Department of Veterans Affairs (VA)

Benefits Claims Decision Support System (BCDSS)

Release Notification - Release 2.0



June 2016

Version 2.0

Revision History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Version** | **Description** | **Author** | **Reviewer** |
| 2016-04-20 | 2.0 | Release Notes Update | Darrell Dorman | Rebecca Garcia DeJesus |
| 2016-04-20 | 1.0 | Template Create | Darrell Dorman | Rebecca Garcia DeJesus |

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# Introduction

The Department of Veterans Affairs (VA) announces the release of Benefits Claims Decision Support System (BCDSS) 2.0. These release notes detail the changes to the BCDSS product in this release and mention future direction of the project.

# Release Information

# Key Feature Additions and Enhancements

The following list details the key features added in Release 2.0:

**Requirement Number – Requirement Title**

* Description of value add

# Release Report

## Stories Completed

During release 2.0, the team resolved ### stories. The following table lists the stories completed in Release 2.0:

|  |  |
| --- | --- |
| **ID** | **Summary** |
|  |  |

**Table 1: Stories Resolved in BCDSS 2.0**

## Defects Resolved

During release 2.0, the team resolved ### defects. The following table lists the defects resolved in Release 2.0:

|  |  |
| --- | --- |
| **ID** | **Summary** |
|  |  |

**Table 2: Defects Resolved in BCDSS 2.0**

1. Approval Signatures

This section is used to document the approval of the BCDSS Release Notification – Release 2.0 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
* Digital signatures tied cryptographically to the signer
* /es/ in the signature block provided that a separate digitally signed e-mail indicating the signer’s approval is provided and kept with the document

The Business Sponsor and Project Manager are required to sign.

REVIEW DATE:

SCRIBE:

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Signed: Date:

< Business Sponsor >

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

< Project Manager >