

**Veterans Health Administration (VHA)  
Office of Health Information (OHI)  
Health Systems (HS)**

**Requirements Engineering Management  
Requirements Elaboration Document (RED)**

**CMTRA Migration to FCMT**



**August 2013**

## Revision History

Date	Description	Author
7/4/2013	Initial Draft	David G Jung
7/15/2013	Draft revisions	Leah Williamson
7/21/2013	Draft revisions	Leah Williamson
7/24/2013	ReqPro Tags (WORK529)	David G Jung
7/31/2013	Addition of NONF Requirements	Leah Williamson
8/05/2013	Addition of Requirements Traceability Matrix (RTM) and Performance Measure reports	David G Jung

## Table of Contents

<b>1.</b>	<b>Introduction.....</b>	<b>1</b>
1.1.	Purpose .....	1
1.2.	Scope.....	1
1.3.	Description of New Product .....	1
<b>2.</b>	<b>Overall System Attributes .....</b>	<b>3</b>
2.1.	Dependencies and Constraints .....	3
2.2.	Risks .....	3
<b>3.</b>	<b>Specific Requirements.....</b>	<b>4</b>
3.1.	Data Management Requirements .....	4
3.2.	Business Need Requirements .....	4
3.3.	Business Owner Requirements .....	4
3.4.	Business Detail Requirements .....	5
3.5.	Enterprise Level Requirements .....	27
3.5.1.	508 Compliance .....	27
3.5.2.	Identity Management.....	27
3.5.3.	Interoperability (Executive Order) .....	27
3.5.4.	Privacy .....	27
3.5.5.	Security .....	28
3.5.6.	HIPAA Compliance .....	28
3.5.7.	HL7 Messaging .....	28
3.5.8.	Patient Safety.....	28
3.6.	Non Functional Requirements .....	28
3.6.1.	Quality Attributes.....	28
3.6.2.	Performance.....	28
3.6.3.	Availability .....	28
3.6.4.	Capacity .....	29
3.6.5.	Reliability.....	29
3.6.6.	Security .....	29
3.6.7.	Training .....	29
<b>4.</b>	<b>Business Process Models .....</b>	<b>30</b>
4.1.	AS IS Workflows .....	30
4.2.	TO BE Workflows .....	30
<b>5.</b>	<b>Requirements Traceability .....</b>	<b>31</b>
<b>A.</b>	<b>Appendix – Process Model Summary Report (PMSR) .....</b>	<b>33</b>
<b>B.</b>	<b>Appendix – Stakeholders .....</b>	<b>34</b>
<b>C.</b>	<b>Appendix – Acronyms and Definitions .....</b>	<b>35</b>
<b>D.</b>	<b>Appendix – References.....</b>	<b>40</b>
<b>E.</b>	<b>Appendix – Approval Signatures.....</b>	<b>41</b>

# 1. Introduction

## 1.1. Purpose

The purpose of the Requirements Elaboration Document (RED) is to provide detailed requirements that address the need to migrate information from the Department of Veterans Affairs (VA) Care Management Tracking and Reporting Application (CMTRA) to the VA Federal Case Management Tool (FCMT), built on Customer Relationship Management (CRM) technology. The objective is to ensure that authoritative case management information is available in support of the Care Management and Social Work Services (CMSWS), Veterans Health Administration (VHA) Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) care management program. This also includes VA specialty programs such as the Office of Rehabilitation Services, Spinal Cord Injury/Disorder Services, Blind Rehabilitation Service, and the Office of Mental Health Services that provide specialized lifelong clinical care and case management for these special cohorts of Service members and Veterans.

## 1.2. Scope

To best meet the needs of VHA OEF/OIF/OND and specialty care managers – an approach which can deliver incremental and tangible enhancements should be considered. This includes the migration of all CMTRA users to FCMT, in support of the implementation of the Interagency Comprehensive Plan (ICP) and to meet CMTRA current user requirements, which include but are not limited to reporting and tracking of the contact plan.<sup>1</sup>

In summary, this is a request for 1) migration of all existing functionality and users from CMTRA to VA's CRM platform (FCMT) and 2) implementation of enhanced capabilities to support these programs based on the inherent toolset in CRM. Documented enhancements are deemed a high priority for the business and essential for VA to provide comprehensive, world-class care for Service members, Veterans and beneficiaries.

## 1.3. Description of New Product

Currently, VHA OEF/OIF/OND and specialty care management programs use CMTRA to track the care management of injured and ill OEF/OIF/OND Veterans, performance measure data, Lead Coordinator information, and frequency of expected contact. CMSWS monitor these reports regularly and uses the data to report to senior VA leadership.<sup>2</sup>

Through implementation of CRM (FCMT), VA is improving case management by reducing information stovepipes and empowering Veterans through implementation of technologies that provide the greatest value to our most important customers –Veterans and their families. These technologies must support our Veterans in increasing transparency through self-service capabilities, better enabling warm hand-offs through information sharing, and that support improvements in continuity of care. To allow VA staff to focus on providing quality and seamless service for Service members and Veterans, this technology should support information sharing

<sup>1</sup> Virtual Lifetime Electronic Record (VLER) Benefits Business Requirements Document (BRD), Nov 2012

<sup>2</sup> VHA Handbook 1010 01 Care Management of OEF-OIF SM and Veterans 2009

42 across case/care management/coordination and benefits assistance personnel who share a  
43 common client. The consolidation of systems and reduction of redundant or competing business  
44 processes contribute to the goals of VA to provide comprehensive, world-class care. While the  
45 specific case or care management focus within each organization may vary given specific  
46 missions and priorities, there are similarities in business requirements and client populations  
47 that are shared across the business lines and that lend these systems to consolidation.

48

49 CRM (FCMT) will add new functionality such as the ability to automate the case management  
50 capabilities of intake, referral and enrollment; creation and maintenance of the individual case  
51 records and plans; enable enhanced communication methods between case managers and  
52 their clients; provide insight into services being provided by other case managers and by  
53 external entities; enable enhanced consultation processes with VA's extended network of  
54 clients/caregivers; and provide case managers with the ability to update, manage, and report on  
55 the status of their case throughout the continuum of care.

56

57 Lastly, the Joint Executive Committee (JEC) co-chairs affirmed the use of CRM (FCMT) as the  
58 common technology solution in support of the Interagency Care Coordination Committee (IC3)  
59 effort to establish a single, interagency longitudinal plan covering all care, benefits, and services  
60 provided to the wounded, ill, or injured Service members and Veterans.<sup>3</sup> Widespread use of  
61 CRM technology will enable VA to retire costly legacy systems, increase interagency  
62 information sharing and support joint efforts to improve care for Service members and Veterans.

63

64

---

<sup>3</sup> Memorandum for the Record, Joint Executive Committee Meeting, September 27, 2012

65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
  
79  
80  
81  
82  
83

## 2. Overall System Attributes

### 2.1. Dependencies and Constraints

- A collaborative, synchronized analysis effort within VA and with the Department of Defense (DoD) stakeholders is critical to ensuring the continued success of CRM (FCMT).
- The system is dependent upon the supporting physical architecture.
- CRM (FCMT) analysis and development resources are needed for continued elaboration.
- Completeness of the referenced requirements and historical documentation documents.
- Functioning hardware, operating systems, and databases configured, placed and supported by vendors and VA.

### 2.2. Risks

Risk #	Date Raised	Risk Description/ Text Description	*Risk Impact	**Risk Severity	Mitigation
1	7/22/13	Compressed timelines, disparate systems, and resources provide inherent risk that not all requirements have been fully captured, scoped, or prioritized. If supplemental requirements documentation is not generated to support transition to FCMT, then the system may not meet end user needs.	Med	3	Continue to keep stakeholders closely involved in the project as it progresses and ensure communication of issues and mitigations are done without delay. Use the FCMT Integrated Project Team (IPT) to serve as the forum for this dialog.
2	7/22/13	Without engaged user interactions to determine complete business requirements, user acceptance criteria and testing (UAT), training, and involvement with the IT staff across the Software Development Lifecycle (SDLC), could result in implementation of a system with impaired or incomplete user functionality.	Low	5	Engage users through the FCMT IPT, leverage lessons learned from the previous migration efforts (i.e. FRCP, VHA/VBA migrations), and ensure implementation plans incorporate user feedback and concerns.

*\*Risk Impact: High, Medium, Low*

*\*\*Risk Severity: 1-5: 1 = High, 5 = Low*

84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124

### 3. Specific Requirements

Note: The numbering sequence for the Business Need Requirements, Business Owner Requirements, Business Detail Requirements, Business Rules, and Non-functional Requirements are based on the auto-generation of numbers within the Rational® RequisitePro tool used for documenting and tracking requirements and are not in any sequential order.

#### 3.1. Data Management Requirements

The ownership and handling of data is the responsibility of the VHA OEF/OIF/OND Care Management Program Office and specialty care management programs.

#### 3.2. Business Need Requirements

- NEED2726:** Migrate data and users of CMTRA to FCMT.
- NEED2727:** Allow all CMTRA users (VHA OEF/OIF/OND, specialty care managers, Federal Recovery Coordination Program (FRCP), and VA Liaisons for Healthcare) broader tracking and reporting functionality within FCMT.
- NEED2728:** Support necessary functions for the Lead Coordinator role.
- NEED2729:** Provide capability to document all care management activities, tasks and supporting actions (clinical and non-clinical).

#### 3.3. Business Owner Requirements

- OWNER11031:** Provide the ability for CMTRA users to retain all current CMTRA functionality in FCMT.
- OWNER11032:** Ensure all data for CMTRA users is migrated to FCMT.
- OWNER11033:** Provide the ability for CMTRA users to use capability and data fields currently available within FCMT.
- OWNER11034:** Provide a display/report that lists all patients that have been inactivated. Report should allow users to filter results by site, Veteran Integrated Service Network (VISN), nationally, and by care manager. Allow drill down to the patient level. Additional filters for specified date range include annual, quarterly, monthly, and custom range.
- OWNER11035:** Provide a display/report that shows the number of patients added, during a specific period of time, at the national, VISN, facility, and care manager level. Allow drill down to the patient level. Report should allow sorting by month, quarter, year, or custom range.
- OWNER11036:** Provide users the ability to view history of facilities in addition to care managers per patient. (Currently a location field inside the case; DoD, VA, and private facilities listed. Ability to add facilities)
- OWNER11037:** Provide the ability to enter selected contact information once and have it update both the patient's electronic health record and FCMT.

125 [OWNR11038](#): Provide the ability to display Lead Coordinator information from FCMT to  
126 the patient's electronic health record.

127 [OWNR11039](#): Provide a display/report that identifies the number of specialty care  
128 managers who fulfill the Lead Coordinator role; also get specialty care management ratio  
129 (nationally, VISN, and facility).

130 [OWNR11040](#): Provide a display/report that identifies the number of patients which have  
131 a Lead Coordinator (nationally, VISN, and facility how many cases and the level of  
132 support for each).

133 [OWNR11041](#): Provide ability for FCMT to maintain an outreach/relationship list of  
134 patients (by care manager) who do not have an associated care management contact  
135 plan.

136 [OWNR11042](#): Provide additional sort/filter capability for **View Contact and their Next**  
137 **Due Dates Report** to display/print by specific care manager.

138 [OWNR11043](#): Ability of FCMT users to make a referral to VA programs such as  
139 Homelessness/HOMES, suicide prevention/SPAN, and others.

140 [OWNR11044](#): Provide the capability for FCMT users to customize their Care  
141 Management Contacts List.

142 [OWNR11045](#): Provide a customizable **Comprehensive Screening Report** for FCMT  
143 users. (Note: Will include multiple sources such as FRC/PRC, Polytrauma, MTF2VA,  
144 HOMES, SPAN, all Wounded Warrior programs, and VR&E)

145 [OWNR1146](#): Provide capability to alert care manager of an existing contact that is due  
146 and provide notification preference options to the user (option to receive or not; strictly  
147 reminders for contacts that are due).

148 [OWNR11047](#): Provide capability for users to set their notification preference for  
149 contacts due (exceptions include MTF2VA or VAMC to VAMC transfers).

150 [OWNR11048](#): Provide the ability for Lead Coordinator to render and maintain the Lead  
151 Coordinator Checklist within FCMT.

152 [OWNR11049](#): Provide the ability for Lead Coordinator to send data related from Lead  
153 Coordinator Checklist to the electronic medical record.

154 [OWNR11050](#): Provide the ability for Lead Coordinator to manage their Interagency  
155 Comprehensive Plan (ICP) within FCMT.

156 [OWNR11051](#): Provide the ability to print or export any report or list.

157 [OWNR11052](#): Provide a display/report of Performance Measures/Metrics for  
158 OEF/OIF/OND Program Office.

159  
160  
161

### 3.4. Business Detail Requirements

162  
163  
164

#### 3.4.1. [BUC183](#)# - Care Management Manage and Track Contact

165 This business use case describes necessary data elements required to manage and track patient  
166 contact information, the contact plan, and Lead Coordinator name/role within FCMT. This business

167 use case outlines steps for searching/selecting a patient and entering or updating health information  
168 provided for each of the following data classes associated to the registered user:

- 169 • Patient Information
- 170 • Care Management Information
- 171 • Contact Information
- 172 • Transfer History
- 173

174 3.4.1.1. [BDET3689](#): The System shall display Patient Search Menu

175 3.4.1.2. [BDET3690](#): The System shall display the Patient's History

176 3.4.1.3. [BDET3691](#): The System shall display requested screens (Patient  
177 Information, Care Management, or Contact Information)

178 3.4.1.4. [BDET3692](#): The System shall update record and return user to Main Menu  
179 Screen

180 3.4.1.5. [BDET3693](#): The System shall display possible matches to the search  
181 criteria. Displayed data elements shall include:

- 182 • Patient ID Number
- 183 • Last Name
- 184 • First Name
- 185 • Middle Initial (or Name)
- 186 • SSN
- 187 • Areas
- 188 • CM Status
- 189

190 3.4.1.6. [BDET3694](#): The System shall display Patient History data to include:

- 191 • Patient ID Number
- 192 • Name
- 193 • SSN
- 194 • DOB
- 195 • Sex
- 196 • Status
- 197 • Current VAMC (if assigned)
- 198 • Contact Plan (if available)
- 199 • Level of Care
- 200 • Severe Injury/Illness (SI) Indicator
- 201 • Lead Coordinator Name
- 202 • Lead Coordinator Specialty
- 203 • Lead Coordinator Checklist Initiated?
- 204 • Lead Coordinator Script Initiated?
- 205 • Last Date LC Checklist/Script Reviewed

206 3.4.1.7. [BDET3695](#): The System shall display CM Contact record including:  
207 Contact ID Number, Date Contact Attempt Ended, Contact Entered  
208 (Date), Contact Made by, Contact Method, Contact Type, CM  
209 Required? (Y/N), Entered in error? (Y/N), and Action/Selection  
210



- 258 • Last Date LC Checklist Reviewed
- 259 • Last Date LC Script Reviewed
- 260 • Current VAMC
- 261 • Primary VAMC
- 262 • CM Contact Plan
- 263 • Level of Care Management
- 264 • Severely Injured/III
- 265 • Date First Identified as SI
- 266 • Date SI was Last Modified
- 267 • OEF/OIF Program Manager Name
- 268 • Date OEF/OIF PM Assigned
- 269 • OEF/OIF Clinical Case Manager
- 270 • Date OEF/OIF CCM Assigned
- 271 • OEF/OIF TPA Name
- 272 • Date OEF/OIF TPA Assigned
- 273 • Federal Recovery Coordinator (FRC) Name
- 274 • Date Federal Recovery Coordinator (FRC) Assigned
- 275 • OEF/OIF MH Case Manager
- 276 • Date OEF/OIF MH CM Assigned
- 277 • OEF/OIF SCI Case Manager Name
- 278 • Date OEF/OIF SCI Case Manager Assigned
- 279 • OEF/OIF Polytrauma Case Manager
- 280 • Date OEF/OIF Polytrauma Case Manager Assigned
- 281 • OEF/OIF VIST Coordinator Name
- 282 • Date OEF/OIF VIST Coordinator Assigned
- 283 • PACT Case Manager
- 284 • Date PACT Case Manager Assigned
- 285 • Transferred?
- 286 • Reason for Transfer
- 287 • Reason for Transfer (Other)
- 288 • Date Transferred
- 289 • Case Inactivated? (Y/N)
- 290 • Reason for Inactivation
- 291 • Date Inactivated
- 292 • Date Reactivated

293 **3.4.1.15.** [BDET3703](#): The System shall save updated Care Management  
 294 information

295 **3.4.1.16.** [BDET3704](#): The System shall display the Contact Information including:

- 296 • Patient ID
- 297 • Last Name
- 298 • First Name
- 299 • Middle Name (or Initial)
- 300 • SSN
- 301 • DOB
- 302 • Severely Injured/III?
- 303 • Case Manager Name
- 304 • Number of Tries
- 305 • Contact Method
- 306 • Contact Type
- 307 • Date Contact Attempt Complete Type

- 308 • Date Contact was entered in CMTRA/FCMT
- 309 • Three – Three Rule Met? (Y/N)
- 310 • For SI Patients Only: Care Management Selection Criteria
- 311 • For Non-SI Patients: Care Management Selection Criteria
- 312 • Issues Category
- 313 • Issues Category (Other)
- 314 • CPRS Entry
- 315 • Certified Letter Sent (Y/N)
- 316 • Call to Next of Kin (Optional)
- 317 • Home Visit by TPA and/or Case manager (Optional)
- 318 • VA Police Safety Visit (Optional)
- 319 • Contact Comment
- 320 • Contact Entered in Error
- 321

322 **3.4.1.17.** [BDET3705](#): The System shall save updated Contact Information

323 **3.4.1.18.** [BDET3706](#): The System shall automatically link to electronic  
324 checklist/script to appropriate LC Checklist/Script status

325 **3.4.1.19.** [BDET3707](#): If user attempts to close any CM window prior to saving data,  
326 the System shall display warning that no event data will be saved

327  
328

### 329 **3.4.2. Business Rules - Care Management Manage and Track Contact**

330

331 **3.4.2.1.** [BBR492](#): The System should prevent user from selecting the “Add New  
332 CM Contact” option if required data is not available in Patient  
333 Information and Care Management Information. System should direct  
334 user to update the Patient Information & Care Management Screens

335

### 336 **3.4.3. [BUC184#](#) - Care Management User Administration**

337 This business use case describes necessary data elements required to manage users within FCMT.  
338 It describes the management of users, as conducted by the VHA OEF/OIF/OND VISN points of  
339 contact (POC). It also describes alternative workflows, within the “Care Management User Report” for  
340 viewing care managers by role.

341 **3.4.3.1.** [BDET3708](#): The System displays the User Admin menu

342 **3.4.3.2.** [BDET3709](#): The System displays User Search screen

343 **3.4.3.3.** [BDET3710](#): The System shall display possible matches to the search  
344 criteria including the following data elements:

- 345 • Last Name
- 346 • First Name
- 347 • Domain
- 348 • VHA user name
- 349 • VA Email address
- 350 • Staff active



392 This business use case describes necessary data elements required to display a Care Management  
393 Relationship Contact Report within FCMT. This report is designed to allow care managers to maintain  
394 a list of relationship contacts for 1) patients that previously were on a contact plan, have been  
395 inactivated, but the care manager would like to maintain contact with that patient; and 2) a patient  
396 who was screened for care management, did not require a contact plan, but the care manager would  
397 like to maintain contact with that patient.

398 **3.4.5.1.** [BDET3717](#): The System displays Relationship Contact Report available on  
399 CM Report Menu

400 **3.4.5.2.** [BDET3718](#): The System shall present options for filtering Relationship  
401 Contact Report including by VISN/VAMC and Last Contact Date

402 **3.4.5.3.** [BDET3719](#): The System shall display possible matches to the search  
403 criteria including:  
404 

- Patient ID
- Patient Name
- Last contact date

  
405  
406

407 **3.4.5.4.** [BDET3720](#): The System open window to selected Contact Information  
408 screen

409 **3.4.5.5.** [BDET3721](#): The System displays Inactivated List available on Care  
410 Management Report Menu

411 **3.4.5.6.** [BDET3722](#): The System display options for filtering Inactivated List  
412 including VISN/VAMC and Inactivate Date

413 **3.4.5.7.** [BDET3723](#): The System shall display possible matches to the search  
414 criteria including:  
415 

- Patient ID
- Patient Name
- Last contact date
- Inactivate date

  
416  
417  
418

419 **3.4.5.8.** [BDET3724](#): The System open window to selected Patient History screen

#### 420 **3.4.6. Business Rules - Relationship Contact Report**

421 **3.4.6.1.** [BBR497](#): The System shall review last contact information from Last CM  
422 Contact, CM Screening, or a Relationship Contact

#### 423 **3.4.7. [BUC186](#)# - Care Management National Report**

424 This business use case describes necessary data elements required to display the Care Management  
425 National Report within FCMT, by the National VHA OEF/OIF/OND Care Management Office. National  
426 Report includes the “CM Screen Veterans without an Associated VAMC Report” and a flow into the  
427 “Patient History” screen, if available.

428 **3.4.7.1.** [BDET3725](#): The System shall display Care Management Reports Menu

429 **3.4.7.2.** [BDET3726](#): The System shall present options for filtering CM Screen  
430 Veterans without an Associated Report including VISN/VAMC, SI/Non-  
431 SI, and Contact Type



- 464                    3.4.8.1.    [BDET3725](#): The System shall display **Care Management Reports Menu**
- 465                    3.4.8.2.    [BDET3728](#): The System shall present options for filtering **Monthly**  
466                    **Summary Report** including Report Level (National/VISN/Facility),  
467                    SI/Non-SI, and Month
- 468                    3.4.8.3.    [BDET3729](#): The System shall display possible matches to the search  
469                    criteria. Displayed data elements for **Monthly Summary Report** shall  
470                    include:
- 471                    • Total Unique Patients
    - 472                    ○ Current Number of Unique Patients (Both SI and NonSI)
    - 473                    receiving Care Management
    - 474                    ○ Current Number of Unique Patients (Both SI and NonSI)
    - 475                    receiving Care Management with a contact due during the
    - 476                    current reporting period
    - 477                    ○ Current Number of Unique Patients (Both SI and NonSI)
    - 478                    receiving Care Management with a FRC status of ACTIVE
    - 479                    ○ Current Number of Unique Patients (Both SI and NonSI)
    - 480                    receiving Care Management with a FRC status of
    - 481                    INACTIVE
    - 482                    ○ Current Number of Unique Patients (Both SI and NonSI)
    - 483                    receiving Care Management who has been to a PRC
  - 484                    • Unique Patients receiving Care Management
    - 485                    ○ Total Care Managed by Gender (Type/Percentage)
    - 486                    ○ Total Care Managed by Reason for Care Management
    - 487                    ○ Total Care Managed by Age Distribution (Total/Percent)
    - 488                    ○ Number of Cases Managed by VISN
    - 489                    ○ Number of Cases Managed by Facility
  - 490                    • Summary 2 - Unique Patients receiving Care Management by  
491                    Contact Plan
    - 492                    ○ Care Management Contact Plans and Percentages
- 493                    3.4.8.4.    [BDET3730](#): The System opens window for Patient Information Screen
- 494                    3.4.8.5.    [BDET3731](#): The System shall display possible matches to the search  
495                    criteria for the **Monthly Outlier Report**. Displayed data elements shall  
496                    include:
- 498                    • Patient ID
  - 499                    • Patient Name
  - 500                    • SSN
  - 501                    • Primary VAMC
  - 502                    • Lead CM Name
  - 503                    • Date Contact Entered
  - 504                    • Successful Contact Date
  - 505                    • Contact Plan
- 506
- 507                    3.4.8.6.    [BDET3724](#): The System shall open window for Patient History Screen
- 508                    3.4.8.7.    [BDET3732](#): The System presents options for filtering **Care Management**  
509                    **Case Ratio Report** including VISN/VAMC







- 641 • New Patients Added- List of patients being transferred to your VAMC from another
- 642 VAMC
- 643 • CM Data with Plan / No Contacts Entered- List of patients with a contact plan but an
- 644 initial contact has not been entered on the patient yet

- 645 MTF2VA Veterans List- Reports shows the patients who transferred from a MTF to a VAMC
- 646 **3.4.10.1.** [BDET3746](#): For all Care Management Reports, the System should provide  
 647 users the ability to customize reports in regards to ordering of columns  
 648 and adding/removing optional fields
- 649 **3.4.10.2.** [BDET3747](#): For **CM Screen List**, the System shall present options for  
 650 filtering CM Screen List including VISN/VAMC, SI/Non-SI, and Contact  
 651 Type
- 652 **3.4.10.3.** [BDET3748](#): For **CM Screen List**, the System shall display possible  
 653 matches to search criteria. Displayed data elements shall include:
- 654
- 655 • Patient ID Number
  - 656 • Patient Name
  - 657 • Facility
  - 658 • Critical Type
  - 659 • Non-Critical Type
  - 660 • Status
  - 661 • Screened for CM?
    - 662 ○ Yes
    - 663 ○ No
  - 664 • Date Screened
  - 665 • If not screened, why not?
  - 666 • Completed By
  - 667 • Date Completed
  - 668 • Needs CM?
    - 669 ○ Yes
    - 670 ○ No
  - 671 • Referrals
    - 672 ○ Caregiver Support Coordinator
    - 673 ○ Federal Recovery Coordinator
    - 674 ○ Homeless
    - 675 ○ Environmental Exposure Coordinator
    - 676 ○ Polytrauma Case Manager
    - 677 ○ Suicide Prevention Coordinator
    - 678 ○ VBA
    - 679 ○ Other
  - 680 • Result of Contact
    - 681 ○ Outpatient Appointment Scheduled
    - 682 ○ Coordinated Inpatient Admission
    - 683 ○ Referral Made
    - 684 ○ Veteran Declined Appointment
    - 685 ○ Patient Transfer Declined
    - 686 ○ No Action Taken
- 687
- 688 **3.4.10.4.** [BDET3739](#): For **CM Screen List**, the System shall open to CM Contact  
 689 Screen
- 690 **3.4.10.5.** [BDET3749](#): The System shall present options for filtering **All Contacts at**  
 691 **my Site Report** including VISN/VAMC, SI/Non-SI, and Contact Type



- 741 3.4.10.11. [BDET3753](#): The System shall presents options for filtering **View New**  
742 **Patients Added Report** including VISN/VAMC and SI/Non-SI
- 743 3.4.10.12. [BDET3754](#): The System shall display possible matches to the search  
744 criteria. Displayed data elements for **New Patients Added Report**  
745 shall include:
- 746 • Patient ID Number
  - 747 • Patient Name
  - 748 • SSN
  - 749 • Lead Coordinator
  - 750 • Severely Injured/III (SI)?
  - 751     ○ Yes
  - 752     ○ No
  - 753 • VAMC Transferred From
  - 754 • Transferred By
  - 755 • Staff Email Address Who Transferred
  - 756 • Date Transferred
  - 757 • Current VAMC
- 758 3.4.10.13. [BDET3730](#): The System shall open a Patient Information screen
- 759 3.4.10.14. [BDET3755](#): The System shall present options for filtering **CM Data with**  
760 **Plan / No Contacts Entered Report** including VISN/VAMC and  
761 SI/Non-SI
- 762 3.4.10.15. [BDET3756](#): The System shall display possible matches to the search  
763 criteria. Displayed data elements for **CM Data with Plan / No**  
764 **Contacts Entered Report** shall include:
- 765
  - 766
  - 767 • Patient ID Number
  - 768 • Patient Name
  - 769 • SSN
  - 770 • Current VAMC
  - 771 • Primary VAMC
  - 772 • Severely Injured/III (SI)?
  - 773     ○ Yes
  - 774     ○ No
  - 775 • Lead Coordinator Type
  - 776 • Contact Plan
  - 777 • CM Active
  - 778     ○ True
  - 779     ○ False
  - 780
- 781 3.4.10.16. [BDET3720](#): The System shall open Contact Information screen
- 782 3.4.10.17. [BDET3757](#): The System shall present options for filtering **MTF2VA**  
783 **Veterans List** including VISN/VAMC
- 784 3.4.10.18. [BDET3758](#): The System shall display possible matches to the search  
785 criteria. Displayed data elements for MTF2VA Veterans List shall  
786 include:  
787

- 788 • Patient ID
- 789 • Patient Name
- 790 • SSN
- 791 • Receiving VAMC
- 792 • Liaison
- 793 • Currently Case Managed
  - 794 ○ Yes
  - 795 ○ No
- 796 • Contact Completed
  - 797 ○ Yes
  - 798 ○ No
- 799 • Case Management Needed
  - 800 ○ Yes
  - 801 ○ No
- 802 • SI
  - 803 ○ Yes
  - 804 ○ No
- 805 • Contact Method
- 806 • Contact Result
- 807

808                   **3.4.10.19.** [BDET3739](#): The System shall open CM Contact Screen for selected  
809 Veteran

810                   **3.4.11. Business Rules – Care Management Operational Reports**

811                   **3.4.11.1.** [BBR510](#): For the **CM Screen List**, the System shall default to current user  
812 based upon FCMT user profile on *Completed By* field

813                   **3.4.11.2.** [BBR511](#): For the **All Contacts at my Site Report**, the System will  
814 default to *Current VAMC* of user

815                   **3.4.12. [BUC189](#)# - CM Screen List**

816 This business use case describes necessary data elements required for the VHA OEF/OIF/OND Care  
817 Management (CM) Screen List. This report creates a screening report, from a number of screening lists  
818 (both critical and non-critical), to identify Veterans who may be in need of care management. This also  
819 includes the completion of a screening for a patient being considered for care management, referrals  
820 completed, and action taken.  
821

822                   **3.4.12.1.** [BDET3759](#): The System shall display the **CM Screen List** including the  
823 following data filters VISN/VAMC and Status

824                   **3.4.12.2.** [BDET3760](#): The System shall display search results for **CM Screen List**  
825 with the following possible data elements:

- 826 • Patient ID
- 827 • Patient Name
- 828 • Facility
- 829 • Critical Source (indicate all applicable sources)
  - 830 ○ MTF2VA
  - 831 ○ FRC
  - 832 ○ Initial
  - 833 ○ Homeless
  - 834 ○ Suicide

- 835 • Non-Critical Source (indicate all applicable sources)
- 836 ○ DoD WW
- 837 ○ VR&E
- 838 ○ Caregiver
- 839 ○ Environmental Exposure
- 840 ○ PRC
- 841 • Status
- 842 ○ Due
- 843 ○ Completed
- 844 • Screen for CM?
- 845 ○ Yes
- 846 ○ No
- 847 • Reassign
- 848 • Date Screened
- 849 • Reason not screened
- 850 ○ Death
- 851 ○ Declined
- 852 ○ Incarcerated
- 853 ○ Other
- 854 ○ Return to Active Duty
- 855 ○ Return to MTF
- 856 ○ Unable to Contact
- 857 • Completed by (Case Manager name)
- 858 • Date Completed
- 859 • Needs CM
- 860 ○ Yes
- 861 ○ No
- 862 • Referred to:
- 863 ○ Caregiver Support Coordinator
- 864 ○ Federal Recovery Coordinator
- 865 ○ Homeless
- 866 ○ Environmental Exposure Coordinator
- 867 ○ Polytrauma Case Manager
- 868 ○ Suicide Prevention Coordinator
- 869 ○ VBA
- 870 ○ Other
- 871 • Action Taken
- 872 ○ Outpatient Appointment Scheduled
- 873 ○ Coordinated Inpatient Admission
- 874 ○ Referrals made – See Referrals Section
- 875 ○ Veteran Declined Appointment at this time
- 876 ○ Patient Transfer Declined
- 877 ○ No Action Taken

878 3.4.12.3. [BDET3739](#): The System shall open CM Contact Screen menu

879 3.4.12.4. [BDET3761](#): The System shall open Re-Assign CM Screen Veteran menu

880 3.4.12.5. [BDET3739](#): The System shall display CM Contact Screen

881 3.4.12.6. [BDET3762](#): The System shall display the **Display/Edit CM Contact**  
882 **Screen:**

883 Pre-populated data includes:

- 884 • Patient ID
- 885

- 886 • Last Name
- 887 • First Name
- 888 • Middle Name (or Initial)
- 889 • SSN
- 890 • DOB
- 891 • Sex
- 892 • Address
- 893 • City
- 894 • State/Zip Code
- 895 • Telephone Number

Veteran Source

- 898 • Critical
  - 899 ○ Initial Screen
  - 900 ○ FRC
  - 901 ○ Homeless
  - 902 ○ MTF2VA
  - 903 ○ Suicide
- 904 • Non-critical
  - 905 ○ DoD WW
  - 906 ○ Caregiver
  - 907 ○ Env Exposure
  - 908 ○ PRC
  - 909 ○ VBA

Editable data includes:

- 912 • Veteran Source
- 913 • Walk-In

MTF2VA Veterans Only

- 917 • VHA Notification Date
- 918 • Projected Transfer Date
- 919 • Severely Injured/III?

For All Veterans

- 922 • Primary VAMC
- 923 • VAMC Completing Contact\*
- 924 • CM Completing Contact
- 925 • Date Contact Attempt Ended\*
- 926 • Number of Tries
- 927 • Contact Method\*
- 928 • Contact Type\*
  - 929 ○ CM Screen – Critical
  - 930 ○ CM Screen – Non-critical
- 931 • Checking box initiates unable to contact protocol
- 932 • Lead Coordinator Checklist Status
- 933 • Lead Coordinator Script Status
- 934 • 1st Lead Coordinator Completed Date
- 935 • Recent Lead Coordinator Review Date
- 936 • Was Veteran\Patient Screened for Care Management?\*
- 937 ○ Yes
- 938 ○ No

If Screened:



988 3.4.13.6. [BBR517](#): The System should automatically pre-populate entry into the  
989 *Primary VAMC* from screening criteria.

990 3.4.13.7. [BBR518](#): The System should automatically pre-populate entry into the *CM*  
991 *Completing Contact* from user profile.

992 3.4.13.8. [BBR519](#): Upon entry user entry of the *Result of Contact* field on the **CM**  
993 **Contact Screen**, the System should automatically send a notification  
994 message to referring VHA Liaison who made initial referral of specific  
995 action.

#### 996 3.4.14. [BUC190](#)# - Re-Assign CM Screen

997 This business use case describes necessary data elements required to re-assign a Veteran to another  
998 VAMC for the purposes of screening that Veteran at the appropriate VAMC and defines the reasons for  
999 re-assignment.

1000 3.4.14.1. [BDET3767](#): Upon selection to re-assign veteran from CM Screen List, the  
1001 System shall display the Re-Assign CM Screen Veteran menu  
1002 including pre-populated data for:  
1003 

- Veteran Name
- Veteran SSN
- VAMC

1006 3.4.14.2. [BDET3768](#): The System shall capture the following data for the Re-Assign  
1007 CM Screen:  
1008 

- VAMC Re-assigned To
- Date Re-assigned
- Reason for Re-Assignment
  - Patient Preference
  - Permanent Change in Residence Outside of Current  
1012 VAMC Service Area
  - Receiving care at another VAMC
  - Other (free text)

1016 3.4.14.3. [BDET3769](#): The System shall save the updated record and display to user  
1017 that re-assignment has been completed and instruct user to close  
1018 window.

#### 1019 3.4.15. [BUC191](#)# - Transfer Care Management

1020 This business use case describes necessary data elements required to transfer patients being care  
1021 managed to another medical center.

1022 3.4.15.1. [BDET3770](#): The System shall display Transfer Patient Search Menu

1023 3.4.15.2. [BDET3771](#): The System shall display possible matches to the search  
1024 criteria. Displayed data elements for Transfer Care Management shall  
1025 include:  
1026 

- Patient ID Number
- Last Name
- First Name
- Middle Initial (or Name)
- SSN
- Date of Birth





1117  
1118  
1119  
1120  
  
1121  
1122  
1123  
1124  
  
1125  
1126  
1127  
1128  
  
1129  
1130  
1131  
  
1132  
1133  
  
1134  
1135  
1136  
1137  
1138  
1139  
1140  
1141  
  
1142  
  
1143  
1144  
1145  
1146  
1147  
1148  
1149  
1150  
  
1151  
1152  
  
1153  
1154  
1155  
1156

### **3.5.5. Security**

**ENTR19:** The system shall comply with the laws, regulations, policies, and directives that specify mandatory encryption requirements for the security and privacy of personal health information.

### **3.5.6. HIPAA Compliance**

**ENTR78:** All efforts must be made to comply with the HIPAA Privacy Rule which provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information.

### **3.5.7. HL7 Messaging**

**ENTR63:** Health Level Seven (HL7). The HL7 (VistA Messaging) package assists M-based applications conduct HL7 transactions. It provides the facilities to create transmit and receive HL7 messages over a variety of transport layers.

### **3.5.8. Patient Safety**

**ENTR31:** All efforts must be made to comply with VA and VHA Patient Safety requirements.

## **3.6. Non Functional Requirements**

### **3.6.1. Quality Attributes**

**NONF2855:** Provide a display to the user indicating that the system is in the process of retrieving the requested information. (e.g., an hourglass)

**NONF2856:** Information from external systems will be displayed to users in a manner that is consistent with their workflow.

**NONF2857:** Provide accurately matched records and functionality to ensure correct Service Member/Veteran identification and selection.

### **3.6.2. Performance**

**NONF2858:** Provide accurate feedback and messages to users to inform them of complete/incomplete status of data retrieval across systems, if applicable.

**NONF2859:** Cache any dropdown list that will reduce trips to the data base when a case is loaded.

**NONF2860:** Screen refresh should occur in less than three seconds.

### **3.6.3. Availability**

**NONF2861:** The service shall measure system availability per instance of service.

**NONF2862:** System must be available during normal business hours (6am-5pm local time) including Hawaii time zone (Regular preventative maintenance should be scheduled outside normal business hours)

1157 **NONF2863:** The cause for unplanned service unavailability shall not be relevant to the  
1158 measurement.

1159 **NONF2864:** The System shall support 99.9% availability.

1160

#### 1161 **3.6.4. Capacity**

1162

1163 **NONF2892:** The total size of records to be migrated over from CMTRA to FCMT is 3 GB.

1164 **NONF2893:** The system must support at least the total number of active CMTRA users in  
1165 July 2013 which is 3646 active users.

1166 **NONF2894:** The system must support an estimated user growth of 3% per year.

1167 **NONF2895:** Support a minimum of 50,000 Service member/Veteran active cases.

1168 **NONF2896:** On average, 1000-1500 transactions per user per month (estimated), where a  
1169 transaction is defined as: viewing a record; working a case (adding notes,  
1170 contact details, updating status information, etc.); registering a new case;  
1171 closing a case; or similar activity.

1172

#### 1173 **3.6.5. Reliability**

1174

1175 **NONF2865:** System shall support standard VA enterprise reliability features including back-  
1176 up systems, disaster recovery processes, etc.

1177

#### 1178 **3.6.6. Security**

1179

1180 **NONF2866:** Any individually identifiable information need to be transmitted/retrieved in a  
1181 manner that meets all VA Handbook 6500 requirements.

1182

1183

#### 1184 **3.6.7. Training**

1185

1186 **NONF2867:** The training plan will support the smooth transition from CMTRA to FCMT and  
1187 ensure users can perform their daily work using the new application.

1188 **NONF2868:** The training curriculum should be selected based on the target audience and  
1189 allow users to achieve a basic knowledge of the application. Training options  
1190 shall include lectures, presentations, and discussions either in-person or via  
1191 virtual sessions for all end users.

1192 **NONF2869:** Provide user and technical manuals.

1193  
1194  
1195  
1196  
1197  
1198  
1199  
1200  
1201  
1202  
1203  
1204  
1205  
1206  
1207  
1208  
1209

**4. Business Process Models**

**4.1. AS IS Workflows**

Not applicable for this work effort

**4.2. TO BE Workflows**

Not applicable for this work effort

**4.3. Sample Performance Measure Reports**

    
ChangeNotificationSummary.xls    Measure4b\_2013q3.xls    Measure4a\_2013q3.xls

## 5. Requirements Traceability

The purpose of establishing **traceability** for CMTRA Migration to FCMT Work Effort is to help:

- a. Understand the source of requirements.
- b. Manage the scope of the work effort.
- c. Manage changes to requirements.
- d. Assess the work effort impact of a change in a requirement.
- e. Assess the impact of a failure of a test on requirements. (i.e. If test fails, the requirement may not be satisfied.)
- f. Verify that all requirements of the system are fulfilled by the implementation.
- g. Verify that the application does only what it was intended to do.

DESCRIPTION	NEED	OWNR	BDET	BUC	BBR
Migrate all data and users from CMTRA to FCMT	2726	11032	3725, 3726, 3727, 3724	186	
Allow all CMTRA users (VHA OEF/OIF/OND, specialty care managers, Federal Recovery Coordination Program (FRCP), and VA Liaisons for Healthcare) broader tracking and reporting functionality within FCMT.	2727	11031 11033 11034 11035 11036 11037 11041 11042 11043 11044 11045 11046 11047 11051 11052	3689, 3690, 3691, 3692, 3693, 3694, 3695, 3696, 3697, 3698, 3699, 3700,3701,3702, 3703, 3704, 3705, 3706, 3707, 3717, 3718, 3719, 3720, 3721, 3722, 3723, 3724, 3730, 3739, 3746, 3747, 3748, 3749,3750, 3751, 3752, 3753, 3754, 3755, 3756, 3757, 3758	183, 185, 188	492, 497, 510, 511
Support necessary functions for the Lead Coordinator role	2728	11038 11039 11040 11048	3708, 3709, 3710, 3711, 3712, 3713, 3714, 3715, 3716, 3724, 3725, 3728, 3729, 3730, 3731, 3732, 3733, 3734, 3735, 3736, 3737, 3738, 3739, 3740, 3741, 3742, 3743, 3744, 3745	184, 187	493, 494, 495,496,498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509
Provide capability to document all care management activities, tasks and supporting	2729	11049 11050	3739, 3759, 3760, 3761, 3762, 3763, 3767, 3768, 3769, 3770, 3771, 3772,	189, 190, 191	512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522

DESCRIPTION	NEED	OWNR	BDET	BUC	BBR
actions (clinical and non-clinical).			3773, 3774, 3775, 3776, 3777, 3778		

**A. Appendix – Process Model Summary Report (PMSR)**

Not applicable for this work effort

**B. Appendix – Stakeholders****VHA OEF/OIF/OND Care Management:**

<b>Name</b>	<b>Role</b>
Janet Belisle	Health System Specialist, Care Management & Social Work Services
Jennifer Perez	National Program Manager, VA Liaison for Healthcare Program
Kathleen Dinegar	Program Coordinator, VHA OEF/OIF/OND Care Management and VA Liaison Programs
Peggy Kennedy	National Program Manager, VHA OEF/OIF/OND Care Management
Karen Cutright	VHA OEF/OIF/OND Program Manager
Michael Kilmer	Chief Consultant, Care Management & Social Work Services

**Specialty VA programs:**

<b>Name</b>	<b>Role</b>
Lisa Perla	Office of Rehabilitation Services, Rehabilitation Planning Specialist
Elise Moore	Polytrauma Care Manager
Katherine Sherrill	Spinal Cord Injury/Disorder (SCI/D) Services; Health Systems Specialist, Spinal Cord Injuries/Disorders Services
Gale Watson	National Director, Blind Rehabilitative Service
Deb Voydetich	Blind Rehabilitation Planning Specialist, Blind Rehabilitation Service
Katie Dziak	Program Analyst, Blind Rehabilitation Service
Michael Williams	National Data Specialist; Blind Rehabilitative Service
Wendy Tenhula	Office of Mental Health Services and Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.  National Director, VA/DoD Integrated Mental Health

**FRCP:**

<b>Name</b>	<b>Role</b>
Carol Weese	Director, Federal Recovery Coordination Program
Mike MacDonald	Deputy Director for Benefits, Federal Recovery Coordination Program
Laura O'Shea	Federal Recovery Coordination Program

## C. Appendix – Acronyms and Definitions

**Table 1: Acronyms**

<b>Term</b>	<b>Description</b>
BRD	Business Requirements Document
CRM	Customer Relationship Management
CMSWS	Care Management and Social Work Services
CMTRA	Care Management Tracking and Reporting Application
DoD	Department of Defense
FCMT	Federal Case Management Tool
FRCP	Federal Recovery Coordination Program
HL7	Health Level Seven
HIPAA	Health Insurance Portability and Accountability Act
HOMES	Homeless Operations Management & Evaluation System
ICP	Interagency Comprehensive Plan
IT	Information Technology
IPT	Integrated Project Team
IC3	Interagency Care Coordination Committee
JEC	Joint Executive Committee
LC	Lead Coordinator
MTF	Medical Treatment Facility
NwHIN	Nationwide Health Information Network
OEF	Operation Enduring Freedom
OHI	Office of Health Information
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
POC	Point of Contact
RED	Requirements Elaboration Document
RTM	Requirements Traceability Matrix
SPAN	Suicide Prevention and Application Network
SSN	Social Security Number
SI	Seriously Injured

<b>Term</b>	<b>Description</b>
VISN	Veteran Integrated Service Network
VR&E	Vocational Rehabilitation and Employment
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VBA	Veterans Benefit Administration
VAMC	Veterans Affairs Medical Center

**Table 2: Definitions**

Term	Definition
Interagency Comprehensive Plan	The Interagency Comprehensive Plan (ICP) is a SM/V-centered recovery plan with identified goals from recovery and rehabilitation to community reintegration developed from a comprehensive needs assessment which identifies the recovering SM/V's and family or caregiver's personal and professional needs and goals, and the services and resources needed to achieve them through specific activities in those key areas which were reviewed during assessment.
Interagency Care and Coordination Committee (IC3)	A committee for governance under the Joint Executive Committee (JEC) to implement, maintain, and oversee the provision of interagency complex care coordination of seriously or catastrophically ill or injured Service members or Veterans as per DoD-VA Warrior Care Coordination Task Force recommendations.
Clinical Case Manager	A clinical case manager (CCM) uses a collaborative process under the population health continuum to assess, plan, implement, coordinate, monitor, and evaluate options and services to meet an individual's health and psychosocial needs through communication and available resources to promote quality, cost effective outcomes.
Lead Coordinator	The Lead Coordinator (LC) is a role for an existing member of the Care Management Team (CMT) who, while fulfilling their responsibilities of their primary role, assumes responsibility for coordinating the development and overseeing execution of the Interagency Comprehensive Plan (ICP), but is not responsible for the actual delivery of care beyond the Lead Coordinator's scope of practice. The LC facilitates communication and serves as a single point of contact to the Service member or Veteran (SM/V) and family or caregiver, as well as the rest of the CMT, in order to avoid or reduce confusion. Lead Coordinators can be clinical or non-clinical, and are co-located with the recovering SM/V when feasible. Decisions on designation of the LC will be made by the CMT based on the SM/V's clinical and non-clinical needs (can be clinical or administrative personnel). The LC can change (if needed) based on changes in SM/V geography and/or recovery stage. The LC can be DoD or VA personnel regardless of whether they are Service member or Veteran. The LC may be named by mutual agreement of the CMT members, including input from the SM/V, family or caregiver, and command representative. Any disagreements about who will serve as LC will be resolved by the Military Treatment Facility (MTF) Commander, if the SM is at an MTF, Veterans Affairs Medical Center (VAMC) Director if the SM/V is at a VAMC; or the command representative or their designee if the SM is at a civilian facility. The command representative will always be able to communicate with the MTF Commander or VAMC Director when a SM is at an MTF or VAMC.
Seriously Ill or Injured	In the case of a member of the Armed Forces, including a member of the National Guard or Reserves means an illness or injury incurred by the member in the line of duty on active duty in the Armed Forces that

Term	Definition
	<p>may render the member medically unfit to perform the duties of the member's office, grade, rank or rating. It is unlikely that a SM with this illness or injury will return to duty in a time specified by his/her Military Department, and the illness or injury may require medical separation from the Military. This includes traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggregated in the line of duty in the active military, naval or air service that renders the Service member or Veteran in need of personal care services.</p>

**Table 3: CMTRA User Totals**

<b>Area</b>	<b># of Users</b>
VHA OEF/OIF/OND Program Managers	152
VISN OEF/OIF/OND POCs	21
VHA OEF/OIF/OND Case Managers	400
Transition Patient Advocates	110
Specialty Case Managers, Spinal Cord Injury	156
Specialty Case Managers , Polytrauma	135
Specialty Case Managers , Mental Health Services	TBD
Specialty Case Managers, Blind Rehabilitation	157
VA Liaisons for Healthcare (read only)	43+ 8 PSAs
FRCP (read only)	33

## D. Appendix – References

- VA Liaison for Healthcare Program Guide



VA Liaison Program  
Guidance\_FinaltoPrint

- VHA Handbook 1010.01 Care Management of OEF/OIF Service Members and Veterans



VHA Handbook 1010  
01 Care Management

- VHA Handbook 1010.02 VA Liaisons for Healthcare Stationed at MTF



VHA Handbook  
1010.02 VA Liaisons f

## E. Appendix – Approval Signatures

The requirements defined in this document are the detailed functional requirements gathered during the elaboration process necessary to meet the design and development needs of Product Development (PD).

### **Business Liaison**

Signifies that the Business Liaison takes responsibility for quality and communication of said detailed requirements to include business related configuration and change management of stated requirements.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

P. Shawn Faherty, Portfolio Manager  
HSPM/HSI

*Include approval message attachments HERE*

### **Business Owner**

Signifies that the customer approves the documented detailed requirements which adequately satisfy the customer's desired needs.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Michael Kilmer, Chief Consultant, Care Management & Social Work Services

*Include approval message attachments HERE*

### **Business Owner**

Signifies that the customer approves the documented detailed requirements which adequately satisfy the customer's desired needs.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Peggy Kennedy, National Program Manager, VHA OEF/OIF/OND Care Management

*Include approval message attachments HERE*

**Office of Information Technology (OIT)**

Indicates agreement that the requirements have been received, are clear, understandable, and are actionable as documented.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Dan Pate, VLER IT PMO

*Include approval message attachments HERE*

**Office of Information Technology (OIT)**

Indicates agreement that the requirements have been received, are clear, understandable, and are actionable as documented.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Dick Rickard, Warrior Support, VLER IT PMO

*Include approval message attachments HERE*