

CHAPTER 3. DEVELOPMENT OF MEDCASE REQUIREMENTS

3-1. INTRODUCTION

a. **MEDCASE REQUIREMENTS.** A MEDCASE requirement is a need for an item of equipment, the acquisition of which is eligible for funding through the MEDCASE program. A requirement equates to a single end item or system.

(1) MEDCASE requirements are forecasted and initiated by each MEDCASE program participant and are submitted through command channels for review and approval or disapproval. The unit price and functional area of the equipment requirement determine the level of approval authority.

(2) Approved and disapproved MEDCASE requirements are retained in the program database of the MRE System. Approved requirements may be executed by the activity commander's priority list when it is determined that funds are available.

b. **REQUIREMENTS DEVELOPMENT.** The process of requirement development includes three broad functions. Unless otherwise specified in this manual, local or command directives may establish specific procedures and responsibilities for the accomplishment of these functions. The following paragraphs describe the functions that must be accomplished at the activity level during the three phases of requirements development:

(1) The identification of requirements. This includes the forecasting of requirements for equipment replacement and modernization, and the identification of equipment requirements to meet additional missions, advancements in technology or standards of medical practice.

(2) The initiation of MEDCASE requirements. This includes the preparation of the DA Form 5027-R (*MEDCASE Program Requirement*) and DA Form 5028-R (*MEDCASE Support and Transmittal Form*), the obtaining of separate approvals (when required), and the assigning of a MEDCASE Asset Control Number (ACN) and Budget Line Item Code (BLIC). Appendix B provides instructions for the preparation of DA Form 5027-R and DA Form 5028-R.

(3) The submission of MEDCASE requirements. This includes the assembly of a completed DA Form 5027-R/5028-R with all attachments and supporting documentation through applicable channels.

3-2. IDENTIFICATION OF REQUIREMENTS. This is normally the responsibility of the user, although some requirements may be identified by other sources, such as a Hospital Risk Management Committee or the TARA team. Generally, MEDCASE requirements are identified based upon one of the following reasons:

a. **ROUTINE REPLACEMENT.**

(1) The user based upon maintenance, technology, and/or economic considerations forecasts the routine replacement of existing equipment.

(2) To assist the user, AMEDDPAS provides an Equipment Replacement Report. This report is available by property book and hand receipt and identifies equipment that may be eligible for replacement based upon date-in-service and life expectancy. While life expectancy alone is not an acceptable justification for replacement, this report provides a "starting point" for evaluating

equipment for possible replacement. MEDCASE managers must provide users with this report on a periodic basis or upon request.

b. **NEW TECHNOLOGY.** Primarily the user identifies new products arising from advancements in technology. Sources of information commonly include professional publications, professional development conferences, consultant visits, and equipment vendors.

c. **NEW MISSION.** New missions assigned to an activity must be evaluated as soon as possible to determine if they can be supported by existing equipment. The activity or agency assigning the new mission as well as the activity receiving the new mission must conduct this evaluation. The directive assigning the new mission must be identified on the DA Form 5027-R.

d. **MILITARY CONSTRUCTION.** New requirements for equipment may arise as a result of facility construction or renovation project which provides an increase in either the size or the capability of the activity.

3-3. INITIATION OF REQUIREMENTS

a. A MEDCASE requirement is initiated by the preparation and processing of a DA Form 5027-R and a DA Form 5028-R. This is the responsibility of the user or the requester. The DA Forms 5027-R and DA Form 5028-R must be initiated once it has been determined that a need which has been identified cannot be met through the use of existing or reported excess assets.

b. The DA Forms 5027-R/5028-R are the basic documents of the MEDCASE program. Appendix B provides instructions for the preparation of DA Form 5027-R and DA Form 5028-R. Together they provide an auditable record that documents the need, coordination, and approval of a MEDCASE requirement. MEDCASE program participants, MSC/RMCs, and USAMMA are responsible for ensuring that DA Forms 5027-R/5028-R are complete, adequate, accurate, and equipment requested is eligible for funding with MEDCASE funds. The requesting activity must maintain copies of all DA Forms 5027-R/5028-R for audit purposes.

(1) DA Forms 5027-R/5028-R must be prepared for each eligible MEDCASE requirement. As an exception, multiple quantities of a single line item may be requested on a single DA Form 5027-R/5028-R provided that the items are identical, the maintenance information for each item being replaced is provided and the justification on the DA Form 5027-R MPR is adequate for the total quantity. An ACN will be assigned to each item identified on the DA Form 5027-R.

(2) MEDCASE requirements shall be described in generic terms using the Standard Item Descriptions provided in Appendix A. Requirements will not be described by brand name. Where necessary for clarity, a brand name reference may be included following the generic item description; this will not be accepted as an endorsement of that particular brand.

(3) Each individual block on the DA Form 5027-R must be completed. Continuation sheets may be used where necessary provided there is a clear reference to

the block being continued. It is acceptable to leave a block on the DA Form 5027-R blank with a reference to "see attached sheet."

(4) The DA Form 5027-R must include a justification that clearly establishes the need for the item requested.

(5) If required for clarity, a copy of manufacturer's literature will be attached to the DA Forms 5027-R/5028-R as an enclosure. The enclosure of manufacturer's literature does not constitute endorsement of that brand.

(6) The initiator or requester certifies the requirement described on the DA Form 5027-R is valid and that the justification provided is accurate to the best of his/her knowledge. The initiator's release also certifies that consideration has been given to the availability of existing or excess assets, and that none are available that will meet the requirement.

3-4. TECHNOLOGY ASSESSMENT/REQUIREMENTS ANALYSIS (TARA)

If your facility had a TARA visit within the last four years, no economic analysis or detailed justification is necessary for TARA identified requirements. Appendix C provides instructions for the preparation of an Economic Analysis. That is, a MEDCASE package is not required.

3-5. ASSIGNMENT OF A MEDCASE ACN

Each MEDCASE requirement is identified by an ACN. ACNs are used to track requirements throughout the review and approval process, and are the means by which requirements are identified and funded in the MRE system. (See Figure 3-1)

FIGURE 3-1. ASSET CONTROL NUMBER

ITEM DESCRIPTION CODE (IDC)	FISCAL YEAR (FY)	SEQUENCE CODE (SEQ)
Is determined by the AMEDD Standard Item Description in Appendix A	The target FY for execution	A unique, locally assigned 3-position number used to identify a specific requirement
3265	98	001
X-Ray Apparatus, Tomography, Computerized	FY 98	Identifies the specific requirement for a CT X-Ray System

a. CONSTRUCTION OF AN ACN. MEDCASE ACNs consist of three elements:

- (1) an IDC,
- (2) a Fiscal Year Code, and
- (3) a Sequence Number (SEQ).

These elements are explained below.

(1) The IDC is a four-position numeric code that relates to a standard item description for each type of equipment. Accurate IDCs are necessary for tracking and identifying equipment in automated property accounting and asset visibility systems. Appendix A provides a list of standard IDCs by functional area and in nomenclature sequence.

(2) Fiscal Year (FY) Code: The FY Code refers to the fiscal year in which acquisition of the requirement is anticipated. For routine submissions, this will be the FY of the budget year, i.e., the next fiscal year. For urgent or emergency requirements, this will be the FY of the current or execution year.

(3) The SEQ Code is a three-digit code assigned locally from an ACN control register in accordance with local or command procedures. Normally, the activity MEDCASE manager maintains the ACN control register.

b. ASSIGNMENT OF AN ACN. An individual ACN shall be assigned to each requirement. In cases where multiple items are requested on a single DA Form 5027-R/5028-R, an ACN will be assigned for each item.

c. RECORDING ACNs IN AMEDDPAS. For MEDCASE program participants utilizing AMEDDPAS for property accountability, the ACN must be entered when establishing a Planning Record.

d. UNIQUE ACNs. The USAMMA/USAMEDCOM Unique Asset Control Numbers (ACNs). SEQs 800 through 999 are reserved for the USAMMA use only. SEQs 900 through 999 identify TARA recommended items. The USAMMA will use SEQ Codes from this block of numbers in special cases where circumstances prevent the timely requesting of a new ACN from the activity. This technique is intended to allow uninterrupted processing of requirements. When a 900 or 800 series ACN is used, the USAMMA will notify the activity.

3-6. ASSIGNMENT OF A BUDGET LINE ITEM CODE (BLIC)

a. GENERAL. MEDCASE funds and requirements are divided into six categories that are identified by a BLIC. These categories describe the purpose for which the equipment and funds are required. The AMEDDPAS and the MRE system incorporate a two position BLIC Code. Input and output transactions in both the AMEDDPAS and MRE utilize the two-position BLIC code.

(1) BLIC UR: Replacement and Modernization. Identifies funds and equipment required to replace, upgrade, or modernize existing equipment or to provide new or expanded capabilities.

(2) BLIC CF: Clinical Investigation. Identifies funds and equipment required to support the AMEDD's Clinical Investigation Program.

(3) BLIC PC: Pollution Control. Identifies funds and equipment required to support the AMEDD's Pollution Control Program.

(4) BLIC DA: Drug Abuse and Control. Identifies funds and equipment required to support the AMEDD's Drug Abuse Prevention and Control Program.

(5) BLIC NF: New Facilities Equipment (DHP-funded). Identifies funds and equipment required to equip medical MCA-funded construction/renovation projects.

(6) BLIC MB: New Facilities Equipment for Medical Military Construction Projects. Identifies funds and equipment required to equip medical MILCON new construction/renewal projects.

b. RESPONSIBILITY. All MEDCASE requirements must accurately reflect the appropriate BLIC on the DA Forms 5027-R/5028-R. The BLIC is entered on the forms by the activity MEDCASE manager.

3-7. JUSTIFICATION OF REQUIREMENTS

a. GENERAL. Adequate clinical, logistical, or economic justification for MEDCASE requirements is absolutely essential to the integrity of the MEDCASE program. All requirements will be justified. The justification is the responsibility of the user or the initiator of the requirement, although it is the responsibility of every individual who releases a requirement to evaluate and, if appropriate, to question the justification provided.

b. JUSTIFICATIONS. Justifications should be entered in the appropriate space on the DA Form 5027-R. Continuation sheets may be used where necessary, provided there is a clear reference to the block being continued. It is acceptable for the justification block on the DA Form 5027-R to reflect "see attached sheet." Justifications must be concise.

(1) Minimum Essential Characteristics (ECs). A justification should state the minimum essential characteristics of the item requested and provide a clinical or functional reason for each.

(2) Justifications must be supported by Facts. General statements such as, *"...required to meet an increase in workload "* will **not** be accepted unless the actual increase in workload is quantified and explained. Justifications that cite maintenance problems experienced with existing equipment must be supported by documentation of those maintenance problems. Such documentation is provided by the Equipment Maintenance Activity and must accompany the DA Forms 5027-R/5028-R through the review and approval process.

(3) Capabilities versus Requirements. Justifications must relate the capabilities requested to the actual requirements of the activity. A requirement justification that explains in great detail the technological advantages of a type of equipment will not be accepted unless the activity's need for those advantages is explained. The phrase "state-of-the-art," while descriptive, adds very little to the DA Form 5027-R justification unless the specific "state-of-the-art" capabilities and the need for those capabilities are described. Justifications must not repeat or paraphrase manufacturer's literature.

c. DA Form 5027-R Justification Block. The justification block on the DA Form 5027-R prompts the initiator to answer specific questions regarding the requirement. These questions must be clearly and concisely responded to. In addition, the initiator must ensure that the justification adequately addresses the following questions/areas:

- (1) What is the item requested to be used for? Why is the item needed?
- (2) How will the item be used with other equipment?
- (3) What are the advantages of the requested item over equipment currently in use or available on the market? Why are these advantages needed?

(4) Have specific details been presented regarding cost-benefit, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors that may be relevant?

(5) What will be the impact upon mission accomplishment if the requested item is not acquired?

(6) Is the anticipated workload provided?

(7) Has consideration been given to the use of available excess assets to satisfy this requirement?

3-8. THE ARMY MEDICAL DEPARTMENT PROPERTY ACCOUNTING SYSTEM (AMEDDPAS)

a. **GENERAL.** The AMEDDPAS is a standard Army system utilized by fixed AMEDD activities worldwide. AMEDDPAS provides the capability to plan for, acquire, account for, manage equipment maintenance and maintain property.

b. **REQUIREMENTS MODULE.** The Requirements Module enables activities to plan equipment acquisitions. This function and associated transactions allow for a systematic plan for the equipment needs of an activity's ongoing operations, technological innovations or change of mission. It provides a variety of tools for the management of an activity's MEDCASE program. Properly used, this module will provide management information applicable to each phase of the development of MEDCASE requirements. Detailed guidance regarding the use of the Requirements Module is contained in the AMEDDPAS user's manual.

c. **EQUIPMENT REPLACEMENT REPORT.** To support the identification of candidates for equipment replacement, AMEDDPAS provides the Equipment Replacement Report, which can be produced as required by property book or by hand receipt. This report identifies equipment that may be eligible for replacement based upon date-in-service and life expectancy. Although the age of equipment is not in itself justification for replacement, this report must be used by the activity to identify items of equipment that may warrant further evaluation.

d. **PLANNING RECORD.** Once the activity commander has approved a MEDCASE requirement, it is ready to be submitted through command channels for review and approval as deemed appropriate. The MEDCASE manager updates the planning record by entering a Participant Action Code (PAC) of "1" and requesting transmission to USAMMA.

(1) **MRE Interface.** When the MEDCASE manager enters the PAC of "1" a transaction is automatically generated and is sent to update the MRE database. A report entitled "MRE Interface" will be produced reflecting those transactions processed; however, these transactions are automatically sent exclusively to USAMMA twice weekly. It can take up to a week for a requirement to interface with the MRE depending on when it is input and when the database is updated. It is very important that requirements are input in a timely manner so all requirements interface before funds are requested.

(2) It is the responsibility of the activity to ensure the requirement on the MRE interface report is in the MRE system. The MRE interface report is not the acceptance of the transaction into the MRE system, but a report of those transactions submitted to USAMMA's MRE system.

3-9. SUBMISSION OF REQUIREMENTS

Once the DA Forms 5027-R/5028-R are initiated, it must be staffed through the activity for local review and approval. Coordination of the DA Forms 5027-R/5028-R are generally the responsibility of the initiator or requester.

a. COORDINATION OF THE DA FORMS 5027-R/5028-R. Coordination is necessary to ensure that the item requested is appropriate and can be installed and/or supported by the activity. The most common review activities are provided space on the DA Form 5028-R for comment and concurrence. Documentation of additional review may be attached as separate enclosures. Coordination with the following areas within the activity must be considered for all MEDCASE requirements as discussed in the following:

(1) Equipment Maintenance Activity. All MEDCASE requirements must be reviewed and commented upon by the equipment maintenance activity which is responsible for the maintenance and repair (or for maintaining a service contract) for the equipment requested. Under no circumstances will the maintenance block on the DA Form 5028-R be considered "Not Applicable." The maintenance activity is responsible for determining if the item requested can be supported, either through in-house maintenance or by service contract. For MEDCASE requirements which request the replacement of existing equipment, the maintenance activity is also responsible for determining if replacement is justified from a maintenance perspective, and enters specific information obtained from maintenance records onto the DA Form 5028-R. The maintenance activity also provides a current copy of the maintenance record to be forwarded with the DA Forms 5027-R/5028-R.

(2) Engineer. All MEDCASE requirements that require installation or site preparation must be reviewed and commented upon by the engineering activity that provides facility support. The engineering activity is responsible for determining if the equipment requested can be installed and operated in the facility, and estimating requirements for site preparation, if necessary. Of particular importance are the availability of power, drainage, ventilation, and other utilities that may be required for the operation of the equipment. The HFPO or Project Point of Contact (POC) must sign in the Engineer Block if the project is a medical MILCON project.

(3) Information Management Officer. All MEDCASE requirements which have Information Mission Area Equipment (IMAE) associated with them must be reviewed by the activity's Information Management Officer (IMO). The IMO is responsible for determining if the equipment requested requires separate IMA approval as prescribed by AR 25-1.

(4) Health Physics Officer (HPO). The HPO review and clearance is required for all MEDCASE requirements which emit radiation, microwaves, laser, radio waves, or has radioactive materials as a component. HPO clearance may be granted if all regulatory requirements are, or shall be, met.

(5) Review by the local Chief of Radiology. All MEDCASE requirements for diagnostic imaging or radiation therapy equipment must be reviewed by the local Chief of Radiology whether or not it will be operated within the Department of Radiology. The concurrence and signature of the Chief of Radiology must appear on the DA Form 5027-R, if more space is needed use a separate enclosure.

(6) Resources Manager. All MEDCASE requirements that:

(a) require maintenance by service contract;
(b) allow termination of a service contract;
(c) are justified based upon economic return or savings must be reviewed by the activity resources manager. The resource manager determines the impact of the requirement upon the activity operating budget to ensure that it can be supported, and verifies economic analysis used in the justification. Resources manager comments and signature must appear on the DA Form 5027-R.

(7) Logistics. The Logistics Division is the proponent for the activity's MEDCASE program. The Chief of Logistics is responsible for ensuring that a MEDCASE requirement is:

(a) eligible for the MEDCASE program;
(b) properly coordinated (to include the screening of excess assets), with all of the necessary signatures; and
(c) ready to be submitted to the activity commander for review and approval. The Chief of Logistics must recommend approval or disapproval of all MEDCASE program requirements.

b. **ROLE OF THE PROGRAM BUDGET ADVISORY COMMITTEE (PBAC).** The PBAC is an advisory committee established by the commander to recommend funding and other resource utilization priorities to the commander. The PBAC neither approves nor disapproves MEDCASE requirements. The PBAC does not review DA Forms 5027-R/5028-R before they are forwarded for final review and approval. The prioritizing of the MEDCASE requirements must be accomplished prior to the availability of funds for a new fiscal year.

c. **LOCAL APPROVAL.** Once the DA Forms 5027-R/5028-R are initiated and coordinated within the activity, the activity commander reviews and approves or disapproves the requirement. This authority will not be delegated. The release of the DA Forms 5027-R/5028-R by the activity commander designates approval of the requirement and certifies that the requirement represents a valid, justified need for the accomplishment of the activity's mission. The Commander also determines whether or not an item to be replaced should be turned in or retained.

d. **REGIONAL MEDICAL COMMAND APPROVAL.** The requirement is forwarded to the RMC Commander for approval/disapproval after the activity commander reviews and approves the requirement. The RMC Commander authority will not be delegated.

e. **DOCUMENTS REQUIRED FOR SUBMISSION.** MEDCASE DA Forms 5027-R/5028-R which have been approved by the activity commander are submitted (as applicable) for final review and approval. Requirements must be submitted as complete packages, i.e., the DA Forms 5027-R/5028-R with all appropriate supporting documentation and enclosures. The following is a list of documents that typically comprise a MEDCASE program submission:

- (1) DA Form 5027-R
- (2) DA Form 5028-R
- (3) Maintenance records on equipment that is to be replaced
- (4) Documentation of separate approval for nonmedical items
- (5) Manufacturer's or vendor's literature (optional)
- (6) Economic Analysis for high-cost equipment of \$1 million or more (see Appendix C)

3-10. OBJECTIVES FOR MEDCASE PROGRAM SUBMISSIONS

a. **GENERAL.** MEDCASE requirements must be submitted as the activity commander approves them. They should not be held at the activity and submitted in batches at routine

intervals. Routine MEDCASE Program requirements are submitted during the budget year, (i.e., during the FY preceding the FY in which the equipment is to be acquired.) Requirements that are deemed by the local activity commander to be urgent are submitted for approval during the current execution year.

b. **PROCESSING OBJECTIVES.** RMCs may establish processing objectives for their subordinate activities. Unless otherwise specified by command policies or procedures, activities should consider an average of 30 working days as the goal for the completion of internal review and approval.

3-11. MILITARY CONSTRUCTION (MILCON) PROJECT REQUIREMENTS MANAGEMENT (BLIC "NF" AND "MB")

a. **PLANNING FOR THE EQUIPMENT.** Requirements must be started before construction begins. This ensures that sufficient funds are allocated for the equipment in advance of construction. Chapter 12 provides an overview of the events and the responsibilities associated with a project. The following paragraphs discuss the development of MEDCASE requirements for a new or renovated facility.

b. **MANAGEMENT OF MEDICAL MILCON PROJECTS.** MEDCASE requirements for new or renewal facility projects are intensively managed at the activity, and the command level. Each project is identified within the MEDCASE system by a Project Code. Activities must add the project code to the Project Code File in the AMEDDPAS requirements module to ensure correct interface with the MRE system. A project code is obtained from USAMMA for each facility project.

c. **ASSIGNMENT OF A BLIC.** Equipment requirements developed as part of a medical MILCON project are assigned one of the two following MEDCASE BLICs. These BLICs identify the type of funds that will be used to execute the requirement. To determine the appropriate BLIC, the activity must determine the Logistical Category Code (LOGCAT) assigned to that type of equipment. LOGCATs are explained in Chapter 12, paragraph 12-3.

(1) BLIC "NF" requirements are funded with DHP MEDCASE funds. BLIC "NF" requirements equate to LOGCAT C equipment.

(2) BLIC "MB" requirements are funded with medical MILCON funds which are set aside by the Corps of Engineers for the acquisition of equipment through the MEDCASE program. BLIC "MB" requirements equate to LOGCAT "E" and "F" equipment.

d. **JUSTIFICATIONS FOR BLIC "NF" AND "MB" REQUIREMENTS.** Justifications for equipment required as parts of a project are subject to the same scrutiny as requirements within other BLICs. In order to ensure that justifications provided are adequate, the activity should address the following:

(1) If the DA Forms 5027-R/5028-R are for a replacement item of equipment, include supporting documentation such as maintenance records for the item being replaced. This requirement is no different from that which is required for a BLIC "UR" submission.

(2) If the DA Form 5027-R/5028-R are for equipment which is needed to meet the requirements of a larger facility or expanded capabilities, describe the difference between the old and new facilities, and explain what existing assets can and cannot be used.

(3) Do not assume that the approving authority can consider the fact that a requirement is listed on the Equipment and Casework Schedule, or has been identified by the transition committee, as justification by itself. Every requirement must stand on its own merits and clearly explain why the equipment requested is required.

e. SUBMISSION OF REQUIREMENTS.

(1) BLIC "NF" and "MB" requirements may be submitted up to five years before the anticipated year of execution. Requirements, which require installation, must be submitted in time to allow the planning of site preparation and sufficient acquisition lead time to prevent construction delays. The ACNs shall reflect the FY of the year in which execution is expected. These requirements must be developed and submitted in time to routinely flow through the MEDCASE review process, and to allow adequate procurement lead-time following approval and funding. Activities must plan to have "1A" approval on individual requirements no later than 12 months prior to the execution year.

(2) Unfinanced requirements will be purged from the MEDCASE data base at time of Beneficial Occupancy. Requests for exceptions to the policy, for DA Forms 5027-R/5028-R submission and/or funding, must be submitted through command channels to USAMMA, ATTN: MCMR-MMT-C, for evaluation on an individual case-by-case basis.

f. REVIEW CRITERIA FOR ON-HAND EQUIPMENT. It is AMEDD policy that existing assets be used to meet the equipment requirements of construction/renovation projects to the maximum extent feasible. The review and evaluation of equipment requirements and existing assets must take into account the potential obsolescence of equipment at the time the new facility will be occupied. Also, consideration must be given to the cost of removing, transferring and reinstating existing equipment, as well as the useful life of on-hand assets if there is slippage in the occupancy dates due to construction delays. A project shall not be viewed as an opportunity to acquire all new equipment for a facility. Replacement of existing equipment must be fully supported and justified through the MEDCASE-approval process. The following criteria may be used as a guide in evaluating existing equipment:

(1) Installed equipment. Typically MCA or MEDCASE funded. Installed equipment having at least 24 months of useful life remaining at the time of planned occupancy of the new facility, should be used in the new facility unless the equipment would be technologically obsolete or cannot be made to conform to safety standards or project design. Equipment that is essential to operations in both the old and new facility may be considered for replacement if the equipment cannot be removed, transferred, and reinstalled in time to prevent curtailment of essential services.

(2) Equipment in place. Normally not eligible for MEDCASE funding. Equipment in place which will have at least 12 months of useful life remaining at the time of planned occupancy of the new facility, should be used in the new facility unless the equipment would be technologically obsolete.

g. **EARLY REPLACEMENT OF EQUIPMENT.** If, during the review process, it is determined that an item of equipment must be replaced due to maintenance or technological reasons before it would otherwise be moved to the new facility, it should be replaced as a BLIC "UR" MEDCASE requirement. Consideration will be made on a case-by-case basis.

3-12. INITIATION OF BLIC "NF" AND BLIC "MB" REQUIREMENTS

a. **EQUIPMENT PLANNING.** For planning purposes, there are two categories of equipment that must be programmed for a medical MILCON project.

b. **LOGISTICAL CATEGORIES (LOGCATs).** Government Furnished-Contractor Installed Equipment (GFE). (Note: Few items, if any, are MEDCASE eligible.) GFE items are those LOGCAT "E" items that are listed in the final design drawings and contract specifications for the new facility. The government must provide this equipment to the construction contractor, who is responsible for their installation. It is essential that these items are made available to the contractor by various deadlines established in the construction contract; otherwise, the government may be liable for costs associated with a project delay. The Health Facilities Project Office (HFPO) assigned to the project will advise the activity of the required delivery dates for GFE.

c. **X-RAY EQUIPMENT.** Note: Typically MILCON funded. X-ray systems are LOGCAT "F" items, and are installed by the equipment vendor as part of the purchase contract. The technical complexity of these systems requires considerable effort to adequately prepare the necessary documentation for their approval and purchase. Because of their high dollar, long acquisition lead times are often experienced, especially for overseas customers.

3-13. CENTRAL REQUIREMENTS

a. **GENERAL.** There may be cases where it is determined that it would be advantageous to generate consolidated MEDCASE equipment requirements for approval and/or acquisition. Advantages of such action could include: the standardization of an item, the ability to apply funds for a large requirement without decrementing activities' accounts, ensuring the timely or coordinated receipt of equipment by several activities, or the economies which may be obtained through the competitive acquisition of large quantities of equipment.

(1) A consolidated acquisition pertains to the consolidation of approved MEDCASE requirements for central acquisition by a designated procurement activity.

(2) A central requirement pertains to the identification, initiation, coordination and approval of a MEDCASE requirement. Central requirements may be executed by either a consolidated acquisition or by decentralized local procurement by the designated activities.

b. **DEVELOPMENT OF CENTRAL REQUIREMENTS.** Central requirements may be developed and submitted for approval using a single DA Form 5027-R/5028-R with a listing of the activities designated to receive the equipment included as an enclosure. A central requirement provides sufficient justification to support the acquisition of the equipment for all of the designated activities and where applicable to include maintenance summaries. The activity preparing the central requirement is responsible for the preparation of the purchase description acquisition of the equipment.

(1) The USAMEDCOM may generate central requirements for Medical Treatment Facilities (MTF). In such cases, there is no requirement for the receiving activity to generate a DA

SB 8-75 MEDCASE

Form 5027-R or a DA Form 5028-R. Activities must establish the requirement in the Requirements module of AMEDDPAS.

(2) The USAMMA will assign an ACN for each activity and notify the activity. When centrally procured, USAMMA may assign a document number and process the requirement for procurement. USAMMA will notify the activity and the activity will update AMEDDPAS with a due in.

c. COORDINATION. Central requirements and/or consolidated acquisitions require careful coordination to ensure that activities are provided with the information necessary to post MEDCASE records and establish property accountability.