RAI/MDS Replacement System
Work Effort Unique Identifying #20131107

Business Requirements Document

May 2014

Revision History

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

Date	Description	Author
Date BRD initiated	Initial version. This document is versioned in the Clear Case tool.	LeAnn Miller, RDM Analyst
Date BRD submitted to Business Owner(s) and Applied Informatics Management Systems Manager for sign-off	Approved version	Janet Barber (5/13/2014) Shawn Faherty (5/14/2014)
Date BRD submitted to OIT for sign-off	Approved version	Patty Mederios (5/14/2014)

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1. Purpose

The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner identified within New Service Request (NSR) #20131107[1] Resident Assessment Instrument (RAI) /Minimum Data Sets (MDS) Replacement System. The BRD provides insight into the AS-IS and TO-BE business area, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the request requirements, constraints, and other considerations identified. This document does not state the development methodology. The intended audience for this document is the Office of Information Technology (OIT).

2. Overview

Geriatrics and Extended Care Operations is requesting replacement solution of the existing AccuCare commercial off-the-shelf (COTS) software, which supports RAI/MDS. The application support will no longer be available as of May 31, 2014. Therefore, a replacement system is needed to enable the Veterans Health Administration (VHA) to continue to use the automated standardized assessment instrument to assess every Community Living Center (CLC – formerly called Nursing Home Care Unit) resident as required by Handbook 1142.03[2] and ensure The Joint Commission (TJC) standards are met for long-term care facilities. Enhancements requested will allow the Department of Veterans Affairs (VA) to move away from client-server technology and move to a web-based solution.

3. Customer and Primary Stakeholders

The Office of Geriatrics and Extended Care Operations, VHA is submitting this request. Janet Barber, Program Analyst, serves as the Business Owner and primary stakeholder of the RAI MDS Replacement System NSR.

Appendix C provides a complete list of business owners, endorsers, subject matter experts (SMEs), and stakeholders.

4. Scope

The scope of this document is to provide the business requirements for the replacement software. This software will enable VHA CLC staff to continue to use an automated tool that provides a comprehensive and standardized assessment of each resident's functional capabilities, helps staff identify health problems with real-time access to resident medical information, develop individualized care plans, and evaluate the quality of care. Additionally, the software will allow capturing of admission, discharge and transfer (ADT) movement via the use of tracking forms. Information will be recorded and updated by clinicians and shared securely with decision makers

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[1] http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20131107
[2] http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2853

in a timely and effective manner. The software will also provide reporting functionality for local, Veterans Integrated Service Network (VISN), and national users.

By purchasing this software solution, VHA will remain in compliance with Centers of Medicare and Medicaid Services (CMS) requirements, provide accurate Resource Utilization Groups (RUG), assist with the calculations of Veterans Equitable Resource Allocation (VERA), document Quality Measures (QM) for long-term care surveys, and improve the ability to assess CLC residents' quality of life.

5. Goals, Objectives and Outcome Measures

Goal/Objective and Desired Outcome	Impact/Benefit	Measurement
Access to the most recent version of the software solution.	Current software availability for staff use will improve quality of resident records and indicates that VA is current with the rest of the long-term care industry.	RAI/MDS data will be available at all CLCs will be at the acceptable level 99% of the time, measured on a daily basis.
Generate Care Area Assessments (CAA)	Document used to assist with planning of medical care for Veterans related to their health conditions.	Acceptable performance level 99% of the time measured on a monthly basis and determined by assessment entries.
Calculate Resource Utilization Groups (RUGs)	Properly documents resident's level of resources needed in a long-term setting.	Acceptable performance level 99% of the time measured on a monthly basis and determined by RUG entries.
Calculate QMs	Provides accurate resident measures related to potential problem areas that need further review and investigation.	Acceptable performance level 99% of the time measured on a monthly basis and determined by application availability.
Provide care plan template	Provides consistency of care. Defines resident treatment plan. Defines resident goals.	Acceptable performance level 99% of the time measured on a daily basis and determined by application availability.
Generate reports	Provides refined reports related to resident assessments in a timely and accurate fashion to improve the monitoring of Veteran care.	Acceptable performance level 99% of the time measured on a monthly basis and based on report availability within the application.

6. Enterprise Need/Justification

This expected solution would support VHA Handbook 1142.03 – Requirements for Use of RAI/MDS. This handbook provides procedures for the scheduling and completion of RAI/MDS assessments and tracking forms within CLCs and Spinal Cord Injury and Disorders (SCI&D) programs that are surveyed by TJC using Long Term Care (LTC) standards. This replacement software is needed in order to complete comprehensive health care plans and assessments utilizing RAI/MDS instrument for all residents in CLCs.

7. Requirements

7.1. Business Needs/Owner Requirements

ReqPro Tag BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
NEED1555 BN 1	Adhere to the Enterprise Level requirements as specifically addressed in Appendix D of this document.	High
NEED/ARCH BN 2	Provide the ability to identify a discharged resident as inactive.	High
NEED/ARCH BN 3	Provide the ability for MDS data to be managed by Austin Information and Technology Center (AITC).	High
OWNR 3.1	Provide the ability for a user to seal MDS record data prior to batching for transmission to AITC.	High
OWNR 3.2	Provide the ability to batch MDS record data for transmission to the AITC.	High
OWNR 3.3	Provide the ability for a user to unseal MDS record until successfully transmitted to AITC.	High
OWNR 3.4	Provide the ability for user to use the MDS software to reconcile transmitted MDS data with AITC validation reports.	High
OWNR 3.5	Provide the ability for a sealed MDS record to be locked after successful transmissions to AITC.	High
OWNR 3.6	Provide the ability to correct an MDS record that was previously submitted to the AITC.	High
OWNR 3.7	Provide the ability to inactivate a record that was previously submitted to the AITC.	High
NEED/ARCH BN 4	Provide the ability to manage MDS records.	High
OWNR 4.1	Provide the ability to include an Omnibus Budget Reconciliation Act/Medicare Prospective Payment Assessment Form (OBRA/MPAF) assessment scheduler to set reminders according to VA regulations.	High
OWNR 4.2	Provide the ability to make modifications to the MDS records.	High
OWNR 4.3	Provide the ability to save modifications to MDS records.	High
OWNR 4.4	Provide the ability to make modifications to the care plan.	High
OWNR 4.5	Provide the ability to save modifications to the care plan.	High

ReqPro Tag BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
OWNR 4.6	Provide the ability to change assessment type based on user permission level.	High
OWNR 4.7	Provide the ability to delete an assessment based on user permission level.	High
OWNR 4.8	Provide the ability to allow more than one discipline to complete a CAA.	High
NEED/ARCH BN 5	Provide reporting functionality.	High
OWNR 5.1	Provide the ability to display the history of previously coded MDS items.	Medium
OWNR 5.2	Provide the ability to sort all reports by nursing location.	High
OWNR 5.3	Provide the ability to create a Centers for Medicare and Medicaid Services (CMS) 802 report.	High
OWNR 5.4	Provide the ability to edit the content of the CMS 802 report.	High
OWNR 5.5	Provide the ability to save the edits to the CMS 802 report.	High
OWNR 5.6	Provide the ability to create ad hoc reports from RAI/MDS.	High
OWNR 5.7	Provide the ability to modify ad hoc reports from RAI/MDS.	High
OWNR 5.8	Provide the ability to print ad hoc reports from RAI/MDS.	High
OWNR 5.9	Provide the ability to export ad hoc reports from RAI/MDS into a spreadsheet format.	High
OWNR 5.10	Provide a master resident list with demographic information.	High
OWNR 5.11	Provide the ability to calculate RUGs.	High
OWNR 5.12	Provide the ability to calculate quality indicators/quality measures.	High
NEED/ARCH BN 6	Provide the ability to access International Classification of Diseases (ICD) codes.	High
OWNR 6.1	Provide the ability to search for ICD codes when completing assessments.	High

ReqPro Tag BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
NEED/ARCH BN 7	Provide the ability for RAI/MDS software to interface with VistA.	High
OWNR 7.1	Provide the ability to receive demographic information from VistA.	High
NEED/ARCH BN 8	Provide the ability to establish security levels for users.	High
OWNR 8.1	Provide the ability to assign security levels for users.	High
OWNR 8.2	Provide the ability to manage changes to security levels for users.	High
NEED/ARCH BN 9	Provide care planning functionality.	High
OWNR 9.1	Provide the ability to create a care plan.	High
OWNR 9.2	Provide the ability to update a care plan.	High
OWNR 9.3	Provide the ability to save a care plan.	High
OWNR 9.4	Provide the ability to sign a care plan.	High
OWNR 9.5	Provide a care plan library that is editable by the users.	High
OWNR 9.6	Provide a care plan library that can be shared with users.	Medium
NEED/ARCH BN 10	Provide the ability to manage errors.	High
OWNR 10.1	Provide the ability to remove signatures from assessments signed in error.	High
OWNR 10.2	Provide the ability to remove CAA narratives entered in error.	High
OWNR 10.3	Provide the ability to perform error checking of assessments.	High
NEED/ARCH BN 11	Provide the ability to manage RAI/MDS forms.	High
OWNR 11.1	Provide the ability to view RAI/MDS assessment forms.	High

ReqPro Tag BN/OWNR Number	Business Need (BN)/Owner (OWNR) Requirement	OWNR Priority*
OWNR 11.2	Provide the ability to print RAI/MDS assessment forms.	High
OWNR 11.3	Provide the ability to view RAI/MDS tracking forms.	High
OWNR 11.4	Provide the ability to print RAI/MDS tracking forms.	High
NEED/ARCH BN 12	Provide an RAI/MDS web based solution.	High
OWNR 12.1	Provide the ability to view historical RAI/MDS data while completing a new assessment.	High
NEED/ARCH 13	Provide audit trail tracking capabilities.	High

*All listed requirements are needed by the business community. The Priority is merely a mechanism to suggest a sense of urgency and order to the technical community if the requirements are to be parsed into phases. The order of importance begins with those that are designated as High priority.

7.2. Non-Functional Requirements

Functional requirements describe what a system must be able to perform—that is, the system behavior. All other requirements are non-functional. This section describes the non-functional requirements from a business need perspective.

ReqPro Tag	Non-Functional Requirements (NONF) Category
	Operational Environment Requirements
NONF1780	Maintenance, including maintenance of externally developed software incorporated into the COTS 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.
NONF1608	Information about response time degradation resulting from unscheduled system outages and other events that degrade system functionality and/or performance shall be disseminated to the user community within 30 minutes of the occurrence. The notification shall include the information described in the current Automated Notification Reporting (ANR) template maintained by the VA Service Desk. The specific business impact must be noted in order for OIT to provide accurate data in the service impact notice of the ANR.
NONF1609	Provide a real-time monitoring solution to report agreed/identified critical system performance parameters.
NONF1610	Notification of scheduled maintenance periods that require the service to be offline or that may degrade system performance shall be disseminated by the vendor to the business user community a minimum of 48 hours prior to the scheduled event.

ReqPro Tag	Non-Functional Requirements (NONF) Category
	Documentation Requirements
NONF1612	A technical training curriculum shall be developed and delivered to all levels of staff users by the vendor.
NONF1613	The training curriculum shall state the expected training time for primary users and secondary users to become proficient at using the COTS application(s).
NONF3209	All training curricula, user manuals and other training tools shall be developed/updated by the vendor and delivered to the identified point of contacts and available on the VA SharePoint site. The curricula shall include all aspects of the COTS application and all changes to processes and procedures.
NONF3210	The training curriculum developed by the vendor shall be available to the point of contacts 10 business days prior to the training session.
	Implementation Requirements
NONF3211	Technical Help Desk support for the application shall be provided by the vendor for users to obtain assistance with access and functionality related issues.
NONF3212	The implementation must be completed per the contract requirements.
	Data Protection/Back-up/Archive Requirements
NONF3185	Based upon the criticality of the system, the vendor must provide a back-up and data recovery process for when the system is brought off-line for maintenance or technical issues/problems.
NONF3186	Data protection measures, such as back-up intervals and redundancy shall be consistent with the Performance Work Statement (PWS).
	Data Quality/Assurance Requirements
NONF2229	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.
	User Access/Security Requirements
NONF1617	Ensure the proposed solution meets all VHA Security, Privacy, and Identity Management requirements including VA Handbook 6500[3] (see Appendix D).

7.2.1. User Access Levels

The table below defines the different levels of user access to the replacement application:

Name	Description	RAI/MDS
Primary Users	Interdisciplinary CLC staff	Read/Write
Primary Users	Resident Assessment Coordinators	Full Control
Secondary Users	Geriatrics and Extended Care Leadership	Read Only

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[3] http://vaww1.va.gov/vapubs/viewPublication.asp?Pub_ID=638&FType=2

Name	Description	RAI/MDS
Primary Users	Coders	Read/Write
Primary Users	OIT System Administrators	Full Control
Secondary Users	VISN and Medical Center Leadership	Read Only

7.2.2. Performance, Capacity, and Availability Requirements

7.2.2.1. Performance

If this is a system modification, how many users does the current system support?

Due to external hosting, this question is not applicable.

How many users will the new system (or system modification) support?

The new system will support all users at all VHA CLCs.

What is the predicted annual growth in the number of system users?

The predicted annual growth is independent of the system. The system's increase or decrease is a representation of the population/staffing increase or decrease in the VHA CLCs, not the RAI/MDS System.

7.2.2.2. Capacity

What is the predicted size (average) of a typical business transaction?

RAI/MDS is externally hosted by the vendor. It is provided as Software as a Service (SaaS), which delivers the application over the Internet and eliminates installing and maintaining the software. There is no known limitation on the number of simultaneous users that can be supported by the RAI/MDS COTS application.

What is the predicted number of transactions per hour (day, or other time period)?

Unable to determine the number of transactions at this time prior to implementation due to external hosting.

Is the transaction profile expected to change (grow) over time?

Yes. Additional CLC locations may be activated in the future.

What is the process for planning/adjusting capacity?

The software vendor is responsible to scale the product based on external hosting criteria.

Does the update require a surge capacity that would be different from the base application?

The RAI/MDS application would be expected to manage surge usage for typical clinical situations in VA.

7.2.2.3. Availability

Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc.) to support the business.

The hours of operation are 24 hours per day, 7 days a week, and 365 days a year. The RAI/MDS system interfaces with each CLC's instance of VistA to obtain demographic data. It shall recognize the

Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc.) to support the business.
updates in VistA within 15 minutes from the time that the facility's VistA instance has been updated. The vendor is expected to provide a contingency plan in the event of emergencies. System maintenance will be scheduled on weekends or after hours. The system needs to be available in accordance with VA access requirements for medical records systems. The application will require ongoing vendor operational system level support, including: • Security Accreditation and Certification • System availability 24 hours per day, 7 days week, 365 days a year at 99.99% availability. • Restore all loss of service within 24 hours. • Respond to major system failures within one (1) hour of notification, 24 hours per day, 7 days a week, 365 days per year. A major system failure affects the ability to provide service for more than one facility. • Respond to minor system failures within four (4) hours of notification, Monday through Friday, from 8 a.m. – 5 p.m. ET. • Respond to trouble ticket requests within one (1) business hour or less from receipt. • Respond to system malfunction due to the software upgrade process within one (1) business hour or less upon receipt of the request. • Routine support of business continuity levels.

7.3. Known Interfaces

This is the business community's best understanding of known interfaces and may not be a comprehensive listing. All required interfaces will be stated as Business Needs in Section 7.1.

Name of Application	Description-of current application	Interface Type	Existing Functionality	Deliverables
VistA	Source of resident identification information	Automated	Yes	Resident demographic data

7.4. Related Projects or Work Efforts

There are no active projects or other related work efforts to this request.

8. Other Considerations

8.1. Alternatives

Return to manual documentation of assessments, manual completion of forms, and manual RUGs, QM, and VERA calculations.

8.2. Assumptions

It is assumed that the replacement software application and its components will:

• Derive digital data from VA interfaces necessary to populate in the replacement software application.

- Securely transmit resident data from VA to the replacement software application on a regular, recurring basis.
- Provide security levels for authorized users through an easy, user-friendly interface with the ability to read, write, edit, and query data.
- Conform to VA data standards and information technology and management best practices.
- Provide support to all CLC facilities.
- Software implementation must be completed per the contract requirements.

8.3. Dependencies

- VistA must be operational in order to transmit data to the replacement application.
- RAI/MDS requirements would not be met if funding is not provided for the new solution.
- All existing code for this solution is currently being remediated to support ICD-10. Any future work on this solution needs to allow for code set versioning of the ICD files using approved Lexicon application programmer interfaces (APIs).

8.4. Constraints

- The new application must be in place by September 30, 2015
- An external service will host RAI/MDS.
- The solution must support all users at VHA CLCs.
- Delays in background investigations may cause delay in access to the VA environment.
- Provide the ability to populate the RAI/MDS tool with VistA data. Users may be required to operate in dual systems during the testing phase.
- The interface between VistA and the new solution was developed using Health Level Seven (HL7) standards. Any necessary changes to the interface will continue to follow VistA Messaging Service HL7 standards.
- Availability of Subject Matter Experts (SME) to complete the necessary work packages and testing.
- The success of the project depends on continued strong management endorsement and support.

8.5. Business Risks and Mitigation

Business Risks	Mitigation
Timely implementation	Request an extension to ensure the requested functionality is operational at all CLCs.
Security	Secure project Information Security Officer (ISO) and ensure that VA security and privacy requirements are part of the Request for Proposal (RFP) and that vendor facilities and related storage and transmission/communications mechanisms comply with said standards.
On-boarding process	Accept that the project has no control over the on-boarding process and will engage senior management with any on-boarding process delays.

Business Risks	Mitigation
Funding	Collaborate with VHA and OIT budget personnel to ensure funding.

Appendix A   References
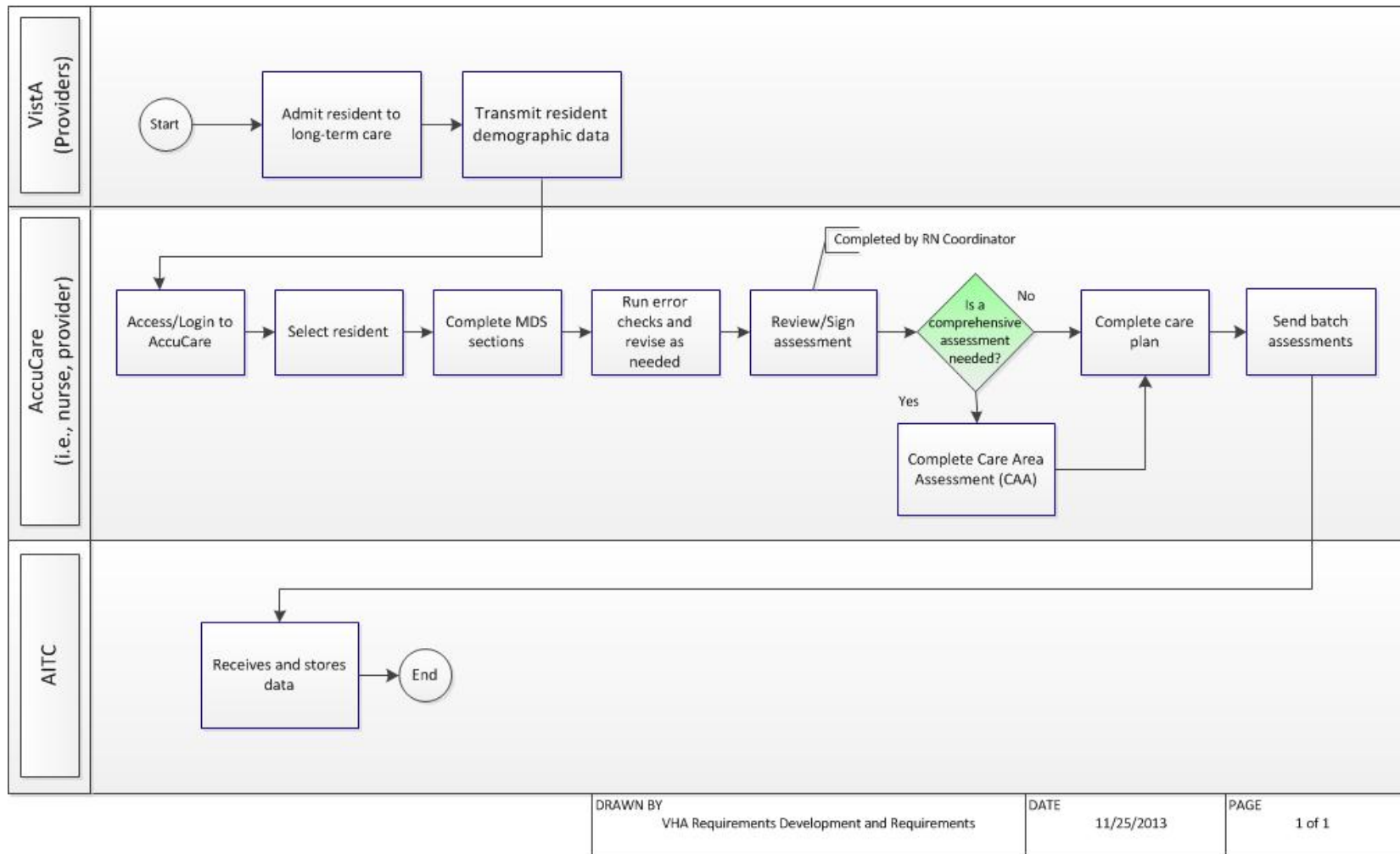
- Public Law 100-103
  http://www.gpo.gov/fdsys/pkg/STATUTE-101/pdf/STATUTE-101-Pg720.pdf
  Omnibus Budget Reconciliation Act mandated assessment standardization for each nursing home resident within 14 days from admission as well as quarterly and annual assessments.

- VA Handbook 6500 – Information Security Program
  http://vaww1.va.gov/vapubs/viewPublication.asp?Pub_ID=638&FType=2

- VHA Handbook 1142.03—Requirements for Use of RAI/MDS
  http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2853

- RAI/MDS Replacement System NSR
  http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20131107

Appendix B Models

NSR#: 20131107 - RAI/MDS Replacement System
As-Is Model

DRAWN BY	DATE	PAGE
VHA Requirements Development and Requirements	11/25/2013	1 of 1

NSR#: 20131107 - RAI/MDS Replacement System
To-Be Model

VistA

Start → Admit resident → Transmit resident demographic data

RAI/MDS

Log into RAI MDS → Select resident → Complete MDS sections → Run error check and revise as needed → Is a care assessment needed? —Yes→ Complete Care Area Assessment (CAA) → Review and sign assessment → Store data → Batch assessments weekly → Find batch and send

No

AITC

Receives QA data → End
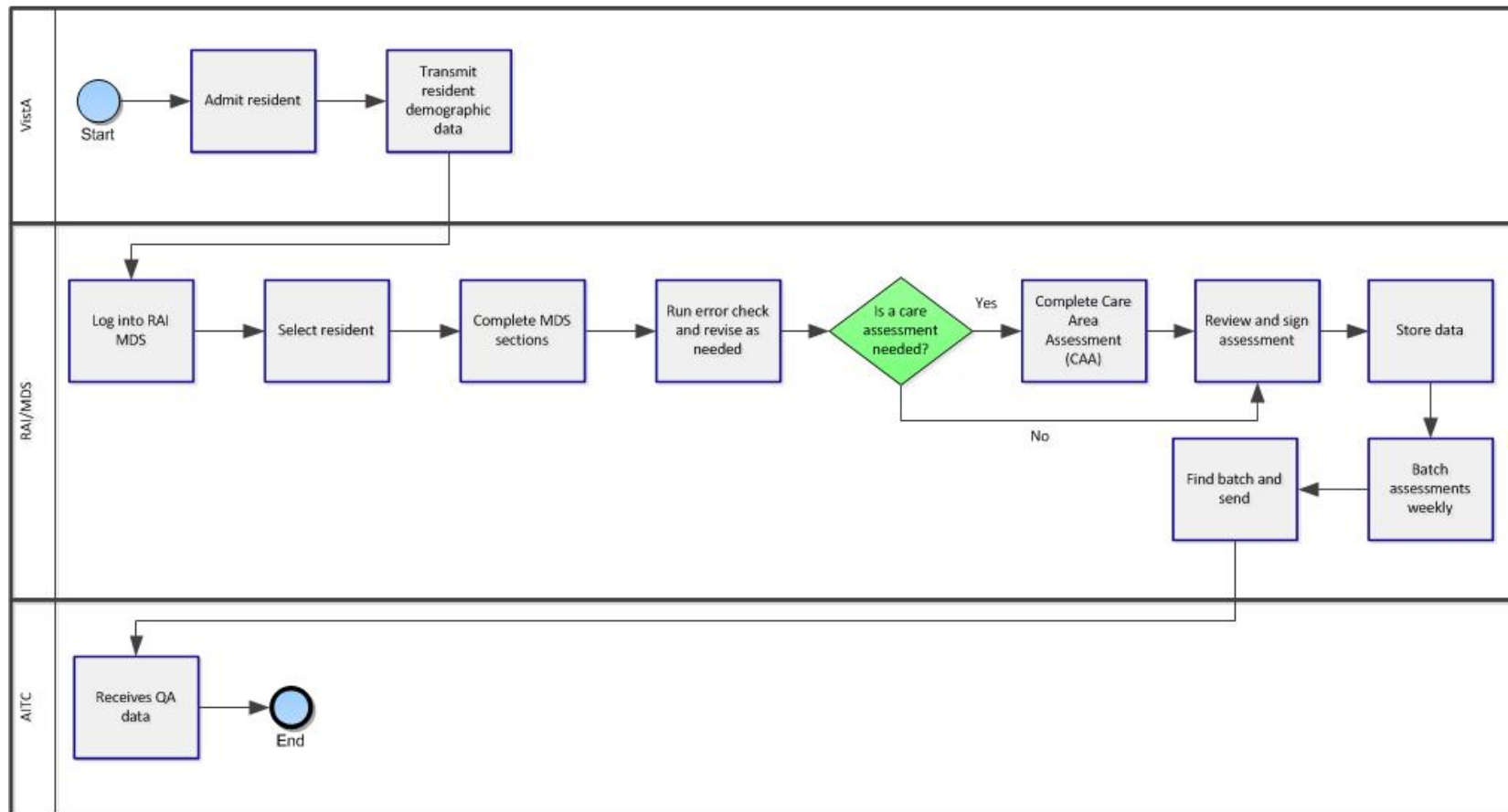
Appendix C   Stakeholders, Users, and Workgroups

Stakeholders

Type of Stakeholder	Description	Responsibilities
Requester	Janet Barber National Program Manager, Data Management and Analytics, Geriatrics and Extended Care Operations	Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development.
Endorser	Lisa Minor Chief, Facility Based Programs, Geriatrics and Extended Care Operations	Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Owner/Program Office	Janet Barber National Program Manager, Data Management and Analytics, Geriatrics and Extended Care Operations	Provides final approval of BRD with sign-off authority. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business SME	Janet Barber National Program Manager, Data Management and Analytics, Geriatrics and Extended Care Operations	Provides background on current system and processes. Describes features of current systems, including known problems. Identifies features of enhancement.
Technical SME	Patty Medeiros Senior Information Technology (IT) Project Manager, OIT	Provides technical background information about the current software and requested enhancements.

Stakeholder Support Team (BRD Development)

Type of Stakeholder	Description	Responsibilities
Health Care Security Requirements SME	Rhonna Clark, Program Analyst, Office of Information and Analytics	Responsible for determining the Health Insurance Portability and Accountability Act (HIPAA) security requirements for the request.
Security Requirements SME	Susan Nelson, Information Security Officer, OIT Field Security Service (FSS)	Responsible for determining the Assessment and Authorization and other security requirements for the request.
Service Coordination SME	Clare Lythgoe Integrated Project Team Implementation Manager	Responsible for ensuring all functional requirements have been accurately implemented.
Applied Informatics Management (AIM) Staff	• Douglas Wahl, Program Specialist, AIM • Janet Reimer, Contractor, AIM	Serve as the liaison between the Program Office (Business Owner) and Product Development throughout the lifecycle.

Type of Stakeholder	Description	Responsibilities
Strategic Investment Management (SIM), Requirements Development and Management (RDM)	LeAnn Miller, Program Analyst, RDM	Responsible for working with all stakeholders to ensure the business requirements have been accurately recorded for this request.

Primary and Secondary Users

Type of User	Description	Responsibilities
Primary Users	Interdisciplinary CLC Staff	Complete MDS assessments
Primary Users	RAI/MDS Coordinators	• Direct, coordinate and monitor completion of MDS assessments • Transmit MDS assessments to AITC • Receive and interpret RUGs and quality reports from AITC
Secondary Users	Geriatric and Extended Care Operation Program Office	• Direct VHA nursing home care • Monitor, report and evaluate MDS data
Secondary Users	Geriatric and Extended Care Policy Program Office	Develops policy for the RAI/MDS program
Secondary Users	Medical Center Directors	Review Quality Indicator (QI) data from MDS used in performance measures
Secondary Users	Researchers	Utilize MDS data

Appendix D   Enterprise Requirements

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

ReqPro Tag	Requirement Type	Description
ENTR25	Security	All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is FISMA High The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.
ENTR10	Privacy	All VA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.
ENTR7	Executive Order	All executive order requirements will be adhered to.
ENTR8	Identity Management	All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds, updates, or performs lookups on persons.

Appendix E   Acronyms and Abbreviations

OIT Master Glossary:
http://vaww.oed.wss.va.gov/process/Library/master_glossary/masterglossary.htm

Term	Definition
ADT	Admission, Discharge and Transfer
AITC	Austin Information Technology Center
ANR	Automated Notification Reporting
BN	Business Need
BRD	Business Requirements Document
CAA	Care Area Assessment
CLC	Community Living Center
CMS	Centers for Medicare and Medicaid
COTS	Commercial off-the-shelf
ENTR	Enterprise Requirement
ET	Eastern Time
FIPS	Federal Information Processing Standard
FSS	Field Security Service
HIPAA	Health Insurance Portability and Accountability Act
HL7	Health Level Seven
HSPM	Health Systems Portfolio Management
ICD	International Classification of Diseases
ISO	International Organization for Standardization
IT	Information Technology
LTC	Long Term Care
MDS	Minimum Data Set
MPAF	Medicare Prospective Payment Assessment Form
NIST	National Institute of Standards and Technology
NONF	Non-Functional Requirement
NSR	New Service Request
OBRA	Omnibus Budget Reconciliation Act
OIT	Office of Information Technology
OWNR	Owner Requirement
PWS	Performance Work Statement
QA	Quality Assurance

Term	Definition
QI	Quality Indicator
QM	Quality Measures
RAI	Resident Assessment Instrument
RDM	Requirements Development and Management
ReqPro	Rational© RequisitePro©
RFP	Request for Proposal
RN	Registered Nurse
RUG	Resource Utilization Groups
SaaS	Software as a Service
SCI&D	Spinal Cord Injuries & Disorders
SIM	Strategic Investment Management
SME	Subject Matter Expert
TJC	The Joint Commission
VA	Department of Veterans Affairs
VERA	Veterans Equitable Resource Allocation
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

Appendix F   Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the Geriatrics and Extended Care Further elaboration to these requirements will be done in more detailed artifacts.

Business Owner

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

Signed:

_____/s/_____ 5/13/2014_____

Janet Barber, Program Analyst
National Program Manager, Data Mgmt. and Analytics
Geriatrics and Extended Care Ops (10NC4)   Date

Business Liaison

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

Signed:

_____/s/_____ 5/14/2014_____

Shawn Faherty
Information Systems Manager
Applied Informatics Management   Date

Office of Information and Technology

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

Signed:

_____/s/_____ 5/14/2014_____

Patricia Medeiros, Senior IT Project Manager
Office of Information Technology   Date