## **Manual M-11, Information Resources Management (Veterans Health Administration)**

# Chapter 2, Planning, Resource Acquisition, and Management (Paragraphs 2.01 through 2.08)

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# DEPARTMENT OF VETERANS AFFAIRS

INFORMATION RESOURCES MANAGEMENT

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The Department of Veterans Affairs, Veterans Health Administration Manual M-11, "Medical Information Resources Management," is published for the information and compliance of all concerned.

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# CHAPTER 2. PLANNING, RESOURCE ACQUISITION, AND MANAGEMENT

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#### **CHAPTER 2. PLANNING, RESOURCE ACQUISITION, AND MANAGEMENT**

#### 2.01 PURPOSE

- a. This chapter provides procedures for:
- (1) Veterans Health Administration (VHA) facilities to identify immediate and long-range Automated Data Processing (ADP) requirements;
- (2) Use by regional and Department of Veterans Affairs (VA) Central Office managers to evaluate these requirements; and
- (3) Providing data associated with these requirements for budgetary, planning, and other management purposes.

These functions are implemented by means of PlanMan (automated planning software package) and maintained by Medical Information Resources Management Office (MIRMO).

- b. This chapter provides VHA policy governing the acquisition of ADP and office automation equipment, maintenance, software, and support services.
- c. This chapter provides policy regarding the annual VHA input to the VA-wide Information Resources Management (IRM) Program, and ensures that the requirements for the program are integrated with the annual budget process and related ADP planning and procurement. The VHA input to this program is intended to identify ADP support requirements for medical programs.

#### 2.02 POLICY

- a. Facility ADP Plan. All VHA facilities are required annually to identify all their ADP requirements for the upcoming fiscal year followed by projected ADP needs for the 5 subsequent fiscal years.
  - (1) The automated PlanMan software package will be used to:
  - (a) Elicit specific information concerning local ADP requirements, and
  - (b) Facilitate the collection of planning data.
- (2) PlanMan includes procedures for the approval, deferral, or disapproval of individual planning initiatives by MIRMO and other reviewing officials.
- b. Acquisition. Procurement actions for approved ADP Plan initiatives will be implemented in accordance with the dollar threshold and other approval authorities contained in this chapter and MP-6, Part I, Chapter 7, "Acquisition of Information Resources."

#### c. Requirements Analysis

- (1) All ADP procurement requests shall be documented by means of a requirements analysis document consistent with the procedures contained in MP-6, Part I, Chapter 7.
- (2) The scope of the requirements analysis will be commensurate with the level of the planned expenditure.

#### d. Cost Benefit Analysis

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- (1) Cost benefit analysis should be consistent with the procedures contained in MP-6, Part I, Chapter 3, "VA Information System Planning," and MP-6, Part I, Chapter 7.
- (2) Procedural guidance for conducting cost benefit analysis may be found in the following publications:
- (a) H-004-1, <u>User Service Request Handbook</u>, <u>ADP and Telecommunications/Systems Planning and Acquisition</u>, dated September 26, 1987, published by the Associate Deputy Administrator for Management.
- (b) H-004-3, <u>Information Resources Acquisition Handbook</u>, dated May 1989, published by the Associate Deputy Administrator for Management.
- (c) H-07-12, <u>Cost Benefit Analysis Handbook</u>, dated August 1989, published by the Assistant Secretary for Planning and Management Analysis.
- (3) When the anticipated value of the procurement is \$50,000 or less, the comparative cost benefit analysis may be limited to an analysis that demonstrates that the benefits of acquiring the proposed system and/or item will out weigh the costs. Requirements shall not be fragmented to circumvent this threshold. (For example, if the total cost of the various components of a system exceed \$50,000, they may not be acquired individually to avoid a comprehensive cost analysis).

#### 2.03 DEFINITIONS

- a. The terminology and concepts of Office of Management and Budget (OMB) Circular A-130 and VA Manual MP-6, Part I, shall apply.
  - b. The following items have particular meaning within VHA:
  - Facility ADP Plan. An ADP Plan is a facility's 5-year projection of its ADP needs.
  - (a) PlanMan is the automated method of entering individual planning initiatives.
- (b) The ADP Plan is used by VA health care facility, Regional, and VA Central Office officials for budgetary planning and other management purposes, such as future national procurement strategy.
  - (2) Initiatives. An initiative is an individual component of the overall facility 5-year ADP Plan.
  - (a) Information contained in an initiative include:
  - 1. Initiative number (identifier),
  - 2. Title,
  - 3. Type,
  - 4. Description,
  - 5. Subaccount and equipment requirements, and
  - Equipment justification.
  - (b) Initiatives included in facility ADP plans are categorized as:
  - 1. Local initiatives not related to released national packages;

- 2. Planning for future national package requirements or requested expansion to support national package capability;
  - Ongoing requirements such as computer maintenance agreements or services (e.g., Medline);
  - 4. ADP included in approved activation or construction projects; and
  - 5. Office automation requirements (see Ch. 5).
  - c. Planning initiatives will include:
  - (1) A description of the initiative,
  - (2) Specific equipment requirements, and
  - (3) Associated costs categorized by appropriate subaccounts.

#### 2.04 AUTHORITIES AND REQUIREMENTS

a. All ADP procurement requests must be approved by VA management officials before initiating procurement. Authority for approved ADP Plan initiatives is delegated to the following approving officials in accordance with the following dollar threshold requirements:

**NOTE:** This section is consistent with VA management approval authorities contained in MP-6, Part I, Chapter 7, and VA Acquisition Regulations (VAAR), Part 839, "Acquisition and Use of Information Resources."

- (1) For acquisitions in access of \$150,000, but not to exceed \$250,000 from VA medical centers, independent outpatient clinics (IOCs), and domiciliaries to the Offices of the VHA Regional Directors, following concurrence by the appropriate Information System Center (ISC) Director.
- (2) For acquisitions not to exceed \$150,000 to the Directors, VA medical centers, IOCs, domiciliaries, and ISCs.
- (3) For VHA Central Office, Regional Medical Education Centers (RMEC) and Continuing Education Centers (CEC) acquisitions not to exceed \$150,000, to the Director, Field Operations Service, MIRMO (162).
- (4) For VHA Central Office, RMEC, CEC, and ISC acquisitions in excess of \$150,000, but not to exceed \$250,000 to the Director, MIRMO (162).
  - b. The fragmentation of larger requirements to keep them under the above thresholds is prohibited.
  - c. All medical care ADP procurements must be included in an approved ADP Plan via PlanMan.

#### 2.05 RESPONSIBILITIES

- a. The Assistant Secretary for Finance and Information Resource Management (IRM) has overall responsibility, under the Paperwork Reduction Act, as amended (44 United States Code (U.S.C.) 35), for the Department-wide IRM Program. The DAS/IRM:
- (1) Develops and recommends policy, procedures, and guidelines governing the acquisition and use of information resources:
- (2) issures that acquisitions are planned and appropriately reviewed to ensure conformance with overall plans; and

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- (3) Approves or disapproves of proposed acquisitions of information resources which exceed the dollar threshold discussed in paragraph 2.04a(1) and 2.04a(3).
  - b. The Under Secretary for Health has overall responsibility for VHA IRM.
  - c. The Director, MIRMO, is responsible for issuing the annual VHA call for ADP plans.
- (1) MIRMO has overall administrative responsibility for the facility ADP planning process, including the maintenance of PlanMan.
  - (2) MIRMO:
- (a) Recommends approval or disapproval of proposed acquisitions of information resources which exceed the dollar thresholds discussed in paragraph 2.04a(1) and 2.04a(3); and
- (b) Approves or disapproves, via PlanMan, proposed acquisitions of information resources which meet the threshold discussed in paragraph 2.04a(2) and 2.04a(3).
  - d. The MIRMO Planning and Budget Staff is responsible for:
  - (1) Managing the annual ADP budget process;
- (2) The development and issuance of instructions for the annual call for facility ADP plans (PlanMan); and
  - (3) The annual request for conversion of facility operating funds for ADP procurements.

#### 2.06 PROCEDURES FOR ADP PLAN (PLANMAN)

- a. MIRMO. The MIRMO Planning and Budget Staff will manage the annual ADP budget process. On an annual basis, MIRMO will:
  - (1) Originate the annual call for facility ADP Plans;
  - (2) Develop and distribute instructions and regulations as they relate to the use of PlanMan;
- (3) Distribute the planning package files to the regional Information Systems Centers (ISCs) for automated field input;
  - (4) Reconcile the facility conversion requests with approved plans:
  - Generate budgetary data and other reports as required;
  - (6) Review the data contained in PlanMan; and
  - (7) Implement system upgrades or enhancements where appropriate.
- b. ISCs. During the annual planning cycle, the ISCs will make available a subfile of the latest ADP planning data for electronic update by the facility's in their region.
  - (1) This subfile will be provided by MIRMO in conjunction with the annual call for facility plans.
  - (2) The ISCs will provide guidance to health care facilities in the use of the planning package.
  - c. Health Care Facilities

- (1) The various services located at the health care facility are required to identify all of their ADP requirements for inclusion in the facility's ADP Plan.
- (2) The Chief, IRM Service, or Site Manager will compile health care facility ADP plans for the upcoming fiscal year and subsequent 5 fiscal years.
- (a) These plans will be based on locally identified ADP requirements and on advice from the local Fiscal Officer as to the planned availability of funds for ADP procurements.
- (b) Using past availability of funds for ADP procurements as a guide, planning data is entered into PlanMan during the designated input cycle.
  - (c) The Chief, IRM Service, amends or otherwise modifies ADP plans throughout the year.

**NOTE:** Detailed procedural guidance on the use of PlanMan is contained in the ADP PlanMan Program Office User Manual.

- (3) At the conclusion of the PlanMan input cycle, the health care facility Director will release the updated facility planning data by means of electronic signature code capability contained in PlanMan. The Director's release implies intent to convert facility operating funds to implement the initiatives contained in the ADP Plan.
- d. Review. Initiatives contained in released facility ADP plans are initially reviewed via PlanMan by the appropriate VA Central Office Program Office (e.g., Surgical Service, Medical Administration Service) which recommends approval or disapproval for each initiative based on their program direction and goals.

#### e. Approval

- (1) The ISCs, in conjunction with their respective Regional Director, will then approve, defer, or disapprove each planning initiative via PlanMan procedures. These reviews are based on the determination that individual initiatives are:
  - (a) Technically valid;
- (b) Consistent with long-range program goals and objectives that are not redundant to proposed centrally-implemented Decentralized Hospital Computer Program (DHCP) procurements: and
  - (c) Not in conflict with DHCP planning.
- (2) The Regional Directors review ADP planning initiatives for the facilities in their respective region. This function is normally delegated to the ISCs with final approving authority remaining with the Regional Director.

#### f. Additional Submissions and Review

- (1) Some programs, which are not health care facilities, are also required to submit an annual ADP Plan. These programs include, but are not limited to:
  - (a) Regional Director offices,
  - (b) RMECs, and
  - (c) Community Health Education Programs.

- (2) The Regional Offices, the Denver Civilian Health and Medical Program of VA (CHAMPVA) Center, the Baltimore Prosthetic Assessment and Information Center (PAIC), and the Boston Development Center plans are accessible to and approved by MIRMO.
- (3) The RMEC, Community Health Education Center (CHEC), Dental Education Center (DEC), CEC, and Engineering Training Center plans will be reviewed and approved by MIRMO.
- g. Conversion of Funds. Each health care facility will identify by means of Attachment C to the Annual Budget Plan, the total dollar amount to be converted from facility operating funds to IRM funds for local ADP procurement purposes.
- (1) The desired conversion amount contained in each facility's Attachment C submission must be supported by approved facility ADP plans.
- (2) The amount requested must be equal to or less than the amount of approved PlanMan initiatives for all offices under the host facility's jurisdiction (RMEC, DEC, CHEC).

#### 2.07 PROCEDURES FOR PROCUREMENT

- a. Upon determination that local Medical Care ADP funds are available, the Chief, IRM Service, may initiate procurement action for those ADP planning initiatives included in an approved ADP plan.
- b. All ADP acquisition requests must include a cost benefits and requirements analysis commensurate with the level of the planned expenditure.
- c. The dollar threshold requirements contained in paragraph 2.04 will dictate the approval or procurement path which must be followed to gain procurement approval authority.
- d. The medical center Director has final approval authority to procure any ADP planning initiative included in the approved ADP Plan which has a purchase value less than \$150,000.
- e. The medical center Director must certify that all required documentation has been completed and approved, before the procurement action is initiated by the Contracting Officer.
- (1) The medical center Director will review acquisition packages and grant the contracting officers authority to proceed with the acquisition process based on approval of the specific initiative in the Facility ADP Plan (PlanMan), and the requirement analyses and cost-benefit analyses contained in the request. **NOTE**: The Director's review does not include the solicitation and contracting documents. This documentation must include a copy of the ADP initiative with signed approvals, and it must be on file with the procurement request, and available for review.
- (2) Approval of individual initiatives for both hardware and software will be based on the determination that they are technically valid, consistent with long-range program goals and objectives that are not redundant to proposed centrally implemented DHCP procurements, and that they do not otherwise conflict with DHCP planning. The acquisition must meet the VA goal of interoperability and interconnectivity with the installed base.
- (3) Documentation will be prepared to comply with VAAR, Federal Acquisition Regulations (FAR), VA and Federal regulations and policy on acquisition of information resources. **NOTE:** Technical guidance is provided in the IRM Planning and Acquisitions Handbook, and in VA Cost-Benefit Analysis Handbook H-07-12.

### 2.08 PROCEDURES FOR THE INFORMATION SYSTEMS PLANNING PROCESS

a. The IRM Program provides a comprehensive picture of VA automated information systems and activities and is the primary document used for planning, budgeting, and implementing major automation goals.

- b. Each year, VHA determines its long-range ADP goals and makes their operational plans in terms of technology advances and automation needs.
- (1) VHA submits its IRM Program to the DAS/IRM for review and approval in accordance with VA Policy, MP-6, Part I, Chapter 3.
  - (2) The program is used to monitor progress and assess programmatic effectiveness.
- (3) It is subject to revisions based upon budgetary decisions, available resources, and changes in priorities within VHA.
- c. Approved long-range plans are included in the budget submission to the Secretary, to OMB, and to Congress.
  - (1) This planning effort meets Federal information systems planning requirements as outlined in:
  - (a) The Paperwork Reduction Reauthorization Act of 1986;
- (b) OMB Circulars (e.g., A-11, A-127, A-130) and related Bulletins (e.g., Bulletin 87-10, Federal Information Systems and Technology Planning);
  - (c) Federal Information Resource Management Regulations (FIRMR) 201-18; and
  - (d) VA Policy MP-6, Part I, Chapter 3.
- (2) For example, OMB Circular A-130, Management of Federal Information Resources, implements the information systems planning requirements of the Paperwork Reduction Reauthorization Act of 1986 by requiring agencies to "establish multi-year strategic planning processes for acquiring and operating information technology that meet program and mission needs, reflect budget constraints, and form the basis for their budget request."
- d. Effective planning is the first step in the acquisition of information resources. Plans are the means for:
  - (1) Communicating initiatives,
  - (2) Collecting advice and contributions from others in the VA, and
- (3) Reaching agreement on what organizations want to accomplish, whether for a single personal computer or for the redesign of a critical department system.
- e. The information systems planning process is an important tool in managing VA's information systems resources.
- (1) It is one of several interrelated actions necessary to acquire and use VA information resources in an effective and efficient manner. Appropriate direction and decisions established as a result of other management processes must be reflected in the development of an organization's Information Systems Plan.
  - (2) The Information Systems Plan is closely linked to the budget review process.
- (a) The Spring budget call requests funding information and provides specific guidance regarding VA priorities.

- (b) It is through the internal budget review process that the Secretary of Veterans Affairs, determines the appropriate allocation and level of resources available for VA programs and supporting information systems activities.
  - (c) The budget requests must directly support an organization's Information Systems Plan.
- (d) The funding information included in the Information Systems Plan must tie to the ADP budget exhibits that are submitted to OMB in the Fall.

January 17, 1995

- 1. Transmitted is a new chapter to the Department of Veterans Affairs, Veterans Health Administration Manual, M-11, "Information Resources Management," Chapter 2, "Planning, Resource Acquisition, and Management."
- 2. Chapter 2 describes and provides procedures for the Information Resource Management (IRM) planning and acquisition process.
- 3. Filing Instructions

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4. **RESCISSIONS:** VHA Circulars/Directives 10-85-93, 10-85-112, 10-85-116, 10-86-147, 10-87-19, 10-87-119, 10-87-122, and 10-87-123.

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- 1. Transmitted is a new manual to the Department of Veterans Affairs, Veterans Health Administration Manuals, M-11, "Information Resources Management," Chapters 1 through 17. **NOTE:** Due to the length of this part, each Chapter will be transmitted separately.
- 2. The principal changes include:
- a. Chapter 1: Defines the over arching Information Resource Management (IRM) policy and the responsibilities of various offices, committees, and directorates for carrying out policy.
  - b. Chapter 2: Describes and provides procedures for the IRM planning and acquisition process.
- c. Chapter 3: Sets forth Veterans Health Administration (VHA) policy relating to data administration and reports management, including reports control procedures.
- d. Chapter 4: Establishes policy for the management of VHA's database, and procedures for design integrity and overall conformance to programming goals and standards.
- e. Chapter 5: Establishes policy and guidance for the procurement of office automation equipment and software as part of VHA's health care information systems.
- f. Chapter 6: Defines the responsibility for managing and administering VHA telecommunications resources.
- g. Chapter 7: Provides guidance concerning the role of technology assessment as it relates to the management and operation of medical information systems.
- h. Chapter 8: Defines the role and responsibility of Applications Requirements Groups in the development, design, and maintenance of VHA Decentralized Hospital Computer Program software.
- i. Chapter 9: Sets forth the VHA policy regarding software management standards and requirements for the development, maintenance, and support of all software packages designated for national distribution.
  - j. Chapter 10: Describes and provides procedures for the IRM planning and acquisition process.
- k. Chapter 11: Defines application documentation, documentation standards, and management of documentation of all VHA software.
- I. Chapter 12: Establishes policy and procedures related to ensuring the quality of VHA developed software.
- m. Chapter 13: Provides policy and guidance governing the archiving and purging of data from the VHA computer systems to ensure the ability to store current data in the system.
- n. Chapter 14: Establishes policy for the provision of support to VHA facilities for the acquisition, implementation, and maintenance of automated hospital information systems to increase the effectiveness and quality of patient care.
- o. Chapter 15: Establishes policy and responsibilities for training to support VHA IRM activities, both at the local and national level.

- p. Chapter 16: Provides policy and procedures to ensure the protection of data, hardware, software, and storage media.
- q. Chapter 17: Establishes operational guidelines for and defines the responsibilities of IRM Service, which unifies automated data processing, telecommunications, office automation, information collection, information management, and systems development.

#### 3. Filing Instructions

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4. RESCISSIONS: VHA Circulars/Directives 10-85-93, 10-85-112, 10-85-116, 10-86-147, 10-87-19, 10-87-119, 10-87-122, and 10-87-123.

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17-i through 17-4

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