DEPARTMENT OF THE ARMY
U.S. ARMY CORPS OF ENGINEERS
WASHINGTON, D.C. 20314-1000

REPLY TO
ATTENTION OF:

13 DEC 2002

CEMP-MD (415)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Medical MILCON Facility Design and Construction Execution

1. The Corps of Engineers and the TriCare Management Activity have jointly redefined the medical MILCON execution process. The previous policy memo issued on 11 June 1999 by MG Hunter established the Mandatory Medical Facilities Center of Expertise (CEHNC-MX). The mission and function of that office are reemphasized in this revised execution policy, attached. The single program management focal point for the DoD Medical MILCON program will be maintained within the headquarters (CEMP-MD). The Mandatory Medical Facilities Center of Expertise, acting in partnership with the other members of the Project Delivery Team, has leadership responsibility for design acquisition strategy and concept design development, with continued technical oversight and direction during final design and construction execution concerning medically unique aspects of the project.

2. Engineer Regulation 1110-345-721 will be revised to formally establish the Mandatory Medical Facility Center of Expertise and will be reissued in the near future. The effective date of the implementation of this policy is 1 October 2002.

3. Questions concerning this execution process should be addressed to Ms. Kim Weirick, HQUSACE (CEMP-MD), (202) 761-8636 or Mr. Thomas A. Kenney, Director, CEHNC-MX, commercial (703) 428-9131 or DSN 328-9131, Alexandria, VA.

FOR THE COMMANDER:

Enclosure

CARL A. STROCK
Major General, US Army
Director of Military Programs

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1 October 2002

Department of Defense Medical MILCON Execution

Directorate of Military Programs,

Major Subordinate and District Commands,

and

The Mandatory Medical Facilities Center of Expertise

1. The Directorate of Military Programs (CEMP) will be the primary point of contact between the Office of the Secretary of Defense, Health Affairs and the Corps of Engineers on the Healthcare Facilities Program (including medical research facilities and medical training facilities) as established herein. The Programs Management Division, Defense Agencies and Support for Others Branch (CEMP-MD) will execute this responsibility on behalf of the Directorate of Military Programs. The Mandatory Medical Facilities Center of Expertise (CEHNC-MX) shall execute CEHNC's responsibilities as primary technical authority for medically unique facility engineering. The specific responsibilities of these offices and of the U.S. Army Corps of Engineers, Major Subordinate Commands (MSC) are described below.

2. Defense Agencies and Support for Others Branch (CEMP-MD) shall:

a. Serve as the primary point-of-contact for all medical program management issues with the Tricare Management Activity-Defense Medical Facilities Office (TMA-DMFO) and Medical Military Construction Office (TMA-MMCO), the military services' Surgeon Generals and engineering organizations, and other federal Headquarters level organizations involved with the design, construction or maintenance of medical facilities.

b. Represent the U.S. Army Corps of Engineers (USACE) on a Corporate Group providing program and project oversight during design and construction. The Corporate Group is composed of representatives from the associated Military Services, and HQUSACE/CEMP-MD. The Corporate Group will provide executive program coordination; resolve conflicts; and approve, direct, or request changes where necessary to execute the program on schedule and within scope and cost limitations. This responsibility will not be delegated.

c. Perform all Program Management functions for the medical design and construction programs. This role includes, HQ level Quality Assurance of DD Form 1391 for DoD medical MILCON projects to include non-medical aspects of the projects (in coordination with CEHNC-MX), coordinating and issuing design and construction directives to the Corps of Engineers MSCs/Districts, and the oversight of program design and construction funds. It encompasses oversight functions such as evaluation, analysis, and reporting of execution performance at the quarterly Command Management Reviews (CMR), representation and input at the Project Review Board (PRB), and presentation at the TMA-DMFO/MMCO quarterly reviews.

(1). Request and receive authorizations from TMA-DMFO and in turn issue design and construction directives and funds to the MSC and district commands.

(2). Coordinate project management activities during the design and construction phases with the CEHNC-MX, MSC/District, and with TMA-DMFO/MMCO. Once the MSC/District and CEHNC-MX certify-the project design has successfully reached one hundred percent complete, and the Government Current Working Estimate (CWE) is within the TMA-DMFO authorized funded amount (Programmed Amount (PA) or Design Directed Amount (DDA)), CEMP-MD will request authority to advertise the project for construction. Once this request has been approved by TMA-DMFO, CEMP-MD will issue directives to the MSC/District authorizing contract solicitation.

(3). Provide the latest approved DD Form 1391 to the HQUSACE Cost Engineer (CECW-EI). Ensures that the Concept Design (35%) Cost Estimate, also known as the Code-B Current Working Estimate (CWE), is prepared in accordance with ER 1110-1-1300, Cost Engineering Policy and General Requirements and TM 5-800-4, Programming Cost Estimates for MILCON, guidance and submitted electronically on ENG Form 3086 to HQUSCE Cost Engineer for review by April 1 of the Design Year (DY). Any discrepancies in the Primary Facility scope between the DD Form 1391 and the ENG Form 3086 will be resolved by CEMP-MD in coordination with CEHNC-MX. (The funding for CECW-EI will be provided the headquarters O&M account.)

(a). If HQUSACE Cost Engineer disagrees with the ENG Form 3086, the Form will be returned for correction (RFC) with a copy of comments e-mailed to District PM, CEMP-MD, and CEHNC-MX for coordination with the District PDT/cost engineer.

(b). The District PDT/cost engineer will incorporate the comments and resubmit the corrected ENG Form 3086 with full explanation under the "Explanation of Data development" section, especially when the District disagrees with the HQ Cost Engineer's comments .

(c). The Revised Form will be reviewed by HQUSACE Cost Engineer. If disagreement on the ENG Form 3086 still persists, CEMP-MD and CEHNC-MX will coordinate with the district to resolve the issues.

(4). Provide bid opening data and proposed Current Working Estimate (CWE) to TMA-DMFO/MMCO, or other customers, and request authority to award the project. Based on authority to award and funds availability, CEMP-MD will issue the construction directive with authority to award and coordinate the release of construction funds to the MSC/District, at the TMA-DMFO approved CWE. Ensure that the PDT reports the award cost data into the Historic Analysis Generator (HAG) database system, in accordance with the memorandum, CECW-EIC, Reporting of HAG, 15 Mar 2002 (web address http://www.hq.usace.army.mil/cemp/cempm/policy/HAG Reporting 6Aug.doc.) within 30 days from the date of construction award.

(5). Present and brief quarterly design and construction project execution reports to TMA-DMFO/MMCO, to include the status of all projects under design and construction. As a minimum, these reports will provide the percentage of design or construction complete, major issues, schedules, a summary of the planning and design account, a summary of the construction account, and the current CWEs for all design and construction projects in the program.

d. Develop a standardized Program Management Plan, inclusive of the Intensive Management Plan (IMP) for construction, in coordination with TMA/DMFO, and CEHNC-MX.

e. Participate in the execution of Medical MILCON projects as a member of the Project Delivery Team (PDT) and Corporate Group member.

3. The Mandatory Medical Facilities Center of Expertise (CEHNC-MX) will:

(Funding: The funding for the design related MX support will normally be funded centrally by headquarters medical P&D account. The total funding requirements and sources of funding for the MX design and construction support will be determined by the PDT and included in the Project Management Plan)

a. Be physically located at the Humphreys Engineer Center, Ft. Belvoir, VA and be part of the Huntsville Engineering and Support Center (CEHNC). The Directorate of Military Programs (CEMP-MD) will provide CEHNC-MX with program specific policy guidance.

b. Provide world-class technical expertise for the delivery of the highest quality medical facilities for the Department of Defense (DoD), other Federal agencies, and foreign governments. Be the USACE-wide Technical Center of Expertise (TCX) for medically unique aspects of medical facilities; expertise shall include medical technical issues, criteria/guidance, support to MSC/Districts, medical-related specifications and standards. The CEHNC-MX shall also provide oversight and direction to the MSC/Districts on concept and final design management, design acquisition strategy, medical criteria, contracting procedures, and construction issues. Changes to USACE technical criteria shall be proposed through CEMP-MD for approval by HQ USACE and TMA-DMFO as appropriate.

c. Concept (35%) Design:

(1) Provide oversight and direction of all medical facilities through 35 percent design. This is to include such activities as reviewing project development documentation (DoDM Project Books in accordance with MIL-HDBK 1191), Programs for Design (PFD) and Concepts of Operation.

(2) The Technical Center shall also provide advice and assistance to the MSC/District and Military Service in determination of recommended procurement method (acquisition strategy) and coordinate with CEMP-MD.

(3) Participate as a voting member on AE pre-selection and final selection boards for all medical projects. Assist and advise the MSC/Districts as requested.

(4) Assist the MSC/districts by preparing the project initiation documentation, draft CBD announcement, Architect Engineer (AE) Scope of Work, project-specific Design Instructions, and design Submission Documentation Requirements.

(5) Approve deviations in the AE scope of work, required design standards/policy, and required submissions to TMA-DMFO.

(6) Coordinate and certify the technical adequacy and completeness of the concept design, including the mandatory concept design submissions to TMA-DMFO. Review all design submissions, attend review conferences and provide documentation to TMA-DMFO that the design includes the required medical systems, equipment, supporting systems, equipment requirements, information systems, to provide a complete and useable project within the TMA-DMFO authorized scope and Program for Design.

d. Final Design:

(1) Complete a thorough final design technical review of medically unique features and provide TMA-DMFO written documentation that the project complies with all medically unique technical requirements.

(2) Participate in the final design review conferences to ensure medical design unique criteria and standards are adhered to, as approved by TMA-DMFO at the 35% design.

e. Construction:

(Funding for the MX will normally be provided by the districts from the project S&A account; however, Design During Construction (DDC) may be appropriate if for extensions of design, or MX funding support may be provided from the headquarters central medical P&D account if not directly project related)

(1) Participate in quarterly construction management meetings for all complex/high cost medical projects or as requested by the MSC/District, CEMP-MD, or TMA-DMFO.

(2) Assist CEMP-MD, the MSC and districts with technical evaluation of construction changes to ensure compliance with medically unique policy, technology and criteria.

(3) CEHNC-MX will support CEMP-MD in technical evaluation of all changes requiring TMA-DMFO approval. The CEHNC-MX will also provide technical advice at the request of the Corporate Group.

(4) Provide medically unique technical direction during construction as requested by the MSC/District.

f. Support CEMP-MD in managing all medical MILCON (design and construction) funds.

g. Prepare the annual CEHNC-MX operating budget, including salaries, travel, equipment, and training expenses. CEMP-MD will validate the budget and allocate Planning and Design funds to CEHNC-MX based on the coordinated/approved budget.

h. Assist CEMP-MD in the development of standardized PMPs/IMPs, and advises CEMP-MD on any MSC and/or district command requests for deviation.

4. The Major Subordinate Commands (MSC) will:

a. Be accountable and responsible for the performance of their geographical districts, to assure project execution within the scope and cost authorized and approved by TMA-DMFO.

b. Provide executive direction and management to subordinate districts and resource management for work within their geographical area of operations. Ensure that the geographical district obtains the required coordination and approvals of the design from the CEHNC-MX prior to submission to TMA-DMFO.

c. Provide oversight of district design and construction budget, coordinate with CEHNC-MX for approval of deviations from the design scope, schedules, and design submissions, prior to submission to CEMP-MD.

d. MSC and/or district shall chair and conduct AE pre-selection and final selection boards and include the CEHNC-MX and a voting member.

e. Participate with the district in organizing and conducting Post Occupancy Evaluations (POE) on completed medical projects.

f. Represent CEMP-MD during construction quarterly Corporate Group meetings to review and approve discretionary (non-mandatory changes), as determined in the Intensive Management Plans for Construction.

5. The Districts will:

a. Coordinate and obtain approvals of the design from the CEHNC-MX prior to submission to TMA-DMFO.

b. Develop the design and construction budget, coordinate with the CEHNC-MX for approval of deviations from the design scope, schedules, and design submissions, prior to submission to CEMP-MD.

c. Obtain approval/concurrence from CEHNC-MX on all major design and construction issues relating to medically unique technical features of the facility. Coordinate with and involve CEHNC-MX on the construction status and proposed changes throughout the construction duration. Coordinate with CEHNC-MX on S&A budgets for support during construction.

d. Execute design development (working drawings) and construction management. Provide for thorough non-medical related technical design reviews, lead all technical design review conferences with appropriate district technical representation, ensure completion of comprehensive construction Quality Assurance reviews of all design submissions, and Quality Assurance representation by appropriate disciplines for all medical projects.

e. Determine with the MSC the appropriate chairperson and conduct AE pre-selection and final selection boards, including the CEHNC-MX as a voting member.

f. In coordination with the MSC, CEHNC-MX, the using Services, and TMA-DMFO, be responsible for organizing and conducting Post Occupancy Evaluations (POE) on completed medical projects.

g. Assure that supporting systems, equipment requirements, and all associated cost to execute the complete project are addressed in the project design and procurement package, and are fully represented in the project CWE.