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Veterans Health Administration (VHA)

Mobile Applications System Design Addendum

**Developer fills out this Addendum**

**Version Control**  Version information is required for final SQA testing.

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| **Name of Mobile Application** | | | | **Name of JIRA Project** | | **Web address where mobile application can be viewed:** | | | |
| **Description of Mobile Application** | | | | | | | | | |
| **Date** | **SDD MA Addendum Document Version** | **Author** | **Description of Document Change** | | **Associated Program SDD Version** | | **Associated Mobile App Version** | **Associated Program RSD/ARD Version** | **Associated RSD/ARD MA Addendum Version** |
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**Developer & PM Contact Information**

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| **Developer Name/Point of Contact (POC)** | **VA E-Mail Address** | **Phone Number** |
| **Developer Organization/Company** | **Contract Start Date** | **Contract End Date** |
| **Web and Mobile Solutions PM or POC** | **VA E-Mail Address** | **Phone Number** |
| **VA Product Development PM or POC** | **VA E-Mail Address** | **Phone Number** |

**Mobile Application Information**

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| Intended Audience (User) for Mobile Application:  Veteran Caregiver Provider Public | | | | | | | | |
| Data | | | | | If “yes” then describe what information or data | | | If “yes” then identify any consuming or source system(s) for the data identified |
| Does User enter information or data into the Mobile Application?  Yes  No  N/A | | | | |  | | |  |
| Does Mobile Application store information or data entered by the User?  Yes  No  N/A | | | | |  | | |  |
| Does Mobile Application transmit/push data entered to VA?  Yes  No  N/A | | | | |  | | |  |
| Does Mobile Application pull data from a VA Database?  Yes  No  N/A | | | | |  | | |  |
| Does the Mobile Application store information or data pulled from a VA Database?  Yes  No  N/A | | | | |  | | |  |
| Type of Mobile Application Section must be filled out by the Developer prior to the Mobile Application submitted for Privacy and Security Review: | | | | | | | | |
| **Mobile Application Classification** (OnlyOne Box may be Checked)  1 – Very Low: Mobile Application Does Not Use VA Resource  2 – Low: Read only access to VA Resource(s)  3 – Medium: Write access to VA Resource(s)  4 – High: Read and/or Write access to VA Sensitive Resource(s)  **Type of Mobile Application**: (More than One Box may be Checked)  Mobile Application Stores/Transmits Veteran Specific Data Entered by VA Provider  Mobile Application Pulls Data from VA Database and Stores It  Mobile Application Pulls Data from VA Database But Does Not Store It  Mobile Application Stores Data Entered by the Veteran Only  Mobile Application Allows for Entry and Transmission of Data Entered by the Veteran to VA  Informational Mobile Application – No Data Pulled from VA and No Data Transmitted/Pushed to VA | | | | | | | | |
| Which platforms:  iOS  Android  HTML5  JS  Other | | | | | | | | |
| Any targeted devices not on the approved device list?  No  Yes If Yes, identify the device(s):  <add link> | | | | | | | | |
| Business Model | | | | | | | | |
| Describe and/or model the expected workflow: | | | | | | | | |
| Describe all Inputs and Outputs | | | | | | | | |
| Ref. ID | Input | | | | | Output | | |
| 1. |  | | | | |  | | |
| 2. |  | | | | |  | | |
| 3. |  | | | | |  | | |
| 4. |  | | | | |  | | |
| 5. |  | | | | |  | | |
| What laws / regulations cover the implementation of the app? (To ensure compliance) | | | | | | | | |
| What is the expected & maximum size of the user base? Other Capacity Planning Considerations? | | | | | | | | |
| **List Existing Health Adapter Interfaces Used (List)** | | | | | | | | |
| **Interface Name** | | | | **Data Used by Mobile App/Source of Data** | | | **Program Level SDD Status** | |
| **“Name”** | | | | **“Data Element”/”Source”** | | | **Does the Program SDD include the details of this Interface?**  **No  Yes  If Yes, identify Version: \_\_\_\_\_\_\_** | |
| **“Name”** | | | | **“Data Element”/”Source”** | | | **Does the Program SDD include the details of this Interface?**  **No  Yes  If Yes, identify Version: \_\_\_\_\_\_\_** | |
| **“Name”** | | | | **“Data Element”/”Source”** | | | **Does the Program SDD include the details of this Interface?**  **No  Yes  If Yes, identify Version: \_\_\_\_\_\_\_** | |
| **Add Rows as needed** | | | |  | | |  | |
| **New Health Adapter Interfaces Added (List)** | | | | | | | | |
| **Interface Name** | | | | **Data Used by Mobile App/Source of Data** | | | **Program Level SDD Status** | |
| **“Name”** | | | | **“Data Element”/”Source”** | | | **Was the Program SDD Updated with the details of this Interface? No  Yes  If Yes, identify Version: \_\_\_\_\_\_\_** | |
| **“Name”** | | | | **“Data Element”/”Source”** | | | **Was the Program SDD Updated with the details of this Interface? Yes  No  If Yes, identify Version: \_\_\_\_\_\_\_** | |
| **“Name”** | | | | **“Data Element”/”Source”** | | | **Was the Program SDD Updated with the details of this Interface? Yes  No  If Yes, identify Version: \_\_\_\_\_\_\_** | |
| **Add Rows as needed** | | | |  | | |  | |
| **Dependencies/SLA** | | | | | | | | |
| **Project Dependency** | | | | **Point of Contact Information** | | | **Describe Dependency** | |
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|  | | | |  | | |  | |
| **Traceability** | | | | | | | | |
| **EPIC** | | **FEATURE** | | **USER STORY** | | | **DESIGN COMPONENT** | |
|  | |  | |  | | |  | |
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| **Program Level SDD Changes** | | | | | | | | |
| **List any required changes to program level SDD** | | | **JIRA Change Request Issue Number** | | | | **Link or Attachment of Change Pages** | |
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**Signature Section**

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| **I have reviewed the Mobile Application Design Addendum and find it acceptable.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature or E-signature of Lead Developer Date** |
| **I have reviewed the Mobile Application Design Addendum and find it acceptable.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature or E-signature of WMS Project Manager Date** |
| **I have reviewed the Mobile Application Design Addendum and find it acceptable.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature or E-signature of VA OI&T Project Manager Date** |