

## Connected Care Pilot Program

# Application Guide

This guide will assist applicants in filing the Connected Care Pilot Program application. Additional information about the application and Connected Care Pilot Program can be found on the Federal Communications Commission (FCC) [website](#) and on the Universal Service Administrative Company (USAC) [website](#). Please note that all health care provider (HCP) sites wishing to participate in the Connected Care Pilot Program must have an approved FCC Form 460. [Learn more](#).

If you have questions about the application, please contact USAC at (800) 453-1546, or [RHC-Assist@usac.org](mailto:RHC-Assist@usac.org). Questions about the Connected Care Pilot Program can be emailed to the FCC at [ConnectedCare@fcc.gov](mailto:ConnectedCare@fcc.gov).

**The deadline for submitting applications is December 7 at 11:59 PM EST.** The FCC will select pilot projects based on the applications. Pilot project selections will not be made on a first-come first-serve basis.

## Log In to My Portal

The application is available at the [My Portal log in page](#). Your Username is your email address. Instructions to set up your My Portal account are included in your FCC Form 460 Approval email. **If you do not have an approved FCC Form 460, you will not be able to access the application system.** If you need to submit an [FCC Form 460](#), please do so immediately.

Universal Service Administrative Co.

Username

Password

[Forgot password?](#)

You are accessing a portal to Universal Service Administrative Company (USAC) systems used to administer participation in the federal Universal Service programs in compliance with 47 C.F.R. Part 54. Access to the systems is provided solely to USAC-authorized users for USAC-authorized business purposes. By logging in, you represent that you are an authorized user. Use of this system indicates acceptance of the terms and conditions governing the USAC systems. USAC monitors user access and content for compliance with applicable laws and policies. Use of the system may be recorded, read, searched, copied and/or captured and is also subject to audit. Unauthorized use or misuse of this system is strictly prohibited and subject to disciplinary and/or legal action.

☐ Click the box to accept


By signing in, I accept the [terms and conditions](#) of the USAC system.

Sign In

Don't have an account? [Create an account](#)

**Select Connected Care Pilot Program** – After you log in, you will be directed to the Rural Health Care (RHC) Program dashboard, shown below. From the dashboard, select Connected Care Pilot Program.

## Dashboard

 Upcoming Dates

12/07  
2020

Connected Care  
Pilot Program  
Application  
Window Closes

01/04  
2021

FY2021 RHC  
Program Filing  
Window Opens

04/01  
2021

FY2021 RHC  
Program Filing  
Window Closes

Rural Health Care

RHC My Portal - RHC My Portal allows users to create, sign, certify, and submit all forms for the Healthcare Connect Fund (HCF) and Telecommunications (Telecom) Programs of the Rural Health Care Program.

Connected Care Pilot Program - Health care providers must use this page to complete and submit their Connected Care Pilot Program application to the FCC.

Help?

Send us a message  
[Click here](#)

Call us  
(888) 641-8722

## Dashboard View

When you select Connected Care Pilot Program, you will be directed to the dashboard, shown below. To start a new application, click the **Start a New Application** button.

The dashboard will show you how many applications you have submitted and have in draft status. Draft applications will not be reviewed. **The deadline for submitting applications is December 7, 2020 at 11:59 PM EST.**

After submitting an application, you may make revisions as long as the application window is still open.

### Tips for Navigating the Application:

- Fully and accurately complete all fields in the application marked with an asterisk (\*). These fields are required and you must answer them for your application to be complete, and to move on to the next application screen.
- Save the form often to preserve your work. To save your work, click on “Save and Continue” at the bottom of the page you are working on. Please note that revising an application sends it back into DRAFT status. You must go through the application and recertify and submit in order for it to be in the FCC’s queue.

The dashboard interface includes a top navigation bar with 'DASHBOARD' and 'START NEW APPLICATION' links. A user profile section shows 'Good Afternoon John Smith'. The main content area features two large boxes for '3 DRAFT' and '6 SUBMITTED' applications. A countdown timer shows '11:52 Oct 13, 2020'. A search bar with the text 'Search by Site or Application Number' and a 'SEARCH' button is present. A 'Start New Application' button is also visible. Below the search bar is a table with the following data:

Site Name	Application Number	Action
Riverside Medical Center	CCPP2020008885	<a href="#">Resume</a>   <a href="#">View</a>
Sunnydale Hospital	CCPP20200656251	<a href="#">Resume</a>   <a href="#">View</a>
Tulip Clinic	CCPP20200049587	<a href="#">Resume</a>   <a href="#">View</a>

A note at the bottom states: 'Note: If you would like to print a hardcopy of any of your applications, click 'View' then print from your browser.'

## Application Type

Select either **Individual Health Care Provider (HCP)** or **Consortium Application**.

- Individual applicants are applying on behalf of one health care provider site.
  - If applying as an individual, **select the site** from the drop down menu to start your application. Only sites with an approved FCC Form 460 will appear as options.
- Consortium applicants are applying as a group of health care provider sites (whether multiple sites that are part of the same health care system or separate sites). Each site must have an approved FCC Form 460 to be considered.
  - If applying as a consortium, **select the consortium** from the drop-down menu of available consortia.

### Applicant Information

Once you select a site or consortium, the **Site Information** will appear. This information is prepopulated from the approved FCC Form 460.

**Note:** If specific HCPs are not listed in the drop-down menu, please contact (800) 453-1546, or RHC-Assist@usac.org

**Application Type \***

☒ Individual Health Care Provider (HCP) (You are applying on behalf of one health care provider physical site)

☐ Consortium Application (You are applying on behalf of more than one health care provider site e.g., separate physical sites for multiple health care providers, or multiple sites for a health care system or organization)

Select from your available Individual sites \*

NOTE: If you can't find a site you are looking for, make sure the appropriate FCC Form 460 for that site is approved and you are listed as an account holder.

**Applicant Information (Lead Site Information):**

Applicant Name: [Redacted]

Applicant FCC Registration Number: [Redacted]

Name of Legal Entity: [Redacted]

Applicant National Provider Identifier: [Redacted]

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If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. – 8:00 p.m. ET Monday through Friday for assistance.

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## Contact Tab - Select Project Manager

The contact tab will pre-populate based on the contacts included on the selected HCP site's FCC Form 460. To make changes to the contacts, including changing the information for a specific contact or adding a new contact, you must submit an FCC Form 460 revision.

### Project Manager

Select which contact will be the **Connected Care Project Manager**. The Project Manager will be the person responsible for overseeing the pilot project. The Project Manager can be a Primary, Secondary, or Tertiary [account holder](#).

**Contact** CCPP20200000015

Permission ↑	First Name	Last Name	Title/Position	Address	City	State	Zip Code	Email	Connected Care Project Manager
Primary			CFO						<input type="checkbox"/>
Tertiary			Data Entry						<input type="checkbox"/>
Tertiary			COO						<input type="checkbox"/>
Tertiary			Operations Assistant						<input type="checkbox"/>
Tertiary			CEO						<input checked="" type="checkbox"/>
Tertiary			Analyst						<input type="checkbox"/>

6 items

NOTE: If a contact person is missing from this page, you can submit an FCC Form 460 revision to add new account holders.

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## Site Information

The site information for each selected site will prepopulate from the FCC Form 460. You must enter the **Total Patient Population Served** for each specific site.

- **Total Patient Population Served:** Enter the **Total Patient Population Served** for each specific HCP site listed in the table. For purposes of the Connected Care Pilot the Total Patient Population is the number of total unique patients in 2019 that visited the facility for individual, face-to-face, or virtual contacts between a patient and a licensed or credentialed provider who exercises independent, professional judgment in providing services.
- **Estimated Number of Patients to be Served:** Enter the estimated number of patients that will be served by the pilot project. This is the total number of unique patients that you anticipate will be served through the proposed pilot project across the health care provider sites included in the application.
- **Service Area:** Select the state(s) or U.S. territories where the applicant provides medical service or select "Nationwide" if applicable.

### Site Information

#### Summary Information

Lead Site Name:

Number of Physical Sites: 1

Total Patient Population Served: 23,000

#### Participating Site Information

Enter the "Total Patient Population" for each site below

HCP Number	Site Name	Address	City	State	Zip Code	County	Non-Profit Status	Eligibility Category	Rurality Determination	Tribal Affiliation	Total Patient Population Served
							Non-profit	Community health center or health center providing health care to migrants	Non-Rural	0	23000

What is the estimated number of patients to be served by the pilot project? \*

123

Select the service areas covered by all the participating site(s) included in this application \*

Arkansas, Delaware

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## Project Executive Summary

In the free text field, provide a **brief summary of the pilot project** for which funding is being requested. Applicants are encouraged to provide a concise description in this field. Applicants will have an opportunity to provide additional information about their proposed pilot project in the remainder of the application.

The screenshot shows a web form titled "Project" in blue. Below the title, a instruction reads: "Provide a brief summary of the pilot project for which Connected Care Pilot Program funding is being requested". The form has a section labeled "Executive Summary \*" with a large text area containing blurred text. Below the text area, a character count shows "1513 of 2500 characters". At the bottom left are two buttons: "BACK" and "SAVE & EXIT". At the bottom right is a blue button labeled "SAVE & CONTINUE".

## Project Information

The project information section a series of check boxes, drop down menus, radio buttons, and free text fields. If additional space is required for any of the free text fields, you may include it in an attachment and note this in the text box for that question. You will have an opportunity to upload attachments at the end of the application.

### Telehealth Services Information

- Select Yes or No for **Do the participating providers on this Connected Care Pilot Program application have previous experience providing telehealth services (other than electronic health records)?**
  - If **No**, use the free text field to name the health care provider or organization that you will be partnering with to provide telehealth services. If you are not partnering with another health care provider or organization to provide telehealth services, indicate “none” in the text box.
- **Number of years of telehealth experience:** From the drop down menu, select the Number of years of telehealth experience (participating sites or partner organizations). As an example, if a participating site has two years of experience and a partner site has two years of experience, then the applicant should only indicate that it has two years of experience. Applicants should not consider this situation to be four years of experience.
- **Telehealth service experience of participating sites or partner organizations:** Check all that apply. Once telehealth services are selected, use the free text field to briefly describe the experience that participating sites or partner organizations have with the services.

### Project

Do the participating providers on this Connected Care Pilot Program application have previous experience providing telehealth services (other than electronic health records)? \*

☐ Yes  
☒ No

Name the health care provider or organization that you will be partnering with to provide telehealth services \*

150 of 1000 characters

Number of years of telehealth experience (participating sites or partner organizations) \*

Between 2-5 years

Select the telehealth services with which the participating sites or partner organizations have experience \*

☐ Patient-based Internet-Connected Remote Monitoring  
☐ Other Monitoring  
☐ Video Consults  
☒ Imaging Diagnostics  
☐ Other Diagnostics  
☐ Remote Treatment  
☐ Video Visits or Consults  
☐ Other Services

Describe the services selected above and list the participating sites or partner organizations with this experience \*

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## Geographic Area and Population Information

Select the **geographic areas and populations served** by the participating providers on the application. Select all the options that apply; if the first three options do not apply to your health care provider sites, select “N/A”:

- A geographic area with a large underserved or low-income population. For purposes of the program, HCPs can determine whether a patient is considered low-income by determining whether (1) the patient is eligible for Medicaid or (2) the patient’s household income is at or below 135% of the U.S. Department of Health and Human Services Federal Poverty Guidelines (FCC 20-44, para. 52).
- A geographic area that has experienced recent health care provider closures or other health care shortages or deficiencies.
- A geographic area that is subject to other factors that affect the ability of the population to obtain or access health care services.
- N/A

Once selected, use the free text field to briefly describe the geographic areas and populations served

Project

Select the geographic areas and populations served by the participating providers on this Connected Care Pilot Program application \*

☐ A geographic area with a large underserved or low-income population. (For purposes of the Pilot Program, health care providers can determine whether a patient is considered low-income by determining whether (1) the patient is eligible for Medicaid or (2) the patient’s household income is at or below 135% of the U.S. Department of Health and Human Services Federal Poverty Guidelines (FCC 20-44, para. 52))

☐ A geographic area that has experienced recent health care provider closures or other health care shortages or deficiencies

☒ A geographic area that is subject to other factors that affect the ability of the population to obtain or access health care services

☐ N/A

Please describe \*

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## Service Area Information

Select and identify the options that apply to the applicant's geographic service area from the options below. If neither of the first two options apply, select "N/A."

- Department of Health and Human Services, Health Resources & Services Administration (HRSA) designated Health Professional Shortage Areas (for primary care or mental health only). Use the [HRSA HPSA look-up tool](#).
- Medically Underserved Areas as defined by HRSA. Use the [HRSA MUA look-up tool](#).
- N/A

Once selected, use the free text field to identify the specific areas (including the state or U.S territory where the areas is located), if applicable.

Select Yes or No for **Would the participating providers that are included in this application and located in non-rural areas primarily serve veterans and low-income patients in rural areas. If so, list the counties where patients will be served?**

- If **Yes**, enter the percentage of total patient population to be served by the proposed pilot project that falls into that category. Use the free text field to explain and identify the rural counties and state. Use [USAC's Eligible Rural Areas Search Tool](#) to determine whether a county qualifies as rural for purposes of the Connected Care Pilot.

Note that for purposes of the Connected Care Pilot, the following criteria are used to determine whether a patient is a veteran or low-income:

- **Veteran**: The patient qualifies for health care through Veterans Affairs (the VA).
- **Low-income**: (1) the patient is eligible for Medicaid or (2) the patient's household income is at or below 135% of the U.S. Department of Health and Human Services Federal Poverty Guidelines.

**The proposed pilot project will serve (check all that apply)**

☒ Department of Health and Human Services, Health Resources & Services Administration (HRSA) designated Health Professional Shortage Areas for primary care or mental health care only). Refer to the HRSA HPSA look-up tool at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

**Please identify these areas: \***

0 of 1000 characters

☒ Medically Underserved Areas as defined by the HRSA. Refer to the HRSA MUA look-up tool at: <https://data.hrsa.gov/tools/shortage-area/mua-find>

**Please identify these areas: \***

0 of 1000 characters

☐ N/A

**Would the participating providers that are included in this application and located in non-rural areas primarily serve veterans and low-income patients in rural areas? If so, list the counties where patients will be served. \***

☒ Yes

☐ No

**Enter the percentage of the total patient population that falls into this category \***

**Please explain and identify the rural counties \***

## Patient Population Information

Complete the required fields about the **intended patient population**.

- **Would the pilot project primarily serve veterans or low-income patients?** Select either Veterans, Low-Income, Both, or Neither as applicable.
  - **Veterans:** Select veterans if your pilot project will serve primarily veterans.
    - Enter the estimated percentage of the total patient population that would be served by the pilot project who are veterans
  - **Low-Income:** Select low-income if your pilot project will serve primarily low-income patients.
    - Enter the estimated percentage of the total patient population that would be served by the pilot project who are low-income.
  - **Both:** Select Both, if your pilot project will primarily serve both veterans and low-income patients.
    - Enter the estimated percentage of the total patient population served by the pilot project who are veterans under the Pilot Program definition.
    - Enter the estimated percentage of the total patient population served by the pilot project who are low-income under the Pilot Program definition
  - **Neither:** Select Neither if your pilot project will not primarily serve patients who are either veterans or low-income.
- Explain how the project will primarily serve these populations. If there is overlap between these populations, explain that too.
- Select Yes or No for **“Are the participating providers on this Connected Care Pilot Program Application affiliated or partnered with Veterans Affairs facilities?”**:
  - If **Yes**, explain your answer in the free text field.

Would the pilot project primarily serve veterans or low-income patients? \*

☐ Veterans  
☐ Low-income  
☒ Both  
☐ Neither

Enter the estimated percentage of the total patient population served by the pilot project that are veterans \*

Enter the estimated percentage of the total patient population served by the pilot project that are low-income \*

Please explain \*

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Are the participating providers on this Connected Care Pilot Program application affiliated or partnered with Veterans Affairs facilities? \*

☒ Yes  
☐ No

Please explain: \*

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## FCC Program Funding Information

- Select Yes or No to answer “**Have any health care provider sites for the proposed pilot project received or expect to receive funding from any FCC program (Telecommunications Program, Healthcare Connect Fund Program, COVID-19 Telehealth Program.)**”
  - If **Yes**, provide the relevant application numbers in the free text field and a description of what the other FCC Program funding was, will be, or is being used for. Please explain how the Connected Care Pilot funding will be used differently if the proposed pilot project is selected.

**Note:** HCPs participating in the Connected Care Pilot cannot receive duplicative funding across FCC programs.

Have any of the health care provider sites for the proposed pilot project received or expect to receive funding from any FCC program (Telecommunications Program, Healthcare Connect Fund Program, COVID-19 Telehealth Program, etc.)? \*

☒ Yes  
☐ No

Please provide the relevant application number(s) or Funding Request Numbers and describe what the program funding was or is or will be used for and how your Pilot Program funding request differs \*

0 of 1000 characters

## Connected Care Services Information

- **Connected Care Services:** Select the connected care services that the proposed pilot project will provide to patients.
- Describe the connected care services in the free text field. The description should include the connected care services the proposed pilot project will provide.
- As explained in the [Report and Order](#), for purposes of the Connected Care Pilot, “connected care” is a “subset of telehealth that uses broadband Internet access service-enabled technologies to deliver directly to patients remote medical, diagnostic, and treatment-related services outside of traditional brick and mortar medical facilities—specifically to patients at their mobile location or residence.”

**Project**

The proposed Pilot Project will provide the following connected care service to patients (check all that apply): \*

☐ Patient-based Internet-Connected Remote Monitoring  
☐ Other Monitoring  
☒ Video Visits or Consults  
☐ Imaging Diagnostics  
☐ Other Diagnostics  
☒ Remote Treatment  
☐ Other Services

Please describe \*

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## Conditions to be Treated Information

Select all **conditions that the Connected Care Pilot will treat or manage**:

- Describe how the participating site(s) has experience treating each of the conditions selected. If necessary, enter in additional information about specific conditions.
- You may provide additional information about the conditions selected above in this text box. The description should include whether the primary purpose of the proposed pilot project is to provide connected care services to respond to a public health epidemic, including infectious diseases, or to provide connected care services for opioid dependency, high-risk pregnancy/maternal mortality (maternal health), mental health conditions (e.g., substance abuse, depression, anxiety disorders, schizophrenia, eating disorders), or conditions of a chronic or long term nature (e.g. heart diseases, diabetes, cancer, stroke).
- If you selected **Other**, please explain what conditions you plan to treat.

Project

CCPP2020000034

The proposed Pilot Project will treat or manage (check all that apply) ⓘ \*

☒ Chronic or long-term conditions  
☐ High-risk pregnancy/maternal health  
☐ Infectious disease Other than COVID-19  
☐ Infectious disease—COVID-19  
☒ Mental health conditions  
☐ Opioid dependency  
☐ Other

Describe the experience of participating sites or partner sites treating each condition, including the number of years treating each condition \*

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Additional Information on specific conditions to be treated

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## Implementation Plan and Project Goals

- **Describe the plan for implementing and operating the pilot project, including how the project intends to recruit patients and plans to provide training to providers and patients**
- Select all **goals and objectives** that apply to the proposed pilot project. Use the free text field to describe how the project will work towards those goals. This should include the applicant's anticipated goals with respect to reaching new or additional patients, and improving patient health outcomes. This description should also include expected health care benefits to the patients, health care provider, or the health care industry that will result from the proposed pilot project, and how the pilot project will achieve each of the goals of the program, which can be found in the Connected Care Order FCC 20-44 at para. 83.

**Project**

Describe the plan for implementing and operating the pilot project, including how the project intends to recruit patients and plans to provide training to providers and patients \*

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**What are the goals and objectives of the proposed Pilot Project (check all that apply) \***

☒ Reduce patient costs

☒ Reduce provider costs

☐ Improve patient overall health

☐ Improve patient adherence to treatment plan

☐ Increase number of patient engagements

☐ Reduce health care costs for facilities and the health care system

☐ Support the trend towards connected care everywhere

☐ Other

**Please describe \***

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## Timeline to Ramp Up Project

- **What is the estimated timeline for ramping up the proposed pilot project service(s)?:** Select the estimated timeline for ramping up the proposed pilot project. This timeline includes the time from the date a funding commitment is issued, setting up the pilot project and other administrative matters related to implementation of the pilot. This timeline should not exceed 6 months from the date that USAC issues a funding commitment letter.

**Project**

What is the estimated timeline for ramping up the proposed pilot project service(s) (not to exceed 6 months from the date a funding commitment is issued)? \*

☐ 1-2 Months

☒ 3-4 Months

☐ 5-6 Months

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## Metrics

**Describe what data will be collected and what metrics will be used to assess the project's outcomes.**

- Also include a **description of how the project will collect, track, and store such information:** This should include metrics for the proposed pilot project that are relevant to the Connected Care Pilot Program goals and how the participating providers will collect those metrics, including reductions in potential emergency room or urgent care visits; decreases in hospital admissions or readmissions; condition-specific outcomes, such as reductions in premature births or acute incidents among suffers of a chronic illness, and patient satisfaction as to their overall health status. Additional illustrative examples of potentially relevant metrics include number of patients treated using program funding, number of telehealth encounters using Pilot Program funding, number of patients retained in treatment at 30, 60, and 90 days and at one year, patient travel miles saved, patient compliance with care plan, increase in patient knowledge of care, patient comfort with telehealth applications and procedures, provider comfort with telehealth application and procedures, and provider satisfaction with delivery method.

### Project

Describe what data will be collected and what metrics will be used to assess the project's outcomes. Also include a description of how the project will collect, track, and store such information. \*

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## Plans for Obtaining Necessary Patient Medical Devices or Medical Equipment

Use the free text field to **describe plans for obtaining any necessary patient devices or medical equipment that will be used to provide the connected care services for the proposed pilot project:**

### Project

Describe plans for obtaining any necessary patient devices or medical equipment that will be used to provide the connected care services for the proposed pilot project \*

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## Community Commitments

Select Yes or No to answer **“Has the project received any commitments from community partners, including physicians, hospitals, health systems, and home health/community providers to the success of the proposed pilot project?”** If yes, describe using the free text field.

**Project**

Has the project received any commitments from community partners, including physicians, hospitals, health systems, and home health/community providers to the success of the proposed pilot project? \*

☒ Yes  
☐ No

Please describe \*

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## Self-Sustaining

**Describe how the project might become self-sustaining once established.**

**Project**

Explain how the pilot project might be self-sustaining once established \*

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## Services Information

Identify the **categories of eligible services for which the proposed pilot project intends to seek funding through the Pilot Program**. Guidance on eligible services for the Connected Care Pilot is provided in the FCC's [November Public Notice](#). Select Yes or No for the following questions:

- Is this Connected Care Pilot Program Application **requesting funding for network equipment**?
- Is this Connected Care Pilot Program application **requesting connectivity services for participating health care providers**? (Note: for this question, connectivity service means broadband. For purposes of the Connected Care Pilot selected pilot projects can request support for new or upgraded broadband services participating HCPs need to participate).

Is this Connected Care Pilot Project application requesting funding for network equipment? \*

☒ Yes

☐ No

Is this Connected Care Pilot Project application requesting connectivity services for participating health care providers? \*

☒ Yes

☐ No

- Select Yes or No for Is this Connected Care Pilot Program application **requesting funding for patient broadband?**

If **Yes**:

- Enter the percentage estimate of the patient population that lacks adequate broadband for connected care services
- Complete the free text field: **How will this pilot project assess whether a patient lacks broadband services or has broadband Internet access service insufficient for the indicated connected care service based on speed, technology, or data cap limitations?**
- **Technologies:** Select which **technologies** the Connected Care Pilot will be using (select all that apply).
  - Fixed,
  - Mobile, or
  - Other
- Enter the **download and upload speeds** necessary for the project
- Select the **mobile technology required** for the project: 2G, 3G, LTE, 4G, 5G

Is this Connected Care Pilot Project application requesting funding for patient broadband? \*

☒ Yes

☐ No

Estimate of percentage of pilot project patient population that lacks adequate broadband for connected care services \*

How will this pilot project assess whether a patient lacks broadband service or has broadband Internet access service insufficient for the indicated connected care service based on speed, technology, or data cap limitations? \*

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Technology \*

☒ Fixed

☒ Mobile

☒ Other

Speed necessary for the pilot project

Download \*

Upload \*

Mobile technology required for the pilot project \*

☐ 2G

☒ 3G

☐ LTE

☐ 4G

☐ 5G

Please Describe \*

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Provide the estimated number of broadband connections that the health care provider intends to purchase to provide connected care services to patients who lack broadband service or have insufficient broadband services: \*

- Select yes or no to answer: **Is the application requesting funding for an information service other than broadband, that you will use to provide connected care services?.** If Yes:
  - Describe the service
- Select Yes or No to answer: **Does the service facilitate capturing, transmitting, or storage of data for connected care?**
  - Describe why the service is integral to your project

Is this Connected Care Pilot Project application requesting funding for an information service, other than broadband connectivity, that you will use to provide connected care services? \*

☒ Yes  
☐ No

Describe the service \*

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Does the service facilitate capturing, transmitting, or storage of data for connected care? \*

☒ Yes  
☐ No

Describe why it is integral to your Pilot Project \*

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## Funding Information

Enter the **estimated costs for eligible items** for which the pilot project intends to seek funding and the estimated costs for ineligible items required to successfully implement the proposed pilot project. You will provide estimated eligible costs by category for each year of the Connected Care Pilot.

**Note:** Including costs in this section does not guarantee that the costs are in fact eligible for funding through the Connected Care Pilot Program. For guidance on eligible services for the Connected Care Pilot, please see the [November Public Notice](#). Selected pilot projects will be required to comply with the applicable competitive bidding rules and submit a funding request for each item for which funding is requested. For additional information on the competitive bidding requirements, see the [Connected Care Order FCC 20-44 at paras. 75-76](#).

To enter an item that you are requesting funding for:

- Select **Add item** and enter the following information:
  - **Category of Eligible Expense:** patient broadband Internet access, health care provider broadband connectivity, connected care information services, or network equipment.
  - **Description of Expense:** provide a brief description of the expense and what it the item would be used for.
  - **Quantity of Items:** number of items you are requesting funding for.
  - **Expense Frequency:** is the item a one-time expense, or is it recurring annually, quarterly, or monthly?
  - **Quantity of Expense Periods:** based on the expense frequency, how many times will the expense reoccur per year? For example, if an item is a monthly expense, this field would be 12.
  - **Cost per Item per Expense Period/Unit Cost, Total Cost:** Provide the per item cost.

**Funding**
CCPP2020000034

Enter the estimated costs for eligible items required to support this Pilot Project

Note: In this section, provide the estimated funding for eligible items for which the pilot project intends to request funding. Including costs in this section does not guarantee that the costs are in fact eligible for funding through the Connected Care Pilot Program. Selected pilot projects will be required to comply with the applicable competitive bidding rules and submit a funding request for each item for which funding is requested.

**Year One**

Item	Category of Eligible Expense	Description of Expense	Quantity of Items	Expense Frequency	Quantity of Expense Periods	Cost per Item per Expense Period/ Unit Cost	Total Cost	Remove
Xpsx	Network equipment	Network connector	100	One-Time	1	10	\$1,000.00	
Access	Patient broadband Internet access ser...	Patient access	100	Monthly	12	10	\$12,000.00	

[Add Item](#)

**Year Two**

Item	Category of Eligible Expense	Description of Expense	Quantity of Items	Expense Frequency	Quantity of Expense Periods	Cost per Item per Expense Period/ Unit Cost	Total Cost	Remove
Access	Patient broadband Internet access ser...	Patient access	100	Monthly	12	10	\$12,000.00	

[Add Item](#)

**Year Three**

Item	Category of Eligible Expense	Description of Expense	Quantity of Items	Expense Frequency	Quantity of Expense Periods	Cost per Item per Expense Period/ Unit Cost	Total Cost	Remove
No items available								

As you complete the table for each year, the total cost will calculate at the bottom of the page.

- **Estimated Funding Request Total** will display the sum of all eligible costs multiplied by 85%. This value represents the estimated funding the pilot project could receive based on the estimated eligible costs listed in the application.
- **Estimated Applicant Share of Cost for Eligible Items** will display the sum of all eligible costs multiplied by 15%. This value represents the participating health care providers' share of the cost for eligible items.
- **Estimated Cost of Ineligible Items** requires applicants to enter an estimate of the total cost of services and other costs that are ineligible for support through the Connected Care Pilot, but required to successfully implement the pilot project.
- **Total Estimated Pilot Project Cost** will display the sum of the above three fields and represents an estimate of the total cost of the proposed pilot project.

Total Funding Request		
Year	Total	Total @ 85%
1	\$13,000.00	\$11,050.00
2	\$12,000.00	\$10,200.00
3	\$0.00	\$0.00
Total	\$25,000.00	\$21,250.00

Estimated Funding Request Total: \$21,250.00

Estimated Applicant Share of Cost for Eligible Items: \$3,750.00

\* Estimated Cost of Ineligible Items: 100000

Total Estimated Pilot Project Cost: \$125,000.00

BACK SAVE & EXIT SAVE & CONTINUE

### Applicant Share of Costs

Select all **anticipated sources of financial support** for the applicant's share of cost for eligible items.

- Use the free text field to describe **the plan to cover the cost of ineligible items**.

### Funding

Estimated Applicant Share of Cost for Eligible Items: \$3,750.00

Please select all anticipated sources of financial support for the applicant's share of cost for eligible items \*

☒ Eligible HCP participant

☐ State grants, funding, or appropriations

☐ Federal funding, grants, loans, or appropriations

☐ Tribal government funding

☐ Other grant funding including private grants

☐ Individual patients

Estimated Cost of Ineligible Items: \$100,000.00

What is the plan to cover the cost of ineligible items? \*

695 of 1000 characters

BACK SAVE & EXIT SAVE & CONTINUE

## Documentation

In this section, you will upload documentation of the participating health care provider's financial health, and any **attachments to provide additional information on any of the fields included in the application form** or to assist the FCC's review of your application. Please note, the size limit is 25MB per file. The system can accept variety of file types, including Word documents, PDFs, and Excel documents.

- **Financial Health Documentation:** Applicants are required to attach documentation of the participating health care provider's financial health (e.g., recent audited balance sheets and income statements that are no more than two years old). Applications that do not include this information will be considered incomplete.

If you would like attachments to your application to be **treated as confidential**, check the box and ensure that all uploaded supporting documentation specifically identifies information you want treated as confidential. This can be done by highlighting or setting off information with brackets. Attachments containing confidential information must be marked "CONFIDENTIAL" in the file name and, where feasible, in the page header. Where only a portion of a document contains confidential information, a public version of the document, with the confidential information redacted from it, must also be submitted. Timely submitted applications will be uploaded into the FCC's Electronic Comment Filing System, so any requests for confidential information will only apply to specifically identified information provided in the attachments.

Documentation

CCPP2020000034

Please attach supporting documentation to provide additional information on any of the fields included in the application form or to assist the Federal Communications Commission in making a determination of whether you should be selected to participate in the Connected Care Pilot Program.

*Note: The applicant must attach documentation of the participating health care provider's financial health (e.g., recent audited balance sheets and income statements that are no more than two years old).*

By checking this box, Applicants request confidential treatment under the Commission's rules, 47 CFR § 0.459, for one or more of the attachments. Only those portions of an attachment that actually contain confidential information may be designated as confidential. All information for which confidential treatment is requested must be specifically identified, for example, by highlighting or setting off the information with brackets. The attachment containing the confidential information must be marked "CONFIDENTIAL" in the file name and, where feasible, in a page header. Where only a portion of a document contains confidential information, a public version of the document, with the confidential information redacted from it, must also be submitted.

☐ Request confidential treatment

Financial Health Documentation \*

UPLOAD

Drop files here

General Files

UPLOAD

Drop files here

Non-Confidential Only (Including Waivers)

UPLOAD

Drop files here

Select if the participating HCPs included in the application would require any **waivers of applicable FCC rules to participate** in Connected Care Pilot and if Yes, use the free text field to identify which rules. Requests for waiver cannot be considered confidential.

Applicants may request a waiver of FCC rules to participate in the Connected Care Pilot. When requesting a waiver, additional documentation must be included detailing the need for such a waiver (these attached materials will not be withheld from public inspection pursuant to the procedures set forth in section 0.459 of the Commission's rules). Does the project need a waiver of any applicable FCC rules to participate in the Pilot Program? \*

☒ Yes
 ☐ No

Please identify the rules you wish to have waived \*

## Certifications

**All certifications must be checked.** After you have checked each certification, sign by typing your **name** in the certifier's signature box, then click Submit.

### Select all Certifications:

- ☒ I certify, under penalty of perjury, that I am authorized to submit this application on behalf of the health care provider(s) listed in the application.
- ☒ I certify, under penalty of perjury, that to the best of my knowledge, information, and belief, all information contained in this application, and in any attachments, is true and correct.
- ☒ I certify and acknowledge, under penalty of perjury, that if selected, the health care provider(s) in the application will comply with all applicable Connected Care Pilot Program rules, requirements and procedures, including the requirement to pay 15% of the costs for supported items from eligible sources, and all applicable federal and state laws, including the Americans with Disabilities Act, the Rehabilitation Act, the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law.
- ☒ I certify and acknowledge, under penalty of perjury, that if selected, the health care providers in the application will comply with the applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws.
- ☒ I certify and acknowledge, under penalty of perjury, that all documentation associated with this application must be retained for a period of at least five years after the conclusion of the participating pilot project to demonstrate compliance with the Connected Care Pilot Program rules, requirements and procedures, subject to audit.
- ☒ I certify, under penalty of perjury, to the best of my knowledge, that the health care provider(s) listed in the application is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services and/or equipment eligible for support under the Connected Care Pilot Program.
- ☒ I certify and acknowledge, under penalty of perjury, that all requested equipment and services funded under the Connected Care Pilot Program will be used for their intended purposes.

*NOTE: To review all information on this form, select Exit to return to the home page, and then select View next to your application. You can then print the View screen if you would like a copy of your application.*

### Signature and Date

Certifier's Full Name:

\* Certifier's  
Signature:

\* Date: