

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Indian Health Service  
Rockville, Maryland 20852

Refer to: OIT

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INDIAN HEALTH SERVICE CIRCULAR NO. 2007-04

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CHARTER - INFORMATION TECHNOLOGY INVESTMENT REVIEW BOARD

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1. PURPOSE. The establishment of the Indian Health Service (IHS) Information Technology Investment Review Board (ITIRB) is mandated by Part 8, Chapter 4, "Capital Planning and Investment Control," Indian Health Manual (IHM). The ITIRB is the official IHS reviewing body for information technology (IT) investments, including all major initiatives, funding, and expenditures. The ITIRB will:
  - A. ensure IT resources support the IHS mission;
  - B. promote the life cycle management of IT systems as "capital investments;" and
  - C. ensure the IT system project approvals are based on established selection criteria.
2. AUTHORITY. Information Technology Management Reform Act of 1996, "Clinger Cohen Act," Division E, Public Law (P.L.) 104-106
3. RESPONSIBILITIES. The ITIRB will:
  - A. Review, evaluate, approve, or disapprove all IT system projects meeting the selection criteria; and any specific projects that are recommended for review.

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Distribution: IHS-wide

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- B. Make funding recommendations to the Director, IHS, and Senior IHS Staff, including single and multi-year funding for approved IHS IT systems.
  - C. Establish review schedules for IT projects that meet established selection criteria.
  - D. Make changes to proposed IT system development initiatives when necessary.
  - E. Terminate or make changes to IT projects demonstrating unacceptable risk or progress.
  - F. Terminate projects circumventing the Capital Planning and Investment Control (CPIC) process.
  - G. Reject any IT project not meeting the CPIC decision process.
4. MEMBERSHIP. The ITIRB membership includes 9 permanent members, 2 rotating members, and an Ex-Officio member.
- A. Federal Permanent Members. There are 9 permanent members serving on the ITIRB. The members include:
    - (1) the Chairperson: The Chief Information Officer (CIO) or his/her designee
    - (2) the Deputy Director for Management Operations (DDMO) or his/her designee
    - (3) the Chief Financial Officer or his/her designee
    - (4) the Chief Medical Officer or his/her designee
    - (5) Information Systems Advisory Committee (ISAC) Federal Co-Chair
  - B. Non-Federal Permanent Members. The following non-Federal permanent members, who are elected Tribal leaders, or a duly appointed employee of a Federally recognized Tribe, may vote with the Committee.
    - (1) ISAC Tribal Co-Chair
    - (2) ISAC Tribal Self-Governance Advisory Committee Representative
    - (3) ISAC Tribal Representative (Designated by the ISAC)

- (4) ISAC National Council of Urban Indian Health Representative.
- C. Rotating Members. The 2 rotating members will be selected by the ITIRB Chairperson for a term not to exceed 3 years from the beginning of the rotating member's term of service . Current rotating members who desire to end their term of service early must forward a request in writing to the ITIRB Chairperson. The 2 rotating members will include:
- (1) One Headquarters Office Director
  - (2) One IHS Area Representative
- D. Ex-Officio Member. The Director, Division of Acquisition Policy, IHS:
- (1) is designated as the ITIRB Ex-Officio member and
  - (2) is a not voting member of the ITIRB.
5. MEETINGS. The ITIRB will meet (in person, teleconference, or video conference) no less than twice annually to carry out its responsibilities. Special meetings may be called by the DDMO or the CIO.
- A. Attendance. The ITIRB may recommend to the Chairperson the replacement of any member missing 2 consecutive committee meetings.
  - B. Quorum. A quorum exists if over half of the ITIRB membership or their designees are present.
  - C. Decisions. Decisions by the ITIRB will be by simple majority of those present at each meeting. If a simple majority cannot be reached, the pros and cons of opposing arguments will be submitted in writing to the Director, IHS. The Director, IHS, will make the final decision, which will be disseminated to the ITIRB members.
  - D. Minutes. Minutes documenting ITIRB action items and responsibilities will be distributed to ITIRB members within 15 working days following each meeting, and posted, as appropriate, to the Office of Information Technology Web site.
6. AGENDA SETTING. The Chairperson will establish ITIRB meeting agendas. Agendas will be distributed to ITIRB members at least 15 working days prior to the meeting.
7. SUBMISSION OF ISSUES FOR CONSIDERATION. Issue papers should be submitted for consideration on the agenda in the following format:

- B. Issues or Alternatives
  - C. Recommendations
  - D. Area/Title/Signature/Date
8. CHARTER REVIEW. The ITIRB will review its charter every 3 years from the date of ratification or as needed, to evaluate overall effectiveness and incorporate any improvements. Recommended changes to the ITIRB charter must be approved by a two-thirds majority vote of the ITIRB. All changes to the ITIRB charter must be approved by the Director, IHS.
9. SUPERSEDURE. This circular supersedes Part 8, Chapter 4, Section L, IHM, in its entirety.
10. EFFECTIVE DATE. This circular becomes effective on the date of signature.



Robert G. McSwain  
Acting Director, Indian Health Service