ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
MAINTENANCE AND IMPROVEMENT RESOURCE ALLOCATION COMMITTEE CHARTER

I. ESTABLISHMENT OF THE MAINTENANCE AND IMPROVEMENT RESOURCE ALLOCATION COMMITTEE

1.1 Purpose. The Board of Directors (Board) of the Alaska Native Tribal Health Consortium (ANTHC) established the Maintenance and Improvement Resource Allocation Committee (MIRAC) as an advisory committee of the Board. The purpose of the MIRAC is to manage the Alaska Maintenance & Improvement (M&I) Competitive Project Pool process and advise the Board on the selection, prioritization, and funding of eligible projects.

1.2 Scope. The MIRAC will provide general oversight of the ANTHC M&I Program implementation, to include projects funded through the M&I Competitive Project Pool and Alaska-wide activities that promote availability of functional, safe, and well-maintained health care and support facilities in keeping with the health needs of Alaska Natives throughout the State of Alaska. Locations eligible for Indian Health Service (IHS) Maintenance and Improvement (M&I) funding may participate, whether operated under PL93-638 contract or compact.

II. ORGANIZATION AND COMPOSITION OF THE MIRAC

2.1 Voting Members:

2.1.1 Committee Chair, voting only in the event of a tie.

2.1.2 Seven (7) designated hospital representatives (one for each of the following: Alaska Native Tribal Health Consortium, Bristol Bay Area Health Corporation, Maniilaq Association, Arctic Slope Native Association, Norton Sound Health Corporation, SouthEast Alaska Regional Health Consortium, and Yukon-Kuskokwim Health Corporation).

2.1.3 One (1) representative for Southcentral Foundation, with voting limited to small clinic, deep look and issues other than the competitive pool.

2.1.4 One (1) elected clinic representative (representing all of the non-hospital operating M&I eligible clinics, other than Southcentral Foundation).

2.2 Non-Voting Members:

2.2.1 Clinic representatives, other than the elected clinic representative.

2.2.2 The Alaska Area Native Health Service (AANHS) Area Facilities Engineer.

2.2.3 The AANHS Area Realty Officer.

2.3 Selection of MIRAC Members

2.3.1 The Chairperson and the ANTHC Board will appoint a primary director of the Board to be the Chairperson for the MIRAC.

2.3.2 The Vice-Chair will be elected from among the voting members by voting members of the MIRAC to a one-year term and may be reelected. The nominations and the election will be part of the regularly scheduled annual meeting of the MIRAC. A simple majority will elect the Vice-Chair.

2.3.3 **Designated Hospital and Clinic Representatives**. Each of the entities operating M&I eligible facilities shall identify an individual to represent their location as the "designated representative." Each of these entities shall send a letter to the ANTHC President/Chairman with a copy to the DEHE, Senior Director, identifying its representative when a new individual is designated.

2.3.4 The elected clinic representative shall be selected annually by a MIRAC clinic caucus. Election of the representative will be made annually by consensus of the clinic representatives at a meeting held at least 30 days prior to the regularly scheduled annual MIRAC meeting. The DEHE will send information to all clinic representatives and their CEO's and will help facilitate the selection of a representative.

2.3.5 Alternates or proxies will be allowed for all MIRAC meetings if designated in writing by the respective organization. If the clinic representative is unable to attend a meeting, a caucus of the clinic members shall be allowed to elect a representative for that meeting workgroups.

2.4 The MIRAC may establish and dissolve workgroups.

2.5 Reporting. The MIRAC is a committee of the Board and makes regular reports and recommendations to the Board.

III. MEETINGS

3.1 Notice and Scheduling of Meetings. Regularly scheduled meetings of the MIRAC will be held at least annually, as scheduled by the MIRAC Chair. Special sessions will be held on an as-needed basis and as called by the MIRAC Chair.

3.2 Meeting Agenda. A draft agenda will be developed by DEHE staff with input by MIRAC members and shall be approved by the Chair prior to distribution. Upon convening, the MIRAC will approve its agenda at the beginning of its session.

3.3 Quorum. A majority of the total number of the Committee's voting members

must be present to make final decisions.

3.4 Manner of Meeting. The MIRAC may meet in person, by teleconference or videoconference. The MIRAC will use Robert's Rules of Order as a guide for conducting the meetings, except to the extent they are inconsistent with this Charter or the Board's bylaws. The Committee Chair will appoint one of the meeting attendees to keep the minutes of the meetings.

3.4.1 Staff Support. Staff support for the MIRAC will be provided by the Division of Environmental Health and Engineering.

IV. AUTHORITY AND RESPONSIBILITY

4.1 Roles and Authority. The MIRAC is the primary oversight authority for the implementation of the M&I Competitive Project Pool.

4.2 Administrative Powers and Responsibilities. The MIRAC shall oversee the implementation of the M&I Competitive Pool and have all powers necessary to enable it to properly carry out its duties, including establishing implementation processes and procedures in accordance with the following attachments:

MIRAC Manual Attachment A-1: Administration of Competitive Pool Funds
MIRAC Manual Attachment A-2: Project Sub-Award Procedures
MIRAC Manual Attachment A-3: Project Submittal Process
MIRAC Manual Attachment A-4: Project Scoring

4.3 Exclusions. The MIRAC has an advisory role and Board approval is required to fund projects identified as a result of MIRAC activities and recommendations. Board approval is also required to amend this Charter.

CERTIFICATION

Adopted at a duly convened meeting of the Board of Directors of the Alaska Native Tribal Health Consortium at which a quorum was present on June 3, 2015 by a vote of 15 in favor, 0 opposed and 0 absent.

Attested:

Andy Teuber, President/Chair

Charlene Nollner, Secretary

ATTACHMENT A-1
Administration of Competitive Project Pool Funds

A-1.1 Competitive Pool Description

Competitive Pool funds are derived from one-third of the annual Alaska M&I fund allocations distributed by the IHS. The Competitive Pool may be adjusted to account for items such as base budgeting, reimbursements, organizations withdrawing from the pool, etc. The Competitive Pool is managed by the ANTHC.

A-1.2 Eligibility

Facilities must be M&I eligible, remain eligible for at least 6 months after the funded project is completed, and listed in the Healthcare Facilities Data System maintained by the IHS. Competitive Pool funds are to be spent on M&I eligible activities. The MIRAC may approve a shorter eligibility period provided the request is included and supported in the Project Summary Document.

A-1.3 Quarters

Quarters are not eligible for Competitive Pool funds.

A-1.4 Area Wide Projects

Deep look surveys and area wide training will be funded from the Competitive Pool. The area wide projects will be considered before allocating funds for individual projects and will reduce the total Competitive Pool.

Master plans and energy audits will not be funded by Competitive Pool funds.

A-1.5 Project Submittal Requirements

Sixty (60) days prior to the regularly scheduled MIRAC annual meeting, the ANTHC will give the Tribe or Tribal Organization written notice of when Project Summary Documents (PSDs) will be due. The notice shall include the Facility Condition Index for each M&I eligible tribal and federal facility and a list of "stale" projects (see section A-1.14). PSDs will be due thirty (30) days prior to the meeting.

Submitting organizations shall ensure that PSDs or other required documents are completed per the PSD guidance instructions and meet other MIRAC and ANTHC criteria.

Separate requests (separate PSDs) are normally required for design and construction phases of a project, respectively. Limited exceptions may be allowed for design/build projects in a single PSD, providing the PSD is for a pool amount not exceeding $250,000 and includes one or more of the following:

1.5.1 A valid estimate based on unit prices obtained in the market place.

1.5.2 Turnkey prices for the job obtained in the market place.

1.5.3 Professional estimate based on a technical performance specification that includes measurable quality expectations and a detailed description of needs.

The types of projects that may be considered under the design/build approach include but are not limited to the following:

1.5.4 Replacement of doors, locks, windows, light fixtures, yards of concrete, squares of roofing, square yards or square feet of floor covering, etc.

1.5.5 Specialty system turnkey jobs such as fire alarms, fire suppression, medical gas, and DDC systems.

1.5.6 An urgent, time critical project required to correct a life safety issue such as failed medical gas or an emergency power system.

1.5.7 Emergency repair of critical facilities damaged as a result of fire, flood, or other natural disaster. Any project justified as an emergency may be considered and recommended by the MIRAC regardless of whether the conditions of this section are met. A justified emergency project is one that is deemed essential to preclude imminent loss of life or property or substantial financial loss.

Construction requests must include plans developed to the 100% level, specifications, and a fully developed cost estimate. The ANTHC will date submittals as they are received. Copies of all funding requests (not including plans and specifications) will be distributed to all locations within two weeks following the submittal deadline.

Funding requests that fail to meet the requirements for timeliness or completeness will be identified by the DEHE and the Chair. The Chair will then determine whether the tardy or incomplete requests will be eligible for consideration.

A-1.6 Dollar Limits/Phasing

Construction projects under $25,000 for hospitals and $10,000 for clinics are typically considered local projects and should not be submitted to the MIRAC for consideration. Small facilities, such as small clinics, are exceptions because they do not have adequate routine funding to complete in-house projects.

Design projects or special engineering investigations with construction costs expected to exceed $25,000 are eligible for consideration by the MIRAC as a fundable project.

A-1.7 Determining Design Budgets

The process should allow for some flexibility in determining design budgets because of the difficulty in arriving at reasonable and accurate cost estimates for design activities. Budget estimates should consider the level of complexity and other factors and should be determined on a case-by-case basis. Design costs have averaged about 10% of the construction budget for typical projects.

A-1.8 Project Funds Transfer Process

The ANTHC has elected to use a Title V Construction Project Agreement to transfer the project funds between the IHS and ANTHC. Among other things, the Title V Agreement (TVA) lists all of the projects and the budgeted funds for each project. DEHE will initiate the Cooperative Agreement Sub-award (CAS) at the execution of the TVA.

Budgeted funds shall be held at the ANTHC until successful bid/negotiations results are submitted to ANTHC. A 10% project contingency above the bid/negotiation results

shall be included in the funds transferred to the Tribe or Tribal Organization. This contingency covers direct costs such as the cost of construction contract administration, project manager costs, construction change orders, etc.

The receiving Tribe or Tribal Organization will initiate a request to transfer funds and will provide all necessary backup information including project name and number, description, bid/negotiation results, and other necessary information to ANTHC. The ANTHC will review the material for completeness and compliance with the MIRAC requirements that must be executed before funds will be transferred.

The transferred amount shall not exceed the budgeted funds, plus 10% or $50,000, whichever is less.

Fund transfers are subject to the availability of pool funds, including both the original budget and project pool reserve amounts. Funds will only be transferred for those portions of the approved scope of work that have been successfully bid/negotiated.

A-1.9 Pool Reserve and Emergency Funds

The Pool reserve fund balance shall be set once a year on October 1st of the fiscal year. The MIRAC shall establish the pool reserve requirement at the subsequent meeting. Any excess funds above the pool reserve requirement will be made available as competitive pool project funds. If the pool balance is below the reserve set by the MIRAC, the IHS M&I annual appropriation shall first be used to fully fund the pool reserve prior to funding competitive pool projects.

The DEHE Senior Director is authorized to manage the pool reserve fund and will make distributions within the limit authorized by the MIRAC, herein established at $50,000 per occurrence under the following circumstances:

1. Emergency requests.
2. Multi-year phased projects where there is an opportunity to reduce cost through combining phases.

Requests exceeding this amount shall be forwarded to the MIRAC for consideration at a special session.

An amendment to the CAS will be issued for the approved request.

A-1.10 Other Than Competitive Pool Funds

Other than Competitive Pool funds, such as National Environmental Remediation and Demolition funds and Denali Commission funds, shall be sought and used first, if possible, to fund projects. The pool shall be reimbursed for all funds that are received as reimbursement for expenses paid for with pool funds.

A-1.11 Requests for Reimbursements

A Tribe or Tribal Organization may occasionally decide it is prudent to proceed on a project-related activity even in the absence of MIRAC-approved funding. In this event, the MIRAC will entertain requests for project reimbursement for a period of fourteen (14) months following contract award. A reimbursement request will not include the customary 10% MIRAC project contingency. However, the request may include actual direct costs, as documented in the Tribe's or Tribal Organization's ledger report, such as construction contract administration, project manager costs, and other project costs. Reimbursement of these expenses will be limited to 10% of the construction costs.

A-1.12 Savings from Jointly Funded Projects

Projects will occasionally be jointly funded, using both Competitive Pool funds and Tribe or Tribal Organization funds. If a jointly funded project low bid/negotiated amount comes in under budget, the savings shall be returned to the Competitive Pool following the same pro-rated basis as funded.

A-1.13 Claims

All claims against Competitive Pool related project activities shall be the responsibility of the funding recipient and will not be considered by the MIRAC.

A-1.14 Project Timeliness

Projects that have been funded, but have not made a request for the transfer of those funds within 18 months of the execution of the Cooperative Agreement Sub-award (CAS), will have those funds returned to the pool reserve fund. As of February 1, 2009, projects that have been funded prior to FY2006, but have not made a request for the transfer of those funds, will have those funds returned to the pool reserve fund. An appeal for a time extension may be presented to the MIRAC if extenuating circumstances exist. ANTHC will provide CAS documents for signature by the THOs within 30 days of execution of the Title V agreement.

Projects that have not been completed and closeout report submitted within two years of the transfer of funds will be considered a 'Stale Project'. For each stale project, every new project submitted by the Tribe or Tribal Organization will receive a 0.25 penalty. An appeal for a waiver of the point deduction may be presented to the MIRAC if extenuating circumstances exist.

A-1.15 Project Presentations at MIRAC Meetings

Each Tribe or Tribal Organization will be given an opportunity to provide the MIRAC with an overview of its respective facilities' activities and provide project presentations for projects requesting funding.

A-1.16 Project Scoring Criteria/Prioritization Methodology

Scoring criteria may be developed by either the MIRAC or its designated workgroup. The criteria are intended to objectively and quantitatively assess the relative strengths of a requested project. Scoring guidelines will then be based on these criteria and on weighting factors.

Considering the congressional intent of M&I appropriations, scoring will be heavily weighted toward code and safety compliance issues yet will also recognize the importance of program improvement projects, thereby ensuring delivery of quality health care services. The MIRAC will amend the scoring criteria and recommend changes as necessary.

Other funds, including non-competitive University of Oklahoma Formula funds, may be used as matching funds for Competitive Pool projects.

A-1.17 Small Clinic Set Aside

Twelve percent (12%) of the Competitive Pool will be set aside for non-hospital M&I eligible clinics, other than Southcentral Foundation (small clinic organizations), at each funding allocation meeting for projects that meet all of the requirements of this attachment. All eligible projects will be scored and ranked based on the above project scoring criteria/prioritization methodology.

The small clinic organization projects will be funded first in rank order up to the set aside amount. If set aside funds are not fully allocated, the remaining set aside funds

will be available to fund the remaining projects in the Competitive Pool. Once the set aside funds have been allocated, all of the remaining projects, including small clinic organization projects, will be considered for funding in the scored and ranked order.

A-1.18 MIRAC Recommendations

The MIRAC will score all eligible projects and will recommend funding based on rank order. The MIRAC may include conditions deemed appropriate for operational oversight into its project approvals and recommendations.

In the event of a tie in project scores, the score reverts to the score recommended by ANTHC-DEHE. In the event of a continued tie, the ranking is up to the MIRAC Chair.

A-1.19 Attachments

Additions to the attachments of the MIRAC Charter may include decisions, processes, and other documents deemed appropriate by the MIRAC and approved by the ANTHC Board.

A-1.20 Appeal Process

Disputes of decisions and determinations made by the DEHE staff shall be brought to the attention of the DEHE Senior Director in writing. The request shall describe the disagreement and the requested remedy. Decisions of the DEHE Senior Director may be appealed to the voting members of the MIRAC for a determination. MIRAC members may not vote on their own appeals.

Decisions of the MIRAC and/or the MIRAC Chair may be appealed to the ANTHC Board of Directors. All decisions of the ANTHC Board of Directors are final.

A-1.21 Bubble Projects

Projects are funded in order of the prioritized list approved by the Board. If competitive pool project funds are available to partially fund a project (called a "bubble project") the THO may elect to contribute sufficient funds to fully fund the bubble project. If the THO does not elect to do so, then the bubble project is not funded and the competitive pool funds become available to the next project on the prioritized list. This will continue until less than $10,000 is available for distribution from the competitive pool.

A-1.22 Environmental Review of Sub-award Projects

Compliance with the National Environmental Protection Act (NEPA) is required for all federally funded projects and projects which occur on federal lands and property. Compliance on competitive pool MIRAC projects is established with the Environmental Checklist which is included with the Cooperative Agreement Sub-award (CAS). There are four types of CASs. Signature responsibility for the NEPA required Environmental Checklist varies with CAS type:

1.22.1 THO Managed - ANTHC prepares and signed the Environmental Checklist

1.22.2 ANTHC Managed - ANTHC prepares and signs the Environmental Checklist

1.22.3 THO Force Account - ANTHC prepares and THO signs the Environmental Checklist

1.22.4 THO Reimbursement - ANTHC prepares and THO signs the Environmental Checklist.

ATTACHMENT A-2
Sub-Award Procedures

A-2.1 Sub-Award Intention

The intent to complete a project under a sub-award agreement shall be clearly stated in the PSD including the scope of work to be performed by local hire.

A-2.2 Cost Estimate

1. A cost estimate of sufficient detail to support the complexity of the project scope shall be submitted with the PSD. The estimate will be broken down by division at a minimum (professional third-party estimate or in-house means style estimate).

2. All cost estimates shall be in the master-format (16-division) or uni-format (12-division) for divisions and will estimate the project based on a contract project for bid. This includes Davis-Bacon rules and pay scales.

3. The MIRAC will review all approved projects for sufficient information in the cost estimate. The MIRAC may at this time, accept the PSD and cost estimate as sufficient or specify any additional information required to be submitted to ANTHC, DEHE prior to funds transfer.

4. Additional information may include the requirement for an independent third party estimate procured by ANTHC, DEHE funded from the allowable project contingency. It may require additional detail to the in-house estimate, or an independent third party estimate to confirm the in-house data.

5. If two cost estimates are required by the MIRAC, a negotiation team will be formed that consist of two DEHE staff and one or more representatives from the SUB-AWARDEE.

6. The team will negotiate a reasonable cost for the SUB-AWARDEE to successfully complete the project based on the two cost estimates. All M&I non-eligible costs shall be removed from both cost estimates. Technical and accounting errors in either or both cost estimates will first be corrected. Then a final cost will be negotiated for the project. This amount must be agreed to in writing by both parties prior to funds transfer.

7. Upon agreement of the negotiated cost, by the method outlined above, the funding mechanism will be the same as a standard bid contract. Project funds will be transferred at estimate (bid) plus 10% contingency. All M&I funding rules apply to sub-award projects.

A-2.3 Project Reporting

1. Project reporting and real property accountability and capitalization is the same as outlined in the operating guidelines (The sub-award agreement defers to the MOA and IHS requirements).

2. ANTHC, DEHE staff involvement will include at a minimum the verification of scope completion (sub-awardee dictates additional level of involvement).

ATTACHMENT A-3
Project Submittal to MIRAC

A-3.1 Project Summary Documents (PSDs)

Project Summary Documents describe projects being submitted to the MIRAC for funding from the maintenance & improvement funds. Supporting documents to the PSD typically entail 100% design drawings (for projects requesting construction funds), construction cost estimates, product literature (for equipment specific PSDs), and contractor proposals or cost estimates. Supporting documents should be available during the MIRAC meeting but should not be submitted with the PSD.

A-3.2 Cover Letter

A cover letter accompanies submitted PSDs, which affirms the organization's desire to submit these projects to the MIRAC for consideration. The format for the cover letter is attached.

A-3.3 PSD Template

A PSD template is provided below, with instructions for completion.

PROJECT SUMMARY DOCUMENT
Name of Project:
Facility Priority Number:
Date:
Facility Name:
Location:

I. SUMMARY

Maintenance and Improvement (M&I) funds in the amount of $xxx,xxx are required to brief description of project at the (facility name). This project is necessary to address problem xyz.

Summarize the project and include what is to be done, why (e.g., to add 135 gross square meters of space or replace a boiler), and the type of funding (e.g., Maintenance and Improvement, Quarters, Corporate Cost Sharing, etc.). This section should be no more than two paragraphs. Use attachments for project location maps and facility drawings.

II. PROJECT SCOPE AND DESCRIPTION

A. Project Description:

Provide a detailed explanation of the work to be accomplished by the project and the desired outcome of the project. Include all items reflected in the cost estimate. This information can be presented in bullet/list or narrative form.

B. Project Justification.

Describe why the project must be done. Explain why the project is necessary. Link the justification to the developed Health Facilities Master Plan if appropriate. Discuss how the project will meet program needs, and how it will comply with legal, code, accreditation, and certification requirements. Cite specific code or JCAHO references by standard clause, chapter, paragraph, etc.

III. DEFICIENCIES

The following deficiencies will be corrected as part of this project:
[List and describe only those facility deficiencies this project will address. The types of deficiencies include BEMAR, JCAHO, NFPA, HFPM, public law compliance items, ADA, etc.] For FEDS items, include:

Feds ID	Description	Total FEDS by Budget Amount	Cost Addressed by Project	% Addressed	FEDS Deficiency Code

Other code citations

IV. COST ESTIMATE

This project will be accomplished using the (competitive bidding /sub-award) process. The following is a breakdown of the costs (see attached cost estimate for further detail):

Total Project Cost	$ xxx,xxx
MIRAC Contingency (10%)	$ xx,xxx
THO Match	$ xx,xxx
Total Pool Request	$ yyy,yyy

Provide a budgetary cost estimate and the funding sources for the proposed project, including separate line items for design architect/engineer fees, project construction, construction contract administration fees, and project contingency. Sources of matching funds.

V. PROJECT SCORE SHEET DOCUMENT

Attached is the project score sheet document.

Complete a project score sheet further detailing the scope, impact and benefits of this project. Provide the information required by the project score sheet.

VI. OTHER PROJECT ITEMS TO BE ADDRESSED

Address attachments such as a complete set of plans and specifications outlining the work are included with this submittal package.

Supporting documents: drawings, photos, estimates, etc.

ATTACHMENT A-4
Project Scoring Instructions

A-4.1 Project Score Sheet

Members of the M&I Resource Allocation Subcommittee use a score sheet to prioritize projects for funding. Member organizations submit Project Summary Documents (PSDs) to the Subcommittee for review and scoring. The PSD describes the proposed project and the deficiencies the project will correct (Procedure #4 describes PSDs in detail). Deficiencies must be entered into the Federal Engineering Deficiency Systems (FEDS) database in order to be considered for funding.

The score sheet has been broken into two separate areas: key area and additives. The categories for the key area are Life Safety Code, Other Codes, Regulatory/Accreditation, Backlog of Maintenance and Repair, and Program. The score for each category in the key area is weighted by importance. The "% of construction cost" for the categories in the key area is expected to add up to 100%. A work activity identified in the scope of work or estimate can only be counted once in one of the categories of the key area. The score sheet is required to be filled out by the submitting health corporation with the associated Project Summary Document (PSD).

A-4.2 Score Sheet Key Area Categories

4.2.1 The Life Safety Code, NFPA 101, is separated into two areas, existing and new. All projects should be constructed to this Life Safety Code, new or renovation project should be upgraded to meet the standard. The construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this category. These deficiencies should also be identified in FEDS listed as a Deficiency Code 2. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.2.2 Other Codes are all other applicable/enforced codes (non-Life Safety Code) such as National Fire Protection Association (NFPA) issues, International Building Code (IBC), International Mechanical Code (IMC), International Fire Code (IFC), Uniform Plumbing Code (UPC), National Electrical Code (NEC), etc. corrected by the request. All projects should be constructed to meet local applicable codes that are enforced at the facility. The construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this category. It is expected that these line items will be identified in the construction cost estimate or in the design proposal. The assumption is that the equipment is being maintained and lack of maintenance or at the end of its useful life will not be considered eligible under this category.

4.2.3 Backlog of Maintenance and Repair (M&R), formally known as BEMAR, is the portion of the request that corrects M&R issues that have been identified in FEDS (Deficiency Codes 10 through 16.) The construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.2.4 Regulatory/Accreditation is the portion of the request that will affect the facility accreditation (typically Joint Commission) or is directed by documented regulatory agency requirements (examples are DEC, ADA, CDC, OSHA, etc.). The

construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.2.5 Program is any portion of the request that does not fit the above criteria and is still eligible for M&I funding. This type of work should be identified in FEDS listed as a Deficiency Code 5. The construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

A-4.3 Score Sheet Additive Categories

The additive items are intended to supplement the key area for scoring of PSD. Similar to the key area, these items should be identified in the cost estimate or the design proposal.

4.3.1 Urgency is to address projects, or portions of projects, which have a time sensitive need to meet or maintain accreditation or regulatory requirements. The request should specifically identify and address the required corrective action(s). The scoring criteria is based on the time when this corrective action needs to be accomplished i.e. Joint Commission survey in one year, DEC has given us six months to make corrective action, executive order has directed this energy reduction by end of year, failure of the component is imminent, etc.

4.3.2 Enhance Infection Control corrective actions should be coordinated and documented with health care providers. The construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.3.3 General Safety items are those identified by staff or an agency i.e. OSHA, DEC, etc. and documented in a survey or report. The construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.3.4 Environmental Hazards addresses asbestos, contaminated soils, lead abatement etc. and are those items that will reduce or eliminate current hazards as part of the request. The hazard should be documented and any current corrective actions should be identified. The corrective action should be effective in abating the hazard and will not create an additional hazard in the future. The construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.3.5 Energy Conservation projects must demonstrate how they will reduce energy (electrical, fuel, or thermal) consumption at this facility. Savings should be demonstrated in British Thermal Units (BTUs) per month or year and then demonstrate the estimated payback for this project using Simple Payback or Life Cycle Cost (LCC) methods. The National Institute of Standards and Technology has a "free" computer program that is straightforward for calculating LCC and can be ordered from:

National Institute of Standards and Technology
Building and Fire Research Laboratory
Building 226, Room B226
Gaithersburg, Maryland 20899
Telephone: 301-975-6134
Web: http://www.eren.doe.gov/buildings/tools_directory/software/blcc.htm

The maximum payback period for a project to receive any points for this additive item is 10 years. The construction cost for the effort to correct current energy usage or waste, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.3.6 Facility Protection is for requests that if not accomplished within the next year, will have significant impact on the facility and the capability to provide health care services. How the system (structural, fire protection, plumbing, etc.) that is going to be affected shall be identified in a survey, report, or investigation which includes a recommended corrective action. The construction cost for the effort to correct current/documented deficiencies, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.3.7 Component Age is an effort to address older systems and equipment that has exceeded its estimated useful life span. The basis for determining equipment life span shall be from *Estimated Useful Lives of Depreciable Hospital Assets*, as revised, published by AHA Health Data and Coding Standards Group, 1998 edition. This publication can be ordered from:

American Hospital Association
One North Franklin, 27th Floor
Chicago, Illinois 60606
Telephone: 800-242-2626
Web: http://www.ahaonlinestore.com
Catalog No. WS-061172

Component age must be past the published estimated useful life span to be eligible for these points. The construction cost for the effort to replace the aged equipment or systems, as a percentage for the total project cost, is the value used for this area. It is expected that these line items will be identified in the construction cost estimate or in the design proposal.

4.3.8 Small Project Preference is recognizing the effort and efficiency of smaller projects. The project score is based on the M&I eligible project funds requested to include design and/or construction requests.

4.3.9 Contributions % of total M&I eligible funds. There are three factors to consider in this calculation total project cost, M&I eligible portion of the project, and the Health Corporation contribution, see the following example:

If the project cost equals $1,200k, M&I eligible costs are $500k, the facility contributes $800k, the percent contributed equals ($800 - ($1,200 - $500))/$500 = 20%

A-4.4 Scoring:

Scoring Box: The scoring box is comprised of the following cells:

0% (a)		100% (c)
0 (d)	< > (e)	3 (f)

The score calculated is based upon the criteria established by the question. This is the value of *e*.

Lower limit of the scoring criteria.

Points given for a score meeting the criteria of cell (a).

Upper limit of the scoring criteria.

Points given for a score meeting the criteria of cell (c).

Points given for a score meeting the value of cell (b). The point is assigned from the point table associated with the question. If no point table is indicated, the point is assigned by linear interpolation and rounded to the nearest 0.5. Linear interpolation is calculated as follows:

$$e = d - \frac{(a-b)\times(d-f)}{(a-c)}$$

A-4.5 Definitions

Portion: As used on page one of the score sheet, refers to the percentage of M&I eligible costs. No item in the cost estimate can be counted in two different categories.

Score as Percentage of Total Project Construction Costs: Method of determining score for question. The score is calculated by taking the sum of all of the work activities identified in the construction cost estimate that are applicable to the question divided it by the total construction costs. "Construction costs" are those costs identified in the estimate that are M&I eligible. The "total construction cost" should be the estimate's sub-total before contingency, overhead, profit and other joint and common costs are included unless these costs are included within each line item of the estimate. Project requesting design funds should base construction costs on a preliminary cost estimate.

M&I PROJECT SCORE SHEET

Project Name: _____ Location: _____

(To be pre-scored by applicant with PSD application)

Category	Weighing Points (a)	% of Construction Cost (b)	TOTAL (a • b)
Life Safety Code (NFPA 101) What portion of this project is assigned to address known Life Safety violations? Reported in FEDS as "Deficiency Code 2."	75		
Other Codes What portion of this project is assigned to address other known applicable local code violations?	50		
Backlog of Maintenance and Repair (M&R) What portion of this project is assigned to correct the backlog of M&R. Reported in FEDS as "Deficiency Code 10 thru 16."	45		
Regulatory/Accreditation What portion of this project is assigned to address non-Life Safety Code deficiencies to obtain/maintain Joint Commission accreditation or other recognized licensing/ accrediting/ regulatory agencies. (CAP, CMS, EPA, DEC, ADA, CDC, OSHA, Executive Orders, etc.).	40		
Program Program related portions of this project that otherwise meet the criteria for M&I allowable expenditures.	15		
Subtotal	---	100%	
Additives Scored on the following pages. Sum of all additives included on this line.	40	n/a	
TOTAL	---	---	

Score the applicable additives on the following pages and include the sum on the line above.

* Note. You must divide (b) by 100 to obtain a decimal figure (the %). The number in this column should never exceed '1' (or 100%). Example: Your project is limited to Life Safety Code corrections (100% of project). Your calculation would be the weighing points for Life Safety Code (75) x 1 (100%) = 75 point score for your project.

Additives

Urgency

$x \geq 18$		$x < 6$
0	< >	3

If this project is not completed within 18 months, how will the delivery of health care or accreditation be affected or degraded? If so, how? *Cite nature of deficiency and method of determining the required action. Indicate the number of months that the deficiency must be corrected by. Points given based on the following table:*

Months (x)	$x<6$	$6 \leq x<12$	$12 \leq x<18$	$x \geq 18$
Points	3	2	1	0

Enhance Infection Control

0%		100%
0	< >	3

Are new and specific measures incorporated to enhance infection control by this project? If so, what are they? How have they been identified or cited? *Provide code, regulatory, or program justification for measures. Score as a percentage of total project construction cost.*

General Safety

0%		100%
0	< >	3

Are there specific patient or staff safety needs that have been identified by a survey or inspection that will be corrected? If so, what? *Identify the survey, report, or citation detailing the hazards. Score as percentage of total project construction costs.*

Environmental Hazards

0%		100%
0	< >	3

What specific environmental hazard will be reduced or eliminated by this project? If so, what? *Identify the environmental assessment or report detailing the hazards. Score as percentage of total project construction cost.*

Energy Conservation

0%		100%
0	< >	8

How will this project reduce the energy consumption of the facility? *Identify equipment and project construction cost to implement Energy Conservation Measure (ECM), equipment, expected annual savings in BTU's, cost to the facility and simple payback period. Simple payback must be less than or equal to 10 years. Score as a percentage of total project construction cost.*

Facility Protection

0%		100%
0	< >	5

If this project is not completed within one year, what critical structures, equipment or systems will fail? What is the risk exposure? *Identify survey, analysis or report evaluating the required corrections. Score as a percentage of total project construction cost.*

Component Age

0%		100%
0	< >	3

What major facility equipment or component is being replaced? Is it currently beyond its useful life[1]? *Identify equipment, useful life age of equipment being replaced, and explain. Score as a percentage of total project construction cost.*

Small Project Preference

x>$250k		x≤$50k
0	< >	6

What is the amount of the M&I eligible request? *Points given based on the following table:*

Requested Amount (x)	x≤$50,000	$50k<x≤$100k	$100k<x≤$250k	x>$250k
Points	6	4	2	0

Contributions % of total M&I eligible

x<5%		x≥30%
0	< >	6

What amount is the facility contributing towards the project *M&I eligible contribution divided by M&I eligible cost.*[2] *Points given based on the following table:*

Condition Index

10		90
4	< >	0

What is the condition index (CI)? *Points given based on the following table:*

Requested Amount (x)	10≤*CI*<30	30≤*CI*<50	50≤*CI*<70	70≤*CI*<90	*CI*<10 *or CI*≥90
Points	4	3	2	1	0

Point Tables

3-Point Table

% (x)	x<8.3%	8.3≤x<25.0%	25.0≤x<41.7%	41.7≤x<58.3%	58.3≤x<75.0%	75.0≤x<91.7%	x≥91.7%
Points	0	0.5	1.0	1.5	2.0	2.5	3

5-Point Table

% (x)	x<5%	5≤x<15%	15≤x<25%	25≤x<35%	35≤x<45%	45≤x<55%	55≤x<65%	65≤x<75%	75≤x<85%	85≤x<95%	x≥95%
Points	0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

[1] Useful Life based upon: *Estimated Useful Lives of Depreciable Hospital Assets*, as revised, Published by AHA Health Data and Coding Standards Group.

[2] Example: If the project cost equals $1,200k, M&I eligible costs are $500k, the facility contributes $800k, the percent contributed equals ($800 - ($1,200 - $500))/$500 = 20%.

6-Point Table

% (x)	x<5%	5≤x<10%	10≤x<15%	15≤x<20%	20≤x<25%	25≤x<30%	x≥30%
Points	0	1	2	3	4	5	6

8-Point Table

% (x)	x<3.1%	3.1≤x<9.3	9.3≤x<15.6%	15.6≤x<21.9%	21.9≤x<28.1%	28.1≤x<34.4%	34.4≤x<40.6%	40.6≤x<46.9%	46.9≤x<53.1%
Points	0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0

% (x)	53.1≤x<59.4%	59.4≤x<65.6%	65.6≤x<71.9%	71.9≤x<78.1%	78.1≤x<84.4%	84.4≤x<90.6%	90.6≤x<96.9%	x≥96.9%
Points	4.5	5.0	5.5	6.0	6.5	7.0	7.5	8.0