMs, and their family members are legally required to fill out authorizations/forms required by VA and other agencies that authorize the ROI. In most cases, the Veteran/SM simply do not know where to begin as the forms are often articulated in complex legalese and reside in a variety of locations (online and in paper), making the forms not easily accessible. These deterrents can lead to the Veteran/SM electing to forego the forms completion process because pinpointing the correct form required by VA or possible external agencies, for example, SSA is too cumbersome; as a consequence they may not

receive services and benefits to which they are entitled due to inability to properly complete the required forms for authorizing the exchange of information to process those entitlements.

As of August 2011, there were 804 Department of Veterans Affairs (VA) Community-Based Outpatient Clinics (CBOC), 280 VA Vet Centers, 58 VBA Regional Offices (RO), and 152 VA medical centers (VAMC)/hospitals. At each of these facilities, under the existing processes in place, it is possible that a Veteran/SM can encounter different guidance regarding the ROI. VAPii would streamline this process and provide consistent direction from the VA and authorized partners by offering the Veteran/SM unvarying instructions for ROI. Through the use of VAPii, the Veteran/SM will be able to understand why VA or other agencies/organizations requests this information, how it is used, by whom, and how long the release is valid.

Whether receiving disability benefits, health care, homeless services, or the final benefit, Veterans/SMs , their families and designees, deserve a seamless way to authorize the sharing of information in a secure, safe environment while simultaneously managing privacy preferences. Through VAPii, the Veteran/SM or authorized user can access a dynamic and growing list of VA and partner organization's authorization forms, providing the tools to manage information and access the necessary documentation to obtain benefits and services. VAPii will dynamically pre-populate Veteran/SM information, thus streamlining the completion of the myriad of forms that must be completed. VAPii supports VA's goal of providing SMs, Veterans, and their families/designees a seamless customer service experience and eliminating some of the misunderstanding and frustration encountered today.

### **3. Customer and Primary Stakeholders**

The primary business owners for this request are Tim Cromwell, Director Standards and Interoperability (SI), OIA, Jamie Bennett, Director VLER Health, Pam Heller, Director of Health Information Management, OIA, and Rob Reynolds, Director, Benefits Assistance Service (BAS).

Additional primary stakeholders include Joe Paiva, Executive Director of the VLER Major Initiative; Leo Phalen, Director, Veterans Relationship Management (VRM) Major Initiative; and Allen Bozeman, Director Veterans Benefits Management System (VBMS) Major Initiative.

### **4. Scope**

The complete capabilities of VAPii will provide increased access to a forms/requests processing and services system that possess a full range of authorization forms (for the sharing of information) across the VA enterprise, with initial priority on the exchange with Department of Defense (DoD) and SSA for disability benefits, in order to prioritize the needs of the severely wounded, ill, and injured. Eventually, the system should enable the completion, tracking and processing of forms/services necessary for Veterans/SMs to receive VA related entitlements.

Achieving the final vision for what originated and termed "Turbo VAP", VAPii will guide the Veteran/SM through the forms/request completion process within a user-friendly, easily-navigated, intuitive, and simplistically designed forms/requests service. When fully implemented, the requests/forms service would provide needed information to the Veteran/SM based on variety of factors to include Service Connection (SC), disability, and other Veteran/SM demographics that the system can utilize to tailor the user experience.

All information collected from the forms/requests completion process should be stored within VA systems; it should be retrievable by interfacing systems for users residing in downstream workflows

to utilize as much “pre-populated” data as possible in an effort to minimize the necessity of data re-entry.

Additionally, VAPii will provide VA the capability to dynamically add and remove information sharing partners and allow Veterans/SMs and other credentialed users to authorize the exchange of information to an ever expanding list of partners. Partners should be dynamically updated so that each time a Veteran/SM logs into the system, they are viewing the most up to date list of partners with which to share information.

VAPii should leverage information from existing systems to the extent possible, such as eBenefits which offers a “central location for Veterans, SMs, and their families to research, find, access, and, in time, manage their benefits and personal information;”<sup>1</sup> and/or MyHealtheVet, which is “designed for Veterans, active duty Servicemembers, their dependents and caregivers...to partner with the health care team.”<sup>2</sup>

## 5. Goals, Objectives and Outcome Measures

Goal/Objective and Desired Outcome	Impact	Measurement
Veterans/ SM or authorized users are guided through a series of logical interview questions to complete the authorization and manage the release of their information for the full continuum of purposes of use.	Improved Veterans/ SM or authorized users satisfaction with completing a dynamic form that explains the process as the user moves through the form completion process.	Feedback from user experience surveys.
Claim submission supports downstream benefits claims processing by interfacing with applicable databases where needed Veterans/ SM or authorized users information is stored for timely retrieval.	Improved and decreased claim processes sing timeframes.	Analysis gathered from workload management reports and claim processing timeframes.
Veterans/ SM or authorized users can access their benefits information from any device/location.	Improved patient satisfaction and convenience whereby the Veteran/ SM or authorized user can utilize any device at any time.	Mobile usage statistics.
Ability to dynamically add VA partner organizations that support/provide Veteran/SM or authorized user benefits and services.	Improved patient satisfaction and convenience for the full continuum of VA and partner organization benefits and services.	Number of benefits/purposes of use provided/the total number of potential uses.

<sup>1</sup> About eBenefits: [https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal;EBEN\\_JSESSIONID=SQ6kPpyM0xnHQzCgvLQYyP1BvvqfnFVcWf2dSsd9jb23BN3vhfLs!361835166!188355478?nfpb=true&portlet.async=false&pageLabel=AboutMain](https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal;EBEN_JSESSIONID=SQ6kPpyM0xnHQzCgvLQYyP1BvvqfnFVcWf2dSsd9jb23BN3vhfLs!361835166!188355478?nfpb=true&portlet.async=false&pageLabel=AboutMain)

<sup>2</sup> My HealtheVet: <https://www.myhealth.va.gov/index.html>

## 6. Enterprise Need/Justification

This request supports VA’s strategic plan, including Strategic Goal 1: “Restore the capability of Veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.” To achieve this goal, VA has set out specific program objectives in its strategic plan. The objective most relevant to the disability compensation program is Objective 1.2: “Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-disabled Veterans.”

This request also aligns to VA’s Agency Priority Goals to: 1. Eliminate Disability Claims in Backlog, 2. Increase Access to Services and Benefits, and 3. Help End Veteran Homelessness by providing timely resources to those who need them most.

As a key component of VBA’s Transformation Initiative, VAPii will provide the capability for reducing the backlog of Veterans claims by improving the ease of releasing information for the Veteran/SM or authorized user. In doing so, it will lessen the complexities of authorization form completion for the Veteran/SM or authorized user; standardize and expedite the downstream activities of claims processing for Veterans/SM or authorized users; help improve decision quality; and ultimately make computable data available for input into claims adjudication, decision making, monitoring and reporting.

## 7. Requirements

### 7.1. Business Needs/OWNR Requirements

Note\*\*: The items in this list partially represent those contained within the VAP Requirements Traceability Matrix (RTM).

1. Priority Key # from VAP RTM – Example: High(#):
  - a. 1 – Matter of Law – Must be met
  - b. 2 – Core Infrastructure – Must be available
  - c. 3 – Automation of a manual process
  - d. 4 – Patient Safety Issue
2. All listed requirements are needed by the business community. The Priority is merely a mechanism to suggest a sense of urgency and order to the technical community if the requirements are to be parsed into phases. The order of importance begins with those that are designated as **High** priority.

ReqPro Tag	VAPii Functional Allocation	Business Need (BN)	OWNR Number (including previously assigned)	OWNR Requirement (OWNR)	Increment	Priority*
NEED1555		BN 1: Adhere to the <u>Enterprise Level requirements</u> within the Requirements Management Repository (RMR) and as specifically addressed in <u>Appendix F</u> of this document.				
	<i>1. Veteran Facing- The majority of requirements in this section are newly identified from the business; due to time constraints for BRD completion, these requirements will likely be recaptured in a Business Requirements Change Document (BRCD) and regrouped into more meaningful Needs/Activities sub-groups.</i>					
		BN 2: Provide a central location for Veterans, Service Members, and other authorized users to manage forms/requests for information for VA entitlements.				

			OWNR pending	Provide the ability for an employee to submit consent directives (authorization, restriction, revocation) pertaining to the disclosure of their own health information.		
			OWNR pending	Provide the ability for an employee to authorize the disclosure of employee health record, i.e. from separate employee health record system (Occupational Health Record Keeping System (OHRK)).		
Changed			2.1.2.1	Provide the ability to view/utilize pre-populated Veteran/SM information within a consent directive submitted from previous electronic consents.	2	High(3)
			2.1.2.2	Provide the ability for the system to pre-populate the consent directive with authoritative demographic information.	2	Low(3)- Medium(3)
			2.2.1	Provide the ability to display pre-approved policies in the user interface as options that the Veteran/SM or authorized user can select.	Partial Inc 1, complete in Inc 2.	Med(1)
			2.4.1	Provide the ability for a Veteran/SM or authorized user to access an electronic consent packet that can be printed and mailed-in.		Low(2)
			2.4.3	Provide the ability for a Veteran/SM or authorized user to electronically generate a printable report of current and previously created, changed, and revoked consent directives <sup>3</sup> .		High(3)
			2.4.3.1	Provide the ability for a Veteran/SM or authorized user to print and download draft consent directives in humanly readable format.	? States as part of Inc 1, however in backlog	Low
			2.4.4	Provide the ability for a Veteran/SM or authorized user to begin an electronic consent directive and complete it during a later session.		High(3)
			OWNR pending	Provide the ability for a Veteran/SM or authorized user to delete a draft consent directive after confirming the deletion.		

<sup>3</sup> FROM RED: OWN199: (BN 2, 2.4.3) Provide patients with the ability to electronically generate a printable report of current and previously created, changed, and revoked consent directives.

			2.4.5	Provide the ability for a Veteran/SM or authorized user to review all consent directives submitted, <b>or</b> approved, and allow them to create, update, and revoke them <sup>4</sup> .	Partial Inc 1	High(2)
			2.4.6.1	Provide the ability for a Veteran/SM or authorized user to submit on-line queries for basic help desk assistance in completing forms, clarifying participation requirements, and tracking the status of consent directives.		Med(3)
			2.4.7	Provide patients with an electronic display of created, changed, and revoked consent directives.	Partial Inc 1	High(2)
			2.5.1	Provide patients and authorized individuals with the ability to digitally sign consent directives as part of a larger VA managed service.		High(2)
			3.3.1	Provide the ability to notify patients within VAPii, prior to the addition of a new partner, that their health information will be shared with a new partner.		
			3.3.2	Provide the ability for a Veteran/SM or authorized user to view a notification when the latest submitted consent directive has been approved or denied.		High(2)
			3.7.6	Provide the ability to report failed validations and the reason for failure occurring in the consent directive validation process. (Note: validation means approve, deny, and reconcile the patient's request)	2	High(3)
			3.7.10	Provide the ability to notify patients of the status of approval, disapproval, or any conditions VA requires regarding adjudication of their consent directive requests as a result of the reconciliation process whereby the consent is compared with VA policy.		High(3)

<sup>4</sup> FROM RED: OWN201: (BN 2, 2.4.5) Provide the ability for a Veteran or authorized user to review all consent directives submitted, or approved, or in progress and allow them to create, update, and delete revoke them.

			4.4	Provide the ability to download and integrate approved patient privacy policies from Consent Management Services to create composite security and privacy policy sets for Access Control Service (ACS) enforcement.		Low(2)
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to submit beneficiary information updates for each “purpose of use” within the system.		
Changed			OWNR pending	Provide the ability to view Veteran/SM consent directives in VAPii when authorization/revocation forms are completed from any other originating source.		
			OWNR pending	Provide the ability for a Veteran/SM or authorized user to apply for and track the status of the following types of claims: Compensation, Pension, Education, Burial and Vocational Rehabilitation & Employment (VRE) Benefits.		
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to manage dependents’ information.		
			OWNR pending	Provide the Veteran/SM or authorized user with enhanced reporting capabilities (to include all entities and entitlement options) by a variety of attributes and categories.		
			OWNR pending	Provide the ability for the authenticated user to authorize the release of their psychotherapy notes for purposes of use other than treatment (as allowed).		
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to view terms and conditions tailored to a purpose of use.		
			OWNR pending	Provide the ability for a Veteran/SM or authorized user to manage and track VA Home Loan benefit and entitlements.		
			9.4	Provide the ability for a Veteran/SM or authorized user to view an up to date listing (dynamic) of all partners upon log-in to the system.		

			OWNR pending	Provide the ability for the Veteran/SM or authorized user to determine if new partners relevant to their activities were added to the system since last log-on.		
		BN3: Provide system assisted guidance when completing forms/requests for entitlements and other VA services within VAPii.				
			OWNR pending	Provide the ability to complete consent directives and/or other requests using a system-guided interface that tailors information presented to Veterans/SM or authorized users depending on specific service needs asserted by the Veteran/SM or authorized user.		
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to make relevant selections based on their status/eligibility, and other characteristics, from forms grouped in meaningful ways that facilitate the forms completion process.		
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to select a form by a form number and/or name or other criteria.		
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to interact with a forms wizard that assists them with identifying the correct forms to complete.		
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to delete an incomplete form initiated by the Veteran/SM or authorized during the same or prior session.		
			2.3	Provide the ability for the Veteran/SM or authorized user to restrict ROI based upon standard attributes such as name, role, purpose of use, organization, and location.	2	Med(1)
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to submit customer feedback information regarding their experience using the VAPii system.		

			OWNR pending	Provide the ability for a Veteran/SM or authorized user to view a summary of previous attempts at logging into account and whether the login was or was not successful at the start of each session.		
			OWNR pending	Provide the ability for a Veteran/SM or authorized user to visually determine that a password change was successful or unsuccessful.		
			OWNR pending	Provide the ability to view, on the first log-on, a disclaimer regarding how the Veteran/SM or authorized user's information will be used.		
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to view upcoming milestones, appointments, or other pertinent dates/activities.		
			OWNR pending	Provide the ability for a Veteran/SM or authorized user to view a pre-exit summary of activities performed during a session within each module.		
			OWNR pending	Provide the ability for an authorized user to manage a range of consumer preferences.		
			OWNR pending	Provide the ability for a Veteran/SM or authorized user to complete benefit courses electronically in an effort to understand all VA benefits potential entitlements when transitioning into Veteran status.		
			OWNR Pending	Provide the ability for the Veteran/SM or authorized user without appropriate credentials to be directed to the appropriate credentialing location.		
			OWNR pending	Provide the ability for a Veteran/SM or authorized user to authorize the re-disclosure of information pertaining to Title United States Code (USC) Title 38 Section 7332 (i.e. Drug and alcohol information).		
			OWNR pending	Provide the ability for a Veteran/SM or authorized user to access VAPii from any location or device.		

			OWNR pending	Provide the ability for a Veteran/SM or authorized user to communicate electronically and within a secure environment regarding aspects of their electronic consent directives and the sharing of their information for healthcare purposes.		
<p><b>2. Business Administration – Many of the requirements in this section are newly identified from the business; due to time constraints for BRD completion, these requirements will likely be recaptured in a Business Requirements Change Document (BRCD) and regrouped into more meaningful Needs/Activities sub-groups.</b></p>						
		BN Pending: Provide Business Administration with support functions to process, manage, and track consent directives and other related benefits information processed through VAPii.				
			OWNR pending	Provide the ability for an employee to submit consent directives (authorization, restriction, revocation) pertaining to the disclosure of their own health information.		
			OWNR pending	Provide the ability to add “Research” as a new purpose of use within the VA.		
			1.8	Provide the ability to view paper based consent directives as part of the Veteran/SM official health record.	Partial Inc 1, complete in Inc 2.	
			3.1.2	Provide the ability for the ROI system to receive, review and process electronically submitted consent directives not pre-approved by policy.		Low(3)
			3.1.2.6	Provide the ability for the ROI Office to download current and historical signed consent directives (created, changed, and revoked) in humanly readable format.	Partial Inc 1	High
			3.1.4	Provide the ability for the ROI Office to retrieve the patient consent directive using the additional identifier (such as Integration Control Number (ICN)).	Partial Inc 1	Low(3)
			3.3.3	Provide the ability for the VAPii system to generate a notification letter regarding activities performed, to be printed and mailed to the patient.	2	High(2)

			3.7.1.1	Provide the ROI Office with the ability to create canned and ad hoc reports, including reports by individual patient, patients by facility, Veterans Integrated Service Network (VISN) and nationwide (for example: count and /or list of patients in an opt-in status, count/list of patients in an opt-out status, patients whose consent directives are expiring in a specified timeframe, restriction requests by category, Accounting of Disclosures, consent directives pending approval, and consent directives denied).	2	
			3.7.1.4	Provide the ROI Office with different views of electronically submitted consent directives (ad hoc report, facility/station, date, status, expiration date, all of the pending consent directives needing processing, search by patient)	Partial Inc 1	High(3)
			3.7.2	Provide the ability to produce an automated report of the disposition of patient requests to create, modify, or revoke consent directives.		High(3)
			3.7.5	Provide reports of patients whose consent for participation in Health Information Exchange (HIE) is within a specific expiration window.		Med(1)
			OWNR pending	Provide the ability to define the access level of VAPii administrative users.		
			OWNR pending	Provide the ability to create new letters in the system to be utilized by VAPii administrative users.		
			OWNR pending	Provide the ability to print letters on demand as well as delay printing for batch printing jobs.		
			OWNR pending	Provide the ability to enter and view comments related to a consent directive. (Example, confirmation letter sent on xx/xx/xxxx.)		

			OWNR pending	Provide the ability to place a manually submitted consent directive in a delayed (pending) status in cases where additional action is required before authorizing or revoking a consent directive. (Examples: Form not signed, Form content altered, Demographic changes, Privacy Officer review, Signature verification, Power of Attorney not on file, etc.).		
Changed		BN 3: Provide the ability to store and retrieve a form/request for all active purposes of use "coverage."				
			OWNR pending	Provide the ability to capture a new purpose of use and have it accessible by all users of VAPii.		
			OWNR pending	Provide the ability for the Veteran/SM or authorized user to submit consent directives for each new purpose of use.		
		BN Pending: Provide the ability to perform an array of business support functions within a workload queue for VAPii.				
			OWNR pending	Provide the ability for VA staff to process consent directives that require manual intervention.		
			OWNR pending	Provide the ability to automatically inactivate consent directives and associated correlations from the system when notified of a deceased Veteran/SM.		
			OWNR pending	Provide the ability for ROI staff to manage all workload from a single user interface (i.e. VAP, Direct, Document Storage Systems (DSS) ROI).		
			OWNR pending	Provide the ability for ROI staff to perform work within a consolidated view of Accounting of Disclosure Reports (i.e. VAP, NWHIN Direct, and DSS ROI).		
<b>3. Secure Identity and Access Management</b>						
		BN 10: Provide consent management that assist with managing electronic identities within VAPii.				
			3.4.1	Provide the ability for consent management administrators to centrally administer cross-cutting patient consent directives for all VA healthcare systems under their control.		Med(3)

			3.5.2	Provide the ability for consent management administrators to validate patient requests to create, modify, or revoke consent directives.	2	High(3)
			3.5.4	Provide consent management administrators with the ability to review all patient and VA-created privacy policies for inconsistent, duplicate, or conflicting rules prior to actually approving them for enforcement.		
			3.5.6	Provide the ability for the system to, upon approval of consent directive changes by the ROI Office, to provide an electronic notification to external partners if approved changes modify the conditions of the previous consent directive.		Low(2)
			3.7	Provide the ability for consent directive administrators to create, retain, and forward electronic reports and records as required.		Low(3)
			3.7.1	Provide the ability for consent management administrators to automatically collect, collate, and analyze audit information for privacy breach notification reporting purposes.		High(1)
			OWNR pending	Provide the ability to recognize and maintain a “VIP” tag <sup>5</sup> in the EHR.		
			OWNR pending	Provide the ability to recognize and maintain an “Employee” tag from EHR for internal purposes.		
			OWNR pending	Provide the ability to maintain of individuals (including deceased) as long as VHA retains the records/life of the record.		
			OWNR pending	Provide the ability for the system to manage access to all or part of a Veteran/SM or authorized users electronic health record.		
<b>4. Authentication Services</b>						
		BN Pending: Provide processing/communication services to protect resources and information accessed, shared, and managed within VAPii.				
			1.9	Provide the ability for in-person proofing of an identity, proofed at an appropriate level of assurance as specified by policy, to the Veteran patient identifier.		High(2)

<sup>5</sup> Indicates that the patient record has been designated sensitive.

			OWNR pending	Provide the ability to accept any authorized credential for access to VA provided services, (ex. Federal Identity, Credential, and Access Management (FICAM)).		
			OWNR pending	Provide the ability to redirect authorized users to any resources within the VAPii system (using single sign-on (SSO) without asking for credentials.		
<b>5. Access Control</b>						
		BN Pending: Provide a mechanism to grant or revoke the right to access VAPii, its data, or a particular activity within VAPii.				
			1.9.1	Provide the ability to ensure that only Veteran/SM patients identity proofed at the level of assurance specified by policy can access the electronic consent directive capability.		High(1)
			2.1.4	Provide the ability to receive and validate an authorization that has been provided by external trusted partners.		
			3.1.2.2	Provide the ability to change to a default opt-in in response to legislative relief for USC Title 38 7332 protected conditions.		High(1)
			4.1	Provide the ability to retrieve/receive organizational security and privacy policies from security management services.		High(2)
			5.1.3	Provide the ability to enforce line of business approved individual privacy preferences/consent directives applied to purpose of use, persons, roles, and selected data.		High(2)
			5.1.4	Provide the ability to enforce line of business approved individual privacy preferences/consent directives applied to sensitivity.		
			5.1.5	Provide the ability Information Access & Privacy Program Office as well as the Health Information Management Program Office with the ability to nationally approve privacy policies.		Low(3)

			5.2.2	Provide the ability to mask (such as delete or hide) specific patient-specified information from standard response messages (e.g., Health Information Technology Standards Panel (HITSP) C32, C37) in accordance with VA composite security policies prior to the release of information.		Low(1)
			5.2.3	Provide the ability to deny exchanges of health information with a requesting organization if VA has accepted a patient's request to prevent such exchange with a specific named individual or group of individuals in an accepted role.		Low(2)
			5.2.4	Provide the ability to, in an emergency (defined as a situation involving possible death or injury/harm), for Service Provider authorization and access control services to support the ability to enforce access privileges and consent directives to appropriate policies defined by the purpose of use of "emergency access".		Med(4)
			OWNR pending	Provide the ability to mask/redact/anonymize/pseudo-anonymize information exchange based upon a VA policy.		
<b>6. Supporting Services</b>						
		BN Pending: Provide Consent Directive Processing Supporting Services for the business.				
			2.5	Provide the ability for the line of Business consumer (e.g. patient) digital signature capability for integration with Line of Business consumer applications.		High(2)
			7.6	Provide the ability to create a report, by VA facility number, that provides a count of the number of VAMC patients who are correlated with each CONNECT partner.		High(3)
			OWNR pending	Provide the ability to run ad-hoc reports on a variety of various information (to be defined).		
			OWNR pending	Provide the ability to resolve Master Veteran Index (MVI)/VAPii correlation issues.		
			OWNR pending	Provide the ability to retain in the MVI all linkages to individuals to external organizations for as long as VHA maintains the records.		

			OWNR pending	Provide the ability, even if requested by an external organization, for the system to recognize a sensitivity marking/tags, i.e. for VIP/sensitive records.		
			OWNR pending	Provide the ability to flag records as employee health records.		
			OWNR pending	Provide the ability for an employee to authorize the disclosure of employee health record, i.e. from separate employee health record system (Occupational Health Record Keeping System (OHRK)).		
<b>7. Audit</b>						
		BN pending: Provide the ability to maintain a record of system activity both by system and application processes and by user activity of the VAPii and associated applications.				
			2.1.5	Provide the ability to detect a change in the patient's preferences from the external trusted partner, and automatically update the Computerized Patient Record System (CPRS) status (technical note: attempt to re-correlate patient fails)		Low(3)
			OWNR pending	Provide the ability to audit the success rate of completed forms vs. non-completed forms.		
			3.3	Provide the ability for the system to generate and send an electronic notification to the Veteran/SM based on activities performed within VAPii.		High(2)
		BN 3: Provide the ability to electronically manage/administer organizational security and privacy policies.				
			3.3.4	Provide the ability for the system to generate and send an electronic notification to the Veteran/SM, at defined intervals, when their consent directive is about to expire.	3	
			3.4	Provide the ability for consent management services to administer organizational and Veteran/SM privacy policies.		Low(3)
			3.5	Provide the ability to properly authorize consent management administrators with the ability to centrally manage Veteran/SM privacy policies and attributes (validate, authorize, preapprove or deny).		Low(3)

			3.5.3	Provide the ability for consent management administrators with the ability to periodically re-validate information submitted in a Veteran/SM's request to create, modify, or revoke a consent directive.	2	
			3.7.3	Provide the ability to report selected Veteran/SM and VA privacy information policy and management information activities to VA and VA business partners (such as Kaiser Permanente (KP) and DoD).		
			3.7.9	Provide the ability to reconcile Veteran/SM consent directives with VA policy.		Low(3)
		BN 5: Access Control – Support enforcement of VA approved security and privacy policies				
			OWNR pending	Provide the ability to mask/redact/anonymous/pseudo-anonymous information exchange based upon a VA policy.	2	High(2)
		BN 7: Enhancement of identity management processes between VA and external entities.				
			7.8	Provide the ability to report on all correlated Veteran/SMs, by facility, and all future appointments.		
		BN 9: Provide support for the addition of new partners.				
			9.3	Provide the ability to authorize a new partner.	Ongoing	

## 7.2. Non-Functional Requirements

ReqPro Tag	Operational Environment Requirements
NONF	Update to the latest version of the any information exchange mechanism specifications as required by the Data Use and Reciprocal Support Agreement (DURSA) (for example, this includes HITSP C32 and Veteran/SM discovery).
BDET17.20	End-user (patient) response time for interface to the VAPii System (via the portal) will be 7 seconds or less.
NONF	System response times and page load times shall be consistent with eBenefits standards.
NONF	Maintenance, including maintenance of externally developed software incorporated into VAPii, shall be scheduled during off peak hours or in conjunction with relevant VistA maintenance schedules.
NONF1608	Information about response time degradation resulting from unscheduled system outages and other events that degrade system functionality and/or performance shall be disseminated to the user community within 30 minutes of the occurrence. The notification shall include the information described in the current Automated Notification Reporting (ANR) template maintained by the VA Service Desk. The business impact must be noted.
NONF1609	Provide a real-time monitoring solution during the maintenance windows or when technical issues/problems occur which may require a preventative back-up.
NONF	The system shall be able to handle exception errors.

NONF1610	Notification of scheduled maintenance periods that require the service to be offline or that may degrade system performance shall be disseminated to the user community a minimum of 48 hours prior to the scheduled event.
OWNR1.9.5	Ensure that VAPii is capable of accepting enterprise identifier (ICN) updates from the MVI system to the Veteran patient identifier.
5.3	Provide the ability to utilize and interpret external information requests (including attached access control decision information) received via the VAP –VA NwHIN Gateway interface.
<b>Usability/User Interface Requirements</b>	
NONF	User acceptance testing personnel shall include ROI staff that is able to confirm acceptable changes to their workflow.
NONF2227	The application shall include user prompts to guide the use of the application so that minimal technical support is needed by the user.
NONF2352	The system shall provide context sensitive help.
NONF2353	The system shall provide meaningful prompts and error messages to aid in completing a specific task.
NONF1612	A technical training curriculum shall be developed and delivered to all levels of staff users.
NONF	The training curriculum shall state the expected training time for primary users and secondary users to become productive at using the VAPii application(s).
NONF	All training curricula, user manuals and other training tools shall be updated by the EPMO and delivered to all levels. The curricula shall include all aspects of the VAPii application and all changes to processes and procedures.
NONF1613	The training curriculum shall state the expected task completion time for primary and secondary users.
NEED9.3.1	Provide confidence testing prior to authorization of a new partner.
<b>Patient Privacy Management</b>	
Prior OWNR 13.1 (Partial)	Provide for the storage of all variants/forms of original patient consent directives including final versions approved by privacy administrators.
OWNR13.5.1	Enforce rule that patients who choose to use VA provided electronic consent directives must have a current portal account.
OWNR13.5.2	Enforce rule that patients who choose to use VA provided electronic consent directives must be identity proofed at the appropriate National Institute of Standards and Technology (NIST)-Special Publication (SP) 800-63 defined level of assurance-
OWNR13.5.3	Enforce rule that patient consent directives shall be digitally signed with a signature representing the patient or the patient representative.
BDET17.18	Provide the ability to retain the accounting of disclosures for 75 years, as required by Privacy Act as the life of the HER is 75 years.
<b>Documentation Requirements</b>	
NONF2228	Updates shall be made, as necessary, to applicable user manuals and other training tools and shall be delivered to all levels of users. If no user documentation exists, it shall be produced.
NONF	Updates shall be made, as necessary, to the applicable technical documentation including Operations and Maintenance (OM) Plans related to the VAPii application located on the VA Software Documentation Library. If no User or OM documentation exists, it shall be produced.
NONF	Provide process and policy documentation to share with new VAPii partners.

<b>Implementation Requirements</b>	
NONF	An implementation plan shall be developed for all aspects of the VAPii program.
NONF	Technical Help Desk support for the application shall be provided or users to obtain assistance with all aspects of the end user experience of VAPii, which shall be consistent with the portal in which it resides.
NONF1614	The IT solution shall be designed to comply with the applicable approved Enterprise Service Level Agreements (SLA).
NONF	VAPii updates will be implemented in a phase approach.
OWNR17.2	Leverage the VA facility coordinator at the VLER Health Communities to administer the VAPii consent processes.
NONF	Ensure that electronic workflows are unbroken and do not require steps involving manual intervention except as specifically identified in requirements.
NONF	Ensure that all veteran interactions with the system are as simple as possible, and encourage the use of electronic versus manual processes.
<b>Data Protection/Back-up/Archive Requirements</b>	
NONF1615	Provide a back-up plan for when the system is brought off-line for maintenance or technical issues/problems.
NONF	Data protection measures, such as back-up intervals and redundancy shall be consistent with systems categorized as mission critical.
<b>Data Quality/Assurance</b>	
OWNR 2.4	Provide the ability for Standards and Terminology Services (STS) to distribute the newly standardized terms.
NONF2229	A monitoring process shall be provided to insure that data is accurate and up-to-date and provides accurate alerts for malfunctions while minimizing false alarms.
<b>User Access/Security Requirements</b>	
NONF1616	Due to patient safety considerations, data protection measures such as backup intervals and/or redundancy shall be consistent with systems categorized as critical.
NONF1617	Ensure the proposed solution meets all VHA Security, Privacy and Identity Management requirements including <a href="#">VA Handbook 6500</a> . (See Enterprise Requirements Appendix).
NONF pending	Provide patients and authorized individuals with the ability to authenticate to the digital signature application using either VA supported credentials or a PIN provided to the patient for that purpose immediately prior to applying a digital signature.
NONF pending	Provide patients and authorized individuals with the ability to sign electronic consent directives using a pad and stylus, if available, as an alternative to a digital signature.
<b>Consent Management</b>	
OWNR14.1	The ROI application shall be capable of receiving and using an electronic HL7 Clinical Document Architecture (CDA) R2/Release 3 (R3) formatted consent directive.
OWNR14.3	Upon completion and approval of a patient consent directive ROI system shall place the approved HL7 CDA R2 consent directive in a Cross Enterprise Document Sharing (XDS) repository for provisioning to the ACS.
OWNR14.4	Organizational security policies will be available in a humanly readable format.
OWNR14.5	Organizational privacy policies will be available in a humanly readable format.
<b>Identity Management</b>	
OWNR16.4	As necessary, comply with the Baker memo regarding Electronic Data Interchange Personal Identifier (EDIPI), for future requirements

## 7.2.1. Performance, Capacity, and Availability Requirements

### 7.2.1.1. Performance

<b>If this is a system modification, how many users does the current system support?</b>
Unknown
<b>How many users will the new system (or system modification) support?</b>
100,000 user visits per day
<b>What is the predicted annual growth in the number of system users?</b>
Currently 1.4 million. Goal of 2.5 million by June 2013.

### 7.2.1.2. Capacity

<b>What is the predicted size (average) of a typical business transaction?</b>
Typical use is 5.46 web pages per visit
<b>What is the predicted number of transactions per hour (day, or other time period)?</b>
There are about 250,000 page views per day.
<b>Is the transaction profile expected to change (grow) over time?</b>
Yes
<b>What are the dependencies, interactions, and interfaces with other systems?</b>
Partner competing priorities in developing requirements, deploying features and partner configuration management.  Possible interfaces with other systems include: iMED Consent, CPRS, VistA Web, VLER Data Access System (DAS), eBenefits, My HealtheVet, NwHIN Direct and Adapter, and DSS ROI.
<b>What is the process for planning/adjusting capacity?</b>
Continue to evaluate authenticated users plus page and plan accordingly for anticipated growth.
<b>Does the update require a surge capacity that would be different from the base application?</b>
There is currently a 40% surge capacity with plans to enlarge.

### 7.2.1.3. Availability

<b>Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc) to support the business.</b>
A similar application, eBenefits, is available 24x7.

## 7.3. Known Interfaces

This is the business community's best understanding of known interfaces and may not be a comprehensive listing.

<u>Name</u>	<u>Description</u>	<u>Interface Type</u>	<u>Responsibilities</u>	<u>Deliverables</u>
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<b><u>Name</u></b>	<b><u>Description</u></b>	<b><u>Interface Type</u></b>	<b><u>Responsibilities</u></b>	<b><u>Deliverables</u></b>
CPRS	Computerized Patient Record System	Automated	Used throughout VA in all healthcare settings (inpatient, outpatient, Long-term Care (LTC),	The legal health record for Veterans/SMs; all information related to a Veteran/SM should be viewable within the single electronic health record.
VistA Web		Automated	An Intranet web application used to review remote patient information found in VistA (or other shared enterprise databases such as the Federal Health Information Exchange (FHIE), and Health Data Repository (HDR).	Users are able to view clinical information for Veterans/SMs across VA and DoD.
iMED Consent	Dialog Medical Commercial Off the Shelf (COTS) System	No current interface with VAPii only with CPRS	Standardizes and automates the informed consent and other patient communication processes.	Currently being piloted to complete consent directives (authorize, revoke) but needs interface to VAPii.
VLER DAS	VLER Data Access Service		An improved architecture that will support exchange of the current 31 health and benefits data domains, and aggregate results for consumers.	The DAS supports all 31 Bi-Directional health Information Exchange (BHIE) data domains. In the future, it will support Care Coordinator and Benefit status
eBenefits	Electronic Benefits		A central location for Wounded Warriors, Veterans, SMs, Family of SMs, to research, find, access, and in time, manage their benefits and personal information.	Similar to VAPii except for the back end ROI business rules for creating, authorizing, revoking, and restricting consent directives.

<u>Name</u>	<u>Description</u>	<u>Interface Type</u>	<u>Responsibilities</u>	<u>Deliverables</u>
My HealtheVet	The VA's Personal Health Record (PHR).	Web	Designed for Veterans, active duty SMs, their dependents and caregivers. It helps these users partner with their health care team. It provides opportunities and tools to make informed decisions.	
NwHIN Direct	Expansion of the standards and service definitions of the NwHIN.		Allows organizations to deliver simple, secure, scalable, standards-based encrypted health information directly to known trusted recipients over the Internet.	
NwHIN Adapter	Nationwide Health Information Network	Automated	VA NwHIN Adapter supports the exchange of health information with the external partners.	
Document Storage Systems (DSS) ROI	Automates the entire process of managing electronic medical record release of information requests.	Automated	As the user enters information into the form, the database becomes populated. A click on the down arrow in any field will then provide the user with a selection list for information requested.	Used by ROI Staff.

#### 7.4. Related Projects or Work Efforts

- NSR 20100102 NwHIN Enhancements: This is a request to: 1. Expand the information that will be exchanged in the pilot (a subset of HITSP C32 information is being exchanged

between San Diego VAMC, Kaiser Permanente and DoD), 2. Provide the infrastructure needed to expand beyond the 3 pilot sites, 3. Automate identity management processes (correlation of identities between the entities), 4. Electronically manage, integrate and enforce VA consumer preferences, as well as organizational and U.S. security and privacy policies relative to Health Information Exchange (HIE). (Consumer Preferences and Policy (CPP) Management requirements have been documented in BRD developed for NSR 20090624. The BRD for this request will incorporate all of the requirements documented in the 20090624 BRD):

[http://vista.med.va.gov/nsrdmgmt/Tab\\_GeneralInfo.asp?RequestID=20100102](http://vista.med.va.gov/nsrdmgmt/Tab_GeneralInfo.asp?RequestID=20100102)

- NSR 20110320 CPP/VAP Expand Capabilities to Accept an SSA Authorization: Under the VLER Initiative there is a desire to pilot an exchange of Veteran health information with SSA using the NwHIN. In order to provide health information to SSA, VA requires an authorization from the Veteran by way of SSA or the Veteran. The current process for releasing a Veteran's health information to SSA for disability benefits claims is a time consuming manual process completed by the ROI office. The ROI office either receives the authorization via US Postal Mail, OR, uses an SSA Online Portal that allows the authorization to be uploaded to the portal; VA ROI staff must frequently enter the online portal to manually validate the authorization and also upload the medical information that they can: [http://vista.med.va.gov/nsrdmgmt/Tab\\_GeneralInfo.asp?RequestID=20110320](http://vista.med.va.gov/nsrdmgmt/Tab_GeneralInfo.asp?RequestID=20110320)
- Veterans Online Application II (VONAPP Direct Connect (VDC)): Veterans Online Application (VONAPP II), which includes a redesign of legacy VONAPP, will leverage the eBenefits portal, a web-based, online presence that allows users to browse or search military service-related and Veteran benefits information. Veterans, beneficiaries, military SMs, and other eligible claimants will use VONAPP II for submitting claims electronically for the following VBA benefits: Compensation and Pension (CP), Education, and Vocational Rehabilitation and Employment (VRE). VONAPP II/eBenefits users will be allowed to establish secure accounts with a unique username and password, and will be able to receive personalized and customized information relevant to them, as well as conduct online transactions related to the application for VBA benefits and services, and maintenance of those VBA benefits and services. Access to VONAPP II through eBenefits will provide a secure form of e-authentication by comparing information entered by the customer with VA corporate database, Beneficiary Identity Records Locator System (BIRLS), VA/Department of Defense (DoD) Identity Repository (VADIR), Defense Enrollment Eligibility Reporting System (DEERS) data and other authoritative VA data sources. This will eliminate the need for end users to enter several different sites. Portal users will have the ability to access information securely, depending on their user profiles, from anywhere at any time: <http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=1454&Type=Active>
- NSR #20111003 Veteran Point of Service (VPS) Kiosk: The VPS Kiosk project will implement kiosks for administrative functions at all VAMC's and some CBOC's. The kiosk thin client application is provided by Vecna, and will interface with VistA Application Programming Interface (API)/Remote Procedure Calls (RPC) for Veteran information. The interface can be direct from Vecna, Medical Domain Web Services (MDWS) middleware, or third party (Harris) custom middleware: [http://vista.med.va.gov/nsrd/Tab\\_GeneralInfoView.asp?RequestID=20111003](http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20111003)
- NSR #20111209 Disability Benefits Questionnaire (DBQ) Services: In order to support claims transformation initiatives that will improve VA Compensation and Pension (CP) examination processes, IT enhancements are requested to support the business need to expedite the distribution, completion, and transmission of VA CP evaluation results. The requested changes would improve how examiners choose the method to document the

evaluation results, automate to the maximum extent possible the CP evaluation documentation process, provide for secure transmission and/or collection, and provide the information in the evaluation results to end user consumers in a format compatible with the applications used in the CP process (Rating Veterans Service Representatives (RVSR), Veterans Service Representatives (VSR), CP Clinicians, etc.) In addition, the requested changes will support the use of contract providers and Veterans' private providers, who do not have VA system access and are not familiar with VA processes. Automated changes will align with the Veterans Lifetime Electronic Record (VLER) long-term Initiative's solution. [http://vista.med.va.gov/nsrd/Tab\\_GeneralInfoView.asp?RequestID=20111209](http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20111209)

- NSR # 20120215 ROI Manager Software: OIT would like to explore a perhaps cheaper commercial off the shelf software alternative to the long term use of the current DSS ROI Manager software. Information Access and Privacy Office has used the DSS ROI Software since 2003 when it was currently bought for the requirement of the tracking Accounting of Disclosure and Freedom of Information Act (FOIA) requests. Since then many software enhancements have been added. To continue to use the software is costing millions: [http://vista.med.va.gov/nsrd/Tab\\_GeneralInfoView.asp?RequestID=20120215](http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20120215)
- NSR # 20120303 VLER Data Access Service (DAS): As part of the Health Information Exchange (HIE) subgroup chartered by the Interagency Clinical Informatics Board (ICIB), multiple clinical priorities were evaluated by the major stakeholders of the VA-DoD HIE and identified the following major performance and usability enhancement(s): Improve the performance and usability issues (including response time/timeouts/incomplete viewable data) associated with the viewing of VA and Department of Defense (DoD) data transmitted over the VLER DAS. History: VA and DoD have previously exchanged information via the Bidirectional Health Information Exchange (BHIE) for the past ten years. BHIE currently enables the exchange of 31 data domains. VHA has determined that BHIE is going into sustainment with no further development. The VLER DAS is the next generation mechanism for transfer of data, offering a web-based capability that provides high performance, reliability, adaptability, and sustainability: [http://vista.med.va.gov/nsrd/Tab\\_GeneralInfoView.asp?RequestID=20120303](http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20120303)
- NSR # 20090803 Personal Identity Verification (PIV) Integration: ACS: This project is to support the end-to-end integration of legacy VistA and HealthVet-VistA applications to the PIV Project's IAM and ACS by providing the assured access control decision information, end-user authorization attributes, trust and privacy to a common architecture supporting VHA's need to provide patient care within a connected healthcare community: [http://vista.med.va.gov/nsrd/Tab\\_GeneralInfoView.asp?RequestID=20090803](http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20090803)

## 8. Other Considerations

### 8.1. Alternatives

Time constraints do not allow for a full review of possible Alternatives.

### 8.2. Assumptions

- VA will return results for a Veteran/SM discovery request from SSA that will contain the VA ICN IF: the MVI has verified that the provided identify traits uniquely match a single VA ICN AND the VAP Policy check returns a "Permit" (that Veteran/SM gave consent to share with SSA).
- The solution provided will need to support not only current applications and requirements but also be flexible enough to support future IAM needs without a complete process and application redesign.

- Access control cannot be accomplished unless the user can be properly authenticated. Accordingly, this BRD is dependent upon authentication and, in particular, the PIV and Veteran authentication.
- Ensure that the VHA resources (personnel and funding) are available to design and implement a cross-project and cross-application capability. Ensure that dependent authorization services are in place and can meet the requirements specified herein and in the VA Enterprise Requirements Repository (ERR). Ensure that supporting applications are service-aware and, where they are not, that an appropriate middleware solution is available.
- VAP will not accept any duplicate Veteran/SM information.

### 8.3. Dependencies

- VAP analysis and development resources for continued elaboration.
- Any new patient identifier methodology will require an integration request to IAM governance.
- VAP implementation of integration to OHRS will require OHRS to be available at an enterprise level.

### 8.4. Constraints

- Requirements document must be completed before April 6 to achieve funding; this deadline constrains analysis.
- VAPii must offer same functionality provided to Veterans to ROI staff so that they can manually enter this information.
- Modifications to Office of Management and Budget (OMB) approved forms, such as VA 10-0485 introduce unacceptable delay.
- The electronic workflow provided to Veterans through an online portal such as eBenefits must be able to be reproduced as a manual paper-based workflow.
- VAP as used by ROI staff must offer the same functionality provided to Veteran/SMs through the Veteran facing portal (eBenefits) in order for ROI staff to effectively translate consent directives received manually to be implemented electronically.
- Existing processes for scanning paper based consent directives includes scanning the documents into VistA Imaging.
- Time constraints for BRD completion have limited Health Systems Requirements Analysis and Engineering Management (RAEM) ability to organize Veteran Facing and Business Administration related OWNER requirements in a manner typical to most analysis phases. As such, we anticipate a BRCD will be needed very soon after this document is signed so that the requirements within those two sections can be grouped in a more logical manner.

### 8.5. Business Risks and Mitigation

<b><u>Business Risk:</u> Outstanding non-communicated Clinician-facing requirements that are not articulated in other BRDs.</b>
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<b><u>Mitigation:</u> Establish a communication plan with VLER IT PMO, VLER EPMO, VLER Health, VHA stakeholders etc.</b>
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<b><u>Business Risk:</u> Due to the compressed time frames used to elicit, document and demonstrate the</b>
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business requirements for this BRD, there is the inherent risk that the BRD will not capture the full scope of the request.

**Mitigation:** If additional requirements are needed, and determined within scope by a joint effort of business stakeholders and input from development regarding impact mitigation, a BRCD will be developed.

**Business Risk:** Complexity and the proposed integration effort and relative immaturity of the technology provide a significant challenge to developers not trained or experienced. The lack of a single operational iEHR application at the time of this writing presents another obstacle to integration.

**Mitigation:** These risks can be mitigated by closely aligning the BRD with Health and Human Services (HHS) initiatives. Furthermore, risk mitigation is achieved through the use of standards-based technologies where they exist prior to the creation of “One-off” proprietary ones.

## Appendix A. References

- VA Handbook 6500 – Information Security Program  
[http://vaww1.va.gov/vapubs/viewPublication.asp?Pub\\_ID=364&Ftype=2](http://vaww1.va.gov/vapubs/viewPublication.asp?Pub_ID=364&Ftype=2)
- NSR #20100102 NwHIN Enhancements:  
[http://vista.med.va.gov/nsrdmngmt/Tab\\_GeneralInfo.asp?RequestID=20100102](http://vista.med.va.gov/nsrdmngmt/Tab_GeneralInfo.asp?RequestID=20100102)
- VHA Handbook 1605.1 – Privacy and Release of Information  
[http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1423](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1423)
- NSR #20110320 CPP/VAP Expand Capabilities to Accept an SSA  
Authorization: [http://vista.med.va.gov/nsrdmngmt/Tab\\_GeneralInfo.asp?RequestID=20110320](http://vista.med.va.gov/nsrdmngmt/Tab_GeneralInfo.asp?RequestID=20110320)
- Veterans Online Application (VONAPP) II:  
<http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=1454&Type=Active>
- Virtual Lifetime Electronic Health Record (VLER) Fact Sheet:  
<https://www.voa.va.gov/DocumentView.aspx?DocumentID=326>
- Health Information Technology in Clinical Practice: <http://www.aaas.org/spp/PM/ppts/Fischetti.ppt>
- Dialog Medical iMED Consent: <http://www.dialogmedical.com/>
- eBenefits: [https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal;EBEN\\_JSESSIONID=GrS8P8yD9dvvJjG5hWqmbW9HM1N2sPV9qPbNbqq3w9sYhGrV292v!93981986!-753823040?nfpb=true&nfxr=false&pageLabel=AboutMain](https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal;EBEN_JSESSIONID=GrS8P8yD9dvvJjG5hWqmbW9HM1N2sPV9qPbNbqq3w9sYhGrV292v!93981986!-753823040?nfpb=true&nfxr=false&pageLabel=AboutMain)
- Privacy Act, 5 U.S.C. 552a. THE PRIVACY ACT OF 1974, 5 U.S.C. § 552a – As Amended  
<http://www.justice.gov/opcl/privstat.htm>
- VA NwHIN Adapter  
<http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=1307>
- Master Patient Index (MPI):  
[http://www.ehealth.va.gov/EHEALTH/docs/080630\\_Dqtrifoldbrchre\\_WebV.pdf](http://www.ehealth.va.gov/EHEALTH/docs/080630_Dqtrifoldbrchre_WebV.pdf)
- Audit Trails – NIST: <http://csrc.nist.gov/publications/nistbul/it197-03.txt>
- DSS ROI: <http://www.dssinc.com/dss-roi.htm?id=him>
- Security Service: [http://en.wikipedia.org/wiki/Security\\_service\\_\(telecommunication\)](http://en.wikipedia.org/wiki/Security_service_(telecommunication))
- NwHIN Overview Christina Palumbo:  
<https://www.voa.va.gov/DocumentView.aspx?DocumentID=571>

## Appendix B. Models

VAPii High-Level Business Process Model



VAP  
ii\_High\_Level\_Busines

## Appendix C. Truth Table

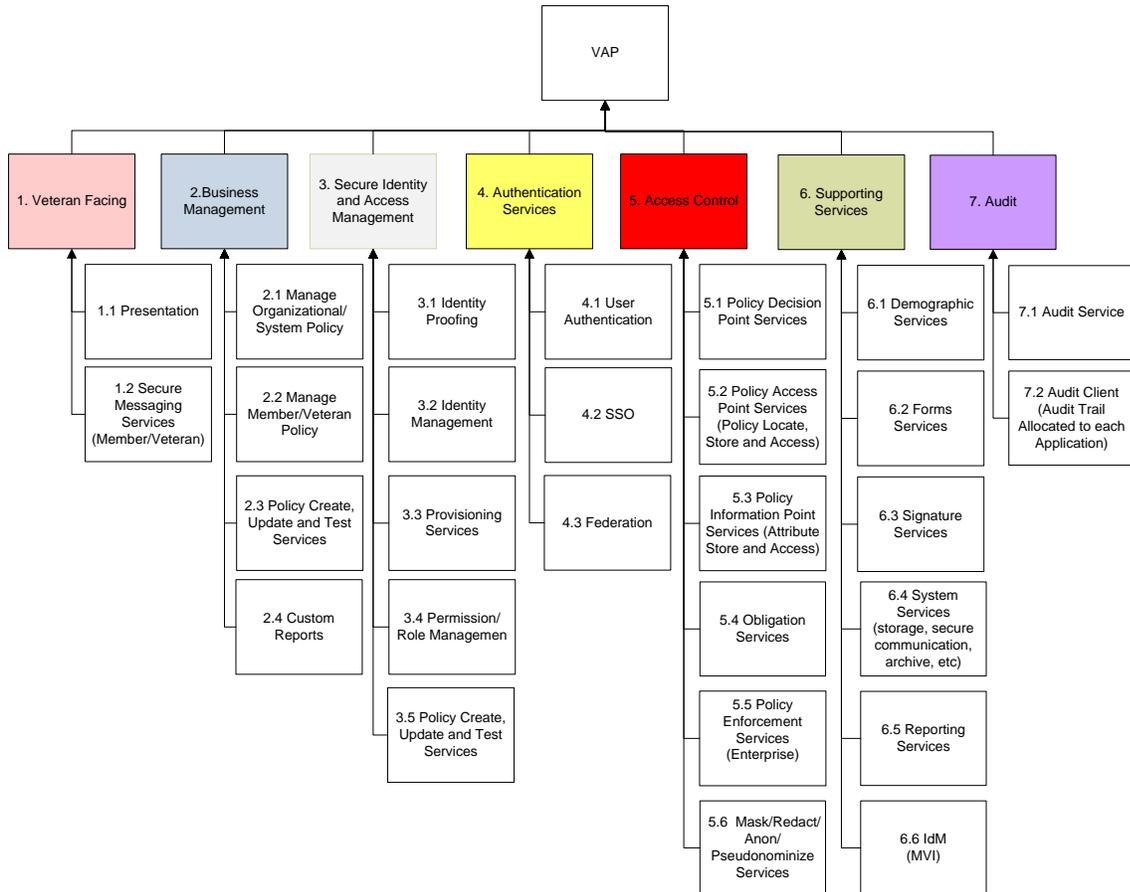
The NwHIN Consent Directive Truth Table is provided by John M. Davis. Restriction always means a complete Restriction Request package for a “pre-approved” category (e.g. organization, named clinician, role, etc.). The revocation of one restriction package does not automatically revoke any other restriction package unless specifically stated.

Table 1 Consent Directive Truth Table

<b>Existing</b> <b>New</b>	<b>Revoke</b>	<b>+New Restriction (Rest)</b>	<b>+New Authorization (Authz)</b>	<b>+New Authz+Rest</b>
Nothing	N	Y (2)	Y	Y
Authz	Y	Y	Y	Y
Authz+Restriction	Y	Y(3)	Y(4)	Y
Restriction	Y	Y	Y	Y

- (1) “Nothing” means no authorization or restriction exists or is in effect
- (2) Per Rule 1, the restriction remains “inactive” until an authorization is in effect.
- (3) Per rule 3, a new authorization request replaces any pre-existing authorizations. Restriction status is unchanged.
- (4) Per rule 4, a new restriction request replaces any pre-existing restriction for that category. Authorization status is unchanged.

# Appendix D. VAP Functional Allocation



## Appendix E. Stakeholders, Primary/Secondary Users, and Workgroups

### Primary Stakeholders

Type of Stakeholder	Description	Responsibilities
Requester	James Leiman, Relationship Manager, VLER	Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development.
Endorser	Gail Graham, Assistant Deputy Undersecretary for Informatics and Analytics (ADUSH)	Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business OWNER(s)/Program Office(s)	<ul style="list-style-type: none"> <li>• Tim Cromwell, Director SI, VHA OIA</li> <li>• Jamie Bennett, Director VLER Health, VHA OIA</li> <li>• Pam Heller, Director VHA OIA HIM</li> <li>• Rob Reynolds, Director, VBA, BAS</li> <li>• Joe Paiva, Director, VLER</li> </ul>	Provide final approval of BRD with sign-off authority. Provide strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Major Initiative (MI) Lead(s)	<ul style="list-style-type: none"> <li>• Joe Paiva, Director, VLER</li> <li>• Alan Bozeman, VBMS</li> <li>• Leo Phalan, VRM</li> </ul>	Provide strategic direction within the specific MI; monitors progress of request; identifies interface specifications as related to specific area of expertise.
Business Subject Matter Expert(s) (SME)	<ul style="list-style-type: none"> <li>• Addison, Janice, VLER Health</li> <li>• Burd, Pamela, CP, VA Central Office (CO)</li> <li>• Carr, Robert (Mike), Acting Director (AD), Web Communications</li> <li>• Cave, Alice, Program Analyst, VHA/OIA Data Quality/BPM</li> <li>• Crandall, Glen, Management Analyst, OIA</li> <li>• Mike Davis, Systems Management, Central Business Office</li> <li>• Dobson, Devana, VLER Coordinator for Business</li> </ul>	Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.

Type of Stakeholder	Description	Responsibilities
	<p>Product Management (BPM)</p> <ul style="list-style-type: none"> <li>• Fain, Zachary, Business Engineering Associate Director, CBO</li> <li>• Griffin, Stephania, Director, Information Access &amp; Privacy Office, VHA</li> <li>• Liverman, Pamela, AD Quality Training, BAS, VBA</li> <li>• Matuszczak, Lisa, Privacy Officer, VBA</li> <li>• McClelland-Perry, Teri, Office of Disability Assistance, VBA</li> <li>• McLain, Fred, VA/DoD Health Information Sharing</li> <li>• Olson, Chris, Chief VRE, VBA</li> <li>• Prietula, Laura, Director, CBO, Systems Management</li> <li>• Pugh, Peggy, VHA Privacy Specialist</li> <li>• Stallings, Pat, Electronic Data Systems (EDS) Contractor</li> <li>• Stroup, Charlie, Director, Health Information Access, VHA</li> <li>• Teal, Jennifer, Health Information Management (HIM) Specialist</li> <li>• Temnitz, Sara, Data Quality Business Product Manger</li> <li>• Tunnell, Shelley, Healthcare Identity Management</li> <li>• Xanthakos, Nick, Staff Attorney, Office of General Counsel (OGC)</li> <li>• Davis, John (Mike) Security Architect</li> <li>• Zachery, Shawn</li> <li>• Andersen, Carla, Office of Telehealth Services (OTS) National Quality Manager</li> <li>• Rowe, Michelle, Vocational Rehabilitation Counselor</li> </ul>	

Type of Stakeholder	Description	Responsibilities
	<ul style="list-style-type: none"> <li>Cockle, Jennifer, Health Systems Specialist, VLER Health</li> <li>Lansing, Nancy, Deputy Director, VBA, BAS</li> </ul>	
Technical SME(s)	<ul style="list-style-type: none"> <li>Davis, John Mike, VHA Security Architect</li> <li>Morgan, Brian, NwHIN IT Program Manager</li> <li>Palumbo, Christina, NwHIN Project Manager, IT Specialist</li> <li>Pearsons, Emily</li> <li>Rogers, Scott, HDI/Health Care Security Requirements Compliance Service</li> <li>Smith, Sherry-Lynne, eBenefits Project Manager</li> <li>Carr, Robert "Mike", AD Web Communications, VBA</li> <li>Swenson, Courtney, Information Technology (IT) Specialist</li> </ul>	Provide technical background information about the current software and requested enhancements.
User SME(s)	<b>See Business SME list above</b>	Ensure that the enhancements will account for current business processes and existing software capabilities.

### Stakeholder Support Team

Type of Stakeholder	Description	Responsibilities
Security Requirements SME(s)	<ul style="list-style-type: none"> <li>Davis, Mike, VHA Security</li> <li>Rogers, Scott, Healthcare Security Requirements</li> </ul>	Responsible for determining the Certification and Accreditation (CA) and other security requirements for the request.
Health Systems Portfolio Staff	<ul style="list-style-type: none"> <li>Redcay, Ross, HPS</li> <li>Clipper, Bob HPS</li> </ul>	Serve as the liaison between the Program Office (Business OWNER) and Product Development throughout the life cycle.
Health Systems Requirements Analysis and Engineering Management (RAEM) Staff	<ul style="list-style-type: none"> <li>Handley, Darlene, RAEM</li> <li>Hunt, Jason, RAEM</li> </ul>	Responsible for working with all stakeholders to ensure the business requirements have been accurately captured and appropriately recorded for this request.
Office of Business Process Improvement (OBPI) Support Analysts, VBA	<ul style="list-style-type: none"> <li>Lundy, John</li> <li>Friel, Kevin</li> </ul>	Responsible for supporting RAEM with VBA stakeholders to ensure the business requirements have been accurately captured and appropriately recorded for this request.

	<ul style="list-style-type: none"> <li>• Carter, Nilijah</li> <li>• Mounce, Richard</li> </ul>	
Health Systems Business Architecture (BA)	<ul style="list-style-type: none"> <li>• Ngonadi, Emeka</li> <li>• Williams-Miller, Jammie</li> <li>• McDearmon, James</li> </ul>	Ensure the business process models have been accurately captured and appropriately recorded for this request.
VLER EPMO SUPPORT	<ul style="list-style-type: none"> <li>• Van Dyke, Monica, Systems Made Simple (SMS)</li> <li>• Williamson, Leah</li> <li>• Myklegard, Drew</li> <li>• Rowe, Michelle</li> <li>• Zuck, Alex</li> <li>• Leiman, James</li> <li>• Hamilton, Samantha</li> </ul>	Provide strategic direction within the VLER EPMO.

### Primary and Secondary Users

User	Description	Responsibilities
<b>Primary Users</b>	Veterans, SMs and other authorized (credentialed) users	Enter, restrict, revoke, and manage consent directives
<b>Secondary Users</b>	VLER Health Analysts	TBD
	CP Staff	TBD
	Facility level HIM Administrative staff (including ROI)	<ul style="list-style-type: none"> <li>• Use tools to evaluate traits/compare data.</li> <li>• Use consent repository to generate reports and monitor program implementation.</li> </ul>
	Policy Administrators	<ul style="list-style-type: none"> <li>• Create, change, and revoke organizational security and privacy policies.</li> <li>• Digitally sign consent directives.</li> </ul>
	Security/Privacy Administrative Staff	Use organizational security and privacy policy repository to monitor program, generate reports, and monitor program implementation.
	NwHIN facilities/provider	<ul style="list-style-type: none"> <li>• If Veteran has received care at their facility and consent directive allows sharing of records, share non-VA record with VA provider.</li> <li>• If Veteran has received care at their facility and consent directive allows sharing of records, share VA record with non-VA facility</li> </ul>

		provider.
	VLER DAS External Partners	TBD
	Clinicians	View consent directives in the legal electronic patient health record to make informed decisions regarding patient care.

## Appendix F. Enterprise Requirements

Below is a subset of Enterprise-level Requirements that are of particular interest to the business community. These requirements MUST be addressed within each project resulting from this work effort. If OIT cannot address these Enterprise-level requirements, the Business OWNERS responsible for each area MUST be engaged in any waiver discussions prior to any decisions being made. This section is not meant to be a comprehensive list of all Enterprise-level requirements that may apply to this work effort and should not preclude the technical community from reviewing all Enterprise-level requirements, and identifying others that should apply to this work effort as well.

Enterprise-level requirements are contained in the VA Requirements Management Repository (RMR). Contact the RMR Team to gain access to the RMR and to obtain the comprehensive allocation of Enterprise-level requirements for the project development iteration at [VAOITOESEEnterpriseRequirementsManagement@va.gov](mailto:VAOITOESEEnterpriseRequirementsManagement@va.gov).

ReqPro Tag	Requirement Type	Description
ENTR25	Security	All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and NIST-SP 800-60, recommended Security Categorization is High.  The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.
ENTR10	Privacy	All VA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.
ENTR95	508 Compliance	All Section 508 requirements will be adhered to. Compliance with Section 508 will be determined by fully meeting the applicable requirements as set forth in the VHA Section 508 checklists (1194.21, 1194.22, 1194.24, 1194.31 and 1194.41) located at: <a href="http://www.ehealth.va.gov/508/resources_508.html">http://www.ehealth.va.gov/508/resources_508.html</a> or as otherwise specified. Checkpoints will be established to ensure that accessibility is incorporated from the earliest possible design or acquisition phase and successfully implemented throughout the project.
ENTR7	Executive Order	All executive order requirements will be adhered to.
ENTR8	Identity Management	All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds, updates, or performs lookups on persons.
ENTR103	Terminology Services	Application/services shall reference the Standard Data Services (SDS) as the authoritative source to access non-clinical reference terminology.
ENTR104	Terminology Services	Application/Services shall use the VA Enterprise Terminology Services (VETS) as the authoritative source to access clinical reference terminology.
ENTR105	Terminology Services	Applications recording the assessments and care delivered in response to an Emergency Department visit shall conform to standards defined by the VHA-endorsed version of C 28 – HITSP Emergency Care Summary Document Using Integrating the

		Healthcare Enterprise (IHE) Emergency Department Encounter Summary (EDES) Component.
ENTR106	Terminology Services	Applications exchanging data summarizing a patient's medical status shall conform to standards defined by the VHA-endorsed version of C 32 – HITSP Summary Documents Using Health Level Seven (HL7) Continuity of Care Document (CCD) Component.

## Appendix G. Acronyms and Abbreviations

OIT Master Glossary: [http://vaww.oed.wss.va.gov/process/Library/master\\_glossary/masterglossary.htm](http://vaww.oed.wss.va.gov/process/Library/master_glossary/masterglossary.htm)

<b>Term</b>	<b>Definition</b>
ACS	Access Control Service
API	Application Programming Interface
ADUSH	Assistant Deputy Undersecretary for Informatics and Analytics
API	Application Programming Interface
BA	Business Architecture
BAS	Benefits Assistance Service
BHIE	Bi-Directional Health Exchange
BIRLS	Beneficiary Identity Records Locator System
BN	Business Need
BPM	Business Product Management
BRCD	Business Requirements Change Document
BRD	Business Requirements Document
CA	Certification and Accreditation
CBOC	Community Based Outpatient Clinic
CCD	Continuity of Care Document
CDA	Clinical Document Architecture
COTS	Commercial-off-the-Shelf
CP	Compensation and Pension
CPP	Consumer Preferences and Policy
CPRS	Computerized Patient Record System
DAS	Direct Access Service
DBQ	Disability Benefits Questionnaire
DEERS	Defense Enrollment Eligibility Reporting System
DoD	Department of Defense
DSS	Document Storage Systems
DURSA	Data Use and Reciprocal Support Agreement
EDES	Emergency Department Encounter Summary
EDIPI	Electronic Data Interchange Personal Identifier
EPMO	Enterprise Program Management Office
ERR	Enterprise Requirements Repository
FHIE	Federal Health Information Exchange
FICAM	Federal Identity, Credential, and Access Management
FIPS	Federal Information Processing Standard
FOIA	Freedom of Information Act

<b>Term</b>	<b>Definition</b>
HDR	Health Data Repository
HHS	Health and Human Services
HIE	Health Information Exchange
HITSP	Health Information Technology Standards Panel
HL7	Health Level Seven
HPS	Health Provider Systems
IAM	Identity Access Management
ICN	Integration Control Number
ICIB	Interagency Clinical Informatics Board
IHE	Integrating the Healthcare Enterprise
IT	Information Technology
LOINC	Logical Observation Identifiers, Names, and Codes
MDWS	Medical Domain Web Services
MPI	Master Patient Index
MVI	Master Veteran Index
NIST	National Institute of Standards and Technology
NSR	New Service Request
NTRT	New Term Rapid Turnaround
NwHIN	Nationwide Health Information Network
OBPI	Office of Business Process Improvement
OGC	Office of General Counsel
OHRIS	Occupational Health Record Keeping System
OIA	Office of Informatics and Analytics
OIT	Office of Information and Technology
OMB	Office of Management and Budget
OWNR	OWNR Requirement
PIV	Personal Identity Verification
RAEM	Requirements Analysis and Engineering Management
RMR	Requirements Management Repository
RO	Regional Office
ROI	Release of Information
RPC	Remote Procedure Call
RTM	Requirements Traceability Matrix
SC	Service Connection
SDS	Standard Data Services
SI	Standards and Interoperability
SM	Service Member
SME	Subject Matter Expert

<b>Term</b>	<b>Definition</b>
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms
SP	Special Publication
SSA	Social Security Administration
SSO	Single Sign-On
STS	Standards and Terminology Services
USC	United States Code
VAP	Veteran Authorizations and Preferences
VA	Department of Veterans Affairs
VADIR	VA/Department of Defense (DoD) Identity Repository
VAMC	VA Medical Center
VDC	VONAPP Direct CONNECT
VETS	VA Enterprise Terminology Services
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VHA	Veterans Health Administration
VIP	Very Important Person
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Health Record
VONAPP	Veterans Online Application
VPS	Veteran Point of Service
VRE	Vocational Rehabilitation and Employment
VRM	Veterans Relationship Management
VSR	Veterans Service Representatives
XDS	Enterprise Document Sharing

## Appendix H. Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the VLER Health Program Office, along with VHA Health Information Management (HIMS), and the Benefits Assistance Service of the VBA. Further elaboration, if needed, to these requirements will be done in more detailed artifacts.

### **Business OWNER**

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

**From:** Bennett, Jamie  
**Sent:** Tuesday, April 10, 2012 12:19 PM  
**To:** Redcay, Ross (HPTi)  
**Subject:** RE: PO/Business Owner/Health Systems and OIT Concurrence BRD #20120112 Veterans Authorization and Preferences Interface Improvements (VAPii)

Approved by Jamie Bennett and Tim Cromwell.

Thank you,  
-Jamie-

**From:** Heller, Pamela  
**Sent:** Friday, April 06, 2012 11:07 AM  
**To:** Handley, Darlene  
**Cc:** Teal, Jennifer  
**Subject:** Approve: PO/Business Owner/Health Systems and OIT Concurrence BRD #20120112 Veterans Authorization and Preferences Interface Improvements (VAPii)

Darlene – I will approve but we have the attached edits.

**From:** Lansing, Nancy, VBAVACO  
**Sent:** Friday, April 06, 2012 11:05 AM  
**To:** Handley, Darlene  
**Cc:** Reynolds, Robert (SES), VBAVACO; Carr, Robert (Mike), VBAVACO; Lansing, Nancy, VBAVACO  
**Subject:** RE: PO/Business Owner/Health Systems and OIT Concurrence BRD #20120112 Veterans Authorization and Preferences Interface Improvements (VAPii)

Hi Darlene  
Attached is the document with track changes.  
We have one question- the document lists requirements for VAP that are really eBenefits requirements.  
We indicated these questions as well.  
We concur with the tracked edits.  
Thank you  
Nancy

**From:** Bergeron, Lonnie  
**Sent:** Monday, April 09, 2012 12:39 PM  
**To:** Leiman, James; Handley, Darlene

**Subject:** Approve: PO/Business Owner/Health Systems and OIT Concurrence BRD #20120112 Veterans Authorization and Preferences Interface Improvements (VAPii)

Approved on behalf of Joe Paiva, ED VLER.

V/r,  
Lonnie

### **Business Liaison**

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

**From:** Faherty, Shawn

**Sent:** Monday, April 09, 2012 10:21 AM

**To:** Handley, Darlene; Cromwell, Tim; Bennett, Jamie; Paiva, Joe; Heller, Pamela; Reynolds, Robert (SES), VBAVACO; Morgan, Brian

**Cc:** Redcay, Ross (HPTi); Clipper, Robert; Hunt, Jason W. (Inverness Technologies); McDearmon, James (Salem VAMC); Ngonadi, Emeka O. (Thomas & Herbert); Williams, Jammie (Thomas & Herbert); Hebert, Linda; Teal, Jennifer; Palumbo, Christina; Lundy, John, VBAVACO\_Austin; Vandyke, Monica [USA]; Leiman, James; Williamson\_Leah@bah.com; Hamilton, Samantha; Myklegard, Drew [USA]; Davis, John M.; Davis, Mike, CBO; Carr, Robert (Mike), VBAVACO; Rogers, Scott; Griffin, Stephania; Pugh, Margaret (Peggy); Crandall, Glen; Addison, Janice G.; Bozeman, Alan (SES), VBAVACO; Cave, Alice; Dobson, Devana L (OIA); Fain, Zachary, CBO; Matternas, Lena M. (CACI); Matuszczak, Lisa VBAVACO

**Subject:** RE: Reminder: PO/Business Owner/Health Systems and OIT Concurrence BRD #20120112 Veterans Authorization and Preferences Interface Improvements (VAPii)

Concur.

### **Customer Advocate**

Confirms that the request merits consideration and review by the Business Intake Review Board.

Signed:

Date:

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Chuck Hume, Deputy Chief Officer for Health Systems (VHA)

### **Office of Information and Technology (OIT)**

Indicates agreement that the requirements have been received, are clear, understandable, and are documented sufficiently to facilitate project planning when the project is approved and funded. It is understood that negotiations may need to occur with the business during project planning as a result of technical reviews and feasibility.

**From:** Morgan, Brian

**Sent:** Tuesday, April 10, 2012 12:48 PM

**To:** Redcay, Ross (HPTi)

**Cc:** Handley, Darlene; Palumbo, Christina; Hunt, Jason W. (Inverness Technologies); Clipper, Robert; vandyke\_monica@bah.com

**Subject:** RE: Reminder: PO/Business Owner/Health Systems and OIT Concurrence BRD #20120112 Veterans Authorization and Preferences Interface Improvements (VAPii)

Concur.