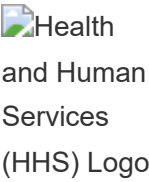


Alternate Care Sites (ACS)



An Alternate Care Site (ACS) is a facility that’s temporarily converted for healthcare use during a public health emergency to reduce the burden on hospitals and established medical facilities. The US Army Corps of Engineers (USACE) and the US Department of Health and Human Services (HHS) have compiled the resources below to support States and municipalities in creating ACSs to support medical requirements during the COVID-19 pandemic.

[ACS Overview and Recommendations](#)[Press Releases & News from USACE about ACS](#)

Alternate Care Sites Implementation Plan & Support Materials

General steps for implementing an ACS are outlined below. This is a State-lead and managed process, and all activities would be State responsibilities unless indicated otherwise. States should tailor all materials based on local requirements.

1. Determine where ACSs will be needed

Use epidemiological and hospital data to determine where and when they will need ACSs. Determine the appropriate level of care for the ACS. Considerations to support this decision have been provided by HHS in the [ACS Overview and Recommendations](#) document.

2. Identify potential sites

Develop a list of potential sites based on available real estate and projected patient need.

3. Assess and prioritize sites

Potential sites should be assessed so the State can prioritize which ones should be selected for use as an ACS. USACE may assist with Site Assessments if tasked by FEMA.

Assessment Template

4. Secure funding

Funding is generally secured after specific sites are identified. The ACS may be funded by the State or municipality or may be funded at FEMA Regional level under a Direct Federal Assistance (DFA) (cost shared) mission based on FEMA-State priorities.

5. Lease the property

States are responsible for securing the Real Estate.

6. Convert the facility for healthcare use

If facility modifications are required to convert it for medical use, prepare a design and issue a contract for this work. A State or municipality could use the materials below as a starting point to develop and issue the construction contracts.

Alternately, FEMA may provide a mission assignment to have USACE issue the contract and manage the work. If USACE will be managing the contract, States will need to provide to USACE a permit providing the right to enter and perform uninterrupted construction, as well as a hold harmless agreement.

The General Scope of Work will support a broad range of contracting mechanisms and is intended to be combined with one of the performance work statements and supplemented with State or Federal contract clauses as applicable. The performance work statements are based on Department of Defense Unified Facilities Guide Standards, and discrepancies with Local/ State medical standards should be resolved between the State/ local governments and the construction agent. They cover conversion of the bare rooms, with no furnishings or equipment.

General Scope of Work

Design and Construction Submittals

■

H2HC Acute- Business Rules

H2HC Acute- Performance Work Statement

Arena to Healthcare Concept (A2HC)

A2HC Non-Acute- Business Rules

[A2HC Non-Acute- Performance Work Statement](#)

A2HC Acute- Business Rules

A2HC Acute- Performance Work Statement

Arena to Healthcare- Containerized Units

A2HC Acute Containerized, Fully Outfitted- performance Work Statement

A2HC Acute Containerized, Shell Only- performance Work Statement

7. Equip the facility

Procure, install, and configure furnishings and medically-unique equipment. Equipment and logistics contracts could be administered by the State, municipality, HHS, or DLA.

The following attachments were adapted from HHS's FMS cache. The first shows the Medical, Biomed, Rx, and Lab equipment inventory required at a 250-bed facility for low-acuity patients. The second provides increased requirements for a high-acuity site.

Inventory- General Care 250 Bed Facility (Medical)

Inventory- High Acuity Cache

8. Provide site security, medical personnel, supplies, and wraparound services

Procure services and supplies to operate the facility. The personnel and logistics contracts could be administered by the State, municipality, HHS, or DLA. The Agency for Children and Families (ACF) Security Preparation Guidelines below are established guidelines that are potentially applicable for security around an ACS site.

ACF Security Preparation Guidelines

The following Scopes of Work developed by HHS to rapidly support requirements at the two initial ACS hotels in California. The documents are predecisional, but have been included with these materials to help provoke thought regarding some key elements that may be required by HHS or States as they develop future contracts for Medical Support and Wraparound Services. Actual requirements will need to be adapted on a site-specific basis.

Sample Scope of Work for Medical and Support Personnel

Sample Scope of Work for Wraparound Services

9. Operate the facility

Manage operational contracts and ensure robust supply chain for expendables over life of the facility.

H2HC Acute or Non Acute- Concept of Operations

A2HC Acute POD- Concept of Operations

10. Restore the site

Once the ACS is no longer required, restore the facility to its original condition and terminate the lease.

Alternate Care Sites Templates for Use by State Governments

[Alternate Care Sites Implementation Materials](#) ...

[1. Facilities Diagrams](#) ...

[2. General SOW for Facility Conversion](#) ...

[3A. Specs for Open Configuration \(General Care\)](#) ...

[3B. Specs for Hotel Configuration \(General Care\)](#)

[3C. Specs for Open Config.\(Acute Care\)](#)

[3D. Specs for Hotel Config.\(Acute Care\)](#)

[4. Sample FEMA DEA Mission Agreement for ACME](#)

[Skip to main content \(Press Enter\).](#)

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