

CHAPTER 12. MEDICAL MILITARY CONSTRUCTION (MILCON) PROJECTS (BLIC "NF" AND "MB" REQUIREMENTS)

12-1. INTRODUCTION

This chapter provides an overview of the events and the responsibilities associated with a medical MILCON project. MEDCASE requirements must meet the eligibility threshold of \$100,000 (unit price) under DHP Procurement funding. Items qualifying for MEDCASE BLIC "NF" are, in most cases, those major equipment items not included in the original scope of the project. Specific responsibilities and procedures related to the identification and initiation of MEDCASE requirements associated with medical MILCON projects are provided in Chapter 3.

12-2. OVERVIEW OF A MEDICAL MILCON PROJECT

a. **AUTHORITY.** The U.S. Congress approves medical MILCON projects. Congressional approval is based upon the description of the project submitted to Congress on a DD Form 1391 (*Military Construction Project Data*). This form is prepared by the installation Directorate of Public Works with major input from the HFPA. The approved construction project is statutorily limited to the work described on the DD Form 1391.

b. **PROJECT DESIGN.** There is a series of six submittal and design reviews associated with the development of a project, beginning with concept design drawings and leading to final drawings at the Sixth Submittal (S6) design stage. Design reviews are held during the First Submittal (S1) through (S6). Each design review results in an updated set of drawings. Beginning with the Third Submittal (S3) design stage, drawings will reflect room layouts and recommended equipment placement. As the project continues, the architects develop an equipment and casework schedule that provides a room-by-room listing of all equipment requirements. Below is a brief description of each submittal:

(1) **First Submittal (S1).** The Architect/Engineering (A/E) firm is given the program for design and the design criteria. Working closely with Medical Facilities Design Office, Corps of Engineers, HFPA and the installation, the A/E develops a conceptual design. The A/E provides three alternative block layout schemes with comparative cost estimates. From the three schemes provided, one is chosen.

(2) **Second Submittal (S2).** This submittal establishes single-line room-by-room floor plans, and the initial interior design narrative.

(3) **Third and Fourth Submittal (S3, S4).** The third and fourth submittal further refine the design concept with double line floor plans, a design analysis, and equipment layout schedules to ensure all installation requirements are incorporated. The fourth submittal is the final design concept.

(4) **Fifth and Sixth Submittal (S5, S6).** These submittals are the start of the contract documents. They further develop and delineate the design concept. The documents include a functional concept manual, specifications, and by S6, are technically complete. These final drawings and specifications will become part of contract/bid documents by the various contractors, and used for construction.

c. FUNDING.

(1) There are three types of funding associated with medical MILCON projects:

(a) Medical MILCON funds are appropriated by Congress to build or renovate the facility, and acquire certain items of installed equipment, and

(b) MEDCASE funds are programmed by the USAMEDCOM to acquire the equipment. MEDCASE requirements must meet the eligibility threshold of \$100,000 (unit price). Items qualifying for MEDCASE BLIC "NF" are, in most cases, those major equipment items not included in the original scope of the project and are necessary to make the new facility "complete and usable."

(c) O&M funds are programmed by the USAMEDCOM to acquire CEEP equipment (unit price less than \$100,000) necessary to make the new facility "complete and usable" that is constructing and equipping a facility to enable the facility to achieve the purpose for which it was constructed. Contact the:

USAMEDCOM
ATTN: MCLO
Fort Sam Houston TX 78234
Commercial Telephone 210-221-7119

for information on requesting O&M funds for initial outfitting of new construction projects.

(2) FUNDS MANAGEMENT:

(a) BLIC "MB": Corresponds to the medical MILCON funds set aside for the acquisition of certain items of installed equipment called for in the project plans. The USACE-HNC, Huntsville, AL, manages medical MILCON funds.

(b) BLIC "NF": Corresponds to the MEDCASE funds that are programmed by the USAMEDCOM for the acquisition of investment equipment required for a new facility.

(c) DHP "O&M": Corresponds to the local operating funds programmed by the activity for the acquisition of CEEP equipment required for a new facility.

d. EQUIPMENT PLANNING. Equipment planning for a project begins when the HFPA uses a computer-generated planning document that lists, room-by-room, the total equipment requirements anticipated for each project. This planning document is known as the Medical Facilities Room Contents List (MFRCL). As the project continues, the architects develop an Equipment and Casework Schedule that supersedes the MFRCL. The equipment and casework schedule provides a "refined" room-by-room listing of equipment requirements.

(1) As discussed in Chapter 3, the Equipment and Casework Schedule is based on the final design (S6) drawings for the project. It lists the architect's plan for equipment requirements and equipment placement within the new facility. The HFPO is responsible for making the necessary adjustments of the equipment listing to accurately reflect the specific needs of the facility. The equipment listing is a planned document that provides a "starting point" for the identification of equipment requirements, and the initiation of MPRs. The identification and initiation of MEDCASE requirements for a project is a responsibility of the activity.

(2) The equipment and casework schedule is usually available to the activity prior to commencement of construction. The activity should establish a time-line for planning the critical actions that must be accomplished, to include the initiation of MEDCASE requirements.

(3) MEDCASE requirements for a project must be identified and initiated in sufficient time to allow approval no later than the fiscal year prior to the year in which the equipment will be acquired. For contractor-installed equipment, the timely initiation and approval is essential for items of equipment which require a long procurement lead time.

12-3. LOGISTICAL CATEGORY (LOGCATs) CODES

a. GENERAL. LOGCATs are single letter codes that assign responsibility for the acquisition and installation of equipment required for a project. LOGCATs are used in the MFRCL and later, in the final design drawings for the project. LOGCATs are explained in Table 11-1.

b. FUNDING RESPONSIBILITIES.

(1) LOGCAT "A" items are provided by the construction contractor as part of the project and paid for by MILCON funds.

(2) LOGCAT "E" and "F" items are acquired through the MEDCASE program as BLIC "MB" requirements, paid for by MILCON funds. LOGCAT "F" items are generally installed radiology systems.

(3) The LOGCATs are identified in the MFRCL and normally in the Equipment Casework Schedule. Contact your HFPO or project POC.

12-4. REFERENCES AND RESOURCES The following documents are available to assist the activity in managing the equipment requirements for a facility construction/renovation project.

a. DD FORM 1391. The DD Form 1391 describes the scope and provides the approval for the project. It also contains the justification for the project that was submitted to Congress. The DD Form 1391 is a useful document for activity commanders, logisticians, and MEDCASE managers.

b. PROGRAM FOR DESIGN (PFD). The PFD is produced early in the planning process. The Defense Medical Facilities Office (DMFO)/Office of the Assistant Secretary of Defense for Health Affairs (OASD-HA), is responsible for programming and space planning of medical construction projects. The DMFO organizes the study around the mission of the facility and the projected workload. It can also provide information (i.e., regarding mission and work load) that can be useful in preparing the justification for MPRs.

c. FINAL DRAWINGS. The final drawings for a new or renovated facility will reflect room layouts and equipment placement, and will contain an Equipment and Casework schedule (*NOTE: This schedule may be included within the contract specifications which accompany the final drawings*). The information in these documents is based upon the MFRCL.

d. **MEDICAL FACILITIES ROOM CONTENTS LIST (MFRCL).** The MFRCL is the architect's initial document. It is produced early in the design process and is seldom made available to the activity because its use as a planning document is limited and it covers much more than equipment.

e. **MILITARY STANDARD 1691.** Military Standard (MIL-STD) 1691 (*Construction and Materiel Schedule for Military Medical and Dental Facilities*), is a Tri-Services document listing equipment which is commonly reflected in the drawings for military medical construction projects. Each equipment item is referenced by a Joint Service Number (JSN), which is used to identify that item on plans and drawings. The MIL-STD also provides a short functional description of the item, indicates its utility requirements, and reflects the LOGCAT Code.

f. **THE HFPO GUIDE.** This guide is published by the HFPA as a resource for their project officers in the field. It contains valuable information concerning the responsibilities involved in a project.

12-5. RESPONSIBILITIES DURING THE PROJECT

a. **ACTIVITY COMMANDER.** The activity commander must ensure that the overall planning effort necessary to support the project and accomplish the transition to the new facility is accomplished. The commander's responsibilities include:

- (1) Providing comments during the reviews of the project design.
- (2) Planning to acquire equipment and furnishings that are compatible with the scope and design of the project.
- (3) Appointing a project officer to serve as point of contact with HFPA and other agencies/activities regarding the project until an HFPO is assigned.
- (4) Creating a transition committee to manage transition issues. This minimizes the disruptions to the delivery of patient care.

b. **TRANSITION COMMITTEE.** A transition committee will be established at all activities undergoing a medical MILCON project. It will have representation by each affected department/service, the Chief of Logistics, and courses of action to the commander in order to:

- (1) Coordinate project review and utilization planning.
- (2) Coordinate equipment planning, to include decisions regarding the use or replacement of existing assets (see Chapter 3, paragraph 3-11c).
- (3) Coordinate transition and movement of equipment and services.

c. **CHIEF OF LOGISTICS.** The importance of the Chief of Logistics in the planning process cannot be overstated. In many, if not most, cases the equipment planning for a new facility must begin before an HFPO is assigned. The Chief of Logistics must ensure programs for the project are established, and that requirements are identified in a timely manner. Logistics responsibilities include:

- (1) Advising the transition committee and the commander of the actions that must be accomplished to support the project.
- (2) Assisting in the identification of requirements by coordinating the Equipment and Casework Schedule with the using services.
- (3) Coordinating the review and amendment, as appropriate, of the equipment and casework schedule when it is received.

d. HFPO. The HFPO is the individual assigned to a construction project for the expressed purpose of fulfilling the responsibilities of the HFPA and to represent the AMEDD during a medical MILCON project.

(1) The HFPO is assigned to the HFPA with duty station on the construction site.

(2) The HFPO is the primary point of contact between the activity, the HFPA, the Engineer District responsible for the project, and the construction contractor.

(3) The HFPO is responsible for notifying the Chief of Logistics of the equipment delivery dates required to meet construction contract schedules, and for coordinating the turnover of government-furnished/contractor-installed equipment (LOGCATs "B" and "E") to the contractor.

(4) It is recommended, that at the start of any renewal or new construction project, that the HFPO contact the USAMMA in order to properly understand what MEDCASE requirements they will have and to request a TARA visit. This will assist in the generation of all Diagnostic Imaging & Radiation Therapy equipment MEDCASE requirements. By doing this up front and early, time and money will be saved and the MILCON MEDCASE requirements will be front-loaded into the MRE. Thus, no MEDCASE packages will be required.