



# Defense Health Agency

## PROCEDURAL INSTRUCTION

NUMBER 4100.01

October 4, 2021

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DAD-FO

SUBJECT: Sustainment, Restoration, and Modernization (SRM) Enterprise Project List (EPL)

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (q), establishes the Defense Health Agency's (DHA) procedures for developing a capital investment project prioritization list for DHA's inventory of real property assets.

2. APPLICABILITY. This DHA-PI applies to:

a. the DHA, DHA components (activities under the authority, direction, and control of the DHA), and the Military Departments (MILDEPS).

b. All personnel to include: assigned or attached active duty and reserve members, federal civilians, members of the Commissioned Corps of the Public Health Service, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA and DHA Components.

3. POLICY IMPLEMENTATION. It is DHA's instruction pursuant to References (b) and (d) to:

a. Implement SRM policy: administer the Defense Health Program (DHP) Facilities' Operations and Maintenance (O&M) budgets; and perform financial oversight at an enterprise level. This will ensure consistency, optimize performance, and meet strategic priorities across the Military Health System (MHS) facility's portfolio consistent with guidance from the Assistant Secretary of Defense for Health Affairs.

b. Develop consistent standards for facility management necessary for programmatic oversight of the DHP.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director, Financial Operations. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Deputy Assistant Director, Financial Operations to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/  
RONALD J. PLACE  
LTG, MC, USA  
Director

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System”, August 24, 2018
- (d) DoD Instruction 6015.17, “Military Health System (MHS) Facility Portfolio Management”, January 13, 2012, as amended
- (e) DoD Directive 7045.14, “The Planning, Programming, Budgeting, and Execution (PPBE) Process,” January 25, 2013, as amended
- (f) DoD Directive 4165.06, “Real Property,” October 13, 2004, as amended
- (g) DoD Directive 4270.05, “Military Construction,” February 12, 2005, as amended
- (h) United States Code, Title 10, Chapter 169 (also known as the “Military Construction and Military Family Housing),” as amended
- (i) DHA-Procedural Instruction 4165.01, “Real Property Asset (RPA) Management,” June 22, 2017
- (j) DHA “Plan 3: Implementation Plan for the Complete Transition of Military Medical Treatment Facilities to the Defense Health Agency,” Version 6, August 12, 2019<sup>1</sup>
- (k) DHA-Procedural Instruction 3700.01, “Director’s Critical Information Requirements (DCIR), Situation Report (SITREP),” October 4, 2019, as amended<sup>2</sup>
- (l) DHA Technical Manual 4165.01, Volume 2, “Defense Medical Logistics Standard Support – Facilities Management (DMLSS-FM): Requirements Module,” February 20, 2018
- (m) DoD 7000.14-R, Volume 4, “Department of Defense Financial Management Regulation: Accounting Policy,” Chapter 24, “Real Property,” current edition
- (n) DoD 7000.14-R, Volume 6B, “Department of Defense Financial Management Regulation: Accounting Policy,” Chapter 12, “Required Supplementary Information,” current edition
- (o) Unified Facilities Criteria, UFC 4-510-01, Chapter 2, “Design: Military Medical Facilities,” May 30, 2019, as amended<sup>3</sup>
- (p) Federal Acquisition Regulation, Clause 6.302-2, “Unusual and Compelling Urgency,” current edition
- (q) DoDI 4165.14, "Real Property Inventory (RPI) and Forecasting," January 17, 2014, as amended

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<sup>1</sup> This reference is located at: <http://facilities.health.mil/Repository/GetFile/56684> and can only be accessed with an approved Max.gov account.

<sup>2</sup> This reference is not cleared for public release. This DHA-PI is available to authorized users from the DHA SharePoint site on the SECURE Internet Protocol Router Network at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

<sup>3</sup> This reference is located at: [https://www.wbdg.org/FFC/DOD/UFC/ufc\\_4\\_510\\_01\\_2019\\_c2.pdf](https://www.wbdg.org/FFC/DOD/UFC/ufc_4_510_01_2019_c2.pdf)

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

- a. Implement policy, guidance, and instructions consistent with References (c) through (n).
- b. Exercise approval authority, on all DHP Sustainment, Restoration, and Modernization (SRM)-funded facilities projects.
- c. Notify the Congressional Committees on Armed Services and Appropriations of any facilities projects exceeding requisite threshold in accordance with Reference (h).
- d. Exercise approval authority for adding and removing any real property asset to the DHA managed inventory in accordance with Reference (i).

2. DEPUTY ASSISTANT DIRECTOR, FINANCIAL OPERATIONS, DHA. The Deputy Assistant Director, Financial Operations will:

- a. Prepare and submit program and budget requirements for sustainment, restoration, and modernization pursuant to guidance of the ASD(HA) for the DoD Planning, Programming, Budgeting, and Execution (PPBE) process.
- b. Provide programmatic oversight of the DHA O&M appropriations in accordance with instructions issued by the ASD(HA), fiscal guidance issued by the Under Secretary of Defense (Comptroller)/Chief Financial Officer, and applicable law.
- c. Prioritize and distribute O&M DHP funds, as recommended by DHA-FE, to the DHA-assigned facility activity or Agent, as appropriate, for obligation and execution.

3. CHIEF, DHA-FE. The Chief, DHA-FE, will:

- a. Fulfill the necessary planning and design requirements for all DHA-assigned facility assets, including SRM.
- b. Establish organizational controls to allow for the management of Facilities Enterprise initiatives, to include establishment of areas of responsibility (AOR) for managing workload and workflow. Chief, DHA-FE will designate a Sustainment, Restoration, and Modernization-Portfolio Manager (SRM-PM) for each AOR, who will be the point of contact to provide support to facility managers (FM) of the associated DHA-assigned facilities. The AORs may be adjusted by the Chief, DHA-FE, as needed, based on variations in workload.

- c. Advise the Director, DHA on the exercise of approval authority on all DHP Sustainment, Restoration, and Modernization (SRM)-funded facilities projects.
- d. Provide oversight of the SRM project execution, as required.
- e. Advise the Director, DHA on the prioritization and distribution of O&M DHP funds, as appropriate, to the DHA-assigned facility activity or agent, for obligation and execution.
- f. Program and execute prioritized SRM funded projects.
- g. Formulate budgets for DHA-assigned facility activity operations and other O&M functions to include budgeting, authorizing, and prioritizing Initial Outfitting and Transition (IO&T) cost for all SRM projects.
- h. Review, make recommendations, and forward any new inventory requests and/or inventory reductions of any DHA-assigned facility assets to the Director, DHA, in accordance with Reference (i).
- i. Development of Congressional Notification packages for Director, DHA, signature.

4. CHIEF, DHA-FE FACILITIES OPERATIONS BRANCH (FOB). The Chief, DHA-FE FOB, in coordination with other DHA-FE branches, will develop the Enterprise Project List (EPL). In support of that effort, the Chief, DHA-FE FOB, will:

- a. Execute organizational controls needed for managing workload and workflow within each AOR utilizing designated SRM-PMs.
- b. Develop sustainment projects and deconflict with other projects.
- c. Develop restoration projects and deconflict with other projects.
- d. Coordinate with DHA-FE Capital Strategy Management (CSM) for clinical modernization projects to include project artifacts and Integrated Project Team assignments.
- e. Coordinate SRM projects with the DHA-FE Design, Construction, and Activation (DC&A) Branch.
- f. Coordinate with the Construction Agent(s) for acquisition as applicable.
- g. Coordinate with the MILDEP(s) (host installation) as applicable.
- h. Delegate project construction coordination to DHA Activities depending on the complexity of the project and the workforce capabilities at the Activity.

i. Manage and oversee IO&T execution requirements in coordination with DHA Medical Logistics, CSM, and local DHA-assigned facility activity's FMs, as needed, on FOB managed SRM projects.

j. DHA-FE will program and execute O&M SRM for all DHA-assigned facilities. Depending on the complexity of the operations and capabilities of the local user staff, this responsibility, as well as specific authority levels, may also be delegated to the local DHA-assigned facility.

k. Approve projects within delegated approval levels.

l. Execute DHP SRM funds (in accordance with budget controls established by DHA-FE Financial Management Branch (FMB)) in alignment with assigned Market/Small Market and Stand-Alone Medical Treatment Facility Organization (SSO)/Defense Health Agency Region (DHAR) Quadruple Aim Performance Plan priorities.

m. Coordinate with DHA-FE Budget/Program Objective Memorandum for distribution of funds to the assigned facility Activities or Agent, as appropriate, for local execution of the project.

n. Review DHA-assigned facility activity host installation support agreement for standardization and proper reimbursement of SRM and other Base Operations funds.

o. Provide technical reach back capabilities to DHA-assigned facility Activity staff for technical and engineering matters.

p. Build and manage a three-year SRM projects program.

q. Maintain a listing of deferred maintenance and repairs that continually reflects EPL results and meets the reporting requirements cited in Reference (m). The DHA-FE FMB will coordinate the preparation of Required Supplementary Information submittals for deferred maintenance and repairs that meet the requirements of Reference (n).

5. CHIEF, DHA-FE CSM. The Chief, DHA-FE CSM, in coordination with other DHA-FE branches, will:

a. Provide requirements (i.e., Demand Signals) for the Analytic Hierarchy Process (AHP) based on analyzing enterprise-wide medical/functional demand signals through Market/SSO/DHAR level portfolio planning.

b. Support Requirements Packages (RP) identification for SRM funded construction, restoration and modernization that have clinical impact or exceed \$7.5M. CSM will review Defense Medical Logistics Standard Support-Facilities Management (DMLSS-FM) submitted requirements and develop, plan, and program these RPs.



c. Identify, plan, and program IO&T requirements in coordination with DHA-FE DC&A, Medical Logistics, and local DHA-assigned facility activity's FMs, as needed.

6. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs will:

a. Reconcile, at least annually, their Real Property Inventory records with DHA for where DHA components occupy, operate, or maintain facilities or land for which the MILDEPs have real property accountability, in accordance with Reference (q).

b. Establish internal controls to ensure compliance with established DHA-assigned facility data management standards related to MILDEP property records.

7. DHA MARKETS, SSO, AND DHARS DIRECTORS. The DHA Markets, SSO, and DHARS Directors will coordinate with DHA-FE regarding Market/SSO/DHAR focused facilities requirements via the Market/SSO/DHAR based Facilities Liaison as prescribed in Reference (k) as follows:

a. Serve as a communication contact point for disseminating information between the Market/SSO/DHAR and DHA-FE.

b. Represent the Market/SSO/DHAR's goals and objectives.

c. Provides Market/SSO/DHAR facilities status updates, forwards Director's Critical Information Requirements, and coordinates Market/SSO/DHAR driven demand signals.

d. Supports DHA-FE led Market/SSO/DHAR based facilities master planning efforts.

8. DHA FMS. The DHA FM will ensure correct and complete input of all RPs into Defense Medical Logistics Standard Support-Facility Management (DMLSS-FM) as needed for submission through the AHP to the Facility Sustainment Board (FSB) and Work Induction Board (WIB) as outlined in Enclosure 3, and as follows:

a. Validate/Re-validate any unfunded/deferred requirements carried over from previous fiscal years (FY).

b. Review and provide disposition on BUILDER Sustainment Management System (BUILDER) generated work items in DMLSS-FM Requirement module.

c. Define requirement scope and justification.

d. Develop a preliminary cost estimate for RPs using Market/SSO/DHAR research, historical review, or cost estimating software.

- e. Determine the desired FY of execution for each RP.
- f. Execute and manage SRM projects utilizing local contracts or through DHA support construction agents.

ENCLOSURE 3

PROCEDURES

1. REQUIREMENTS. The DHA-FE is responsible for ensuring limited SRM funds are disbursed to cover the most critical infrastructure needs across the entire MHS. In order to accomplish this, the DHA-FE has developed a capital investment prioritization process for all DHA-assigned facility real property asset projects. The prioritized list of projects will be referred to throughout this document as the EPL. The EPL will consist of a prioritized list of WIB projects and a prioritized list of FSB projects.

2. GENERAL CONDITIONS. DHA-FE budgets, recommends Director, DHA, approval, prioritizes, and executes all O&M DHP facilities projects for DHA Activities. The intent of this enterprise-wide approach is to plan and prioritize a three-year SRM projects program. The DHA EPL process will begin planning and prioritization in October of the prior FY for all DHA-assigned facility activities, in accordance with this DHA-PI.

3. RP SUBMISSION

a. With the assistance from the SRM-PM, the DHA activity FMs will submit all RPs intended to execute for a given FY's funding in DMLSS-FM.

(1) The DHA Activity FMs will ensure RPs are loaded in DMLSS-FM, with the appropriate FY, and in accordance with Reference (m) and the Requirements Module Decision Tree (which can be found on Max.gov at <https://community.max.gov/x/FJMLgQ>. Note: this document can only be accessed with an approved Max.gov account).

(2) The SRM-PMs will validate RPs intended to compete for that FY's funding.

(3) Although the FM is required to ensure all RPs are loaded in DMLSS-FM, they do not need to submit RPs to DHA-FE if they are within the FM's approval/funding authority **and all of the following apply**:

(a) The RP does not increase square footage, or capacity, **and...**

(b) The current design/configuration is adequate, and the failed piece of equipment should be replaced with, "like kind," equipment that meets the current high performance, energy efficient requirements, or the FM has the in-house capability to accomplish the required design/engineering to determine the appropriate substitute equipment and configuration. The FM should at least investigate to determine if there is a more energy efficient way to accomplish the failed equipment's function, **and...**

(c) The equipment has not failed prematurely, or the FM has the in-house capability to perform a Root Cause Failure Analysis and conduct a redesign if warranted, **and...**

(d) The FM has the funds locally available (or with the Agent).

b. Prior to each WIB, DHA-FE will pull submitted RP data from DMLSS-FM and run an AHP Decision Model using the DMLSS-FM data and corresponding BUILDER and Military Health System Management Analysis and Reporting Tool clinical data. DHA-FE will run the WIB atleast once a year and possibly more as needed. Due to the volume and urgency for RPs under \$250k, DHA-FE will run the FSB multiple time per year as needed and will run an AHP Decision Model to support the WIB and FSB as needed. DHA-FE will put out annual guidance and updates as needed for each board.

4. AHP. The DHA EPL, for SRM projects, will use an AHP to prioritize RPs. The objective criteria for the model are defined in Table 1 and further defined in Tables 3-8.

Table 1: Analytic Hierarchy Process Decision Model Objective Criteria

<b>AHP Criteria</b>	<b>Definition</b>
Requirement Code (See Table 3)	The primary driver of the requirement as specified in the DMLSS-FM RP.
Normalized Building Condition Index (BCI) (See Table 4)	BCI of the facility as captured in BUILDER, normalized against facilities of similar use and age.
Requirement Criticality (See Tables 5, 6, & 7)	The criticality of the requirement determined by the probability of the occurrence of a mishap or facility failure and the severity of the deficiency. Source: DMLSS-FM RP.
Facility Asset Category (FAC) (See Table 8)	Category (CAT) of the asset defined by FAC code as Direct Patient Care, Support, or other.
Clinical Production (See Table 9)	Clinical production defined by average encounters compared to the overall average of like-sized facilities.

a. The objective criteria and their weights will be determined through a pair-wise comparison that was used to develop the AHP. Representatives listed in Table 2 (or their designee) will continually review the, "Objective Criteria," below to ensure it best supports SRM project prioritization needs. Once revisions to the Objective Criteria are approved by all representatives, DHA will advise DHA-assigned facilities of the changes.

Table 2: Defense Health Agency Analytic Hierarchy Process Objective Criteria Review Representatives

<b>Organization</b>	<b>Title</b>
DHA-FE	Facilities Operations Branch Chief or Deputy (Chair)
DHA-FE	Real Property Management (RPM) Section Chief
DHA-FE	CSM Chief or Deputy
DHA-FE	DC&A Chief or Deputy
DHA-FE	Budget/Program Objective Memorandum Branch Chief or Deputy
DHA-FE	Administration & Staff Branch Chief or Deputy

b. The objective criteria will be scored as follows:

Table 3: Requirement Code

<b>Requirement Code</b>	<b>Definition</b>	<b>Score</b>
Life Safety	Impact to National Fire Protection Association 101 Life Safety related to construction, protection, and occupancy features. Requires an approved Life Safety Assessment that outlines noncompliant life safety provisions or fire protection features with approved actions to alleviate/mitigate the non-compliant issues, approved equivalencies, and required Interim Life Safety Measures in accordance with Reference (o).	5
Code Compliance	Identifies a facility, system, or component deficiency that is not fully in compliance with an issued law, regulation or code. Include applicable law, regulation or code and specific paragraph number in justification.	4
Integrity (Patient Areas)*	Repair or replacement of an asset due to it not meeting original operational parameters, approaching or exceeding its design life expectancy, or improving energy/performance efficiency.	3
Integrity (Non-Patient Areas)**	Repair or replacement of an asset due to it not meeting original operational parameters, approaching or exceeding its design life expectancy, or improving energy/performance efficiency.	2
Mission Change	A change to an asset (facility, system, equipment) due to a change in how it is used based on a new mission, occupancy or a change in the business process.	5***

\*Patient areas include all areas, within a CAT I (Direct Patient Care) Facility where delivery of care is provided: In-Patient, Out-Patient, Labs, ORs, Radiology, Pharmacy, etc.

\*\*Non-Patient areas include all areas, within a CAT I Facility not identified as patient care areas described above (e.g., Office, Admin, Corridors) and all CAT II (Support Facilities) or CAT III (All Other) buildings.

\*\*\*Mission Change requirements are prioritized against each other and do not run against Integrity, Code Compliance or Life Safety therefore the score of a “5” does not represent the importance of the requirement. The package score will be based on the remaining four criteria (Normalized BCI, Criticality, Asset Category and Clinical Production).

Note: Mission Change and Integrity includes disposal requirements (demolition or transfer of an asset to include all associated requirements with the process, such as: decontamination, decommissioning, etc.).

Table 4: Normalized Building Condition Index

	<b>Definition</b>	<b>Score</b>
Under	The asset BCI is under the average BCI of similar assets constructed within 5 years of each other. The asset condition is worse than average.	3
Over	The asset BCI is over the average BCI of similar assets constructed within 5 years of each other. The asset condition is better than average.	1
Null	Asset has no BCI. Asset is not in BUILDER or has no Real Property Unique Identification match to a DMLSS-FM RP.	1

Table 5: Requirement Criticality (Mission Change)

<b>Criticality</b>	<b>Definition</b>	<b>Score</b>
MC-Imminent	Mission change is likely to occur within 6 months.	5
MC-Serious	Mission change is likely to occur within 6 months to 1 year.	4
MC-Moderate	Mission change is likely to occur within 1-2 years.	3
MC-Minor	Mission change is likely to occur within 2-5 years.	2
MC-Negligible	Mission change is likely to occur within 5 or more years.	1

Table 6: Requirement Criticality (Life Safety and Code Compliance)

<b>Criticality</b>	<b>Definition</b>	<b>Score</b>
Imminent	Likely to occur immediately and/or may cause death and/or major property damage.	5
Moderate	Failure is likely to occur within the year.	3
Negligible	Property damage unlikely to occur, will not cause injury, illness, or property damage and/or is an improvement initiative.	1

Table 7: Requirement Criticality (Integrity-Patient Areas and Non-Patient Areas)

<b>Criticality</b>	<b>Definition</b>	<b>Score</b>
Imminent	Likely to occur immediately and/or may cause death and/or major property damage.	5
Serious	Moderate property damage probably will occur in time and/or may cause severe injury and/or property damage.	4
Moderate	Failure is likely to occur within the year.	3
Minor	Failure is likely to occur within 1-5 years.	2
Negligible	Property damage unlikely to occur, will not cause injury, illness, or property damage and/or is an improvement initiative.	1

Table 8: Facility Asset Category

<b>Facility Categories</b>	<b>Definition</b>	<b>Score</b>
(FAC-I) Direct Patient Care	Asset directly associated with mission; direct patient care, research, education.	5
(FAC-II) Support	Asset directly support mission; utilities.	3
(FAC-III) Other	All other assets.	1

Table 9: Clinical Production

	<b>Definition</b>	<b>Score</b>
Over	Average encounters are over those of similar assets.	2
Under	Average encounters are under those of similar assets.	1
Null	No data.	1

c. For each RP, the scores will be scaled by turning the scores into proportions, then multiplied by the weights, and finally added together for an AHP Score. The RPs will then be ranked 1 to “N.”

5. INDUCTION BOARDS. There are two different types of induction boards: The DHA-FE WIB (detailed in Paragraph 6 of this Enclosure) and the FSB (detailed in Paragraph 7 of this Enclosure).

a. The type of RP, funding threshold, and other requirements will determine if the SRM RP goes through the high-level WIB or the FOB-level FSB process.

(1) RPs \$250k or greater (the threshold for small projects) go through the WIB process in accordance with Paragraph 6 of this Enclosure.

(2) Also, RPs go through the WIB if any of the following criteria exist:

(a) The building is being replaced within 5 years, **or**...

(b) The RP is deemed to have clinical impact, or...

(c) There are multiple large RPs for the building that possibly warrant closer look to determine if the facility needs replacement or renewal.

(3) If none of the criteria in paragraph 4.a.(1) or (2) of this Enclosure exist, then the RP will only need to go through the FSB process in accordance with paragraph 7 of this Enclosure.

b. The FOB will inform the WIB and provide a roll-up list of all RPs being evaluated by the FSB so that the WIB voting members have visibility.

c. DHA will establish a separate prioritized list of projects for both the WIB and FSB. When combined, this new list will constitute the DHA-FE EPL for FYXX and beyond and will begin coordination with the DHA Activity and/or execution Agents for execution. The EPL is a living document that will be published within 2 weeks following each board (WIB and FSB). Once an RP is approved on the EPL, it no longer competes against new RP's, unless it drops off the list due to not being viable and/or is revised and resubmitted.

6. WIB. The WIB is the DHA facilities high-level forum that provides oversight and decision making at the enterprise level to ensure a consistent approach to Facility Life Cycle Management, optimal expenditure of DHP SRM funds, and achievement of strategic priorities across the MHS facility portfolio. The WIB process consists of two parts (the Pre-WIB and WIB) and will be conducted in accordance with this DHA-PI.

a. The Pre-WIB and WIB consists of DHA-FE senior leadership representatives (or their designees) listed in Table 10.

b. DHA-FE will conduct a Pre-WIB, in which they will review the SRM-PM validated RPs list as ranked by the AHP and will recommend the list of RPs for presentation to the WIB based on the results and projected FY SRM budgets. The SRM-PM will note RP requirements, when called upon, for clarification.

(1) SRM PMs (and DHA-assigned facility activity and/or Market/SSO/DHAR representatives as needed) will brief the Pre-WIB in person (or via teleconferencing) advocating their projects.

(2) The RPs will be reviewed to determine which RPs are complete to present to the WIB or which ones need to be returned for further work (missing, inconsistent or weak data, or require additional documentation to show consistency with the enterprise's most current business plan).

(3) The project cut line will be established based on current available funds. Those projects will go to the WIB and are voted on for approval, contract method, and project management team to support the requirement.



c. After the Pre-WIB, the WIB convenes and AHP ranked RPs are voted on for approval to establish the prioritized list of WIB projects (which, when combined with the prioritized list of FSB projects will make up the EPL).

d. DHA publishes the EPL for given FY and beyond and will begin coordination with the DHA Activity and/or execution Agents for execution. The EPL will be published within 2 weeks following the WIB. Once an RP is approved on the EPL, it no longer competes against new RP's, unless it drops off the list due to not being viable and/or is revised and resubmitted.

e. This process will be ongoing on a minimum of a quarterly and as needed basis, in order to accommodate newly identified RPs and to include any refined RPs that were rejected in previous pre-WIBs. This process will also allow emerging mission changes and clinical changes to be addressed as they arise in lieu of an annual locked program.

Table 10: Defense Health Agency Work Induction Board Representatives

<b>Organization</b>	<b>Title</b>
DHA-FE	Facilities Operations Branch Chief or Deputy (Chair)
DHA-FE	RPM Section Chief
DHA-FE	CSM Chief or Deputy
DHA-FE	DC&A Chief or Deputy
DHA-FE	Budget/POM Branch Chief or Deputy
DHA-FE	Administration & Staff Branch Chief or Deputy
DHA-FE	Chief, Facilities Enterprise (tie breaker)

7. FSB. RPs that do not have to go through the WIB process still need to be reviewed, validated, prioritized, and approved.

a. The FSB process is similar to the WIB except it will be conducted monthly and consist of FOB senior leadership representatives (or their designees) listed in Table 11.

b. The output from the FSB is a prioritized list of projects (which, when combined with the prioritized list of WIB projects will make up the EPL).

Table 11: Defense Health Agency Facility Sustainment Board Representatives

<b>Organization</b>	<b>Title</b>
DHA-FE FOB	FOB Chief or Deputy (Chair)
DHA-FE FOB	Engineering/Design Section Chief
DHA-FE FOB	Project Management Section Chief
DHA-FE FOB	O&M Section Chief
DHA-FE FOB	RPM Section Chief
DHA-FE FOB	SRM-PM Section Chief

8. EPL FUNDING CONSTRAINTS: The WIB and FSB prioritized lists are reviewed for proper funding types (S, R or M) and assigned an allotment within the EPL is in accordance with the following:

a. The Sustainment funds outside of the maintenance program ranges from 20-25 percent of the sustainment budget. This percentage will be applied to all WIB and FSB requirements requiring funding on a quarterly basis.

b. The priority of RPs for sustainment will use the AHP derived list. The SRM-PM will compile the \$10K-\$250K RP list utilizing the AHP score and any additional DHA-assigned activity level info. The RPs above \$250K and approved by the WIB will also be combined with the other Sustainment list to create a Sustainment EPL for any given year. If the Sustainment type RPs amount to more than the available funds, the AHP prioritization will be used to generate a rank order of RPs and those RPs below the cut lines will be moved to the DHA-FE deferred maintenance and repair listing. Subsequent WIBs and FSBs will review any RP below the cutline of available Sustainment funds for possible execution in program outyears.

c. The Restoration portion of the Restoration and Modernization (RM) budget will be applied to the Restoration identified RP on the approved board list according to the AHP prioritization. Due to the existing DHP facilities backlog, a major portion of Restoration funds will be applied to buy down the backlog. There is no set percentage and is balanced between Restoration RPs and Modernization RPs. Subsequent WIBs and FSBs will review any RP below the cutline of available Restoration funds for possible execution in program outyears.

d. Modernization portion of the RM budget will be applied based on available RM funds in any given year. Modernization RP will be developed, and final funding requirements will be established. For a given year, the Modernization funds are applied to the approved board RPs that have Modernization as their fund type. Subsequent WIBs and FSB will review any RP below the cutline of available Modernization funds for possible execution in program outyears.

e. Based on the available funding, the DHA-FE will build out the three-year program. When additional funding is available, these will be applied, and RPs could be pulled up into the given

year for possible funding. Should the SRM funds be reduced, a new outline will be established. These changes will be communicated with DHA leadership and our contract Agents to help inform the overall O&M program and constraints.

f. All RPs included in the EPL will be communicated with the local DHA-assigned Activity, the Market/SSO/DHAR, and DHA leadership through the governance structure.

g. Projects over \$250K that have potential disruption to the healthcare mission will be placed in the DHA portal for notification to the DHA enterprise. This will allow coordination with the TRICARE contracts to support any diverted care to the network during the disruption. This is not an approval but a notification due to the impact.

h. The EPL routed through the DHA governance will become a locked list once the governance has approved. Should a new RP requirement be added to the approved list, the RP will be coordinated with the WIB and received WIB voting before added to any given year's program list. DHA leadership may direct a RP be moved up or back in the three-year program but will be endorsed by the DHA governance at a minimum of DHA Flag Rank (O-8) or Senior Executive Service Level 2 approval and presented to Director/Deputy Director for acknowledgement. This action will be the exception to the rule.

i. The EPL, together with condition assessment information and life cycle cost forecasts (i.e., BUILDER), will be utilized to maintain a listing of deferred maintenance and repairs that meets the reporting requirements cited in Reference (m). The DHA-FE FMB will coordinate the preparation of Required Supplementary Information submittals for deferred maintenance and repairs that meet the requirements of Reference (n).

j. In accordance with Reference (m), all projects that are on deferred maintenance and repair listing for more than two years shall be reviewed for continuance on the EPL or cancellation. All cancelled projects shall be returned to the initiating DHA activity for either review and resubmittal or cancellation from their respective DMLSS-FM Requirements List.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AHP	Analytic Hierarchy Process
AOR	areas of responsibility
BCI	Building Condition Index
CAT	category
CSM	Capital Strategy Management
DC&A	Design, Construction, and Activation
DHA	Defense Health Agency
DHA-FE	Defense Health Agency Facilities Enterprise
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Region
DHP	Defense Health Program
DMLSS-FM	Defense Medical Logistics Standard Support-Facility Management
EPL	Enterprise Project List
FAC	Facility Asset Category
FM	facility manager
FMB	Financial Management Branch
FOB	Facilities Operations Branch
FSB	Facility Sustainment Board
FY	fiscal year
IO&T	Initial Outfitting and Transition
MHS	Military Health System
MILDEP	Military Department
O&M	Operations and Maintenance
RM	Restoration and Modernization
RP	Requirements Package
RPM	Real Property Management
SRM	Sustainment, Restoration, and Modernization
SRM-PM	Sustainment, Restoration, and Modernization-Portfolio Manager
SSO	Small Market and Stand-Alone Medical Treatment Facility Organization
WIB	Work Induction Board

## PART II. DEFINITIONS

BUILDER. BUILDER Sustainment Management System is a web-based software application, asset management solution tool. More information can be found at: <https://www.sms.ercd.dren.mil/>.

DHA Activities. Activities under the authority, direction, and control of the DHA to include Markets, SSO, DHARs, Military Medical Treatment Facilities, and Dental Treatment Facilities.

DMLSS-FM Risk Factor. The DMLSS-FM Risk Factor is assigned to a single piece or a group of DMLSS-FM real property installed equipment to identify the potential for death or injury, environmental impact, or monetary loss in the event of equipment failure. The DMLSS-FM Risk Factor for a single piece or group of real property installed equipment is established during its inclusion in the DMLSS-FM Facilities System Inventory for each DHA-assigned facility.

RPs. Multiple requirements bundled together in DMLSS-FM for execution as a single project.