

# Connected Care Pilot Program Funding Request Best Practices

Submitting the FCC Form 462

July 26, 2023



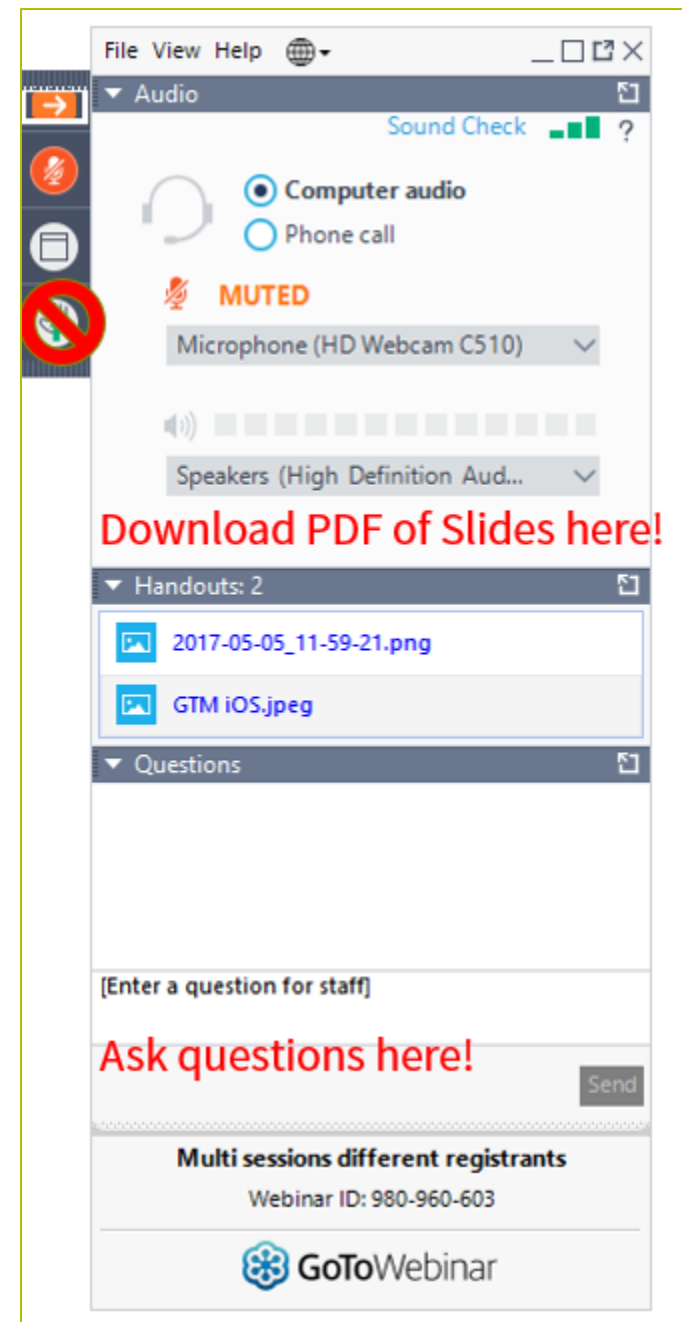
Universal Service  
Administrative Co.

# DISCLAIMER

To accommodate all attendees, real-time closed captions will be present during this presentation. This is a new feature we are testing out to improve webinar accessibility for all. We understand it is a significant change and appreciate your patience. We apologize in advance for any transcription errors or distractions. Thank you for your support.

# Housekeeping

- Use the “Audio” section of your control panel to select an audio source and connect to sound
  - Turn on your computer’s speakers, or
  - Use the call-in instructions in your confirmation email
- All participants are on mute
- Submit questions at any time using the “Questions” box
- Slides attached to GoToWebinar Panel and posted to [CCPP Learn](#)



The screenshot displays the GoToWebinar control panel interface. At the top, there is a menu with 'File', 'View', and 'Help'. Below this is the 'Audio' section, which includes a 'Sound Check' indicator and two radio buttons: 'Computer audio' (selected) and 'Phone call'. A red 'MUTED' icon is visible next to the microphone icon. Below the microphone icon, the selected audio device is 'Microphone (HD Webcam C510)'. A volume slider is present, and the selected speaker is 'Speakers (High Definition Aud...'. A red circle with a slash over a microphone icon is overlaid on the left side of the audio section. Below the audio section is the 'Handouts: 2' section, which lists two files: '2017-05-05\_11-59-21.png' and 'GTM iOS.jpeg'. Below the handouts is the 'Questions' section, which contains a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. A red text overlay 'Ask questions here!' is positioned above the 'Send' button. At the bottom of the control panel, there is a section for 'Multi sessions different registrants' with the 'Webinar ID: 980-960-603' and the GoToWebinar logo.

**Download PDF of Slides here!**

**Ask questions here!**

Multi sessions different registrants  
Webinar ID: 980-960-603

GoToWebinar

# Meet Our Team



**Simone Andrews**

Senior Communications  
Specialist | RHC Outreach



**Blythe Albert**

Advisor of Program  
Management | RHC Outreach

# Agenda

- Funding Request Overview
- Introduction to Best Practices
- Competitive Bidding Exemptions
- Submitting the FCC Form 462
- Best Practices & Resources

# By the end of this webinar you will be able to...

- *Understand what a funding request is, who must submit, and when*
- *Complete and submit an FCC Form 462 in My Portal*
  - *Avoid common errors*
  - *Submit as an individual HCP and as a consortium*
  - *Submit using a competitive bidding exemption*
- *Respond to Information Requests*
- *Locate important resources on the USAC website*

# Glossary

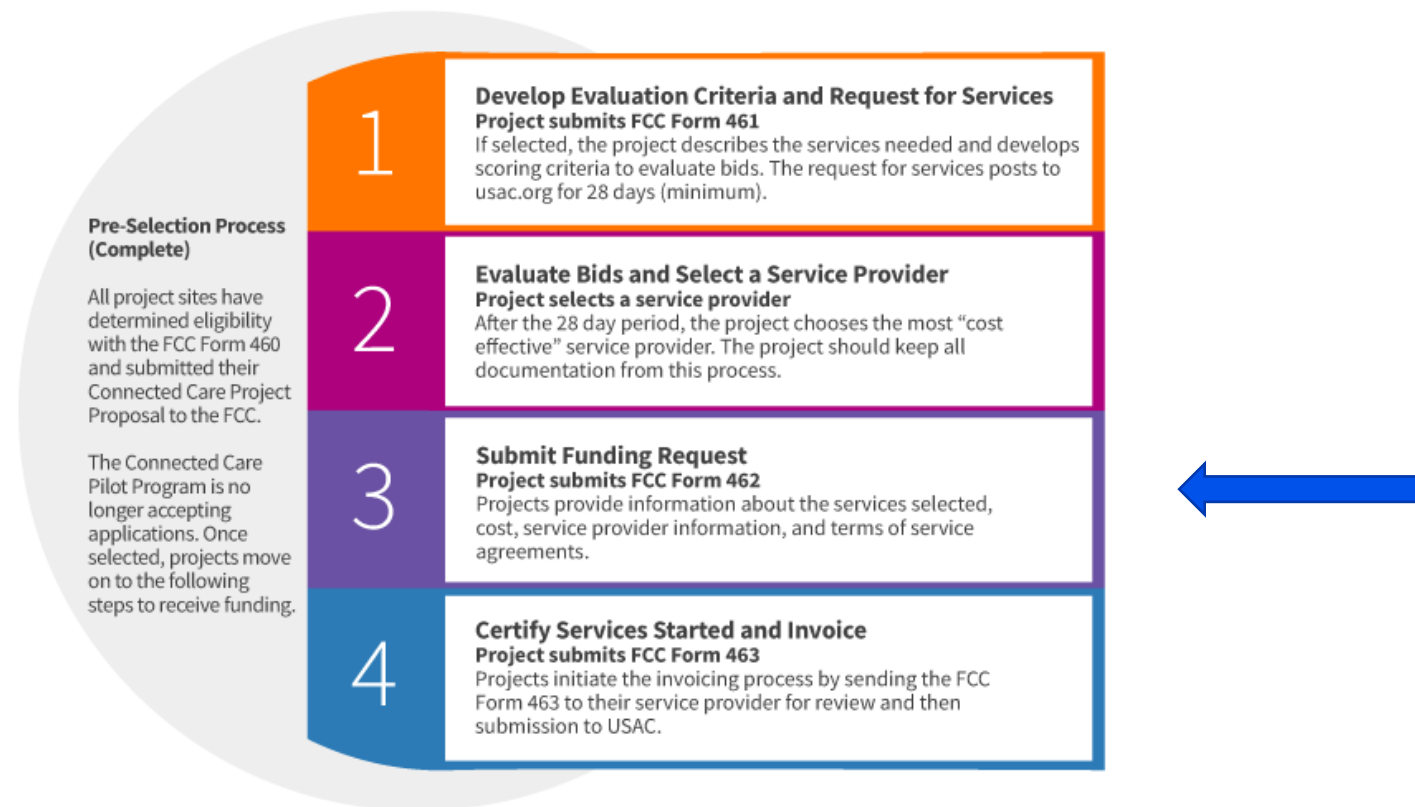
Acronym	Meaning
<b>FCC</b>	Federal Communications Commission
<b>HCP</b>	Health Care Provider (your site)
<b>HCP Number</b>	Number associated with your site
<b>PAH</b>	Primary Account Holder
<b>LOA</b>	Letter of Agency (Consortium Only)
<b>ACSD</b>	Allowable Contract Selection Date
<b>FRN</b>	Funding Request Number
<b>NCW</b>	Network Cost Worksheet
<b>FCL</b>	Funding Commitment Letter

# **Funding Request Overview**

CCPP Funding Request Webinar



# Connected Care Pilot Program Application Process



**\*Note:** Each physical site/location must submit its individual FCC Form 460, even if part of a hospital system. A hospital system is not considered one entity; it must form a consortium to apply.

# What is a Funding Request?

- Once a service provider is selected, following the posting of an FCC Form 461 and waiting at least 28 days, the next step is to submit a **funding request** to USAC to provide information about the services selected and certify that those services are the most cost-effective option of the offers received.
- Specifies the type of service(s) ordered, cost, name of service provider, and terms of the service agreement(s).
- Projects submit their funding request using an **FCC Form 462** (Funding Request Form) in My Portal.
- USAC reviews the funding request and issues a Funding Commitment Letter (FCL) for eligible items.

# Who Must Submit a Funding Request?

- All Connected Care Pilot Program (CCPP) projects requesting funding for expenses that were part of their CCPP application must file a separate FCC Form 462 for each service provider for which funding is requested.
  - Multiple circuits or services can be included on one FCC Form 462 if it is for the same service provider.
  - If submitting as a consortium, multiple HCPs can be included on one FCC Form 462 if using the same service provider.
  - USAC will review the FCC Form 462 and make final determinations regarding the eligibility of the network equipment and services requested before committing funding to each pilot project.

# Individual vs. Consortia Applications

- A **consortium** is two or more health care providers (HCPs) that choose to request support on a single application.
- In a consortium funding request, you could have multiple HCPs listed under one FCC Form 462 so long as they are requesting funding from the same service provider.
- In an individual application you would submit a funding request for each approved HCP location.
  - The HCP location that's receiving the service, listed on the supporting documentation, should match the HCP location entered on the FCC Form 462.

## When to Submit

- On March 16, 2022, the FCC issued a [News Release](#), announcing the selection of 16 additional projects for the Connected Care Pilot Program.
- The FCC has awarded a total of \$98 million in funding for pilot projects that serve patients in 40 states plus Washington, DC.
- The deadline for all Connected Care Pilot Program participants to file their initial funding request was September 16, 2022.
- Applicants may submit as many funding requests as needed to use the entire award as long as they comply with all program rules.

# Eligible Services

Category	Eligible Services	Examples
<b>Patient Broadband Internet Access Services/Health Care Provider Broadband Data Connections</b>	New or upgraded broadband connections (whether for health care provider or participating patients) necessary for connected care services for the Pilot Program	Broadband Connections <ul style="list-style-type: none"> <li>○ Digital Subscriber Line</li> <li>○ Cable Modem</li> <li>○ Other Copper Wireline</li> <li>○ Optical Carrier/Fiber to the End-User</li> <li>○ Terrestrial Fixed Wireless</li> <li>○ Mobile Wireless (e.g., 3G, LTE, 4G, 5G)</li> <li>○ Satellite</li> <li>○ Broadband over Powerline</li> </ul> <ul style="list-style-type: none"> <li>• Firewall Service</li> </ul>
<b>Other Connected Care Information Services</b>	Services for connected care that capture, transmit (including video visits), and store health care data for connected care. This includes information services with “store-and-forward” technology, patient reported outcome platforms, and remote patient monitoring capabilities to monitor patients.	<ul style="list-style-type: none"> <li>• HIPAA compliant (or requirement waived) video services</li> <li>• HIPAA compliant (or requirement waived) telehealth solutions/packages/platforms, suites of services.</li> <li>• One-time, annual, recurring monthly costs for information service</li> <li>• Licenses, subscriptions, or recurring charges necessary for providers to access or use eligible information service.</li> </ul>

*Note: This eligible services chart is illustrative and is not intended to be exhaustive.*

# Eligible Services (continued)

Category	Eligible Services	Examples
<b>Network Equipment</b>	Certain network equipment necessary to make Internet service or connected care services for the HCP/Patient for the Pilot Program functional (e.g., routers) or necessary to manage, control, or operate a supported broadband service.	<ul style="list-style-type: none"> <li>• Equipment that terminates a carrier's or other provider's transmission facility and any router/switch that is directly connected to either the facility or the terminating equipment.</li> <li>• Network equipment that helps manage, control, or operate a supported broadband service (consortia applicants only)</li> <li>• Servers used exclusively for eligible broadband services</li> <li>• Routers (including at patient's home)</li> <li>• Switches</li> </ul>
<b>Miscellaneous</b>	Various miscellaneous costs associated with eligible services listed above may be eligible for support. Applicants should request eligible miscellaneous services in the same category as the associated service being obtained or installed.	<ul style="list-style-type: none"> <li>• Installation, Activation, and Initial Configuration (including implementation and integration costs necessary to integrate eligible information services with existing systems).</li> <li>• Fees and charges that are a necessary component of an eligible service: <ul style="list-style-type: none"> <li>• Shipping charges</li> <li>• Taxes, surcharges, and other reasonable charges incurred in obtaining an eligible product or service</li> </ul> </li> </ul>

*Note: This eligible services chart is illustrative and is not intended to be exhaustive.*

# Ineligible Services

- End-user devices
- Medical supplies
- Provider (Doctor's) Fees
- Administrative and Personnel costs
- Live Translation Services
- Internal Connections between Provider Sites
- Storage Devices
- IT support
- Maintenance costs
- DocuSign
- VPN Solutions
- Special Construction/Network Builds
- Applications not purchased as part of connected care information service
- Standalone Voice, including VoIP
- Standalone messaging services
- Network Equipment not necessary to make broadband or connected care services functional or manage, control or operate a supported broadband service

*Note: This ineligible services chart is illustrative and is not intended to be exhaustive.*



**Questions?**

# **Introduction to Best Practices**

## CCPP Funding Request Webinar

# Information Requests

- Forms with missing or incomplete information or documentation cannot be processed.
- Where USAC requires information that cannot be located on the submitted supporting documentation will result in an Information Request.
  - FCC Form 462 Information Requests will be sent from an @usac.org email address.
- All account holders will receive all Information Requests.
- Account Holders are given 14 calendar days to provide a response to the Information Request.
  - 11:59 p.m. ET on the 14<sup>th</sup> day would be deadline to respond to the Information Request.
- Information Requests not responded to within 14 calendar days **will result in a denial** of that form.

# Submission Checklist

- Document(s) confirming the monthly cost for your services (e.g. a copy of your bill or price quote for the requested funding period)
- A copy of all bids that were received for your request for service including the winning bid, all bids that were rejected and any bids that were disqualified and why
- A copy of the bidding evaluation matrix
- A list of people who evaluated bids including title, role, and their relationship to the HCPs participating in the Project
- Internal documents related to the selection of the service provider (if applicable)
- Copies of any correspondence with service providers prior to and during the competitive bidding process (if applicable)
- A copy of any new contract signed for your services
- Award letter to winning vendor
- Contact information for the service provider and all responsible account holders
- The start and end location of your services

**\* Any information that cannot be located on the submitted supporting documentation will result in an Information Request.**

# Submission Tips

- Use the information on the original documentation (bill, contract, or service order) to enter the data into the FCC Form 462 and upload that document into My Portal with your submission.
- Remember you must also submit:
  - **Copies of all bids received** including winning, losing and disqualified.
  - **List of the people who evaluated the bids** with their names and titles.
  - **Evaluation documents** including the scores received by bidders based on the weighted criteria posted in the FCC Form 461.
  - **Award letter** to the winning vendor.
- Per CCPP rules, you must have all supporting documents on hand at the time of submission and they must be uploaded when you submit your forms.

# Submission Tips, Continued

- It is helpful to also submit a cover letter that includes a summary of your submission.
- Recommended things to include in your cover letter:
  - Where to find information about your service in the supporting documentation (i.e. Internet 20M - \$XX.XX – Page 5 of Invoice).
  - Highlight/label any documentation that is submitted.
- Information that isn't clearly identified via supporting documentation will need to be confirmed by the service provider.
  - It is the account holder's responsibility to reach out to the service provider to get any missing information. USAC cannot reach out to the service provider on an account holder's behalf.

## Supporting Documentation - Example

- Marked up invoice that clearly reflects HCP, Billing Account Number (BAN) Circuit Location(s), Bandwidth, Service Type, and Monthly Recurring Charge (MRC) for each expense item.

**Spectrum BUSINESS**

June 17, 2021  
 Invoice Number: [REDACTED]  
 Account Number: [REDACTED] **BAN**  
 Security Code: [REDACTED]  
 Service At: [REDACTED] **Circuit location**

**SPECTRUM BUSINESS NEWS**

**Contact Us**  
 Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
 Or, call us at 1-877-283-8091

Save money with Spectrum Mobile when you switch to the fastest mobile provider in the nation. Call 1-833-589-1743 to see how much you can save!

Page 2 of 4      June 17, 2021      **HCP name**

[REDACTED] **PHYSICIANS**

Invoice Number: [REDACTED]  
 Account Number: [REDACTED] **BAN**  
 Security Code: [REDACTED]

**Charge Details**

Previous Balance		69.91
Payment Received	06/02	-69.91
<b>Remaining Balance</b>		<b>\$0.00</b>

Payments received after 06/17/21 will appear on your next bill.

**Referenced billing period**

Services from **06/16/21 through 07/15/21**

**Spectrum Business™ Internet**

Broadband Internet Promo		-30.04
Static IP Address		14.99
High Speed Internet Discount		-20.00
Broadband High Speed Data	<b>12M x 1.5M</b>	189.99
		<b>\$154.94</b>

**Service type**

Spectrum **Business™ Internet** Total      **MRC** **\$154.94**

# Competitive Bidding Exemptions

CCPP Funding Request Webinar










## If NOT Using a Competitive Bidding Exemption: Select “Create 462” from “Form 461” Tab

- On the Form 461 tab, click the **Create 462** button.

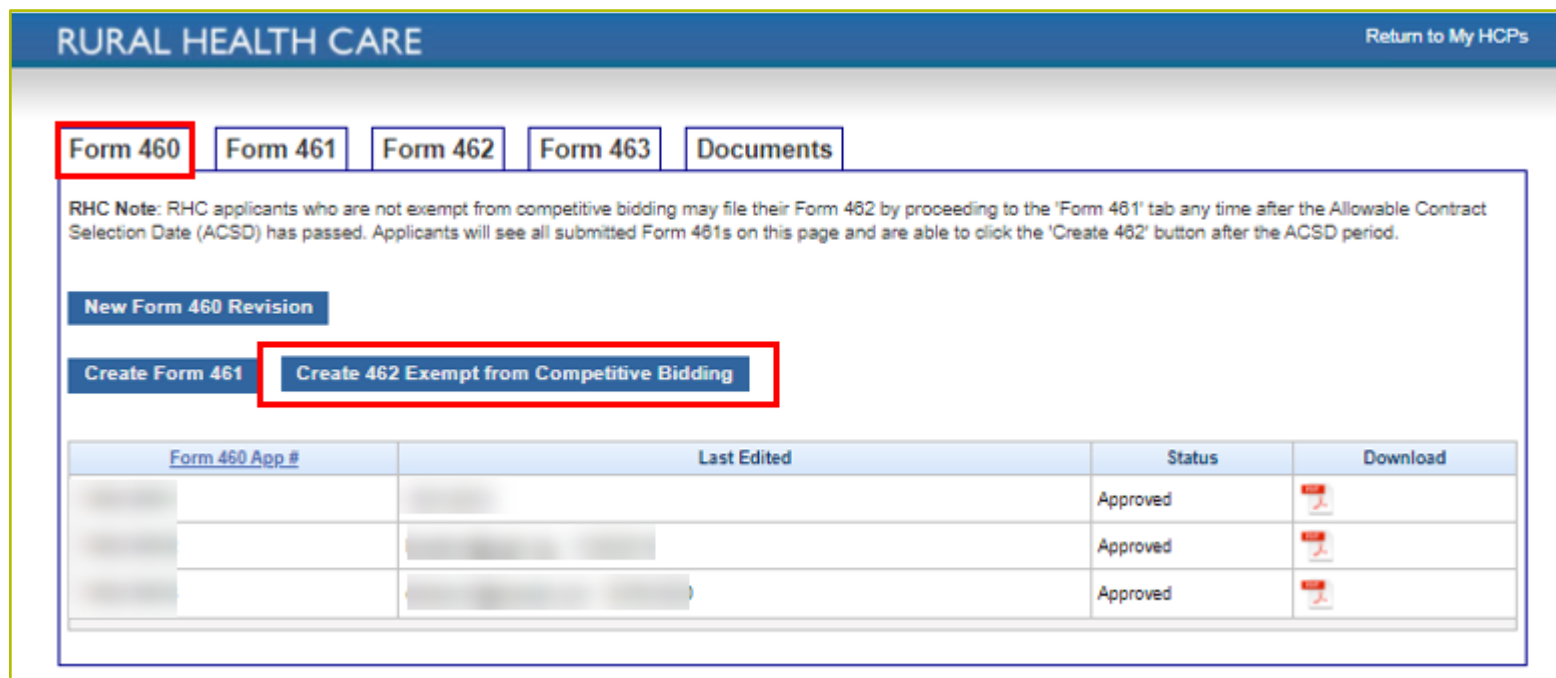
RURAL HEALTH CARE Return to My HCPs

Form 460 **Form 461** Form 462 Form 463 Documents




Form 460 App #	Form 461 App #	Friendly Name	Last Edited	Status	ACSD	Download	Actions Available
	100	2020	1/21/2020				
	100	2020	1/27/2020	Approved	2/25/2020		<b>Create 462</b>
	100		3/31/2016	Approved	3/15/2014		<b>Create 462</b>
	100	2014	3/31/2016	Approved	6/17/2014		<b>Create 462</b>
	100	2019	1/16/2019	Approved	2/14/2019		<b>Create 462</b>
	100	2018	1/05/2018	Approved	2/03/2018		<b>Create 462</b>
	100	2021 FY 461	9/02/2020	Approved	10/01/2020		<b>Create 462</b>

## If USING a Competitive Bidding Exemption “Create 462 Exempt from Competitive Bidding” from “Form 460” Tab

- On the Form 460 tab, click the **Create 462 Exempt from Competitive Bidding** button.



The screenshot displays the 'RURAL HEALTH CARE' portal interface. At the top, there is a navigation bar with the text 'RURAL HEALTH CARE' on the left and 'Return to My HCPs' on the right. Below the navigation bar, there are several tabs: 'Form 460', 'Form 461', 'Form 462', 'Form 463', and 'Documents'. The 'Form 460' tab is highlighted with a red box. Below the tabs, there is a note: 'RHC Note: RHC applicants who are not exempt from competitive bidding may file their Form 462 by proceeding to the 'Form 461' tab any time after the Allowable Contract Selection Date (ACSD) has passed. Applicants will see all submitted Form 461s on this page and are able to click the 'Create 462' button after the ACSD period.' Below the note, there are two buttons: 'New Form 460 Revision' and 'Create Form 461'. The 'Create Form 461' button is highlighted with a red box, and the 'Create 462 Exempt from Competitive Bidding' button is also highlighted with a red box. Below the buttons, there is a table with the following columns: 'Form 460 App #', 'Last Edited', 'Status', and 'Download'. The table contains three rows of data, all with a status of 'Approved' and a download icon.

Form 460 App #	Last Edited	Status	Download
[REDACTED]	[REDACTED]	Approved	
[REDACTED]	[REDACTED]	Approved	
[REDACTED]	[REDACTED]	Approved	

# What is a Competitive Bidding Exemption?

- In some cases, the service needs or contract conditions allow you to be exempt from competitive bidding.
- With a competitive bidding exemption, you will not have to undergo the competitive bidding process, and do not need to create evaluation criteria or collect bids from service providers.
- A competitive bidding exemption will allow you to skip the FCC Form 461 (for the purposes of competitive bidding) entirely and proceed directly to submitting a funding request.

# Competitive Bidding Exemptions

- Purchasing services from a master service agreement (MSA) negotiated by a federal, state, Tribal, or local governmental entity on its behalf of you and others, and which was awarded pursuant to applicable competitive bidding requirements;
- Requesting support using contracts previously endorsed by USAC (MSA under the Pilot Program or the HCF Program);
- Using an active multi-year contract already designated as “Evergreen” for the RHC program (exemption applies for the life of the contract);
- Using a contract approved under the Schools and Libraries (E-rate) Program;
- Projects seeking support for \$10,000 or less of total undiscounted eligible expenses for a single year do not have to complete an FCC Form 461.

# Connected Care Pilot Program-Specific Exemption

- **Pre-Existing Contract:** The eligible health care provider already has entered into a legally binding agreement with a service provider for services or equipment eligible for support in the Pilot Program and that legally binding agreement itself was the product of competitive bidding.
  - This exemption applies only when the contract was signed before the Project was selected to participate in CCPP and the contract was not entered into solely for purposes of the Pilot Program.
  - The prior competitive bidding process must have included public solicitation of bids or the Project must have evaluated multiple quotes or bids before signing the contract.



**Questions?**

# **Submitting the FCC Form 462**

CCPP Funding Request Webinar

# Select Type of Expense

- Choose the hyperlink to indicate whether you are filing for a single expense or multiple expenses.




RURAL HEALTH CARE Return to My HCPs

Form 460 **Form 461** Form 462 Form 463 Documents

RHC Note: RHC applicants who are not exempt from competitive bidding may file their Form 462 by proceeding to the 'Form 461' tab any time after the Allowable Contract Selection Date (ACSD) has passed. Applicants will see all submitted Form 461s on this page and are able to click the 'Create 462' button after the ACSD period.

**New Form 460 Revision**

**Create Form 461** **Create 462 Exempt**

Form 460 App.#	Status	Download
	pproved	
	pproved	
	pproved	

**New Competitive Bidding Exempt 462**

Only applicants with competitive bidding exemptions may bypass filing the Form 461. These exemptions are:

- Annual Undiscounted Cost of \$10,000 or less
- Government Master Services Agreement
- Pre-Approved Master Services Agreement
- Evergreen Contract
- E-Rate Approved Contract
- Pre-Existing Contract (Connected Care Pilot Only)

Do you intend on claiming a competitive bidding exemption?

[Yes - I am filing for a single expense.](#)

[Yes - I am filing for multiple expenses.](#)

[No - I am not filing for a competitive bidding exemption.](#)



# General Information

- Click the radio button beside **Connected Care Pilot Program**.


RURAL HEALTH CARE Return to My HCP

GENERAL INFORMATION  VENDOR INFORMATION  COMPETITIVE BIDDING INFORMATION  
 SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING  ADDITIONAL DOCUMENTATION  CERTIFICATIONS  SIGNATURE

**General Information** Preview PDF Form Guide

Read the complete [Form Guide](#) before you begin. Click the ? button on each screen for guidance about completing each section of the form. Failure to comply with the Federal Communications Commission (FCC) rules and orders may result in denial of the request.

Information about the Paperwork Reduction Act (PRA) is available [here](#)

Program Type:  Healthcare Connect Fund (HCF) Program  
  **Connected Care Pilot Program**

1 Funding Year: \*

2 Funding Request Number (FRN):

3 HCP Number:

4 Site Name/Consortium Name:

Approved by OMB 3060-0804

## Vendor Information

- Click the **Search for a SPIN/498 ID** button.
- To search for a SPIN, type in SPIN/498 ID or Vendor name.
- Confirm the correct SPIN with your service provider before proceeding.

The screenshot shows a web form titled "Vendor Information" with several tabs at the top: GENERAL INFORMATION, VENDOR INFORMATION (selected), COMPETITIVE BIDDING INFORMATION, SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING, ADDITIONAL DOCUMENTATION, CERTIFICATIONS, and SIGNATURE. The form contains the following fields and buttons:

- 9 SPIN/498 ID:** \* [Text input field] **Search for a SPIN/498 ID** (button, highlighted with a red box)
- 10 Vendor Name:** \* [Text input field]
- Type of Funding Request**
- 11 Funding Request:** [Dropdown menu showing "Individual HCP, single eligible expense"]
- Buttons at the bottom: **Save and Exit**, **Save and Go Back**, **Save and Continue**, and **Exit**.

Additional links in the top right corner include **Preview PDF** and **Form Guide**.

## Competitive Bidding Information

- Enter number of bids received and service provider selection date in fields.
- Answer the questions by clicking **Yes** or **No** radio buttons.

### Competitive Bidding Information

[Preview NCW](#) [Preview PDF](#)

5 FCC Form 461 Application Number:

6 Allowable Contract Selection Date (ACSD):

7 Number of vendors who bid: \*

Service Provider Selection Date \*

Are you continuing service with your current service provider? \*

Yes  No

Are you claiming a competitive bidding exemption?

Yes  No

[Save and Exit](#) [Save and Go Back](#) [Save and Continue](#) [Exit](#)

## Competitive Bidding Exemption

- Click **Add Contract** beside the claimed exemption to upload the contract.

### Competitive Bidding Information

[Preview PDF](#) [Form Guide](#)

RHC Note: You selected a competitive bidding exemption and therefore line 8 is a required field. If you cannot claim a competitive bidding exemption, please exit this form and proceed to the Form 461 tab to either file a form 461 or form 462 once the 461's Allowable Contract Selection Date has passed.

Are you claiming a competitive bidding exemption?

Yes  No

8 Request for competitive bidding exemption (Choose an option) \*

Annual Undiscounted Cost of \$10,000 or less	<input type="checkbox"/>	
Government Master Services Agreement	<input type="checkbox"/>	<b>Add Contract</b>
Pre-Approved Master Services Agreement	<input type="checkbox"/>	<b>Add Contract</b>
Evergreen Contract	<input type="checkbox"/>	<b>Add Contract</b>
E-Rate Approved Contract	<input type="checkbox"/>	<b>Add Contract</b>
Pre-Existing Contract	<input type="checkbox"/>	<b>Add Contract</b>

**Save and Exit** **Save and Go Back** **Save and Continue** **Exit**

# Single Eligible Expense Request for Funding

- Enter information in fields.
- Red asterisk (\*) indicates required field.

GENERAL INFORMATION   VENDOR INFORMATION   COMPETITIVE BIDDING INFORMATION  
● SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING   ADDITIONAL DOCUMENTATION   CERTIFICATIONS   SIGNATURE

Single Eligible Expense Request for Funding [Preview PDF](#) [Form Guide](#)

**Eligible Expense Information**

Is this a newly installed circuit?

12 Category of Expense \*

13 Expense Type \*

14 Bandwidth \*

14a Is this Service Symmetrical?

What is the upload bandwidth

What is the download bandwidth

15 Circuit ID (optional)

16 Percentage of Expense Eligible \*

Upload vendor pricing comparison or cost allocation

17 Is the service type being provided to both eligible and ineligible sites? Yes  No

18 Billing Account Number (BAN)

# Contract Information

- Click **Select a Contract** to choose an uploaded contract or upload a new contract.
- Enter information about the contract in fields indicated.
- Contracts are not endorsed as evergreen in CCPP
  - Select **No** for question under 19 c.

**Contract Information \***

RHC Note: If you wish to request support on a month-to-month basis, select the 'Please process my form as month-to-month. I do not wish to submit a contract for review' box below. If the box is selected, only enter the service start date, contract information (Eg. Contract friendly name, term, extension, signed date, etc...) is not required.

- If you are requesting an Evergreen, MSA, E-rate contract competitive bidding exemption or have undergone a competitive bidding process without intention of receiving support on a month-to-month basis, a contract is required with this FCC Form 462 submission.
- Applicants must submit a contract or other documentation that clearly identifies (1) the vendor(s)/service provider(s) selected and the HCP(s) who will receive the services; (2) the service, bandwidth and costs for which support is being requested; (3) the term of the service agreement(s) if applicable.
- A contract is not required for applicants claiming a competitive bidding exemption for Annual Costs of \$10,000 or less.

Please process my form as month-to-month. I do not wish to submit a contract for review.

**Select a Contract** **Download Contract.docx** **Remove Selected Contract**

19 Contract ID

**Other Documentation**

19a Date contract signed \*  Contract End Date

19b Expected service start date \*

19c. Length of initial contract term \*  Months  Years

If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? \*

RHC Note: If lines 19d and 19e are not applicable, enter N/A in the fields.

19d Number of contract extensions \*

19e Length of optional extension(s) combined \*  Months  Years

# FCC Form 462 Submitted With a Contract

- If you are submitting the FCC Form 462 with a contract, you will enter contract information in the appropriate fields and upload a complete copy of the contract
  - Contract sign date and contract end date
  - Contract term
  - Voluntary extensions
- Unlike the RHC programs, contracts entered into for CCPP products or services will not be reviewed for nor approved for evergreen status.
- Projects may use contracts already approved as evergreen under the HCF or Telecom programs and bypass competitive bidding using the Evergreen Exemption

# FCC Form 462 Submitted Without a Contract

- As part of the FCC Form 462 supporting documentation, if a bill is uploaded without a contract, the reviewer will treat the form as a month-to-month funding request and confirm that the competitive bidding process is in compliance with the competitive bidding rules.
- Only forms submitted with contracts are eligible for multi-year funding.
- Forms submitted as month-to-month are only eligible for up to twelve months of support.
- Projects will need to competitively bid services each year if they do not submit a contract with their FCC Form 462.
- When submitting a funding request as month-to-month (without a contract), check the “month-to-month” box.



**Questions?**

# Circuit Information

- Information on line 20 is prepopulated based on information in the FCC Form 460.

**Circuit Information (if applicable)**

20 Circuit start location

Address Line 1

Address Line 2

City

State

Zip Code

[Swap Address Locations](#)

21 Circuit end location

Address Line 1

Address Line 2

City

State

Zip Code

# Financial Information

- Choose frequency of expense.
- Enter quantity of expense periods.
- Enter undiscounted costs and taxes and fees (if applicable).
- Upload the contract or invoice with information about the cost of the service.
- Check all that apply under **Source of HCP Contribution**.

**Financial Information**

22 Is this a multi-year funding request?

Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract

23 Expense frequency \*

24 Quantity of expense periods \*

Undiscounted cost per expense period (excluding taxes & fees) \*

Taxes & fees per expense period

25 Undiscounted cost per expense period

Upload documentation showing the cost of the services and any applicable taxes and/or surcharges \*

26 Source of HCP Contribution (Choose at least one source) \*

Eligible HCP participant

State grants, funding, or appropriations

Federal funding, grants, loans, or appropriations

Tribal government funding

Other grant funding including private grants

27 One-time installation charges \*

28 This contract contains a Service Level Agreement. Yes  No

# Additional Documentation

- Upload all supporting documentation including competitive bidding documents.

GENERAL INFORMATION  VENDOR INFORMATION  COMPETITIVE BIDDING INFORMATION  
 SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING  ADDITIONAL DOCUMENTATION  CERTIFICATIONS  SIGNATURE

**Additional Documentation** [Preview PDF](#) [Form Guide](#)

31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.

[Previous](#) [Next](#) [New Document](#) [Select All Documents](#) [Delete Checked Documents](#)

Document Type	Actions
	<a href="#">Save and Exit</a> <a href="#">Save and Go Back</a> <a href="#">Save and Continue</a> <a href="#">Exit</a>

# Certifications

- Read and click all certifications

GENERAL INFORMATION
  VENDOR INFORMATION
  COMPETITIVE BIDDING INFORMATION
  SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING
  ADDITIONAL DOCUMENTATION
  CERTIFICATIONS
  SIGNATURE

Certifications Preview PDF Form Guide

### Request for Confidentiality

32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.)

Yes  No

### Certifications

33. I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant or consortium.

34. I certify under penalty of perjury that I have examined this request and all attachments and to the best of my knowledge, information, and belief, all statements of fact contained therein are true.

35. I certify under penalty of perjury that the applicant or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. "Cost-effective" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the applicant deems relevant to choosing a method of providing the required health care services." 47 CFR § 54.622(c).

38. I certify under penalty of perjury that the applicant or consortium satisfies all of the requirements under Section 254 of the Act and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.

40. I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, all billing records for services received and any other documentation demonstrating compliance with the rules must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR §§ 54.631 or as otherwise prescribed by the Commission's rules.

I certify under penalty of perjury that the applicant or consortium and/or its consultant, if applicable, has not solicited or accepted a gift or any other thing of value from a service provider participating in or seeking to participate in the RHC Program.

I certify under penalty of perjury that any consultants or third parties associated with this request or RFP do not have an ownership interest, sales commission arrangement, or other financial stake in the vendor chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.

I certify and acknowledge, under penalty of perjury, that the applicant or consortium 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 the applicant or consortium 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, under penalty of perjury, to the best of my knowledge, that the applicant or consortium 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.

# Signature

- Sign using your My Portal password.

GENERAL INFORMATION  VENDOR INFORMATION  COMPETITIVE BIDDING INFORMATION  
 SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING  ADDITIONAL DOCUMENTATION  CERTIFICATIONS  SIGNATURE

**Signature** [Preview PDF](#)

46 Email

43 Printed Name of Authorized Person First Name:  Middle Initial:  Last Name:

44 Title/Position of Authorized Person

45 Phone  Ext.

47 Employer

48 Employer's FCC RN

# After Submitting

- You will receive an email letting you know that your form has been received.
  - If you do not receive an email, please go back into My Portal and be sure that you signed and fully submitted the form.
- The reviewer will reach out if additional information is needed.
- Funding decisions will be issued on a rolling basis.
- Once your funding request has been approved, you will receive a funding commitment letter (FCL) that will include all corresponding information to your funding request.

# Best Practices - Equipment

- Equipment that terminates a service provider's transmission facility
  - Includes any router/switch that is directly connected to either the facility or the terminating equipment
- Network equipment that helps manage, control or operate a supported broadband service (consortia only)
- Network equipment purchases necessary to make a connected care information service functional
- Servers used exclusively for eligible broadband services
- Routers (including at a patient's home)
- Switches
- Installation, Activation and Initial Configuration
- Fees and charges that are a necessary component of an eligible service
  - Shipping charges
  - Taxes, surcharges and other reasonable charges incurred in obtaining eligible products or services

\*Note: This eligible services list is illustrative and is not intended to be exhaustive.



# Best Practices - Equipment, Continued

**Financial Information**

AA. Quantity of Items Invoiced \*

AB. Multi-Year Funding Request

AC. Expense Frequency \*

AD. Quantity of Expense Periods \*

- Components of a piece of equipment should be broken out by part on the invoice or contract so that USAC can determine if any ineligible components are part of the bundle; however, we would not provide funding for a power cord by itself if the router is ineligible.
- Clearly identify on the documentation what constitutes an “item” e.g., router, switch, etc. and list the quantity on Line AA of the FCC Form 462.
- Please note, similar to HCF, inside connections and inside wiring, including wireless access points, are not eligible for funding under CCPP.

## Best Practices - Equipment (Continued)

- Use a separate line for a service contract or warranty such as “SmartNet” that accompanies a particular piece of equipment and clearly identify it on the corresponding documentation.
- Please use the drop-down menu selections to describe the equipment as accurately as possible e.g., warranty, router (HCP owned), switch (HCP owned), wireless equipment (HCP owned), etc.
- Please use the [Equipment in Connected Care Pilot Program](#) tip sheet as a resource

# Best Practices - Consortia

- All sites participating in the project must be **registered through an FCC Form 460**.
- The documentation submitted must be associated with the HCP listed on the NCW of the FCC Form 462.
- You must clearly demonstrate through supporting documentation that the expense listed is for the benefit of the HCP on the line item.
- It is your responsibility to provide clear narratives, network diagrams, and documentation to adequately describe the network.
- Network diagrams are helpful in providing a snapshot of the network; documentation such as contracts, invoices, and/or service orders must confirm the diagram.
- **All supporting documentation must come from the service provider.**

# Site and Service Substitutions

- After the submission and approval of an FCC Form 462, CCPP Program participants may request a site or service substitution if:
  - The substitution is provided for in the contract, within the change clause, or constitutes a minor modification;
  - The site is an eligible health care provider and the service is an eligible service under the CCPP Program;
  - The substitution does not violate any contract provision or state, Tribal, or local procurement laws; and
  - The requested change is within the scope of the controlling Request for Services, including any applicable RFP used in the competitive bidding process.
- Site and service substitutions cannot increase the funding commitment.
- Please use the information on the [Site and Service Substitutions](#) webpage as a resource.

**Questions?**

# **Best Practices & Resources**

## CCPP Funding Request Webinar

## Best Practices - Communicating with Your Service Provider

- Ensure your service provider is aware of all the necessary documentation needed for future steps in the funding request and disbursement process.
- Include your service provider when you reply to Information Requests via email.
- USAC cannot reach out to service providers on your behalf.
- Account holders and service providers are required to retain documentation for a period of five years after the conclusion of the Pilot project.

# After Submitting

- You will receive an email confirmation that your form was submitted with a copy of the PDF form.
- Respond to Information Requests within 14 calendar days or by the deadline listed in the email.
  - Failure to respond to the Information Request will result in a denial.
  - Information requests will come from a reviewer using an @usac.org domain address.



# Important Dates and Deadlines

- All projects are required to submit anonymized, aggregated data to the FCC regarding their project.
- Each project must submit three reports: one at the end of the project's first year of funding, a report after the second year of funding, and a final report six months after the end of the pilot project.
- Failure to provide the required data may result in either the elimination of the participant from CCPP, loss or reduction of support, or recovery of prior distributed funds.
- Reports are entered in My Portal.

<b>What</b>	<b>Deadline to submit</b>
First Annual Report - Three years from start date on Funding Commitment Letter (FCL)	Six months after first year ends
Second Annual Report	Six months after second year ends
Third/Final Annual Report	Six months after third years ends

# Resources

- [Connected Care Pilot Program \(CCPP\)](#)
- [Submit Funding Requests](#)
- [CCPP Competitive Bidding Exemptions](#)
- [CCPP Equipment Tip Sheet](#)
- Blank [FCC Form 462 and Instructions](#)

## Connected Care Pilot Program

Pre-Selection Process (Complete)

Step 1: Develop Bid Evaluation Criteria & Select Services

Step 2: Evaluate Bids and Select Service Provider

Step 3: Submit Funding Requests

Step 4: Review FCL

Step 5: Invoice USAC

**Learn**

## Learn

Welcome to Connected Care Pilot Program (CCPP) Learn! Here you will find all the handouts, training videos, and webinar recordings that will assist you in applying to the CCPP. All events and resources are offered free of charge.

## Upcoming Trainings

**CCPP Request for Services Webinar**  
**Date:** Wednesday, January 19  
**Time:** 02:00 pm ET – 03:00 pm ET  
[Register Here](#)

**CCPP Funding Request Webinar**  
**Date:** Wednesday, January 26  
**Time:** 02:00 pm ET – 03:00 pm ET  
[Register Here](#)

## Additional Resources

[Connected Care Pilot Program FCC Website](#)

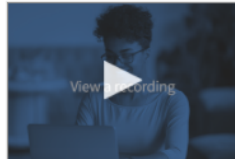
[Report and Order FCC 20-44](#)

[Public Notice DA 20-1019](#)

[Report and Order 21-74](#)

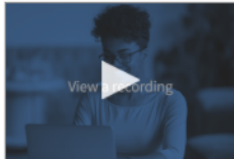
[Application Process Graphic](#)

## Webinars



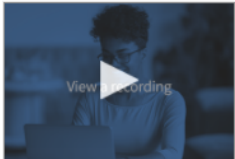
View recording

Connected Care Pilot Program Kickoff  
47:08 minutes [Slides](#)



View recording

Submitting the FCC Form 461  
51:11 minutes [Slides](#)



View recording

Connected Care Pilot Program Information Webinar  
60:39 minutes [Slides](#)

# RHC Program Customer Service Center



Email: [RHC-Assist@usac.org](mailto:RHC-Assist@usac.org)

- Include in your email
  - HCP Number
  - FRN Number
- Phone: **(800) 453-1546**
  - Hours are 8 a.m. – 8 p.m. ET
  - Monday- Friday



# RHC Program Customer Service Center

<b>The RHC Program Customer Service Center CAN</b>	<b>The RHC Program Customer Service Center CANNOT</b>
<ul style="list-style-type: none"><li>• Answer general questions regarding both programs</li></ul>	<ul style="list-style-type: none"><li>• Determine the eligibility of a specific site or services before an official form submission</li></ul>
<ul style="list-style-type: none"><li>• Provide account holder information for an HCP</li></ul>	<ul style="list-style-type: none"><li>• Review a form for accuracy before submission</li></ul>
<ul style="list-style-type: none"><li>• Provide clarity regarding FCC Reports and Orders</li></ul>	<ul style="list-style-type: none"><li>• Contact a service provider or account holder on someone else's behalf</li></ul>
<ul style="list-style-type: none"><li>• Provide helpful resources and best practices</li></ul>	<ul style="list-style-type: none"><li>• Provide documents that are not already accessible in My Portal</li></ul>
<ul style="list-style-type: none"><li>• Assist with My Portal</li></ul>	<ul style="list-style-type: none"><li>• Transfer a call to a specific form reviewer</li></ul>

**Questions?**

**Thank You!**