Appendix X
To MOU Number xxx-x-xx-xx-xx-xxxx

This is an appendix to the above referenced MOU with respect to the data exchange described below between ISDH and FSSA.

Information	**Description**
Associated Program	*[Describe the program for which the data exchange is needed]*
General Description of the Data to be provided	*[Just a general description of the data to be provided to help the sender better understand what is being asked for.]*
Business Justification	*[Describe the business purpose for the data exchange—this may be an expansion of the program description]*
Legal Authority	*[Cite the state and/or federal laws that require or permit the data to be exchanged—absent this, the data cannot be exchanged]*
Program Contacts	
Records (data) deemed confidential by Sending Party (IC 4-1-6-8.5(2))	❑ Yes ❑ No
Additional Legal Requirements	*[Only necessary if there are additional legal restrictions on the use of the data to be exchanged that the receiving agency may not be aware of; otherwise N/A.]*
Sending Party	[ISDH or FSSA/Division(s)]
Receiving Party	[ISDH or FSSA/Division(s)]
Data Exchange Term	*[Specify if the term of the exchange is less than the term of the MOU; for example, six months commencing on xx/xx/xx and ending on xx/xx/xx; otherwise, N/A]*
Sending System	*[Identify the computer application from which the data is to be sent; e.g., ICES data extract, AIM data extract, Social Services Data Warehouse, etc.]*
Receiving System(s) & Data Distribution	*[Identify the computer application to which the data is to be sent. If multiple applications identify each and intended method of distribution; e.g., data to be distributed by Enterprise Service Bus to xxxx, xxxx, and xxxx.]*
Frequency	*[How often the exchange it to take place; e.g., daily, weekly, monthly, real time, last Friday of each month, etc.]*
Data Selection Criteria	*[Specify parsing, filtering, and/or selection criteria; for example, provide data on all new applications beginning the first day of the prior month and ending the last day of the prior month; only provide data on newborns less than six months old as of xx/xx/xx; etc.]*
Data Exchange Method	*[Define the technical method by which the sender will securely send the data and the receiver will receive it.]*
Meta Data	*[List the data elements required with sufficient detail that the sender will clearly understand the data to be provided.*
Additional Limitations or Considerations	*[Specify, if any, additional limitations on data usage the sender may need to impose and the justification for same; legal citation should be provided; otherwise N/A.]*
Other	*[Anything else relative to the exchange that is pertinent or necessary.]*
Version Number	*[The version number of this appendix for this exchange beginning with V.1 and numerically increasing with each revision; e.g., second revision is V.2]*
Version Date	*[The date this version was added]*
Implementation Date	*[The date by which the data exchange will be implemented and operational.]*

DRAFT

Appendix X
To MOU Number xxx-x-xx-xx-xx-xxxx

This appendix to the above referenced MOU is hereby agreed to between ISDH and FSSA effective as of the last signature date below:

Indiana State Department of Health

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Eric Miller
Deputy Chief of Staff
Indiana State Department of Health

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Date

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James Huston
Chief of Staff
Indiana State Department of Health

_____
Date

_____
Chris Mickens
Chief Information Officer
Indiana State Department of Health

_____
Date

Family and Social Services Administration

_____
Andrew VanZee
Director
Division of Healthcare Strategies and Technology

_____
Date

DRAFT