Interagency Comprehensive Plan

Phase 1

Requirements Specification Document



December 2015

Version 1.4

Department of Veterans Affairs

Revision History

Note: The revision history cycle begins once changes or enhancements are requested after the Requirements Specification Document has been baselined.

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| 2015.12.10 | 1.4 | * Updates from Business * Incorproate Developer updates, appendix A. | PMO Support |
| 2015.11.05 | 1.3 | Update per feedback from Business | Booz Allen |
| 2015.10.26 | 1.2 | Update per feedback from Business | PMO Support/ Booz Allen |
| 2015.10.26 | 1.1 | Overall update:   * Clarification to Increments versus Phases, * Updated document links, * Updated Formatting. | PMO Support |
| 2015.10.09 | 1.0 | Initial Draft | Booz Allen |

Artifact Rationale

The Requirements Specification Document (RSD) records the results of the specification gathering processes carried out during the Requirements phase. The RSD is generally written by the functional analyst(s) and should provide the bulk of the information used to create the test plan and test scripts. It should be updated for each increment.

The level of detail contained in this RSD should be consistent with the size and scope of the project. It is not necessary to fill out any sections of this document that do not apply to the project. The resources necessary to create and maintain this document during the life cycle of a large project should be acknowledged and clearly reflected in project schedules. Do not duplicate data that is already defined in another document or a section in this document; note in the section where the information can be found.

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# Introduction

The Department of Veteran Affairs (VA) Interagency Comprehensive Plan (ICP) project establishes the Federal Case Management Tool (FCMT) as the standard platform for Veteran case management and the exchange of the Interagency Care Plan. The ICP, a care plan managed in FCMT, will allow multiple case managers (CMs) to collaborate on patient status and goals information outlined in the ICP. Initially, the ICP will allow collaboration between Veterans Health Administration (VHA) and Veterans Benefit Administration (VBA) CMs however, as required, interobability will be established between the VA and Department of Defense (DoD) ICP’s.

The implementation and sharing of ICP will enable the VA and DoD to meet the Secretary of VA and the Secretary of Defense directive to develop an ICP. ICP directly supports the Interagency Care Coordination Committee (IC3) purpose to provide a more synchronized VA/DoD process to deliver care, benefits, and services to wounded, ill, and injured Warriors, Veterans, and their families.

## Purpose

The purpose of this document is to describe the functional and nonfunctional requirements for the ICP system. ICP will be an addition to FCMT and will upgrade some of the existing FCMT functionality. This document will guide the development team in delivering the ICP for VA, as well as define the interface of the application with the DoD. ICP Program Stakeholders are the intended audience for this document.

## Scope

The core scope of the ICP system development includes:

* Increment 1: Support the creation, coordination, and execution of a Service Member/Veteran’s (SM/V) ICP
* Increment 2: Enable the DoD / VA’s ICP systems to seamlessly communicate and exchange SM/V’s ICP data

The full capability and scope of ICP Increment 1 is described in Table 1:

Table 1 - ICP Application Scope

| Theme | Need | Increment |
| --- | --- | --- |
| General | * Develop a usable system to support stakeholder requirement, including: logical workflow, access to information, reporting, etc. * Provide authoritative data to the Care Management Team and eligible parties * Provide a common, complete view of the SM/V to the Care Management Team and eligible parties * Identify and flag policy/procedure violations and inform decisions based on policy for legal consistency to assure that processes (such as transitions) occur at prescribed time frames * Auto-generate the ICP template that displays the case with all changes and specifications * Provide interactive capability for the SM/V, families, and caregivers, to guide and track care goals and milestones * Capture and maintain pertinent key clinical information for SM/V | All |
| Assessment of SM/V Needs | * Capture and compile a list of SM/V clinical and non-clinical needs * Assess and baseline SM/V care needs | Inc 1 |
| Create Plan | * Create and develop an Interagency Comprehensive Plan for every SM/V * Assign Care Management Team and the Lead Coordinators to the case * Notify relevant team members that they have been assigned an FRC case | Inc 1 |
| Execute a set of defined activities | * Execute the activities outlined in the ICP to help the SM/V meet their identified needs | Inc 1 |
| Collaborate and Coordinate during Plan execution | * Collaborate and coordinate activities during the execution of the ICP | Inc 2 |
| Update Plan | * Update the ICP as required * Flag record updates to all appropriate parties engaged in the ICP * Track ICP updates as prescribed by VA and DoD guidance | Inc 1 |
| Feedback & Enhancements | * Provide feedback on the success of an ICP based on stakeholder feedback criteria and reported metrics * Identify potential improvements to the ICP | Inc 2 |
| Reports and Metrics | * Ability for DoD and VA to capture reports and metrics about ICP and associated Care Management processes and capabilities including LC assignment and assignment history | Inc 1 |
| Alerts and Notifications | * Receive reminders when the execution of an ICP process must be conducted * Notify care members that they have been assigned to an ICP goal or activity * Send status alerts and notifications to the SM/V, family members and caregivers, and Care Management Team * Provide task and alert related dashboards based upon the specific user roles in the case and ICP | Inc 2 |
| User Access | * Assign specific responsibilities and access rights to members of the authorized user community and general user case lists reflecting the users membership in Care Management Teams | Inc 1 |
| Case Management | * Manage, track , monitor and report on ICP and Care Management cases and associated case or ICP tasks * Provide traceability of care, goals , benefits, and care activities being executed | Inc 1 |
| Person Search | * Search for existing SM/Vs currently tracked in the FCMT * Add new SM/Vs in case the person is new to the system | Inc 1 |
| Scheduling and Appointments | * Schedule and manage case appointments | Inc 2 |
| Care Coordination | * Collaborate and coordinate care for enrolled SM/Vs across VA and DoD | Inc 2 |
| MVI Integration | * Integration with MVI (Master Veteran Index) for enterprise person search and identity management | Inc 1 |
| Notes | * Enable electronic coordinator to coordinator notes | Inc 1 |
| Reports | * Provide business and clinical metrics * Manage decision support capability for all echelons | Inc 2 |
| Interoperability | * Accessibility to a single ICP through an interoperable capability by DoD/VA authorized users * Allow care plan managers to capture care plan needs and documentation in one place * Share SM/V care information electronically within services or between DoD and VA | Inc 2 |

## References

The ICP RSD references are outlined below:

* [PMAS Business Office Guidance](http://vaww.yourserver.domain/pmas_bus_ofc/default.aspx)
* [ProPath Process Maps](http://vaww.oed.oit.domain/process/propath/)
* [ICP BRD](http://vaww.yourserver.domain/Collaboration/interagency/ic3/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2FCollaboration%2Finteragency%2Fic3%2FShared%20Documents%2FProject%20Documents%2FBusiness%20Requirements%20Document%20%28BRD%29)
* [ICP SDD](http://vaww.yourserver.domain/Collaboration/interagency/ic3/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2FCollaboration%2Finteragency%2Fic3%2FShared%20Documents%2FProject%20Documents%2FSystem%20Design%20Document%20%28SDD%29)
* [ICP Requirements Traceability Matrix](http://vaww.yourserver.domain/Collaboration/interagency/ic3/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2FCollaboration%2Finteragency%2Fic3%2FShared%20Documents%2FProject%20Documents%2FRequirements%20Tracability%20Matrix%20%28RTM%29)
* [ICP Architecture Comparison v 0.1](http://your_srver.domain.ext/warboard/anotebk.asp?proj=1544&Type=Closed)
* [Federal Individual Recovery Plan (FIRP) ICP Comparison](http://vaww.yourserver.domain/Collaboration/interagency/ic3/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2FCollaboration%2Finteragency%2Fic3%2FShared%20Documents%2FProject%20Information&FolderCTID=0x0120000FB473073EB45549B1D5F33BA8B10A71&View=%7b642E83A1-F668-4CF7-997B-52B2E2374860%7d)
* [FCMT System Functional and Technical Design Document v2.1.14](http://your_srver.domain.ext/warboard/anotebk.asp?proj=1544&Type=Closed)
* [FCMT As Built Functional Specification](http://your_srver.domain.ext/warboard/anotebk.asp?proj=1544&Type=Closed)

# Overall Description

ICP Increment 1 will build the new ICP, a full-featured “electronic management support” solution to facilitate creation of a common operational picture of the SM/V, which will:

* Enable the Community of Practice to synchronize and integrate the SM/V’s care, benefits, and services.
* Serve as a place to share a single ICP that is SM/V centric and assists in managing an SM/V with recovery, rehabilitation, and reintegration goals.
* Support changing business processes across the numerous programs serving the SM/Vs to effectively communicate and share data.

Further, Increment 2 of the ICP, will establish an interoperable solution to managing all DoD and VA ICPs for complex care coordination of SM/Vs, including the transition processes between DoD and VA. The interoperable solution will:

* Allow care plan managers to capture care plan needs and documentation from a single location.
* Share SM/V care information electronically between DoD and VA.
* Identify and track Care Management Team actions in supporting the SM/V ICP case.
* Facilitate the transition of care plan data to VA when a SM reach’s the end of active service, such that care plans accompany an individual through the entire recovery process.
* Support robust reporting capabilities for accountability and control efforts.

## Accessibility Specifications

Section 508 Compliance is required for the ICP Solution. According to VA Handbook 6102, accessibility is ensuring that content can be navigated and ready for everyone, regardless of location, experience, or type of computer technology used. VA web managers must ensure that all web pages, documents, and files posted to the web and to a collaboration tool must be accessible (including .pdf, .xls, .doc).

The Accessibility requirements for the ICP identified for Section 508 Compliance consists of the Section 508 standard checklist §1194.21, Software Applications and Operating Systems, and Section 508 standard checklist §1194.22, Web-based Intranet and Internet Information and Applications. These specific checklists have been documented within the enterprise-level-requirements by the VA 508 Office for the purpose of being utilized within applicable projects. The details for ICP 508 Compliance checklist specifications will be added within the ICP System Design Document (SDD). As such, any and all user interfaces developed for ICP will fully comply with Section 508 specifications and standards as defined by Federal mandate and adopted by VA.

## Business Rules Specification

Business rules are a set of policies and procedures that govern decision making for the ICP tool. The examination of existing case management processes is leveraged to improve the speed, accuracy, and efficiency in which information is exchanged between DoD and VA stakeholders who support the SM/V cases. As a result, identified requirements in business rules and workflows are determined and included as a part of the requirements.

Business rules are captured within the ICP Requirements Traceability Matrix (RTM). Increment specific business rules captured during the requirements elaboration phase, and detailed below, will be documented within this section. As functionality increases, the business rules will be updated to be included in development.

### Themes

ICP functional requirements will be captured to support key categories (themes) as defined in Table 2.\

Table 2 - Overview of Significant Functional Requirement Themes

|  |  |
| --- | --- |
| Theme | Requirement Category Description |
| Functional Requirements | Specify system functionality, including data exchange and reporting |
| Workload/Performance Requirements | Define the expected system performance Service Level Agreements (SLAs) and metrics |
| Operational and Support Requirements | Provide the configuration, access, and back-up requirements |
| System Availability and Reliability Requirements | Detail the expected system performance and availability to the end-users |
| System Access and Sign-on Requirements | Address the sign-on requirements for system users |
| Enterprise Portal Use | Provide API’s to enable VA portals |
| Special Device Requirements | Capture requirements for special device use, such as tablets and cell phones |

### Alerts and Notifications

The ICP will support a variety triggers and alert notifications to provide care for the SM/V, including, but not limited to:

* On Transfer from a facility
* On receiving or sending referrals
* On making contacts
* On Assign and Reassign
* On an SM/V housing status change
* On SM/V outreach and follow up
* On Assessment start and completion
* On ICP start and completion
* On assigning LC and Care Coordinators

### Changes and Events

ICP System events that will be tracked and monitored include, but are not limited to:

* New Case Manager is assigned or changed
* Location Transfer of SM/V
* Discharge of SM/V
* SM/V status change between Patient and Out-patient

### Task Automation

ICP tasks selected for automation will be based on captured workflow requirements.

### Business Rule Requirements

Key ICP business rule requirements are outlined in Table 3. For additional information, please refer to the ICP RTM.

Table 3 – Key Business Rule Requirements

| Business Rule Name | Business Rule Requirement |
| --- | --- |
| An Assigned LC Required After Non-Clinical Case Management Screening | An assigned LC is required after an SM/V completes their Non-Clinical Case Management Screening.  If an SM/V has been screened by the VA for case management (ICP development) and the SM/V meets the screening criteria then the LC is required to be assigned to the SM/V's case/ICP. If no LC is assigned, then the system will mark the case as not assigned to an LC, send and alert and prevent further actions. |
| Meet with Inpatient SM/V or Family Member or Caregiver Within One Workday | If a new VA LC is assigned to an inpatient SM/V case, then the new VA LC must meet with the SM/V or family member or caregiver within one workday of LC's assignment. This must be trackable and reportable. |
| Meet with Inpatient SM/V or Family Member or Caregiver Within One Workday | The LC has to indicate that a successful contact with the SM/V or family member or caregiver has occurred and provide the date and time of the contact.  If no indicator has been provided, then the system will send alerts and reminders to the LC and the supervisor and display on the LCs and supervisors dashboard. If the LC is overdue on their initial contact,  then the system will send email reminders and set the stop light flags. |
| Contact Outpatient SM/V or Family Member or Caregiver in One Week | If a future VA LC is identified for an outpatient SM/V non-clinical case,  Then the future VA LC must contact the SM/V or designated family member or caregiver within one week (7 calendar days) of the future VA LC's identification |
| Remind VA LC to Contact Outpatient SM/V Within 7 Days | If a new VA LC is assigned to or future VA LC is identified for an outpatient SM/V case, then the new VA LC or future VA LC should be reminded to contact the SM/V within 7 calendar days |
| Guide User to Choose VA LC at SM/V's Location | If the authorized VA user initially assigns a LC or changes the assigned LC on an existing SM/V case, the VA user should be guided to first choose a new LC located at the SM/V's Treatment Location, but ultimately the VA user can choose or create any valid contact for the LC |
| Create Non-Clinical Case Contact for VA LC | If assigning a LC to a SM/V case/ICP, the VA user can create a new case contact and designate the new case contact's role as being the LC. When creating the new LC case contact, the default location for the LC is the Treatment Facility of the SM/V, but ultimately the user can choose any valid location for the new LC case contact |
| Specify SM/V's Future VA Location and Projected Transfer Date | If a SM/V case is being referred to a VA program or VA treatment facility location, then the VA user will be able to designate the future VA location (destination SM/V treatment facility location) and projected transfer date |
| Automatically Add VA LC as CMT Member When Identified | If a new VA LC or a future VA LC is identified for a SM/V case/ICP then automatically add the new VA LC or future VA LC as a CMT member on the case/ICP (if not already a CMT member) |
| Track and Display Previous VA LC for Non-clinical Case | If the VA LC assigned to a SM/V case/ICP is changed, the previously assigned VA LC's role should be automatically documented and displayed |
| Notify CMT When Non-Clinical Case Transfers Location | If a SM/V case is transferred from one VA, DoD, or civilian treatment facility location to another VA, DoD, or civilian treatment facility location (i.e., user changes SM/V's treatment facility location), all existing VA, DoD, non-VA/DoD CMT members should be notified of this change |
| Notify CMT When Assigned LC Changes | If a SM/V case's assigned LC changes, all existing VA and DoD, non-VA/DoD CMT members should be notified of this change |
| Note Non-clinical Case Location Change | If the SM/V case/ ICP is transferred from one VA treatment facility location to another VA, private/civilian, or DoD treatment facility location, the VA authorized user making the treatment facility location change should note this on the SM/V's case/ICP |
| Automatically Add Task to Update Inpatient's Case Upon Discharge | If an inpatient SM/V is discharged from an inpatient treatment facility location (changes from inpatient to outpatient), his/her case/ ICP should be updated to reflect this change, so a task should automatically be created to have VA LC review and update the ICP now that SM/V is outpatient |
| Automatically Notify CMT if SM/V Becomes Homeless | If the SM/V becomes homeless, an automatic notification should be made to all VA CMT members |
| Automatically Add Task to Update Outpatient's Case Upon Inpatient Admission | If an outpatient SM/V is admitted to an inpatient treatment facility location (changes from outpatient to inpatient), his/her ICP should be updated to reflect this change, so a task should automatically be created to have the VA LC review and update the ICP now that SM/V is an inpatient |
| Capture ICP Screening Results | If the VA ICP screening of a SM/V has taken place, the VA user should be required to capture the following screening results information: screening completion date, if screening is completed, reason why not screened (e.g., SM/V declined), person who completed screening, location where screening took place (or via phone), if case management is needed or not, the description/explanation when "Other" is selected for reason not screened, if a re-screening of the SM/V is required, and date by which the SM/V is to be re-screened. |
| Remind LC to Follow Up with SM/V According to Level of Case Management | If a VA ICP assessment interview has been completed for a SM/V, the LC will be reminded periodically to follow up with the SM/V or family member or caregiver, according to level of case management indicated for the SM/V's case, as follows: intensive - requires weekly follow up, progressive - requires monthly follow up, supportive - requires quarterly follow up, and lifetime - requires annual or semi-annual follow up. |
| Develop ICP 30 Days After ICP Assessment | If a VA ICP assessment interview has been completed for a SM/V then an ICP must be developed within 30 calendar days. |
| Guide User to Choose Future VA LC at Future VA Location | If the authorized VA user specifies or changes a future VA LC, the VA user should be guided to first choose a future VA LC located at the specified future VA location (receiving VA Medical Center [VAMC]), but ultimately the VA user can choose or create any valid contact for the future VA LC |
| Notify Future VA LC When Identified for Non-Clinical Case | If a future VA LC is identified for a SM/V case/ ICP, the identified future VA LC should be automatically notified. |
| Create Non-Clinical Case Contact for Future VA LC | If identifying a future VA LC for a SM/V case/ICP, the VA user can create a new case contact and designate the new case contact's role as being the future VA LC. When creating the new case contact, the default location for the future VA LC is the future VA location of the SM/V, but ultimately the VA user can choose any valid location for the future VA LC case contact |
| Notify Program Manager of Non-Clinical Case Management Referral | If a SM/V case is being referred to a VA program or VA treatment facility location, the VA program manager at the designated future VA location will automatically be notified about the referral |
| Specify Future VA LC | If a SM/V case has been referred to a VA program or location, then the VA program manager at that location will be able to specify the future VA LC at the future (referred to) VA location |
| Notify Referring VA Liaison of Future VA LC Identification | If a future VA LC is identified, then automatically notify the VA Liaison who originally referred the SM/V case to VA of the future VA LC identified |
| Automatically Add VA Liaison to CMT | If a VA Liaison creates a SM/V case referral to VA, automatically add the VA Liaison as a member of the CMT |
| Remind/Notify Future VA LC to Assign Non-Clinical Case, Contact SM/V | If a future VA LC has been identified for a SM/V case that will be transferred, then before and/or on the projected transfer date, remind/notify the future VA LC to contact current LC and the SM/V and assign themselves as the official LC to the SM/V's case |
| Meet with Outpatient SM/V or Family Member or Caregiver Within One Week | If a new VA LC is assigned to an outpatient SM/V case, then the new VA LC must contact the SM/V or family member or caregiver within one week (7 calendar days) of VA LC's assignment. |
| Automatically Remove VA Liaison from CMT | If the SM/V case referral is closed/completed and the new VA LC assigned, automatically remove the VA Liaison who initially referred the SM/V case to VA from the CMT |
| Automatically Add VA Evaluator/Screener to CMT | If an Evaluator/Screener is assigned to a SM/V, automatically add Evaluator/Screener to CMT |
| Automatically Notify VA Evaluator/Screener When Assigned to SM/V | If an Evaluator/Screener is assigned to a SM/V, automatically notify the Evaluator/Screener. |
| Automatically Assign VA Evaluator/Screener as VA LC | If SM/V meets VA screening criteria, automatically make the assigned VA Evaluator/Screener the assigned VA LC |
| Automatically Assign VA Program Manager to Non-Clinical Case | If a VA Program Manager creates/registers a SM/V, the system automatically assigns the VA Program Manager to the SM/V's case |
| Automatically Add VA Program Manager to CMT | If a VA Program Manager creates/registers a SM/V, the system automatically adds the VA Program Manager to the VA CMT |
| Automatically Assign VA Program Manager to SM/V Non-Clinical Case | If the VA user assigns a VA LC to a SM/V case, the system automatically assigns the VA Program Manager associated with the VA LC's location to the case |
| Automatically Notify VA CMT When New Member Added | If a new CMT member is assigned to the SM/V case/ICP after the SM/V has been screened for VA case management and after a VA LC has been assigned to the SM/V's case/ICP, then automatically notify the VA CMT members assigned that SM/V's case/ICP |
| Automatically Navigate to Create ICP | If the SM/V meets VA ICP screening criteria for case management, the SM/V or family member or caregiver has accepted VA case management services, and the SM/V does not already have an ICP, automatically guide/navigate the VA authorized user to create an ICP for the SM/V |

## Design Constraints Specification

ICP is a standardized care plan where the ICP data will be exchanged between DoD and VA systems. The data will be exchanged in a standard interoperable format. The following ICP design constraints will be in place:

* ICP will operate within a variety of different environments associated with DoD/VA
* ICP functionality will depend on availability of architecture skills from DoD/VA
* ICP format, structure and transport mechanism must be scalable to meet the capacity requirements of all DoD/VA care programs
* ICP must provide standard, universal interfaces to other applications to which it sends and/or receives data
* ICP must comply with applicable laws, policies and regulations
* ICP must comply with all known Personally Identifiable Information (PII) regulations, for the use and disclosure of individually-identifiable information and individual’s rights in regards to PII data; this includes State, Federal, and DoD laws, rules and regulations
* The system will maintain user authorization and role-based access and security permissions. DoD must comply with DoD Privacy Rules contained in DoD 6025.18-R when creating, maintaining, using, and disclosing individually identifiable health information for SM/Vs
* The development of any tools, repositories, or applications in support of the transmission of the release of health information to and between DoD and VA must adhere to the DoD and VHA Healthcare Identity Management (IdM) enterprise requirements. This ensures the highest level of integrity of the patient correlations and VHA patient information experiences no degradation
* ICP will comply with the Office of General Counsel (OGC) requirements regarding due diligence and ongoing record review to detect the presence of protected conditions not originally included in the OGC authorization

## Disaster Recovery Specification

ICP is architected to fit within the overall VRM program architecture. A program-level disaster recovery plan is expected to be written, that includes ICP, and reevaluated for updates throughout the lifecycle of the project.

Disaster Recovery Specifications are under the control of the VRM Cloud Hosting Facticity in Sterling, Virginia. Any interruptions to service or outages will be managed through processes and procedures outlined for this facility. The VA Project Team will have a system administrator to perform administrative functions including password help and coordinate with the Hosting Service provider, as necessary. Backup and archiving methods will be done in accordance with the VA organizational standards.

For details regarding disaster recovery plans, please refer to the ICP Disaster Recovery (DR) and Backup Plan and/or the ICP System Security Plan (SSP) provided for the Hosting Facility. This section of the RSD discusses the high-level requirements that have been identified and should be considered for disaster and system recovery:

* CRM Cloud Solution will back up data via regularly occurring environment snapshots at 15-minute intervals using industry best practice tools. These real-time snapshots will be retained per the outlined schedule to provide application restoration capabilities in the event of an outage.
* A ‘Nightly’ snapshot will be taken at 12:00 a.m. and retained on the storage controller for seven (7) days. On the eighth day, the oldest snapshot is rolled off the system. The most recent ‘Nightly’ snapshot will be selected when the weekly tape backup process begins.
* CRM Cloud contractor will perform a full system backup and set the retention period to indefinite for the purpose of historical archiving of the application baseline for each of the major application releases.
* Long term backups will be performed at the secondary location, using the replicated data sets. Further, the backup will be run against an offline copy of the data set using separate disk resources so that there is no impact to the private cloud systems during the backup window.
* CRM Cloud contractor will update and maintain the Disaster Recovery plan
* CRM Cloud contractor will have the Disaster Recovery site databases and applications operational within two hours of the VA decision to failover to the secondary site.
* CRM Cloud contractor will provide the infrastructure, connectivity, and replication of data to support successful DR testing in two regularly occurring cycles: (1) Failover DR testing will occur on a monthly basis to confirm that failover capabilities from the primary to the secondary hosting site is functioning at the same level of performance, availability, and integrity as the primary site. The contractor will perform a monthly backup restoral test with a sample server; (2) Annual DR testing will occur once per year to demonstrate full restoration capabilities from the primary and alternate failover sites as well as restoration from tape. Results of the DR testing will be included as part of the Bi-Weekly Status Report.

## Documentation Specifications

System documentation includes descriptions of the system hardware, software, policies, standards, procedures, and approvals related to the system life cycle and system security controls. VA requires that sufficient documentation exists to provide an operating reference to effectively use software and hardware, and formal security and operational procedures have been documented, including the adequate completion of certification and accreditation processes. Documentation must include, but is not limited to, all documentation of security planning, certification and accreditation process, and configuration management of the hardware and software associated with the system.

The following documentation will be delivered as a part of ICP deployment to production to meet all VA PMAS requirements and standards:

* ICP Overview Document
* ICP Business Requirements Document (BRD)
* ICP Risk Log
* ICP Project Charter
* ICP Performance Work Statement (PWS)
* VA 6500 Information Security Handbook
* ICP Project Management Plan (PMP)
* ICP Acceptance Criteria Plan
* ICP Operational Acceptance Plan
* ICP Configuration/Software Design Document (SDD)
* ICP Infrastructure Analysis Report
* ICP Master Test Plan (MTP)
* ICP Training Plan
* ICP User’s Guide
* ICP Architecture Document

## Functional Specifications

This section provides the functional requirements for the ICP solution derived from the ICP BRD.

Note: Functional specifications relating to Increment 1 are described in the ICP RTM.

**Any updates to the RTM after this document is created will be contained in the ICP RTM.**

ICP Increment 1 will focus on development of the following:

* ICP Alerts and Notifications - Provide the ability to enable authorized users to receive reminders when the execution of an ICP process must be conducted in a timely manner.
* Assess SM/V for ICP - Provide the ability to enable an assessment of the SM/V to determine his/her needs that will be met via implementation of the ICP. Input is obtained from authorized users to compile a mutually agreeable list of needs to be addressed.

Details of the functional specifications for Increment 1 are described in Table 4.

Table 4 -

Functional Specifications and Business Need Per ICP Integrated Project Team (IPT) iBRD v2.0

|  |  |  |
| --- | --- | --- |
| Stage Number | Name | Description |
| 0 | Business Need | A single solution that is interoperable and generates a common operating picture for case care management of SM/V and family or caregiver across DoD/VA. |
| 1 | Owner Requirement | An IT solution that supports the construct of the ICP and allows authorized users the ability to input, view and exchange information across DoD/VA, supporting care, benefits and services to the SM/V and family or caregiver. |
| 2 | Functional Requirement | Refer to the ICP RTM. |
| 3 | Decomposed Functional Requirement | Refer to the ICP RTM. |

High level requirements provided by the stakeholders as functional capabilities of the proposed ICP system are outlined in Table 5.

Table 5 - Proposed Functional Capabilities

|  |  |
| --- | --- |
| Capabilities | Description |
| Assess SM/V | This capability enables an assessment of the SM/V to determine his/her needs that will be met via implementation of the ICP. Input is obtained from authorized users to compile a mutually agreeable list of needs to be addressed. |
| Develop ICP | This capability enables authorized users to work with the SM/V to identify needs that will establish goals and objectives that comprise the ICP. |
| Implement ICP | This capability allows coordination of an ICP execution with the participation of the SM/V and authorized users. This process includes updates to the ICP as required, from one LC to another. |
| Evaluate ICP | This capability enables authorized users to provide feedback on the success of a particular ICP implementation. The purpose of this process is to identify potential improvements to the overall plan. |
| Reporting | This capability enables DoD/VA to obtain necessary information about any ICP process as per desired time period and in desired output format. |
| Alerts and Notifications | This capability enables authorized users to receive reminders when the execution of an ICP process must be conducted in a timely manner. |
| User Access | This capability enables authorized users to assign specific responsibilities and access rights to members of the authorized user community. |

### Overview

ICP will use and leverage the following as built functionality available in FCMT for Increment 1:

* Custom Objects
* Libraries
* Common Entities
* Clients and Contacts
* Client Data
* Case Management
* Dashboards
* Roles and Responsibilities
* Referrals
* Forms
* Reports
* Security model
* Web service based Data Access

Most of the functionality built in FCMT required to support the ICP users will be unchanged.

### Models

The following models are required to be built for Increment 1:

* ICP Plan Model
* ICP Phase Model
* ICP Business Process Model

### User Profiles, Roles, and Access

ICP proposed System Users and their roles and access requirements are identified in Table 6.

Table 6 - User Profiles, Roles, and Access Specifications

| Name | Role | Profile Description | Access |
| --- | --- | --- | --- |
| Primary User | Care Coordinator Team | The group of medical professionals including physicians, nurses, social workers, rehabilitation specialists, and other specialists who are responsible for caring for and assisting an individual. | Review Plan, Plan notes and comments |
| Primary User | Federal Recovery Coordinators (FRCs) | Receive or identify referrals. Initiate contact with SM/V. Conduct an assessment. Oversee , monitor and make modifications to the ICP. Coordinate activities and actions, benefits, and services to achieve goals. | Create Plan, Update Plan, Assign and re-assign cases |
| Primary User | Case Managers | * Lead Coordinator (LC) * Team Member * Future Lead Coordinator * Clinical Case Manager (CCM) * Health Care Provider (HCP) * Non-Clinical Case Manager (NCCM) * Command Representative (CR) * Joint Recovery Consultant (JRC) * Clinical Case Manager * Non-Clinical Case Manager * Clinical Supervisor * Non-Clinical Supervisor * Clinical Administrator * Non-clinical Administrator * Polytrauma CM * Spinal Cord Injury (SCI) CM * Mental Health CM * Homeless CM * Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) Program Manager * OEF/OIF Clinical Case Manager * Patient Aligned Care Team (PACT) Case Manager * Visually Impaired CM | Create Plan, Update Plan, Assign and re-assign cases |
| Primary User | VA Program Manager | Assigns an SM/V's ICP case to another authorized VA system user.   * VA Program Manager * VA Screener/Evaluator, * VA Liaison, * Previous VA Lead Coordinator | Create Plan, Update Plan, Assign and re-assign cases |
| Secondary User | System Administrators | Full Control | Full Control, can’t grant others as administrator |
| Secondary User | Super Administrator | Full Control | Full Control, can grant administrator access |

### User Objectives

The ICP system will be primarily used by care coordinators from VA facilities who will be working with the lead coordinators to plan and manage care of SM/Vs. IPC end-user objectives include:

* Access to a common case of the SM/V
* Access to a wide range of SM/V data including: health, military history, dependent info, VBA benefit information, etc.
* Ability to track and get reminders on activities and action items
* Ability to add notes, comments and provide feedback on the SM/V and their progress
* SSO access to other critical VA systems during the process of executing ICP plans

### User Characteristics

The users of this application will be VA employees. All users must be registered in the ICP system to gain access to the FCMT and ICP module. ICP will leverage CSUM, CSEM, and VHAs access model to ensure users will only gain access to records that match their sensitivity level. Users will use their standard VA access and credentials to gain access to the ICP system. The target users include, but are not limited to:

* Lead Care Coordinators
* Care Coordinators
* Supervisors / Managers

## ICP Case Type

The System will have a new case type called the ICP case type. The ICP case type will be based on the current FIRP case type, but will be enhanced in the following ways.

### Hierarchial Structure

The ICP case will have a hierarchical structure of: Domain > Category > Attribute. Each domain will have one or more categories associated with it. Currently, there are 95 categories defined and spread across the 8 domains. The Categories are also supported by various attributes.

Table 7 – ICP Domain Structure

|  |  |  |
| --- | --- | --- |
| Domain | Sample Categories | Sample Attributes |
| Career | * Career Counseling * Education * Employment * Licensure/Certification/Security Clearances | * Counselor Name and Address * School Name * Clearance Status |
| Daily Living | * Assistive Technology * Automobile Adaptive Equipment * Communication and Translation | * Special Needs |
| Family | * Marital Status * Number of Dependents * Next of Kin | * Address of the NoK |
| Finances | * Auto Grant * Clothing Allowance | * Grant amount * Payment due date |
| Health | * Health Records * VA Facility Assignment | * VA Hospital Facility address * Care coordinator |
| Legal | * Current Legal Standing | * Legal counselor name |
| Military | * Branch of Service * Service Status | * Dates of Service * Number of Deployments |
| Spirituality |  | * Spiritual Counselor Name |

The full list of the domain, domain category and category attribute model is described in the DoD-VA Master Comprehensive Plan Document dated 6/27/14.

### FIRP to ICP Plan Mapping

ICP will leverage the current FIRP hierarchical structure. The FIRP structure will be modified to map to the new ICP plan structure, as described in Table 8.

Table 8 – FIRP / ICP Mapping

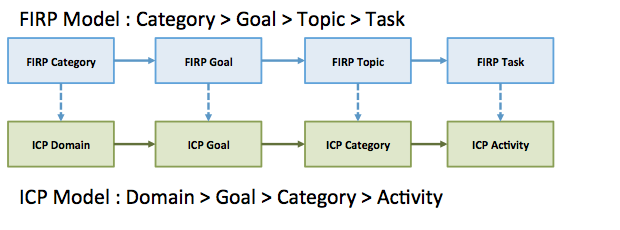
|  |  |  |
| --- | --- | --- |
| FIRP Model | Becomes | ICP Model |
| Category | > | Domain |
| Goal | > | Not Used |
| Topic | > | Category |
| Task | > | Activity |

ICP will enhance the existing FIRP tree structure to provide the following capabilities:

* Navigate the ICP plan tree starting from the Domain level and drilling down to the Goals > Domain categories > activities
* Navigate the ICP plan tree starting from the Goals
* Navigate the Tree structure
* Select an ICP Domains
* View all categories under the selected domain
* Select a domain category
* View the data attributes associated with a selected domain category
* Collapse the ICP tree
* Expand the ICP tree

Flowchart in Table 9 illustrates the relationship between the ICP and FIRP.

Table 9– ICP and FIRP Relationship



### Activity Checklist Items

Each Domain Category has one or more Checklist item. Checklist items have:

* A description field and one and only one of the following
* A checkbox selection with values Yes, No or blank OR
* Selection from a lookup list OR
* Status field with status values that can be selected OR
* Text field with max number of characters = 3,000

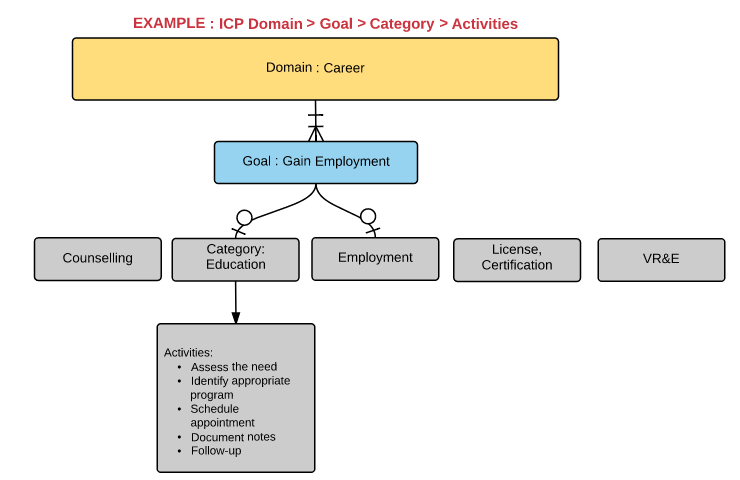
### ICP Activity Patterns

The ICP structure has:

* 8 Domains
* 95 Domain Categories
* 1500 + Category activities

Each category has associated data with description and values. However, the 1500+ Category activities conform to some patterns across the checklist type and the tracking items type. Below is an example of what the activity patterns look like for the domain career.

Table 10 - Domain Career Activity Patterns



### Activity Tracked to Tracking Items

Each Domain Category has one or more tracking items. Tracking items are used to track the following activities:

* Start dates of an action
* Date of an appointment
* Due date of an item
* Alert 1 date of an item
* Alert 2 date of an item

Activity tracking items contain the following items:

* A description field and one and only one of the following
* A checkbox selection with values Yes, No or blank OR
* Selection from a lookup list OR
* Status field with status values that can be selected OR
* Text field with max number of characters = 3,000

### ICP Activities Modeling

ICP care coordinators execute ICP plans by managing and executing assigned ICP activities. ICP activities will leverage the current, as is FIRP Task functionality. The details of this functionality are available in the documents listed in FCMT As Built.docx Section 6.2.4 and the ICP FIRP ICP Compare.xlsx document.

### ICP Plan Creation and Editing

ICP users will use the ICP tree model to conduct the following activities:

* Mark which Goals the SM/V wants to pursue
* Mark which Activities The SM/V wants to pursue
* Edit which Goals the SM/V wants to pursue
* Edit which Activities The SM/V wants to pursue

## ICP Alerts and Notifications

### Alerts

ICP is a case within an FRC Case and relies on alerts and notifications to help users and managers track progress of ICP activities and manage the execution of the ICP Plan.

Alerts and notifications are grouped as follows:

* Alert users when goals and activities around a plan are have not started, are due, overdue, or missed
* Alert users when there are changes to the state of a case such as : a care manager has been assigned or reassigned, case has been activated or deactivated
* Alert user when there are critical changes to the users state such as: SM/V has been prescribed new prescriptions of selected medications

### Notifications

Users will be notified of events and alerts in the following way:

* Via an email notification
* Via an indicator on their personalized dashboard
* Via an indicator in the Alert and notification status bar in the case system

## ICP Coordination

One of the primary goals of the ICP is to enable all care providers to collaborate, share and coordinate the care process. The ICP will provide end-users with the ability to coordinate ICP execution for the SM/Vs. This process includes providing updates to the ICP between Lead Coordinators. Coordination requirements include:

* Provide the capability for an authorized user to capture ICP status and completion date.
* Allow authorized users the ability to access services.
* Provide authorized users the ability to view Work Release information concerning the SM/V mental, physical, or psychological limitations to attend or perform training.

### ICP Core Functionality

The following is the list of the core functionality required to manage an ICP case:

* Create ICP Plan
* Screen an SM/V (ICP Screening)
* Indicate SM/V met or did not meet ICP Criteria
* Maintain only one active ICP case at a time (Case can have one or more ICP but only one ICP active)
* Display ICP case history
* Activate Case
* Assign a Case
* Deactivate ICP (There are Rules that govern the deactivation process)
* Assesses SMV Needs for ICP Care and Indicate / capture assessed needs
* Re-Assesses SMV Needs when necessary or warranted
* Capture Plan Start date
* Capture Plan Completion date
* Generate and display ICP Progress
* ICP Goals functionality
  + View all Goals and Goal Dates and Status
  + View List of Domains that are part of Plan and Stats
  + Drill down Domains to Categories
  + View Progress of Goals
  + View Goals
  + Show Barriers to Goals
  + Set Goals Target Date
  + Set Activity Dates
  + Set Goal Completion date
* Display Progress of Category
* Display Tracked Activities and status
* View Activity lists
* Set and View Status of Activities: 'Not Started, In Progress, Interrupted, and Completed'
* Assign Subsections of ICP to CMTs or others
* Capture and display Claim Information

### ICP Status and Case Progress

Every ICP plan is driven by dates such as start dates, completion dates which are set at the goal and activity level. Every ICP is also driven by states and status of the case and elements if the case. The system will track the following case status and display case status in various views:

* ICP Plan Status and progress
* ICP Goal Status and progress
* Goal and Activity Completions Dates
* Goal and Activity Status: Not Started, Started, and Completed

### ICP Dates

Table 11 lists key ICP Dates that the system will capture and track:

Table 11 - ICP Dates

|  |  |
| --- | --- |
| Date | Detail |
| Completion Dates | Date a goal or activity was completed |
| Submit Dates | Date something being tracked was submitted |
| Used Date | Date something that is being tracked was used |
| Received date | Date something that is being tracked was received |
| Appointment Date | Date a care giver made an appointment |
| Obtained Date | Date something that is being tracked was obtained |
| Separation Date | Date the SM/V separated from Military |
| Enroll Date | Date SM/V enrolled in |

### ICP Notes

ICP end users will be able to capture notes in the system. Notes Include:

* Private and Public Notes.
  + Users will be able to post public notes that all users of the systems can view
  + Users will be able to post private notes that only members of the CMT teams can view or only the LC and their manager can view
* Goal Notes. Users will be able to document Notes against Goals
* Activity Notes. Users will be able to document Notes against Activity
* Summary Log Notes. Users will be able to create summary notes that will be rolled up and printed and sent to the SM/V or displayed in the Veterans eBenefits portal. Summary Log Notes summarize notes at the Activity level . Each summary note applies to all tasks that have met the criteria

### ICP Notices

ICP end-users will receive the following notices:

* Deactivation Notice - triggered when an LC deactivates a case in FRC. All care coordinators will receive deactivation notices
* Assign Notice - triggered when an LC or a Care coordinator is assigned to a FRC case or a goal or activity in the ICP plan
* Overdue Notice - are triggered when an activity is not completed and is past its due date

### ICP Referrals

FRC cases are often part of a referral process. FCMT currently has functionality to capture referral information at the case level. FCMT\_As\_Built.docx Document section 8.2 contains information regarding referrals.

### ICP Workload Entry

FCMT currently has functionality to manage workload. It is assumed that ICP caseworkers will use the current FCMT workload module. FCMT\_As\_Built.docx Document section 8.3 contains information regarding Workload Entries.

### Documents

### Table 12 defines the document management functionality for ICP.

Table 12 – Document Management Functionality

|  |  |
| --- | --- |
| Function | Description |
| Document Storage | When the system generates any document like an ICP plan these documents will be to the SM/Vs eFolder or VVA folder. |
| Uploading Documents | If a care coordinator receives any documents from the SM/V either by mail or email, then the user will scan and upload the documents or select the file from a local repository and upload the document to the SM/vs eFolder or VVA repository. |
| Document signatures | If a user generates a document that needs to be signed by one or more parties, the system will enable users to digitally sign the document using their VA eSignatures. |

### Search

ICP users will use the following as is Person / Client Search functionality:

* Client Search and Register (Quick Search)
* Search Criteria
* Search Results

## Service Members and Veterans (Clients and Contacts)

The ICP supports client types outlined in Table 13.

Table 13 - ICP Types

| Type | Description |
| --- | --- |
| SM/V – Service Member and Veteran | This group is the clients / customers . They are the beneficiaries of the ICP services. All FRC / ICP cases will have one SM/V  SM/Vs are enrolled into the FRC program where they are assessed and services are determined , selected , delivered and tracked to completion |
| Associated Contacts | Associated Contacts are people who are related to the Client. Examples are : Mother , Father , Service providers and Care givers  Service providers and care givers can be associated with one or more SM/V case |
| Users | People that use the system like Program managers , Lead coordinators , care team members. |

### SM/V Location Information

ICP will use the client location functionality currently available in FCMT. The details of this FCMT functionality are available in the FCMT As Built.docx Document Section 6.2.3.

### SM/V Facility Information

ICP will use the client facility functionality currently available in FCMT. The details of this FCMT functionality are available in the FCMT As Built.docx Document section 6.2.3.

### Personally Identifible Information

When displaying an SM/Vs profile or detailed information, ICP will not display a user’s full Social Security Number (SSN). ICP will mask the number and display only the last 4 digits of the SSN.

### Client Management

ICP users will use the same ‘as is’ client management functionality that is currently available in FCMT. The details of this FCMT client management functionality is available in the in the FCMT\_As\_Built.dox Document - Section 6.3.

## Components, UI Designs and UI Elements

ICP users will use all the following UI Components Designs and Elements:

* Multi Header
* Left Right Control
* Spell checker
* Multi Select

FCMT will be required to modify the FIRP UI to enable users to manage the ICP care plan and provide access to the ICP care plan library.

### Reports

ICP users will use all of the reports currently available in FCMT. Some new reports will be added to support ICP and some will be modified to accommodate ICP reporting data and requirements.

### Dashboards

ICP users will use all the dashboard functionality currently available in FCMT. Some ICP specific dashboard elements will be added to support ICP.

An example of existing dashboard capability in FCMT:

1. Display My Active ICP Tasks by End Date
2. Display My Overdue Active ICP Tasks
3. Display My Active ICP Tasks Due In The Next “n” Days
4. Display three filtered lists:
   * My Overdue Cases
   * My In Progress Cases
   * My Not Started Cases

### ICP Library

The ICP library will replace the current FIRP library. A new ICP Library will be built to house the ICP Library data. The ICP data will be used to create the ICP Library is in the FIRP ICP compare.xls data sheet.

### ICP and DoD Data Exchange

One of the primary goals for the ICP project is the ability to exchange ICP Plan data between DoD and VA. To achieve this, both parties have developed an ICP Data dictionary that will be used by the VA ICP system and equivalent ICP system in DoD. The details of this data mapping are located in the document DoD VA ICP Data Dictionary.xls.

While the data exchange between VA and DoD is scheduled for Increment 2, it is critical that the FCMT ICP is modeled correctly to enable this exchange to occur seamlessly

### Audit History

ICP will use the currently available audit history functionality built in FCMT.

### Printing

The LC will be able to select one ICP to print or multi select many ICPs that they want to print at the same time**.** The printout of the summarized version of an ICP will be based on the SM/V’s current, active ICP.

The printout will roll up the ICP data to show the following:

* The ICP categories where a need has been identified
* The Category, Goal and Activity status where a need has been identified
* The Category, Goal and Activity dates, and where a need has been identified
* The Category, Goal and Activity responsible parties where a need has been identified
* The Category, Goal and Activity actual start date, target completion date, and duration where a need has been identified

When a user selects an ICP to print, they will be able to specify what sections and elements of the ICP plan will be printed. The following are options that the user will be able to select for printing the ICP document:

* Only ICP activities having a user-specified status (e.g. Complete, Not Started, In Progress, Interrupted)
* Only ICP activities having a user-specified outcome (e.g. Met, Not Met, Partially Met)
* ICP Domains where a ICP Category need was determined and where goals were established
* ICP goals for where a Category need was determined
* ICP Categories where a need was determined

By default, when Goals / Categories are printed the following will also be printed for each category:

* Responsible point of contact
* Status if user-specified status was selected
* Actual start date
* Target completion date
* Duration
* Days remaining
* Outcome if user-specified outcome was selected

### FCMT and ICP Views

Views

* View current and prior ICPs
* View Case details
* View Goals
* View Activities
* View SM/V data,
* View SM/V Medical information
* View SM/V Claim Info
* View Client Contacts in a Grid with details

## Graphical User Interface (GUI) Specifications

ICP user interface design follows all Graphical User Interface (GUI) design standards set by VA. Specifically, Section 508 of the Rehabilitation Act Amendments of 1973 as amended by the Workforce Investment Act of 1998, requires that when Federal agencies develop, procure, maintain, or use electronic and information technology that ensures that the electronic and information technology allows persons with disabilities to have access to, and use of, information and data that is comparable to the access to, and use of, information and data by persons who are not individuals with disabilities, unless an undue burden would be imposed on the agency.

## Multi-divisional Specifications

ICP will provide an interoperable solution for managing all DoD and VA ICPs by providing traceability of care, benefits, and services activities among SM/V. ICP will provide functionality to add, retrieve and update information, and the data that forms the content of a care plan comes from multiple sources, including:

* Defense Eligibility and Enrollment Reporting System (DEERS)- for bi-directional interface with the Defense Eligibility and Enrollment Reporting System
* Veterans Administration/DOD Identity Repository (VADIR) – to interface with the Veterans Administration/DOD Identity Registry to facilitate user authentication.
* eBenefits - to interface with eBenefits to facilitate Veterans access to benefits information through the single sign on capability.
* IAM/MVI – Master Veteran Index
* MVI for registration of clients and on-demand refresh of demographics
* Data Access Services (DAS) for sharing care coordinator data with the Army Warrior Care and Transition System (AWCTS) and other VA/DoD systems
* Benefits Gateway Services (BGS) for viewing real-time benefit and payment data from various VA systems.

## Performance Specifications

The performance specifications for ICP will conform to those standards currently in place for FCMT application for SM/V case management and coordination. Workload and Performance specifications shall be elaborated during the planning period and recorded in this RSD upon availability.

## Quality Attributes Specification

ICP will comply with the quality specifications set forth in the ICP Master Test Plan. This section details additional specifications that enhance the supportability, maintainability, portability, testability, or reusability of ICP system being developed. The following types of testing will be done to ensure the quality of the system:

* Development Testing
* System and Integration Testing
* User Acceptance Testing
* Post-deployment Smoke Testing

The ICP Project Team’s quality assurance management approach uses industry practices such as ITIL, ITSM, and CMMI processes to align VA’s desired business outcomes, project management goals, and quality performance standards. The project management team will customize standard processes to VA’s needs and conduct interviews to determine whether the proper processes are in place and followed. The project team will use a feedback process to improve on a continual basis. The ICP Team has created a Quality Management Plan (QMP) that will document all quality related procedures and define quality standards.

The ICP PM will be responsible for maintaining the ICP QMP and ensuring that the project team consistently applies quality procedures during each Sprint. It is the ICP Team’s policy that the ICP Team executives provide oversight of project quality, risk management, and mitigation activities throughout the life cycle of the Sprint. The result will be a thorough, verifiable, and self-implemented quality control strategy. There are several Quality Gate Reviews scheduled within the ProPath guidelines to ensure quality throughout the process.

## Reliability Specifications

System availability will be measured in terms of the percentage of time that the system’s end users are able to access and use the functionality of the system application software from their individual workstations. Specifically, operational availability will equal the number of hours end user workstations are actually available over a year divided by the total number of hours workstations should have been available over a year. This does not include time required for scheduled maintenance. The ability of ICP to perform its required functions under the conditions stated below requires that the system maintain the following minimal criteria:

* Availability: The system shall provide availability 24/7 and remain fully operational 99.7% of the time, with exceptions for routine maintenance activities during non-peak hours. A back-up plan shall be provided when the system is taken off-line for maintenance or technical issues/problems.
* Accuracy: The system will be designed with business rules to prevent certain types of data from being entered in fields where they are not valid. The system shall provide the ability to increase productivity, efficiency, and accuracy by auto populating fields thus eliminating human error.
* Defect Rates: It is expected that the system will not have any critical bugs, which are defined as: 1) Inability to process incoming data; 2) Significant or minor items that DO NOT have a viable/acceptable work-around

## Security Specifications

ICP security specifications will conform to those standards currently in place for the current FCMT application. FCMT security methodology follows all VA security directives and guidelines from National Institute of Standards and Technology (NIST), Federal Information Security Management Act (FISMA), Security Management and Reporting Tool (SMART), and the Continuous Readiness in Information Security Program (CRISP). The following ICP security features are included:

* Authentication and Authorization
* Auditing
* Backup and Recovery
* Archiving
* Reporting

# Purchased Components

ICP will not purchase any components for this increment.

# Estimation

ICP will utilize Agile Methodology best practices for estimation of development activities. The estimation standards are outline in Appendix B.

Project Software Functional Size and Size-Based Effort and Duration Estimate

Application

| Item | A | B | C | D | E | Total |
| --- | --- | --- | --- | --- | --- | --- |
| **Counted Function Points** |  |  |  |  |  |  |
| **Estimated Scope Growth** |  |  |  |  |  |  |
| **Estimated Size at Release** |  |  |  |  |  |  |

| Size-Based Effort Estimates | Labor Hours | Probability |
| --- | --- | --- |
| **Low-Effort Estimate – With indicated probability, project will consume no more than:** |  |  |
| **High-Effort Estimate – With indicated probability, project will consume no more than:** |  |  |

| Size-Based Duration Estimates | Work Days | Probability |
| --- | --- | --- |
| **Low-Duration Estimate – With indicated probability, project will consume no more than:** |  |  |
| **High-Duration Estimate -- With indicated probability, project will consume no more than:** |  |  |

Figure 1: Cumulative Probability (“S-curve”) Chart

[Insert Cumulative Probability (“S-curve”) Charts here]

# Applicable Standards

The following standards and regulations will apply to the design of this system:

* C.5 VAAR 852.219-10 VA NOTICE OF TOTAL SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS SET-ASIDE (DEC 2009)
* Federal Information Security Management Act (FISMA) of 2002
* Federal Information Processing Standard (FIPS) Pub 201, Personal Identity Verification for Federal Employees and Contractors, February 25, 2005
* VA Directive 6102, Internet/Intranet Services
* VA Handbook 6102, Internet/Intranet Services
* Electronic and Information Technology Accessibility Standards (36 CFR 1194)
* Office of Management and Budget (OMB) Circular A-130
* Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
* VA Directive 6500, Information Security Program
* VA Handbook 6500.3, Certification and Accreditation
* VA Handbook 6500.5, Incorporating Security and Privacy into the System Development Life Cycle
* Office of Enterprise Development (OED) ProPath Process Methodology http://vaww.webdev.oed.oit.domain/process/propath/
* PMAS portal http://vaww.yourserver.domain/pmas/Pages/default.aspx
* Technical Reference Model (TRM)
* National Institute Standards and Technology (NIST) Special Publications
* VA Information Technology (IT) Program Management (VA Handbook 6062), no date
* VA Facility Directory <http://www.appc1.domain/directory/guide/home.asp?isFlash=1>
* VA Enterprise Architecture (EA) - The P/PMS Contractor shall ensure that all projects adhere to the one VA EA <http://vaww.domain/oit/ea_internal/EAS/index.asp#EA>
* The Program Managers’ Guide to the Integrated Baseline Review Process (Office of the Undersecretary of Defense), April 2003 [G]
* FISMA <http://csrc.nist.gov/groups/SMA/fisma/index.html>

Any regulations related to security may impose access restrictions or other protection related limitations on the system.

# Interfaces

The CRM Commercial-off-the-Shelf (COTS) products are leveraged by the ICP CRM solution. Integrations with several external systems are planned for future releases of the ICP project. For detailed descriptions of the current solution architecture and anticipated future architecture in subsequent releases, please refer to the ICP SDD.

## Communication Interfaces

MS Dynamics CRM uses web services to access and manipulate data resources from outside data repositories and interact with enterprise tiered platform services. These services allow implementers to write applications using MS Visual Studio or other development tools by referencing the platform’s web services. The MS Web Services are interoperable with Non-MS platforms. The MS Dynamics CRM SDK includes the following Web Services:

* Discovery Web Service - The Discovery Web Service is a mechanism to find the correct endpoint for the organization web service.
* Metadata Web Service -The Metadata web services provide methods to read and write metadata for an organization including definitions for entities, attributes, and relationships.

Extensible Markup Language (XML) Web and Software Services:

* Simple Object Access Protocol (SOAP) - SOAP is the communication protocol for XML Web Services. SOAP defines the XML format for messaging. SOAP also enables MS Dynamics CRM to perform remote procedure calls for applications built on Common Object Model (COM) or Common Object Request Broker Architecture (CORBA) instead of the latest and more flexible document style messaging where SOAP is a wrapper around an XML document.
* XML Web Services - MS Dynamics CRM uses XML Web Services as a building block for distributed computing. XML Web Services are a flexible and interoperable vehicle to integrate and communicate with other applications regardless of the language or platform and is a key ingredient in a SOAP-based web-services environment.
* XML/SOAP Security - MS Dynamics CRM uses WS Security while using SOAP to exchange data via XML documents supporting various security models and encryption technologies. In brief, SOAP Security Web Services provide a vehicle for security related information targeted at a specific receiver using WS Routing.
* Web Services Description Language (WSDL).

Client Side Scripting:

* Java Script - Client-side scripting includes the capabilities to perform business logic and actions from the MS Dynamics CRM Web or Outlook clients. It also includes capabilities to add the user interface elements to integrate MS Dynamics CRM with other applications.

Other Protocols:

* Hypertext Transfer Protocol (HTTP)/Hypertext Transfer Protocol Secure (HTTPS) - HTTP functions as a request-response protocol in the client-server computing model. HTTPS is a secure HTTP connection.

## Hardware Interfaces

The following is a list of hardware that will be used with the ICP CRM solution built by the hosting vendor to specifications that are finalized during the design and integration sessions with the Technical Integration team that is part of the Member Services Project:

* CRM Application Server
* IIS Server v7
* CRM Database Server
* Data Access Component Server *(optional)*
* Web Server
* CRM Email Server

## Software Interfaces

This is the business community’s best understanding of known application interfaces and may not be a comprehensive listing. The ICP Solution shall interface to the following application interfaces as minimum.

Table 14 - Software Interfaces

| Name of Application | Description of Current Application | Interface Type | Existing Functionality | Deliverables |
| --- | --- | --- | --- | --- |
| Master Veteran Index (MVI) | Source of VA person identity information | Automated | No | Demographic information will be automatically incorporated |
| Master Patient Index (MPI) | Source of patient identity information | Automated | No | Demographic information will be automatically incorporated with MVI |
| VistA | Enterprise-wide information system built around an [Electronic Health Record](http://en.wikipedia.org/wiki/Electronic_Health_Record) (EHR), used | Manual | No | VistA Veteran Demographics needed to be incorporated into CRM Caller Contact Record |
| CCPC | Consolidated Co-payment Processing Center | Manual | No | Need to give VA ICP Call center employees access to the billing data |
| CPRS | Computerized Patient Record System | Manual | No | TBD |
| CAPRI | It offers VHA Compensation & Pension (C&P) staff an easy, standardized way of reporting C&P Examination results. | Manual | No | Medical appointment information |
| CMOP | Provides mail order [prescriptions](http://en.wikipedia.org/wiki/Medical_prescription) to Veterans using facilities with highly automated distribution systems at strategic locations throughout the country | Manual | No | TBD |
| Image Library | Reference and Resource tool for identifying medications | Manual | No | PCC Need to have access to search for images of medications |
| Micromedix | Reference and Resource tool for identifying medications | Manual | No | TBD |
| Pay.gov | Treasury system used for making payments | Automated | No | Need ability to view transaction numbers and events |
| Santori | TBD | TBD | TBD | TBD |
| ADFS | A software component which provides users with single sign-on access to systems and applications located across organizational boundaries. | Manual | No | To Allow CRM users to log into CRM with their Normal VA logins |
| AutoDialer | Technology for Business | Manual | No |  |
| EBN | The eBenefits portal provides: A single point of trusted web access for those Service members and Veterans seeking self-service benefit information and services from VA and DoD | Manual | No | To view whether the Veteran is registered with eBenefits, as well as, validation of level of eBenefits account - level 1 and 2 |
| eHMP | Electronic Health Management Platform will be replacing Computerized Patient Record System (CPRS) | Manual | No | Progress Charts, Care Visits, ROI information |
| ESR | Enrollment System Redesign | Manual | No | Enrollment information |
| IAM | IAM Access Services (AcS) provides enterprise level authentication and authorization services. | Manual | No | To allow CRM to identify a Veteran using the VA's master index of Veterans, persons and patients |
| JIRA | JIRA is a commercial issue tracking software used for bug tracking, issue tracking, and project management | Manual | No |  |
| KB | Knowledge Base | Manual | No |  |
| Pathways | Uses VHA identifiers to request VistaA data related to appointments and exams | Manual | No | VA exams and appointments, Future appointments |
| VADIR | Provides an electronic consolidated view of comprehensive eligibility and benefits utilization data from across VA and Department of Defense (DoD). | Manual | No | First name, Last Name , DOB, SSN |
| VetsNet Benefits Enterprise Portal | The Veterans Benefits Management System (VBMS) is a VA initiative to create a paperless environment for Veteran claims processing and benefits delivery | Manual | No | Allow web services requests and response to and from all VistA VISN sites for access to Veteran demographic data, health and enrollment data |
| VVA | Virtual VA is an online electronic work environment (EWE) designed for processing veteran Compensation and Pension (C&P) claims. | Manual | No | View all Virtual VA documents - Award letters, 0820s -service requests, Debt management letters, 0845- third party permissions. |

# Legal, Copyright, and Other Notices

Not applicable.

# Purchased Components

As VA contract and purchase information is sensitive, please contact the Project Manager for this information if needed.

# User Class Characteristics

Please refer to Section 2.6.3 for a general overview of roles and responsibilities of ICP users.

# Approval Signatures

This section is used to document the approval of the RSD during the Formal Review. The review should be ideally conducted face to face where signatures can be obtained ‘live’ during the review, however the following forms of approval are acceptable:

* Physical signatures obtained face to face or via fax
* Physical signature obtained in person or via fax
* Digital signature tied cryptographically to the signer

REVIEW DATE: 10 December 2015

SCRIBE:

Signed:

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, Project Manager & Integrated Project Team (IPT) Co-Chair Date

Interagency Coordination, Interagency Comprehendive Plan Phase 1

Office of Information and Technology, Product Development

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M.S. CRC, Business Sponsor Date

Director, Management Operations & IC3 Support

Office of Interagency Care & Benefits Coordination

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Interagency Coordination, Interagency Comprehendive Plan Phase 1

Office of Information and Technology, Product Development

| **ID#** | **Category** | **Non-Functional Requirement** |
| --- | --- | --- |
| 548860 | Overarching Interagency Non-Functional Requirements | Following periods of limited or no connectivity, the system shall synchronize patient data that was collected during downtime. |
| 548968 | Overarching Interagency Non-Functional Requirements | The system shall have software configuration and problem resolution. |
| 549077 | Overarching Interagency Non-Functional Requirements | The system shall be capable of supporting Ports, Protocols and Services Management (PPSM). |
| 549079 | Overarching Interagency Non-Functional Requirements | The system shall meet and receive Department of Defense Information Assurance Certification and Accreditation Process (DIACAP) certification. |
| 549080 | Overarching Interagency Non-Functional Requirements | The system shall be capable of being Integrated in a DoD Mission Assurance Category (MAC) II system. |
| 549081 | Overarching Interagency Non-Functional Requirements | The system shall be accessible through a secure Web connection per federal regulation. |
| 549082 | Overarching Interagency Non-Functional Requirements | The system shall comply with Public Key Infrastructure (PKI) and Public Key (PK) enabling requirements. |
| 549083 | Overarching Interagency Non-Functional Requirements | The system shall be accessible through a DoD/VA Virtual Private Network (VPN). |
| 549084 | Overarching Interagency Non-Functional Requirements | The system shall ensure that data is retrievable by industry standards. |
| 549086 | Overarching Interagency Non-Functional Requirements | The system shall be scalable to meet dynamic user base. |
|  | Overarching Interagency Non-Functional Requirements | The system shall provide for real time and transactional reporting |
|  | Overarching Interagency Non-Functional Requirements | The system shall provide DoD/VA-compliant Information Assurance (IA) controls to identify (mark) and restrict access to sensitive data |
|  | Overarching Interagency Non-Functional Requirements | The system shall send scheduled maintenance notifications no less than 48 hours prior to the event |
|  | Overarching Interagency Non-Functional Requirements | Scheduled maintenance shall be limited to off peak timeframes. |
|  | Overarching Interagency Non-Functional Requirements | The system shall perform regular data backups |
| 549087 | Health Information Management | The system shall adhere to all requirements related to the custody, use, retention, disclosure and management of health information defined by Federal requirements, Joint Commission standards and Agency specific requirements. |
| 549090 | Patient Safety | All efforts must be made to comply with DoD/VA Patient Safety requirements. |
| 391899 | System Performance Reporting Requirements | Include instrumentation to measure all performance metrics specified in the Non-Functional Requirements section of the Requirements Traceability Matrix (RTM). At a minimum, systems will have the ability to measure reporting requirements for Responsiveness, Capacity, and Availability as defined in the non-functional requirements section of the RTM. |
| 463749 | System Performance Reporting Requirements | Make the performance measurements available to the Information Technology (IT) Performance Dashboard to enable display of “actual” system metrics to customers and IT staff. |
| 429605 | Operational Environment Requirements | System response times and page load times shall be the same or better than the current system. |
| 429606 | Operational Environment Requirements | Maintenance, including maintenance of externally developed software incorporated into the application(s), shall be scheduled during off peak hours or in conjunction with relevant maintenance schedules. The business owner should provide specific requirements for establishing system maintenance windows when planned service disruptions can occur in support of periodic maintenance. |
| 390684 | Operational Environment Requirements | 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 specific business impact must be noted in order for OIT to provide accurate data in the service impact notice of the ANR. |
| 390673 | Operational Environment Requirements | Provide a real-time monitoring solution to report agreed/identified critical system performance parameters. |
| 391896 | Operational Environment Requirements | Critical business performance parameters shall be identified e.g., transaction speed, response time for screen display/refresh, data retrieval, etc. in a manner that data capture can occur to support metric reporting and support the OI&T performance dashboard display. If no such performance metrics are required or provided there will be no program specific Service Level Agreements (SLA) created, nor shall there be any active/real time monitoring through OI&T Performance Dashboard to provide the business owners any performance metrics. |
| 390678 | Operational Environment Requirements | Notification of scheduled maintenance periods that require the service to be offline or that may degrade system performance shall be disseminated to the business user community a minimum of 48 hours prior to the scheduled event. |
| 429609 | Documentation Requirements | The training curriculum provided by the applicable Program Office shall state the expected training and task completions time(s) for primary users and secondary users to become proficient at using any IT application or system that is enhanced or created as a result of this New Service Request (NSR). |
| 429610 | Documentation Requirements | All training curricula, user manuals, and other training tools, shall be developed and/or updated by the applicable Program Office(s) and delivered to all levels of users prior to release of any IT application or system that is enhanced or created as a result of this NSR. The curricula shall also reflect necessary updates to business processes and procedures that are changed as a result of this NSR. |
| 392051 | Documentation Requirements | IT will provide the level of documentation required to support the system and maintain operations and continuity. Documentation shall represent minimal programmatic and lifecycle operations support documentation artifacts as defined by VA standards in ProPath and as required by the VA Enterprise System Engineering Lifecycle and Release Management office for sustained operations, maintenance, and support (http://vaww.eie.domain/lifecycle/default.aspx) prior to approval by any VA change control board and release into production. |
| 429612 | Implementation Requirements | Technical Help Desk support for the application shall be provided for users to obtain assistance. |
| 390674 | Implementation Requirements | The IT solution shall be designed to comply with the applicable approved Enterprise SLA. |
| 429613 | Implementation Requirements | The implementation must be completed by timeframes agreed upon by both the Business Owner and OI&T. |
|  | Data Protection/Back-up/Archive Requirements |  |
| 392156 | Data Protection/Back-up/Archive Requirements | Based upon the criticality of the system, provide a back-up and data recovery process for when the system is brought off-line for maintenance or technical issues/problems. |
| 431706 | Data Protection/Back-up/Archive Requirements | Data protection measures, such as back-up intervals and redundancy shall be consistent with systems categorized mission essential (72 hour restoration). |
| 391305 | Data Quality/Assurance Requirements | A monitoring process shall be provided to ensure that data is accurate and up-to-date and provides accurate alerts for malfunctions while minimizing false alarms. |
| 549093 | Logical Database Requirements | Data entered shall be saved in the same manner (consistently) throughout the system and all modules or Computer Software Configuration Items (CSCI) in the system. |
| 549098 | Logical Database Requirements | Data entered in one module or Computer Software Configuration Items (CSCI) of the system shall be available for use throughout the system without requiring the user to input it again. Software-available data - The user should not be required to enter data already available to the software. |
| 549102 | Logical Database Requirements | Data entries should be validated by the system for correct format, legal value, or range of values. Where repetitive entry of data sets is required, data validation for each set should be completed before another transaction can begin. Display of erroneous entries. A computer-detected error, as well as the error message, shall be continuously displayed until the error is corrected. |
| 549104 | Logical Database Requirements | Where system overload or other system conditions will result in a processing delay, the system shall acknowledge the data entry and provide an indication of the delay to the user. If possible, the system shall advise the user of the time remaining for the process or of the fraction of the process completed. |
| 549105 | Logical Database Requirements | Every input by a user shall consistently produce some perceptible response output from the computer. The system shall provide a positive feedback to the user of the acceptance or rejection of a data entry. Feedback response times shall conform to designated system response times. |
| 549106 | Logical Database Requirements | Where two or more users must have simultaneous access to the computer program or data processing results from multiple personal equipment interfaces, the operation by one person shall not interfere with the operations of another person. Provisions shall be made so that the pre-empted user can resume operations at the point of interference without information loss. |
| 390698 | User Access/Security Requirements | Ensure the proposed solution meets all Veterans Health Administration (VHA) Security, Privacy, and Identity Management requirements including VA Handbook 6500 (see the Enterprise Requirements section of the RTM). |
| 549109 | User Access/Security Requirements | The system shall provide DoD/VA-compliant Information Assurance (IA) controls to identify (mark) and restrict access to sensitive data. |
| 392198 | User Access/Security Requirements | The system shall manage the sets of access control permissions granted to entities that use the system, and enable security administrators to grant authorization to users, for roles, and within contexts. |
| 392202 | User Access/Security Requirements | The system must provide mechanisms for users and applications to be authenticated. |
| 392110 | Usability/User Interface Requirements | Adhere to good User Interface/User Centered Design (UI/UCD) principles as outlined in the User Interface/User Centered Design Principles Appendix of the iBRD. |
| 392052 | Conceptual Integrity | Provide standards based messaging and middleware infrastructure needed to support both Legacy Veterans Health Information Systems Technology Architecture (VistA) and future VistA 4 deployments. |
| 392024 | Availability | Maintenance window, including maintenance of externally developed software incorporated into the application(s), will be by mutual agreement between OI&T and the VHA Point of Contact (POC) for the affected facility(ies). VHA will provide POCs for each facility. |
| 392338 | Availability | Application unavailability due to an unplanned outage or planned outages that exceed the defined maintenance window will not exceed 8.76 hours per year and will not exceed 43.8 minutes per month (99.9% availability). |
| 392336 | Availability | The application shall be available 24 hours a day, seven days a week, with an uptime of 99.9%. |
| 392335 | Availability | All system updates and scheduled maintenance should occur between the hours of 1800 and 0600 (per local time zone), when clinical usage would be lightest. |
| 392343 | Interoperability | The system shall support all recognized health system standards i.e., Health Level 7 (HL7), Fast Healthcare Interoperability Resources (http://www.hl7.org/implement/standards/fhir/overview.html). |
| 392346 | Interoperability | Systems must be heterogeneous and agnostic for operating systems and code bases. |
| 392345 | Interoperability | Provide the ability to securely transfer large files (of 4-8 gigabyte) from an external source to VA systems. |
| 392350 | Interoperability | Provide access to the system over a remote access solution, maintaining normal baseline performance. |
| 549824 | Interoperability | The ICP solution must support the ability to operate seamlessly with other systems, either internal or external, that adhere to recognized interchange standards. The rules of interaction will be specified in the partner’s interchange agreement. |
| 549825 | Interoperability | External interface requirements include persons, systems or organizations that require ICP data but do not interact with the ICP solution on a regular basis. This may include Regional or National Health Care offices, State or Federal registries, and/or Federal Agencies (CDC, FDA, etc.). |
| 392352 | Manageability | Provide Service Desk/Incident and Problem Management tracking related to maintenance events of patient care systems with priority over non-patient care systems. |
| 392344 | Manageability | Provide data related to maintenance events, both routine and exceptional, including key metadata: • Predicted routine work • Occurrences where maintenance is completed, including restart from down time • Identity of the organization performing maintenance • User performing maintenance (if available) • Identity of the system • Date/time, physical location • Systems impacted • Does it affect patient care • Non-urgent or emergent |
| 392355 | Manageability | Provide audit capabilities for system access and usage with settings that are configurable to support internal and external audits based on federal and VHA mandates. |
| 392362 | Manageability | The system must comply with VA Directive 6300 Records and Information Management and with VHA Records Control Schedule (RCS) 10-1, in general and specifically with Electronic Final Version of Health Record: Destroy/Delete 75 years after last episode of patient care, or longer (if specified). |
| 549827 | Manageability | Provide audit capabilities for system access and usage indicating the author, the modification (where pertinent), and the date and time at which a record was created, modified, viewed, extracted or deleted. Date and Time stamping implies the ability to indicate the time zone where it was recorded (time zones are described in International Organization for Standardization [ISO] 8601 Standard Time Reference). Auditable records extend to information exchange, to audit of consent status management and to entity authentication attempts. Audit capability settings should be configurable to meet the needs of local policies. Examples of audited areas include: • Security Audit: Records access attempts and resource usage including user log-in, file access and whether any actual or attempted security violations occurred. • Data Audit: Records who, when and by which system an ICP record was created, updated, translated, viewed, extracted,or (if local policy permits) deleted. Audit-data may refer to system set-up data or to clinical and patient management data. • Information Exchange Audit: Records data exchanges between DoD/VA applications (e.g., sending application; the nature, history, and content of the information exchanged) and information about data transformations (e.g., vocabulary translations, reception event details, etc.). |
| 549829 | Manageability | Discrete and structured ICP data, records and reports must be:  • Stored and retrieved in a semantically intelligent and useful manner (for example, chronologically, retrospectively per a given disease or event, or in accordance with business requirements, local policies, or legal requirements) • Retained for a legally prescribed period of time • Destroyed in a systematic manner in relation to the applicable retention period |
| 549831 | Manageability | The ICP solution must also allow administrators to identify data/records to be destroyed, and to review and approve destruction before it occurs. In such a case it should pass along record destruction date information along with existing data when providing records to another entity. |
| 392351 | Performance | The system shall recognize, report, and retransmit data lost, with less than 0-1% chance of incomplete patient records. |
| 392349 | Performance | Mouse or key-based UI controls, e.g., menus, checkboxes shall provide instantaneous responsiveness (<90ms). |
| 392342 | Performance | Part-screen refreshes after user action shall complete within a pro-rated interval between 200 ms and 1200 ms times a percentage of the screen area being refreshed. For example, a component 10% of the screen area would refresh in (1200 – 200) \* 0.10 + 200 = 300 ms. |
| 549833 | Performance | Performance parameters for the system are outlined as follows: • Data Retrieval: The system must return requested data within less than 0.5 seconds (less than 0.1 seconds as the overall objective), at a minimum. • Visibility of data external to DoD/VA locations: Obtain within less than 0.5 seconds (less than 0.1 as production objective) • Transition between screens: Occur within less than 0.5 seconds (less than 0.1 as production objective) • Data Transactions (e.g., capture, search, etc.): Obtain within less than 0.5 seconds (less than 0.1 as production objective) • Workflow Processing (Request and Acknowledgement): Threshold to send request and receive acknowledgement within the appropriate cycle is less than 2 seconds (less than 1 second as production objective) |
| 549834 | Performance | The system shall support a minimum of 1,500 transactions per user per month. A transaction is defined as any of the activity related to Assess SM/V, Develop ICP, Implement ICP, Evaluate ICP and Archive ICP. Using the Microsoft (MS)-Word model and assuming that the care plan would be one of the largest transactions, it is estimated that a range of 342 to 4,200 words will comprise the typical business transaction. |
| 392360 | Security | Provide management of electronic attestation of information including the retention of the signature of attestation (or certificate of authenticity) associated with incoming or outgoing information. |
| 549835 | Security | To enforce security, ICP solution must adhere to the rules established to control access and protect the privacy of ICP information. Security measures assist in preventing unauthorized use of data and protect against loss, tampering and destruction. The ICP solution must be capable of including or interfacing with standards-conformant security services to ensure that any Principal (user, organization, device, application, component, or object) accessing the system or its data is appropriately authenticated, authorized and audited in conformance with local and/or jurisdictional policies. The ICP solution should support Chains of Trust in respect of authentication, authorization, and privilege management, either intrinsically or by interfacing with relevant external services. |
| 392363 | Supportability | Provide alerts (that extend beyond system messages to external systems like mobile devices) for malfunctions, while preventing false alarms for local, regional, and national evaluations in real time. |
| 436333 | Supportability | Provide national, regional and local reports on performance metrics on a bi-weekly basis. |
| 392356 | Supportability | Provide performance metrics (from request for information to receipt of information on the screen) monitored by the system and system administrators so they know what the user experience is like without users having to call them and tell them the system is running very slow. |
| 392357 | Supportability | Provide the ability for VHA and IT staff to create standard and ad-hoc reports of usage, bandwidth, response time, login time, and other variables with a verification process for measuring the capabilities of the system. |
| 392359 | Supportability | Provide end-user training on how to generate the various system performance reports (e.g., in standard file formats such as Comma Separated Values [CSV], Portable Document Format [PDF], or Excel ) depending on the user's needs. |
| 392364 | Supportability | Provide the ability to view system statistics (e.g., information on the specific network environment) and identify areas that are having issues or are beyond capacity, in near-real-time (to be quantified at a later time). |
| 392365 | Supportability | Technical Help Desk support for the application via instant message, on-line, phone, and remote desktop access support, shall be provided for users to obtain assistance 24/7. |
| 392386 | Supportability | Provide the ability to set thresholds and notification type (e.g., email or text alerts) when alerting the user about response time degradation and unscheduled outages. |
| 392388 | Supportability | Disaster Recovery Plans (DRP) and Continuity of Operations Plan (COOP) will be updated and tested semi-annually to address the product (see National Security and Homeland Security Presidential Directive: National Continuity Policy. NSPD-51/HSPD-20, May 9, 2007 http://www.fas.org/irp/offdocs/nspd/nspd-51.htm) |
| 549836 | Supportability | The ICP solution shall conform to relevant, federally-mandated continuity programs, policies, and directives. For further specification, the following references are available: • DoD Directive 3020.26 Department of Defense Continuity Programs January 9, 2009 http://www.dtic.mil/whs/directives/corres/pdf/302026p.pdf • DoD 8910.1-M Procedures for Management of Information Requirements June 1998 https://acc.dau.mil/adl/en-US/33667/file/6834/DoD%208910.1-M%20Procedures%20for%20Mgmt%20of%20Info%20Reqmts.pdf Performance parameters for the system are outlined as follows: • National Security and Homeland Security Presidential Directive: National Continuity Policy. NSPD-51/HSPD-20, May 9, 2007 http://www.fas.org/irp/offdocs/nspd/nspd-51.htm |
| 392379 | Usability | Provide viewability/usability of applications on mobile devices. |
| 392368 | Usability | User prompts and screen help shall be embedded into the system to guide use of the solution. |
| 392387 | Documentation | The training curriculum shall be provided in two hours or more of training time for primary users and secondary users to become proficient at using the application(s). |
| 392375 | Documentation | All training curricula, user manuals and other training tools shall be developed/updated by the VE Program Office and delivered to all levels of users 4 weeks in advance of the release of the enhancement through mediums that will best support the sharing of information to all affected staff. |
| 392382 | Documentation | Provide follow-up training classes tailored to VHA workflow 4 weeks after the users have begun to use the system. |
| 392353 | Reliability | Provide system reliability:  • Threshold = 99.9% • Objective = 99.99% system and application |
| 392354 | Reliability | Provide system reliability:  • Level 1 severity =<1 failure per month • Level 2 severity =<2 failures per month • Level 3 severity =<3 failures per month |

**Template Revision History**

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| September 2015 | 1.7 | Updated Headings and spacing to conform with latest OIT Documentation Standards guidelines | Process Management |
| June 2015 | 1.6 | Updated to conform with latest Section 508 guidelines and remediated with Common Look Office tool | Process Management |
| May 2015 | 1.5 | Revised by the PMAS Process Improvement Lockdown Team | PMAS Process Improvement Lockdown Team |
| December 2014 | 1.4 | Updated to conform with latest Section 508 guidelines and remediated with Common Look Office tool | Process Management |
| May 2014 | 1.3 | Reordered cover page to enhance search capabilities | Process Management |
| May 2013 | 1.2 | Add Appendix for acronyms and glossary | Process Management |
| March 2013 | 1.1 | Formatted to current ProPath documentation standards and edited to conform with latest Alternative Text (Section 508) guidelines | Process Management |
| January 2013 | 1.0 | Initial Version | PMAS Business Office |