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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** |
|  |  |  |
|  |  |  |
| **Traceability** |
| **EPIC** | **FEATURE** | **USER STORY** | **DESIGN COMPONENT** |
|  |  |  |  |
|  |  |  |  |
| **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** |