



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 7045.01

December 8, 2022

Director, J-8

SUBJECT: Fiscal Guidance for Facility Sustainment, Restoration, and Modernization
Funding Activities

References: See Enclosure 1.

1. PURPOSE

a. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (o), establishes the Defense Health Agency's (DHA) procedures to:

(1) Guide DHA Operation & Maintenance (O&M) Facility Sustainment, Restoration, and Modernization (FSRM) funds management and funds flow to support an annually funded O&M program that is balanced and executable and facilitates the efficient and effective budget execution of FSRM funds to DHA facilities.

(2) Articulate stakeholder roles, responsibilities, and functions as delineated within the DHA's centralized process for executing FSRM.

b. This DHA-AI is not intended to be all-inclusive of the applicable laws, regulations, and policies necessary to properly execute the FSRM budget and program. The resource management community has the responsibility to interpret and apply all relevant governance to effectively manage the Defense Health Program (DHP) appropriation.

2. APPLICABILITY. This DHA-AI applies to the DHA and DHA Components (activities under the authority, direction, and control of the DHA), 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 the DHA and DHA Components.

3. POLICY IMPLEMENTATION. It is the DHA's instruction pursuant to References (a) – (b) and (d) - (e) to:

a. Implement policy, administer DHA facilities O&M FSRM budgets, and perform financial oversight at the enterprise level to ensure program consistency, optimize performance, and meet strategic priorities across the Military Health System (MHS) facilities portfolio consistent with guidance from the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

b. Develop consistent standards for medical facility resource management necessary for budget/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 Director, Financial Operations (J-8). When Activities are unable to comply with this publication, the activity may request a waiver that must include a justification, including 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 Director, J-8 to determine if the waiver may be granted by the Director, DHA or his designee.

7. RELEASABILITY. **Cleared for public release.** This DHA-AI 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-AI:

a. Is effective upon signature.

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

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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, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) United States Code, Title 10, Chapter 55, (also known as “Medical and Dental Care”), Section 1073c
- (e) DoD Directive 7045.14, “The Planning, Programming, Budgeting, and Execution (PPBE) Process,” January 25, 2013, as amended
- (f) DHA “Plan 3: Implementation Plan for the complete Transition of Military Medical Treatment Facilities to the Defense Health Agency,” Version 6, August 12, 2019¹
- (g) DoD 7000.14-R, Financial Management Regulation, Volume 12, Chapter 21, Appendix A, “DHP Budget Activity 1, Operation and Maintenance, Budget Activity Groups (BAG), and Corresponding Program Element (PE) Structure,” October 2017
- (h) DoD 7000.14-R, Financial Management Regulation, Volume 2B, Chapter 8, “Facilities Sustainment and Restoration/Modernization,” December 2016
- (i) DoD Instruction 6015.17, “Military Health System (MHS) Facility Portfolio Management,” January 13, 2012, as amended
- (j) DHA Direct Care Financial Management (DCFM) Technical Guidance, Annex B, “Facility Operations, Sustainment, Restoration, and Modernization, Fiscal Year 2021”²
- (k) DHA-Technical Manual 4165.01, Volume 3, “Defense Medical Logistics Standard Support-Facilities Management (DMLSS-FM) Volume 3: Room Inventory Module,” August 27, 2020
- (l) DHA Financial Operations Division, “Defense Health Program Financial Management & Budget Guidance,” Fiscal Year 2022, September 30, 2021³
- (m) DHA-Procedural Instruction 4000.01, “Sustainment, Restoration, and Modernization (SRM) Enterprise Project List (EPL),” October 4, 2021
- (n) Office of the Under Secretary of Defense (Comptroller) / Chief Financial Officer, Financial Improvement and Audit Readiness (FIAR) Guidance, April 2017
- (o) DHA SOP, “Project Prioritization & Approval (For O&M SRM Requirements),” 18 November 2021⁴

¹ This reference can be accessed with a CAC at: <https://community.max.gov/x/TSWGh>

² This reference can be found at: <https://info.health.mil/bus/mbe/Pages/MTF-Budget-and-Execution.aspx>

³ This reference can be found at: <https://info.health.mil/bus/fod/Pages/newHome.aspx>

⁴ This reference can be accessed with a CAC at: <https://community.max.gov/x/HsiShg>

ENCLOSURE 2
RESPONSIBILITIES

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

a. Prepare and submit FSRM program and budget requirements pursuant to ASD(HA) guidance for the DoD Planning, Programming, Budgeting, and Execution (PPBE) process in accordance with Reference (a).

b. Implement policy, guidance, and instructions consistent with References (b) through (e).

c. Provide programmatic oversight of the DHA O&M appropriations for FSRM 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.

2. DIRECTOR, J-8, DHA

a. Prepare and submit program and budget requirements for sustainment, restoration, and modernization pursuant to guidance of the ASD(HA) for the DoD PPBE process.

b. Provide programmatic oversight of the DHP appropriation for FSRM in accordance with instructions issued by ASD(HA); fiscal guidance issued by the Under Secretary of Defense (Comptroller) / Chief Financial Officer; DoD; and applicable law to support financial improvement and audit readiness requirements as cited in Reference (n).

c. Prioritize and distribute DHP O&M FSRM funds as recommended by DHA-FE to the assigned facility activity or Agent, as appropriate, for obligation and execution.

d. Review, in coordination with Assistant Director, Health Care Administration (AD-HCA), the DHA Activity's Demand Signals and Market Quadruple Aim Performance Plan (QPP) for any requested projects supporting a new/changed mission or supporting a significant change in business process for an existing mission, prior to SRM project funding decision.

3. CHIEF, DHA FACILITIES ENTERPRISE (DHA-FE). The Chief, DHA-FE will:

a. Develop and implement policies supporting DHA facilities life cycle management.

b. Standardize FSRM programming models.

c. Monitor medical facility management operations to ensure compliance with established standards.

d. Program and budget FSRM PPBE requirements for submission by the Director, DHA to ASD(HA).

4. CHIEF, DHA-FE FACILITIES OPERATIONS BRANCH (FOB). The Chief, DHA-FE FOB will:

a. Provide administrative and operational DHA facilities life cycle support including code compliance; statement of conditions, maintenance, repair, and alteration; facilities management; construction management; and other services to support the day-to-day working environment of all DHA facilities.

b. Budget for all DHA facilities sustainment requirements in accordance with the DoD Facilities Sustainment Model and exercise approval authority for Maintenance Action Plan (MAP) FSRM funding requests.

c. Budget for Facilities Restoration and Modernization requirements in accordance with DHA guidance.

d. Process centralized purchase requests and funding authorization documents (FAD) for Sustainment, Restoration, and Modernization (SRM) work, and perform contract consolidations to achieve cost savings and efficiencies.

e. Develop policies and procedures and provide oversight of FSRM financial operations for DHA facilities and Markets.

f. Comply with the applicable provisions of Reference (1).

5. CHIEF, DHA-FE FINANCIAL MANAGEMENT BRANCH (FMB). The Chief, DHA-FE-FMB will:

a. Provide financial stewardship and managerial functions necessary for the efficient and effective flow of FSRM funds to DHA facilities.

b. Develop, plan, and monitor the Spend Plan for both centralized and decentralized distribution of SRM funds.

c. Coordinate and submit the Facilities portion of the Program Objective Memorandum (POM) in accordance with the annual DHP POM cycle. The Facilities POM consists of two parts: (1) the Sustainment POM, a model-driven forecast of funding requirements for sustainment of an inventory of facilities, and (2) a Restoration/Modernization POM based on a predictive model that projects building system component failure/weak spots for repair or replacement based on their estimated life cycle.

d. Monitor DHA Facilities execution of the FSRM budget and manage the budgeting and execution phases of PPBE. This will include systematic reviews of the MAP, Spend Plan, and Statement of Operations (SOO) to ensure the accuracy and completeness of line items. Review MAP submissions each fiscal year (FY) in accordance with timelines for publishing the SOO and annual Spend Plan submissions.

e. Process FAD requests throughout the FY in support of DHA Facilities.

f. Conduct monthly Spend Plan reviews and track execution rates to evaluate planned-to-actual performance and adjust resources as necessary.

g. For projects on the Enterprise Project List (EPL), determine the amount of dollars available to fund EPL projects.

6. DHA-FE SRM-PORTFOLIO MANAGERS (PM). DHA-FE SRM-PMs will:

a. Coordinate maintenance activities and requirements submissions with DHA FMs and other DHA-FE branches.

b. Support DHA facilities by ensuring O&M contracts and local projects are funded and coordinated through appropriate DHA-FE branches.

c. Review and validate DHA facility requirements in Defense Medical Logistics Standard Support-Facilities Management (DMLSS-FM) with the local Facility Manager (FM) staff to ensure justifications and impact statements are fully developed.

d. Coordinate with FMs to ensure all recurring maintenance activities are identified in the MAP and the maintenance activities do not exceed funding limits.

e. Provide project status information to the Market Facility Liaison and DHA FM.

f. Review requirements to ensure solutions are consistent with Quadruple Aim Performance Process (QPP) plans.

g. Review BUILDER Sustainment Management System annual work plans with DHA FMs to validate projects.

7. DHA-FE REAL PROPERTY INVENTORY PROGRAM MANAGER. The Chief, DHA-FE Real Property Inventory Program Manager will:

a. Reconcile real property data in the Defense Medical Logistics Standard Support-Facilities Management (DMLSS-FM) system and Service Accountable Property System of Record to ensure accuracy between the two data systems.

b. Coordinate with FOB and FMB for real property asset building transfers to ensure financials are transferred along with the asset.

8. DIRECTORS, DIRECT REPORTING ORGANIZATIONS. The Directors, DHA Direct Reporting Markets, Defense Health Agency Regions, and Small Market and Stand-Alone Military Medical Treatment Facility Organization, hereafter collectively referred to as “Markets,” will coordinate with DHA-FE regarding Market-focused facilities requirements via the Market-based Facilities Liaison as follows:

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

b. Represent Market managers’ goals and objectives.

c. Provide Market facilities status updates, forward Director’s Critical Information Requirements, and coordinate Market-driven requirements. Support DHA-FE Capital Strategy Management led Market-based facilities master planning efforts.

9. DIRECTORS OF DHA FACILITIES. Directors of DHA Facilities will:

a. Ensure the accuracy of real property inventory data in the DMLSS-FM system and the installation Accountable Property System of Record. Coordinate all proposed changes made at the installation level with DHA-FE Real Property Management.

b. Support the accuracy of data in the BUILDER Sustainment Management System and provide DHA-FE BUILDER teams with access to all facilities during periodic site visits.

c. Request real property analysis to determine requirements necessary for mission accomplishment.

d. Submit the MAP annually in accordance with Reference (j). Ensure the integrity, accuracy, and quality of MAP information.

e. Monitor the accuracy of DMLSS-FM data through the Requirements and Project Management Modules to ensure they are up to date.

f. Manage funds sent via FAD for SRM work in coordination with local Budget/Finance Officers or government representatives.

g. Submit monthly status-of-funds financial reports to FOB.

h. For Urgent requirements, DHA FMs will prepare and submit the Urgent submission form to the FOB SRM-PM in accordance with Reference (o).

ENCLOSURE 3

PROCEDURES

1. REQUIREMENTS OVERVIEW. These procedures are associated with managing, coordinating, and executing the annual DHP O&M program for funding DHA Facility SRM. They are grounded in Reference (d), which assigns the Director, DHA, responsibility for the administration of each military medical treatment facility to include budgetary matters. The law affords the MHS an opportunity to focus on readiness; provide a common, high-quality experience for patients; eliminate redundancies; and save dollars. DHA-FE, leveraging best practices of the Military Departments, is employing a centralized approach to management and execution of FSRM. Consistent with the intent of the law, this approach standardizes execution, minimizes touch points, improves economies of scale, and supports a more streamlined and steady state execution rate.

2. PROCESS OVERVIEW

a. Multiple interrelated and synchronized documents and systems drive the successful execution of the FSRM program. They include:

- (1) Maintenance Action Plan
- (2) Statement of Operations
- (3) Spend Plan
- (4) Enterprise Project List
- (5) Military Interdepartmental Purchase Request (MIPR) (DD448 and DD448-2)
- (6) Funding Authorization Document
- (7) General Fund Enterprise Business System (GFEBS)

b. These documents and systems establish a linkage that ultimately results in the timely delivery of FSRM dollars. For details, refer to Reference (j). DHA Facilities will follow proper cost accounting practices, DHA financial structures, work classification policy, and associated DHA-developed procedures and processes for all FSRM transaction processing. In the case of civilian pay, DHA activities will charge civilian personnel pay to the correct Program Element (PE). Civilian Wage Grade personnel performing Sustainment functions within DHA will be charged against Sustainment PEs 0806278 (continental United States Sustainment) and 0806378 (outside continental United States Sustainment). Civilian personnel performing general facilities support functions will be classified as General Schedule employees and are not charged to the

Sustainment PEs. Instead, they will be charged to Facility Operations or other PEs as determined by local leadership (Reference (j)).

3. FACILITIES BUDGETING AND EXECUTION. During the execution phase of the DoD PPBE process, SRM funds flow represents the actual allocation and/or authorization of funds distributed to DHA facilities and executing agents.

a. DHA-FE-FMB will coordinate FSRM PPBE activities and manage budget execution for FSRM.

(1) DHA-FE FOB will exercise Facilities Enterprise funds management primarily through:

(a) Development of the annual MAP and Spend Plan; and

(b) Use of the Facilities Sustainment Board (FSB); and

(c) Work Induction Board (WIB), whose output is used to create the EPL.

(2) The MAP is used to budget for recurring maintenance and sustainment requirements and minor repair projects. Recurring maintenance contracts will be centrally managed at DHA. The MAP forms the basis for Sustainment financial planning and is added to the DHA J-8 Business Integration Division SOO (Reference (j)). The MAP also includes amounts for DHA facilities use for local discretionary restoration and modernization requirements.

b. DHA Activities will submit Budget Year SRM requirements in the MAP to create a Financial Management Information System submission in accordance with Reference (j). DHA facility MAP submissions are coordinated with Markets and facility Budget/Finance Officers. DHA-FE-FMB and FOB jointly review the MAP and validate MAP submissions.

c. Once FMB and FOB receive, review, approve, and consolidate all DHA facility MAP submissions, the DHA J-8 Budget Integration Division will build the SOO. Following construction of the SOO, FMB budget analysts will develop the phased Spend Plan.

d. DHA-FE FOB, working through FMB, will request funds from DHA J-8 Financial Operations Division for approved requirements (Reference (1)). Funds are executed out of three categories:

(1) Local MTF supporting civilian pay, Public Works/Civil support, government purchase card, and recurring SRM, all of which are based on the annual MAP/Spend Plan;

(2) Facility Sustainment Board projects \$10,000-\$250,000; and

(3) Work Induction Board projects => \$250,000 for large facility SRM.

4. ENTERPRISE PROJECT LIST. The EPL is a prioritized list of SRM projects and is developed based on validated and prioritized requirements submitted in DMLSS-FM by DHA Facilities Enterprise as detailed in Reference (m).

a. Most requirements costing less than \$10,000 will be managed at the local DHA facility in accordance with the facility's internal processes. This funding authority level may be adjusted at the discretion of DHA-FE. Facilities requiring additional funds will contact their servicing DHA-FE SRM-PM.

b. Requirements costing more than \$10,000 will be centrally reviewed, validated, and prioritized by DHA-FE through the FSB. Requirements costing more than \$250,000 will be centrally reviewed, validated, and prioritized by DHA-FE through the WIB. The WIB output will be used to develop the EPL.

c. A panel of DHA-FE senior staff will review the WIB draft prioritizations to create the EPL. The intent of the EPL is to create a three-year SRM requirements program. The EPL will be updated throughout the FY to capture high-priority requirements for funding.

5. INTERACTION WITH THE MARKETS

a. DHA Facilities Enterprise will prepare Market-based facilities life cycle plans in coordination with the Markets and the associated DHA facility.

b. DHA-FE SRM-PMs will track requirements and gather input from the field.

c. Markets/DHA activities will coordinate with DHA-FE about proposed capability changes with facility impacts and will provide data in support of requested changes.

d. Markets/DHA facilities may request capability changes via their QPP submissions.

e. Market-focused facilities requirements may be addressed through the Market facilities liaison, who will:

(1) Serve as the conduit for information exchange between the Market and DHA-FE.

(2) Represent Market Managers' goals and objectives.

(3) Coordinate Market-driven requirements.

6. EXECUTION REVIEWS. Per Reference (k), DHA J-8 Financial Operations Division conducts quarterly FY execution reviews of the DHP appropriation by Directorate to ensure that expenditures for defined requirements are consistent with Spend Plans and enacted appropriation. This process provides transparency on the utilization of funds and promotes the capability to all available appropriations. DHA Directorates are asked to provide justification for

variances +/- 5 percent between actuals and Spend Plans at the Budget Activity Group, PE level. This information is used to assist the DHA Comptroller with funding decisions. DHA Directorates are notified prior to any funding realignments.

7. PRIOR YEAR FUNDS. All requests for prior year funds will be processed in accordance with DHA J-8 Financial Operations Division requirements (References (j) and (l)).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DHA-FE	Defense Health Agency-Facilities Enterprise
DHP	Defense Health Program
DMLSS-FM	Defense Medical Logistics Standard Support-Facilities Management
EPL	Enterprise Project List
FAD	funding authorization document
FM	Facility Manager
FMB	Financial Management Branch
FOB	Facilities Operations Branch
FSB	Facilities Sustainment Board
FSRM	Facility Sustainment, Restoration, and Modernization
FY	fiscal year
J-8	Financial Operations
MAP	Maintenance Action Plan
MHS	Military Health System
MIPR	Military Interdepartmental Purchase Request
O&M	Operation & Maintenance
PE	Program Element
PM	Portfolio Manager
POM	Program Objective Memorandum
PPBE	Planning, Programming, Budgeting, and Execution
QPP	Quadruple Aim Performance Process
SOO	Statement of Operations
SRM	Sustainment, Restoration, and Modernization
WIB	Work Induction Board

PART II. DEFINITIONS

BUILDER. Facilities Restoration/Modernization requirements are developed using the BUILDER web-based software system. BUILDER is a programmatic tool that helps FMs decide when, where, and how to best maintain building infrastructure. It uses algorithms to calculate requirement numbers across a 5-year period. The system looks at prior year policies and standards and runs scenarios against current year inventory. The FOB briefs the 5-year program to the DHA leaders, along with any changes, before it goes to Financial Operations DHP Programming Division for budget submission to the Office of the Secretary of Defense.

DMLSS. An information technology system within the Defense Medical Logistics-Enterprise Solution portfolio. It provides a continuum of medical logistics and facilities management support for DHA and supports all medical logistics functions in the MHS.

Facilities Lifecycle Management. Facilities Lifecycle management entails the Planning, Programming, Design, Construction, Activation, Operation, Sustainment, Maintenance, and Disposal of the built environment through Military Construction and O&M-funded SRM activities.

MAP. MAP is the planning and budgeting tool used to develop the Spend Plan for FSRM. It is an annual data call in which activities provide their local projected recurring SRM requirements for the budget year - the next FY for which Congress needs to make appropriations. MAP includes data on maintenance contracts, SRM recurring contracts, civilian pay, public works, and Government Purchase Cards, and is the basis for planning and prioritizing recurring SRM. MAP is a module within the Financial Management Information System (<https://fmis.health.mil>), the web-based platform used to consolidate data from all financial systems to provide DHA the necessary tools and reports to support financial management. FMs can submit changes or updates to the Spend Plan via a Change Request Form.

Modernization. The alteration or replacement of facilities solely to implement new or higher standards, to accommodate new functions, or to replace building components that typically last more than 50 years (such as the framework or foundation).

POM. A product of the DoD programming process. The POM displays the resource allocation decisions of the Services and Defense Agencies in response to the Defense Planning Guidance.

QPP. The QPP is focused on enhancing MHS performance in pursuit of the Quadruple Aim: improved readiness, better health, better care, and lower cost. The process includes both a top-down and bottom-up sequence of activities and is tied to the PPBE process. The QPP begins with the Quadruple Aim Performance Plan, which is a 3-year strategic plan to achieve the strategic goals of the MHS and is developed within DHA in coordination with ASD(HA) and the Services.

Restoration. The restoration of real property to such a condition that it may be used for its designated purpose. Includes repair or replacement work to restore facilities damaged by inadequate sustainment, excessive age, natural disaster, fire, accident, or other causes.

SOO. A funding tool developed by J-8 Business Integration (BI). Following review, approval, and consolidation of the MAP submissions, BI builds the SOO to determine the amount of funds to be placed on a MIPR or a FAD.

Spend Plan. The approved MAP for all FSRM activities is consolidated to build the Spend Plan. The Spend Plan reflects funded requirements as phased monthly/quarterly distributions across the year of execution. The Spend Plan is submitted to DHA-FE FMB for transmission to DHA J-8 Direct Care Financial Management and Financial Operations Division, which will issue FADs and MIPRs, respectively, to DHA facilities.

Sustainment. Maintenance and repair of activities to keep an inventory in good working order. Sustainment includes regularly scheduled adjustment and inspections, maintenance, and emergency response and service calls for minor repairs. It also includes major repair/replacement of facility components expected to occur periodically throughout the facility life cycle and regular roof replacements, refinishing of wall surfaces, repair/replacement of heating and cooling systems, tile/carpet replacement, and similar work. Sustainment excludes environmental compliance, facility leases, custodial/grounds maintenance, waste disposal, and central utilities.

Urgent. Any work required to correct a condition which is likely to cause minor injury or discomfort to patients, staff, or visitors, OR, any work that involves the failure or reduced operability of infrastructure, or equipment that is detrimental to the mission and causes a minor or partial reduction in operational effectiveness (to include if a redundant system/ component, per original design, is reduced to a single system/component). Urgent work does not need to be the permanent fix, it just needs to mitigate the urgent issue and contain/control the situation until the permanent fix can be executed as a follow-on project.