

A man with a beard is shown in profile, looking down at a tablet device he is holding. He is standing in front of a large array of solar panels. The background shows a cloudy sky. The entire image has a blue color overlay.

# Connected Care Pilot Program Information Webinar

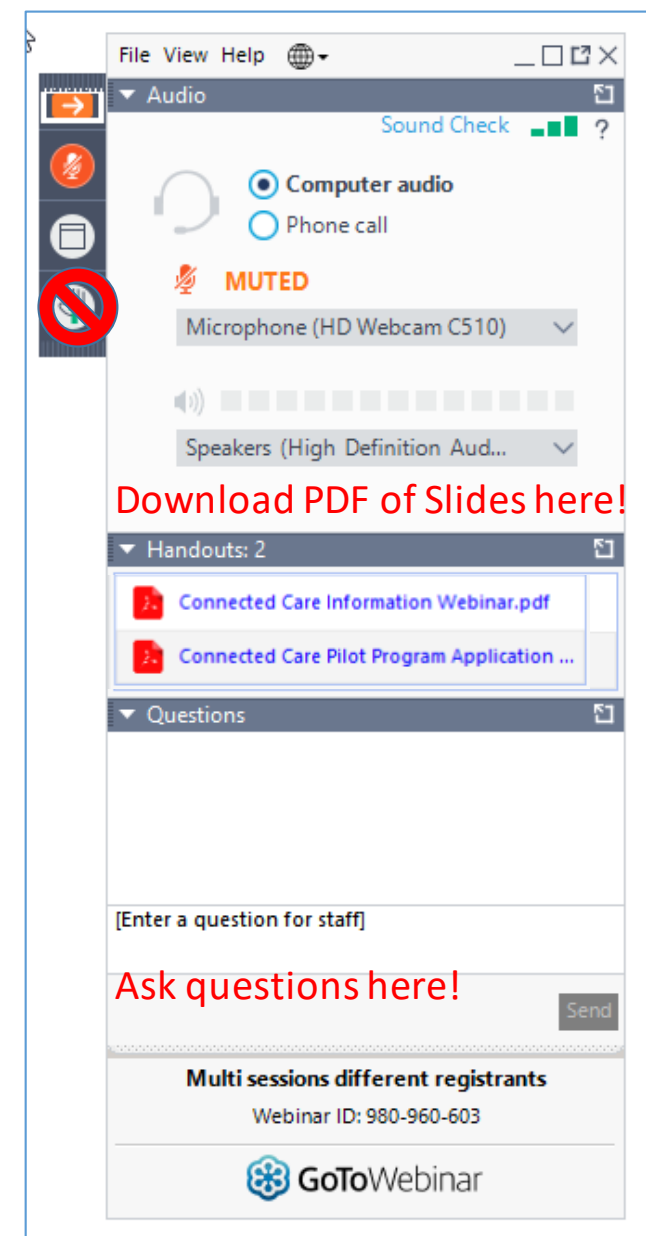
November 12, 2020



Universal Service  
Administrative Co.

# 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 will be posted to [RHC Learn](#)





## MEET OUR PRESENTERS



**Annabeth Wonch**  
*Senior Program Manager,  
RHC Outreach*



**Rehana Mohammed**  
*Director,  
RHC Program*



**Jennifer Contreras**  
*Manager,  
RHC Outreach*

## Agenda

1. Overview
2. Forming a Consortium
3. Filing the Connected Care Pilot Program Application
4. Eligible and Ineligible Services

# Learning Objectives

1. *Learn the eligibility criteria for the Connected Care Pilot Program*
2. *Understand the steps in forming a consortium*
3. *Learn how to file the Connected Care Pilot Program Application in My Portal*

# Glossary

Term/Acronym	Definition
FCC	Federal Communications Commission
HCP	Health Care Provider – a physical site for which funding is sought. Sites with different physical addresses are considered separate sites and require a separate eligibility determination.
HCP Number	Health Care Provider number - an HCP number is obtained through submission of FCC Form 460.
Consortium	A group of two or more sites that apply as a single entity (whether part of the same system or organization, or separate health care providers).
FCC Form 460	Form for determining if a site meets the minimum eligibility criteria and thus can apply to the Connected Care Pilot
My Portal	USAC's online application management system used to submit forms

# Overview

Connected Care Pilot Program Information Webinar

## Connected Care Pilot Program

- Will provide up to \$100 million over a three-year period to selected pilot projects to support the provision of connected care services, with an emphasis on supporting these services for low-income Americans and veterans.
- Will provide funding to cover 85% of the eligible costs of broadband connectivity, network equipment, and information services necessary to provide connected care services to the intended patient population.
  - [FCC Report and Order 20-44](#)
  - [PN DA 20-1019](#)
  - [PN DA 20-1315](#)



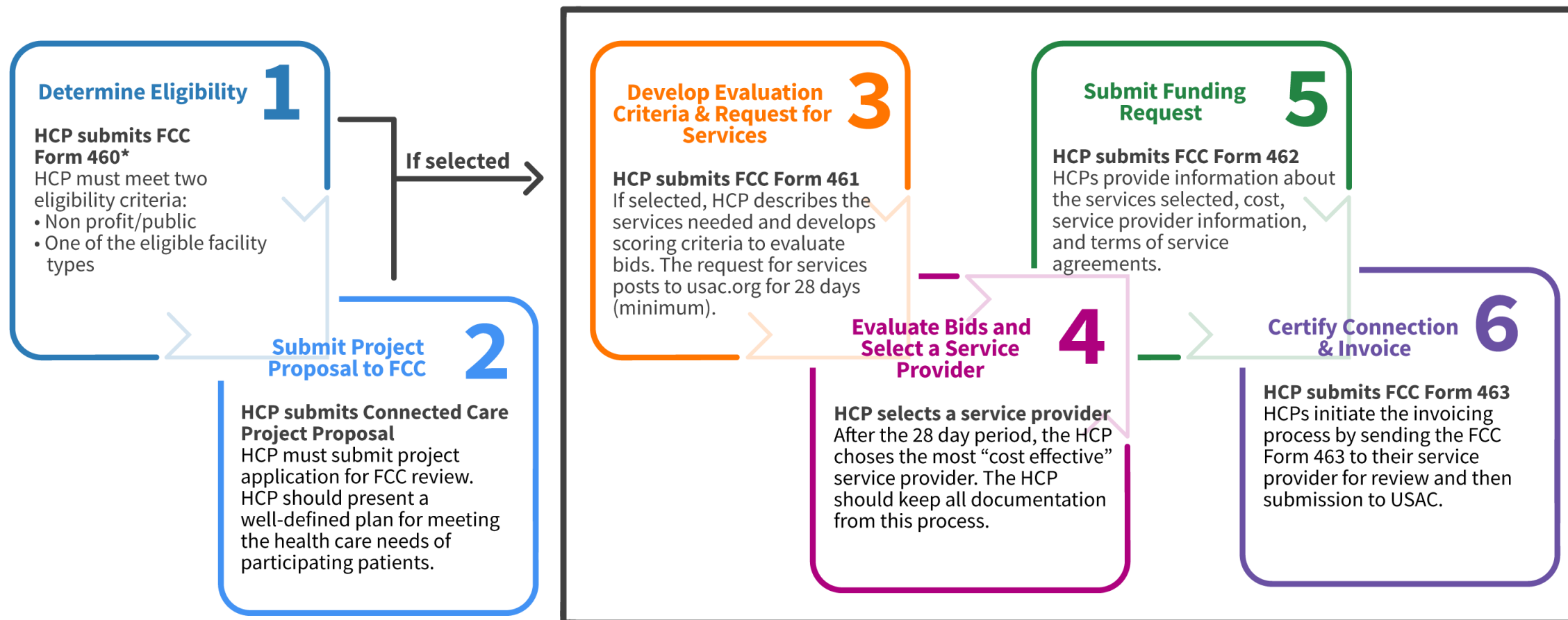
## Connected Care Definition

- As explained in the [Report and Order](#), for the purposes of the Connected Care Pilot, “connected care” is “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.”

## Connected Care Pilot Application Window

- On November 5, the Federal Communications Commission (FCC) released [Public Notice DA 20-1315](#) providing guidance on the application process and timeline.
- The application filing window is now open and will close on Monday, December 7, 2020, at 11:59 p.m. ET.

# 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.

## Determining Eligibility in the Connected Care Pilot Program

- To be eligible to participate, your site(s) must meet the following criteria:
  - Non-Profit or public entity (not open to for-profit entities)
  - Must fall within an eligible category of health care provider (see next slide)
  - Providers and their patients may be located in either rural or non-rural areas.

## Eligible Health Care Providers\*

- Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools
- Community health centers or health centers providing health care to migrants
- Local health departments or agencies
- Community mental health centers
- Not-for-profit hospitals
- Rural health clinics
- Skilled nursing facilities (SNFs)
- Consortia of the above listed entities

\* **Must be public or non-profit entities**

## FCC Form 460 Reminders for the Connected Care Pilot

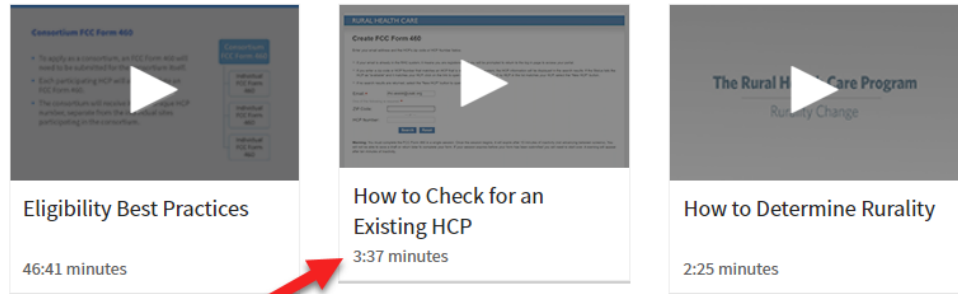
- With an approved FCC Form 460, applicants can access a Connected Care Pilot application. Without an approved FCC Form 460, an application is not available.
- Each **site** included in an application for the Connected Care Pilot must have an approved FCC Form 460.
  - Applicants can form a consortium, or group of health care sites applying as one entity, but each site within that entity must have an approved FCC Form 460.



## Already have an approved FCC Form 460?

- Previously approved Form 460s can be used for eligibility purposes for the Connected Care Pilot Program.
- Once you have an approved eligibility determination you do not have to submit another FCC Form 460 unless your HCP has moved locations.
- Duplicate filings (e.g., refiling an FCC Form 460 for an existing site) will be denied.
- Use our [instructional video](#) to look up sites with an existing HCP number.

**Eligibility (FCC Form 460 and 465)**



The image shows three video thumbnails arranged horizontally. The first thumbnail is titled 'Eligibility Best Practices' and has a duration of 46:41 minutes. The second thumbnail is titled 'How to Check for an Existing HCP' and has a duration of 3:37 minutes; a red arrow points to this thumbnail. The third thumbnail is titled 'How to Determine Rurality' and has a duration of 2:25 minutes. Each thumbnail features a play button icon and a preview image of a document or screen.

Video Title	Duration
Eligibility Best Practices	46:41 minutes
How to Check for an Existing HCP	3:37 minutes
How to Determine Rurality	2:25 minutes

## Connected Care Pilot Program: How Should You Apply?

**Health care providers (HCPs):** each **physical site/location** must submit its own **individual FCC Form 460**, even if part of a hospital system. A **hospital system** is not considered one entity and **must apply as part of a consortium**.

See which is the best fit and what applying entails.

### DO YOU REPRESENT...



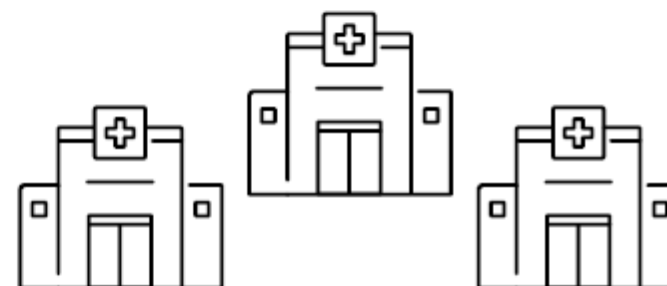
#### AN INDIVIDUAL HEALTH CARE PROVIDER SITE/LOCATION

You would apply as (or on behalf of) one individual health care provider physical site/location.

Your application will not be associated with any other health care provider sites/locations.

**Note:** You can be a member of a larger health care system and apply as an individual...just know that if the health care system includes you in another application, you cannot receive duplicative funding.

OR



#### MULTIPLE HEALTH CARE PROVIDER SITES/LOCATIONS

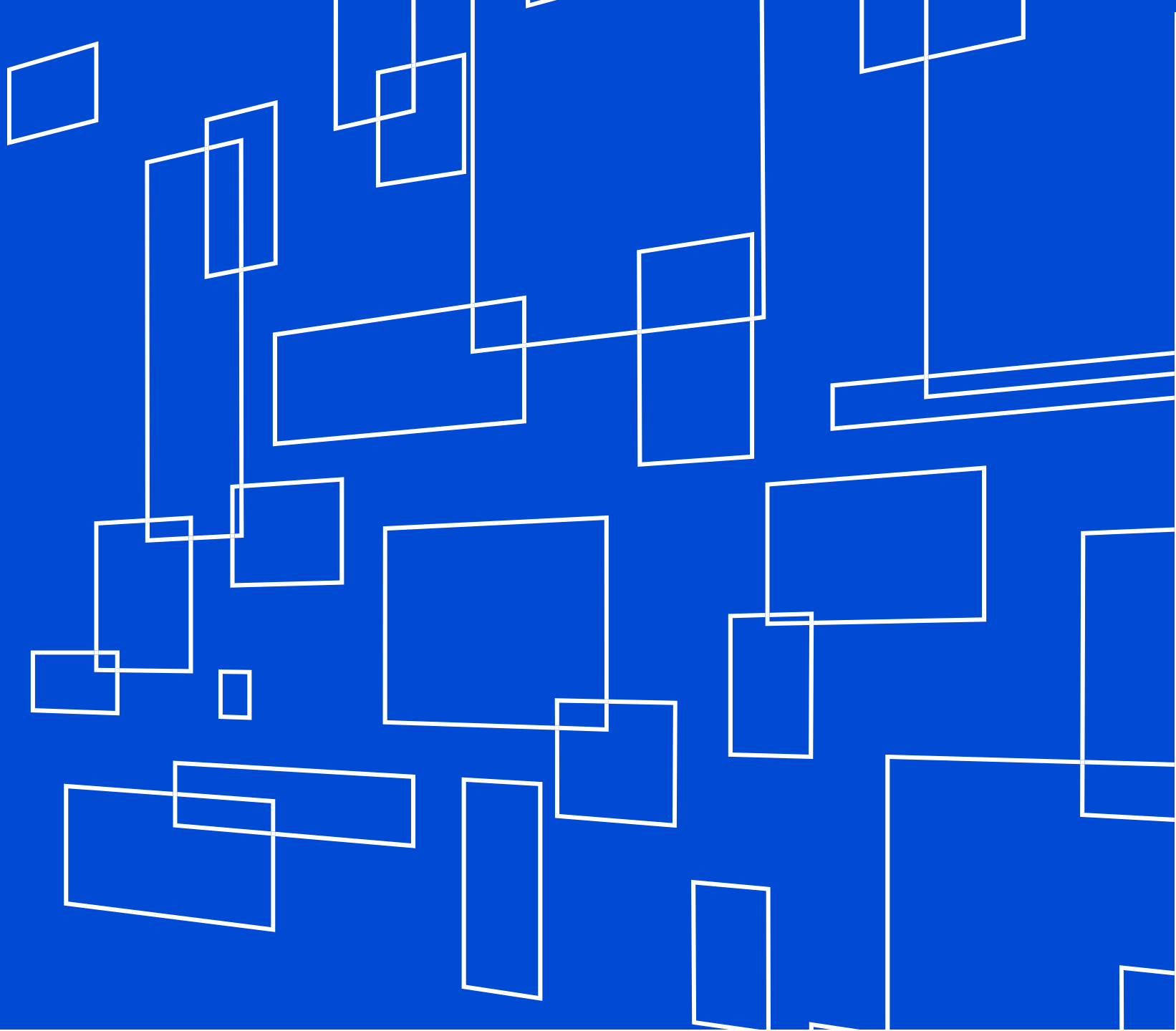
You would apply as (or on behalf of) more than one health care provider sites. You are most likely a:

- Health care system with multiple physical sites/locations, many/all of which would participate,

Or

- A group of individual health care providers who have joined together to form a consortium.

**Questions?**



# Forming a Consortium

Connected Care Pilot Program Information Webinar

## What is a Consortium?

- A consortium is a group of two or more health care providers (HCPs) that choose to request support through a single application.
  - E.g., multiple health care provider sites that are part of the same health care system or organization submit a single application for the Connected Care Pilot Program.
  - E.g., multiple health care provider sites that are not part of the same system or organization submit a single application for the Connected Care Pilot Program.
- Each site participating in the consortium must have an approved FCC Form 460 with HCP number.

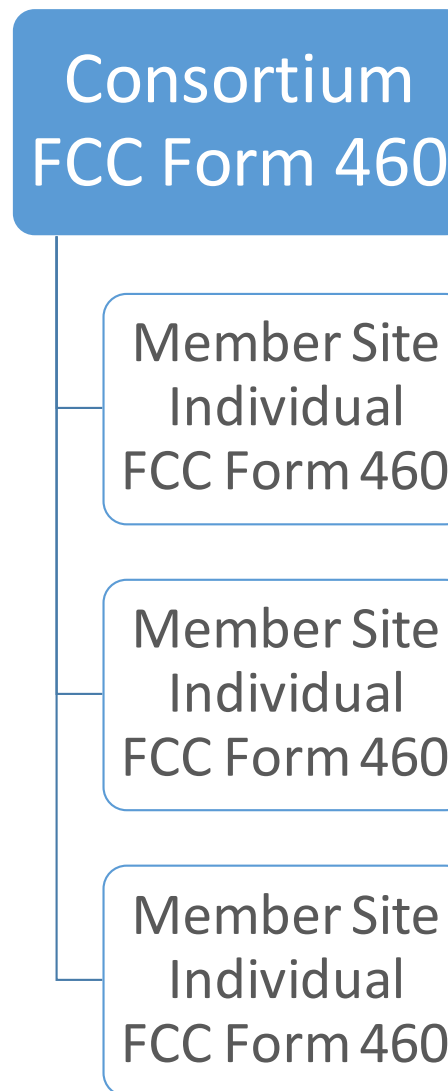
## Steps to Form a Consortium

1. Identify member HCP sites and ensure that they have submitted or approved FCC Form(s) 460.
2. Identify the Consortium Leader (entity) and the Consortium Project Coordinator (person) who will be responsible for filing forms on behalf of the consortium.
3. Review necessary [authorizations](#) such as Letter of Agency (LOA), Letter of Exemption (LOE), and Third Party Authorization (TPA) to determine which ones should be filed.
4. Please be aware that if an individual HCP site is assigned as the consortium leader, this site must already have eligibility determined via an Individual FCC Form 460.



## Consortia & the FCC Form 460

- To apply as a consortium, an FCC Form 460 will need to be submitted for the consortium itself.
- **Each participating HCP will also complete an FCC Form 460.**
- The consortium will receive its own unique HCP number, separate from the individual sites participating in the consortium.
- Each member site is connected to the consortium using a Letter of Agency (LOA). [Learn more.](#)



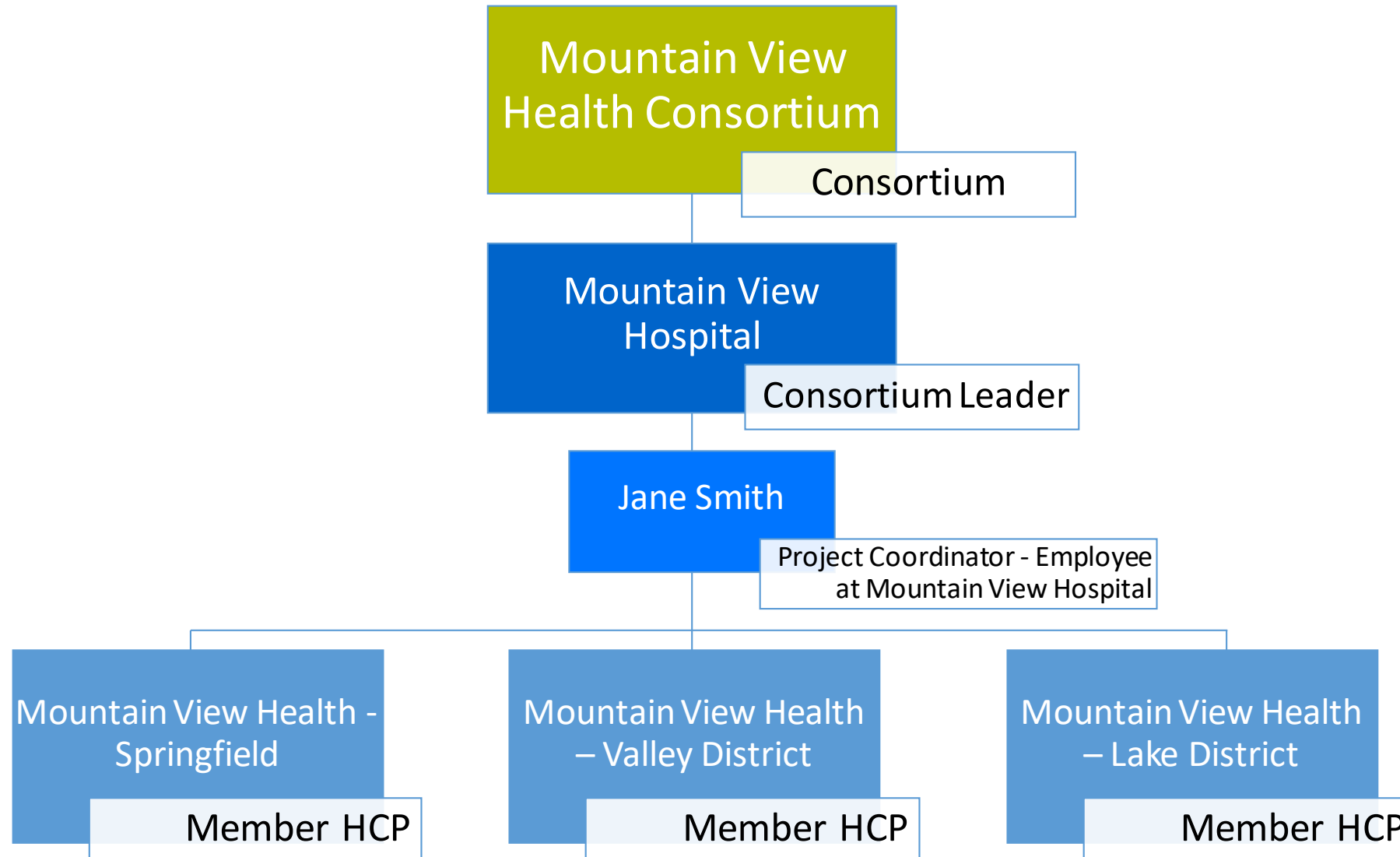
## Consortium Member Site



If member HCPs **currently** participate in the HCF Program:

- Do not file a new FCC Form 460 for an existing site. This will be denied as a duplicate within our system.
- If you are not an account holder and do not have access to that HCP, email [rhc-assist@usac.org](mailto:rhc-assist@usac.org) with the HCP number in the subject line to find out who the current account holders are.
- Connect individual member sites to the consortium via LOA in My Portal.

## Example Consortium for an Existing Health System



# Authorizations Needed for a Consortium

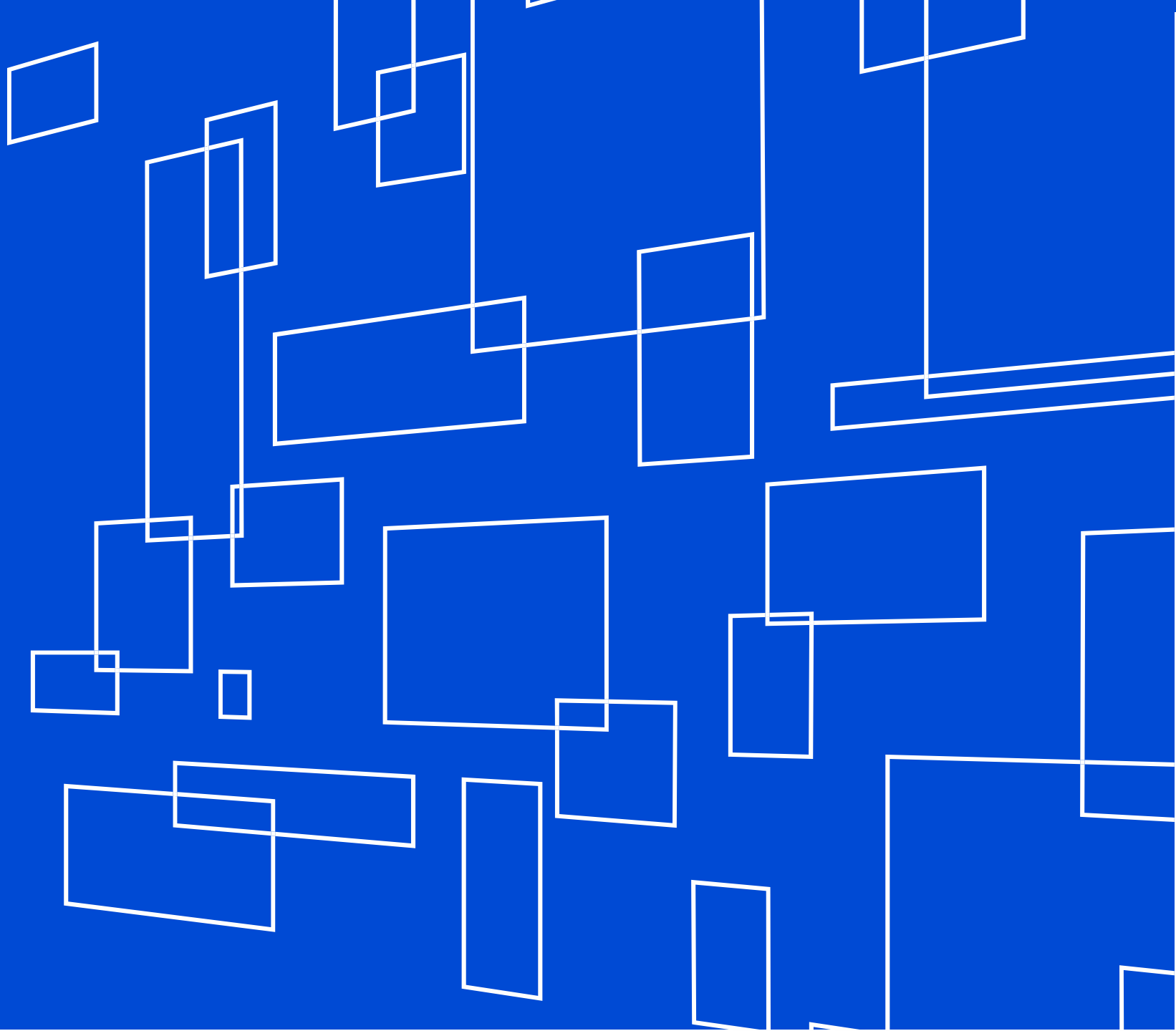


- **Letter of Agency (LOA):** Provides written authorization to the consortium project coordinator to act on behalf of each participating health care provider (HCP) within the consortium. This is mandatory for HCP member sites not owned and operated by the consortium lead entity.
- **Letter of Exemption (LOE):** Provides written authorization to the consortium project coordinator to file forms for sites that are owned and operated by the consortium lead entity.
- **Third Party Authorization (TPA):** Provides written authorization to a third party/consultant to complete and submit forms on behalf of an HCP.

## FCC Form 460 and Consortia Resources

- [Connected Care Pilot Program Information Page](#)
- [Blank FCC Form 460](#)
- [FCC Form 460 Instructions](#)
- [Consortia Getting Started](#)
- [Forming a Consortium](#)
- [How to Check for an Existing HCP](#)
- [FCC Form 460 Walkthrough](#)

**Questions?**

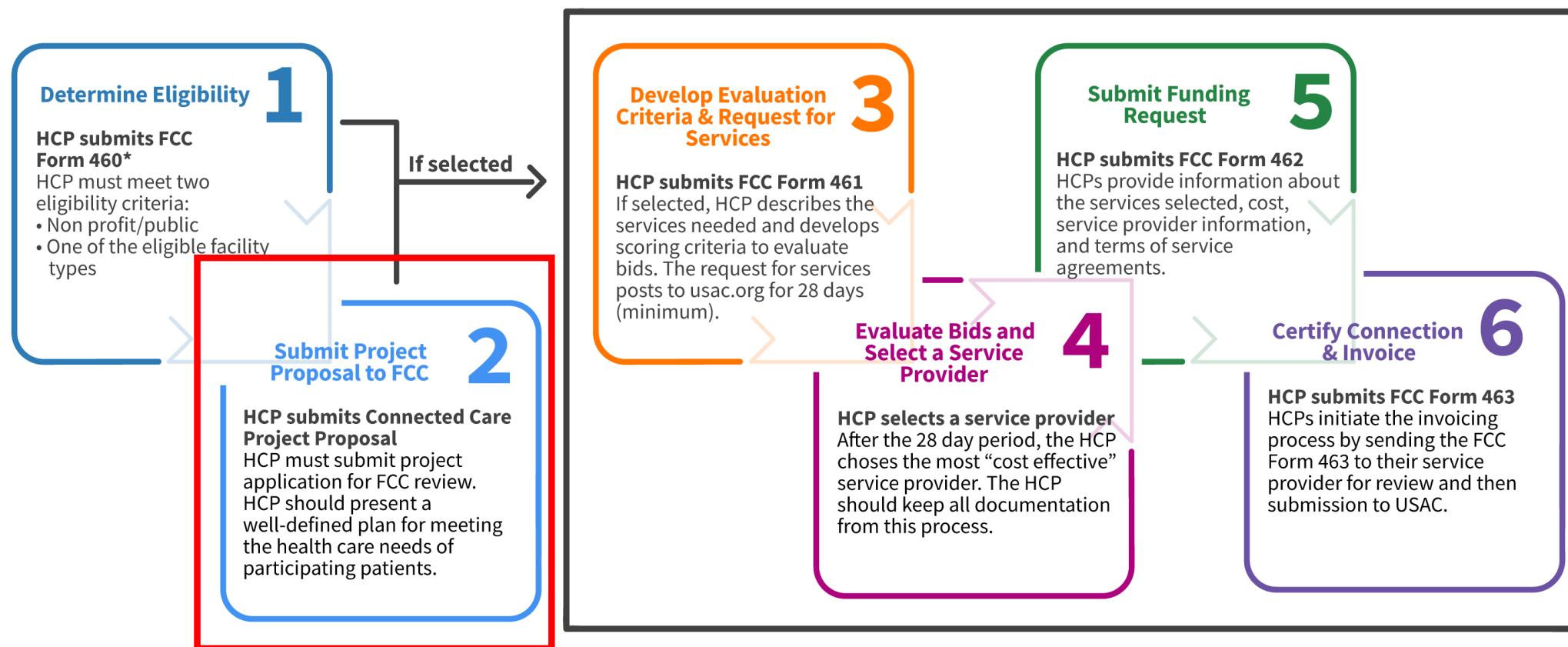




# Filing the Connected Care Pilot Program Application

Connected Care Pilot Program Information Webinar

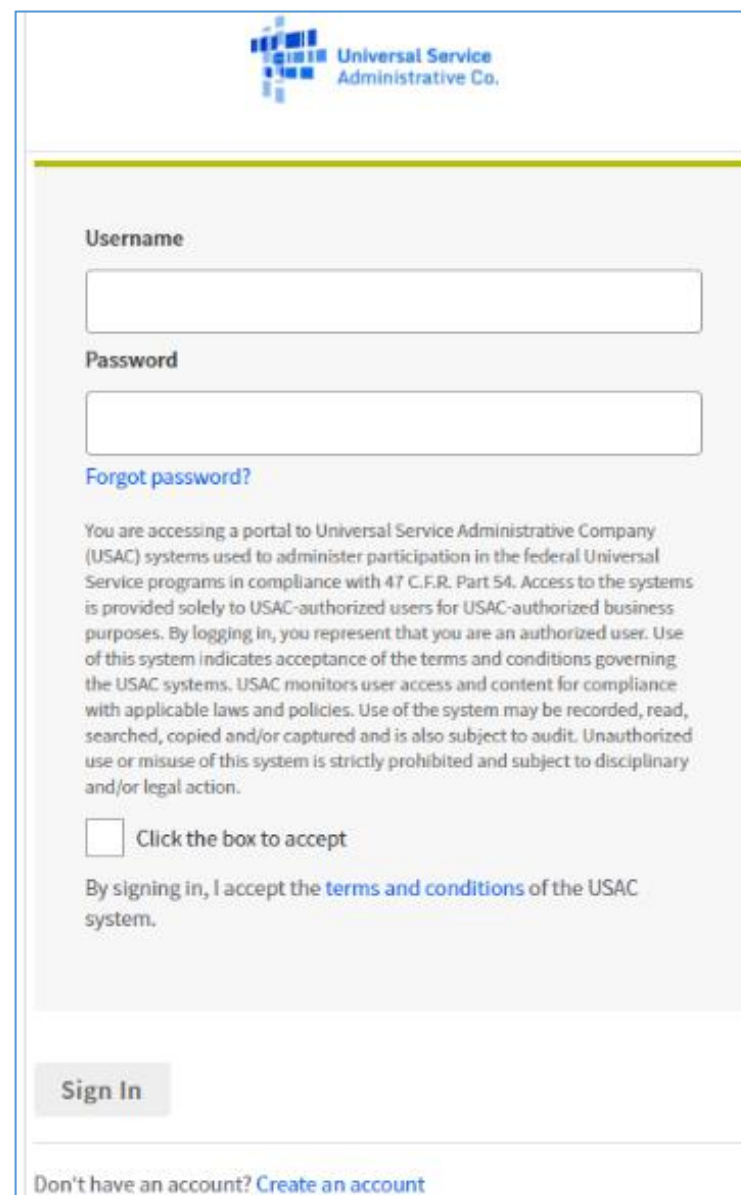
# Connected Care Pilot Program Application



**\*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.

# Log Into My Portal

- Go to [My Portal](#).
- Your Username is your email address.
- Instructions to set up your My Portal account are included in your FCC Form 460 Approval email.



The screenshot shows the login interface for the Universal Service Administrative Co. (USAC) My Portal. At the top right is the USAC logo and name. Below a green horizontal line, there are two input fields: 'Username' and 'Password'. A blue link 'Forgot password?' is positioned below the password field. A paragraph of legal disclaimer text follows, stating that access is for authorized users only and that use of the system is subject to audit and disciplinary action. Below this text is a checkbox labeled 'Click the box to accept'. Underneath the checkbox is a line of text: 'By signing in, I accept the terms and conditions of the USAC system.' At the bottom left is a 'Sign In' button. At the bottom right is a link: 'Don't have an account? Create an account'.

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](#)

# Dashboard View

## Dashboard

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### 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

---

see full calendar

### 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

# Connected Care Pilot Application Dashboard

DASHBOARD

START NEW APPLICATION

Universal Service  
Administrative Co.




Good Afternoon  
John Smith

3  
DRAFT

6  
SUBMITTED

Window closes in 39 days 14 hours 40 mins

 Search by Site or Application Number

SEARCH

Start New Application

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>

Note: If you would like to print a hardcopy of any of your applications, click 'View' then print from your browser.

11:52  
Oct 13, 2020

Privacy Act Notice

## Tips for Navigating the Connected Care Pilot 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.
- Download the [Application Guide](#).



# Select Application Type

Start

Contact

Sites

Project

Funding

Documentation

Certification

Start

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:

Applicant FCC  
Registration  
Number:

Name of Legal  
Entity:

Applicant National  
Provider Identifier:

BACK

EXIT

SAVE & CONTINUE

# Contact Tab - Select Project Manager

Start

**Contact**

Sites

Project

Funding

Documentation

Certification

**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.*

BACK

SAVE & EXIT

SAVE & CONTINUE

# 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 <a href="#">?</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Non-profit	Community health center or health center providing health care to migrants	Non-Rural	0	<input type="text" value="23000"/>

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

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

## Project Information Section

- This section allows you to enter detailed information about the proposed pilot project including:
  - Telehealth services
  - Geographic area and population
  - Service area
  - Patient population
  - FCC Program Funding
  - Connected Care Services to be provided
  - Conditions to be treated
  - Implementation plan
  - Ramp-up timeline
  - Metrics to be collected
  - Plans for obtaining equipment
  - Community commitments
  - Potential to be self-sustaining
  - Services Information

# Project Summary

## Project

Provide a brief summary of the pilot project for which Connected Care Pilot Program funding is being requested

**Executive Summary \***

1513 of 2500 characters

BACKSAVE & EXITSAVE & CONTINUE

## Project Tab – Telehealth Services Information

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) \*

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 \*

# Project Tab – Geographic Area and Population Information

## 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 \*

328 of 2500 characters

BACKSAVE & EXITSAVE & CONTINUE

# Project Tab – Service Area Information

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 \*



## Project Tab – Patient Population Information

**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 \***

136 of 1000 characters

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

☒ Yes

☐ No

**Please explain: \***

## Project Tab – FCC Program Funding Information

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

# Project Tab – Connected Care Services Information

**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 \*

328 of 1000 characters

BACK

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## Project Tab – Conditions to be Treated

**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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610 of 1000 characters

**Additional Information on specific conditions to be treated**

[Blurred text area]

328 of 1000 characters

[BACK](#)

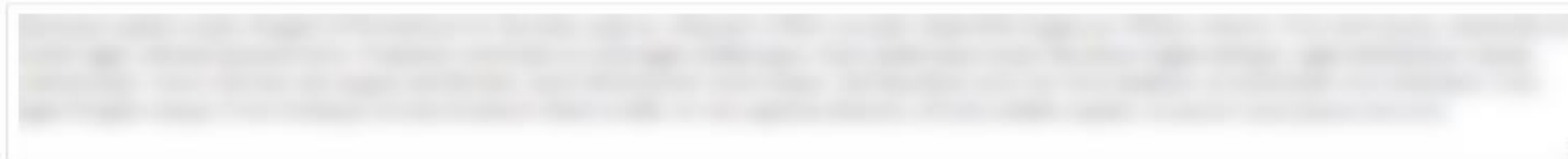
[SAVE & EXIT](#)

[SAVE & CONTINUE](#)

## Project Tab – Implementation Plan and Project Goals

### 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 \*



610 of 2500 characters

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 \*



# Project Tab – Ramp Up Timeline

## 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

[BACK](#)[SAVE & EXIT](#)[SAVE & CONTINUE](#)

# Project Tab – Metrics

## 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. \*

392 of 2500 characters

BACKSAVE & EXITSAVE & CONTINUE

# Project Tab – Plans for Obtaining Equipment

**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 \*

416 of 2500 characters

BACK

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SAVE & CONTINUE



# Project Tab – Community Commitments

**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 \*

447 of 2500 characters

BACK

SAVE & EXIT

SAVE & CONTINUE

# Project Tab – Self-Sustaining

**Project**

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

362 of 2500 characters

BACK

SAVE & EXIT

SAVE & CONTINUE

## Project Tab – Services Information

**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

# Project Tab – Services Information

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? \*

695 of 1000 characters

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 \*

328 of 1000 characters

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: \*

## Funding Information Section Requirements



- Estimated cost of items needed for this project over three years, including:
  - Category of eligible expenses: patient broadband internet access service, HCP broadband data connects, connected care information services, network equipment
  - Description, quantity, expense frequency, cost per item
  - Estimated cost of ineligible items
- Anticipated sources of financial cost for applicant's share of cost (15%) of eligible items
  - Plan to cover the cost of ineligible items

# Funding Information

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
------	------------------------------	------------------------	-------------------	-------------------	-----------------------------	---	------------	--------

# Funding Information

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

# Funding Information Tab – Applicant Share of Costs

## 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

BACKSAVE & EXITSAVE & CONTINUE



# Documentation Requirements

- Financial Health Documentation
  - Attach documentation of the participating HCP's financial health (e.g., recent audited balance sheets and income statements that are no more than two years old).
- Supporting documentation to provide additional information on any of the fields included in the application form or to assist the FCC in making a determination of whether you should be selected to participate.

# Documentation

## Documentation

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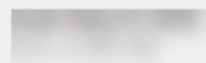
Please attach supporting documentation to provide additional information on any of the fields included in the application form or to assist the Federal Communications Commission in making a determination of whether you should be selected to participate in the Connected Care Pilot Program.

*Note: The applicant must attach documentation of the participating health care provider(s)'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)



# Documentation

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 \*

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# Certifications

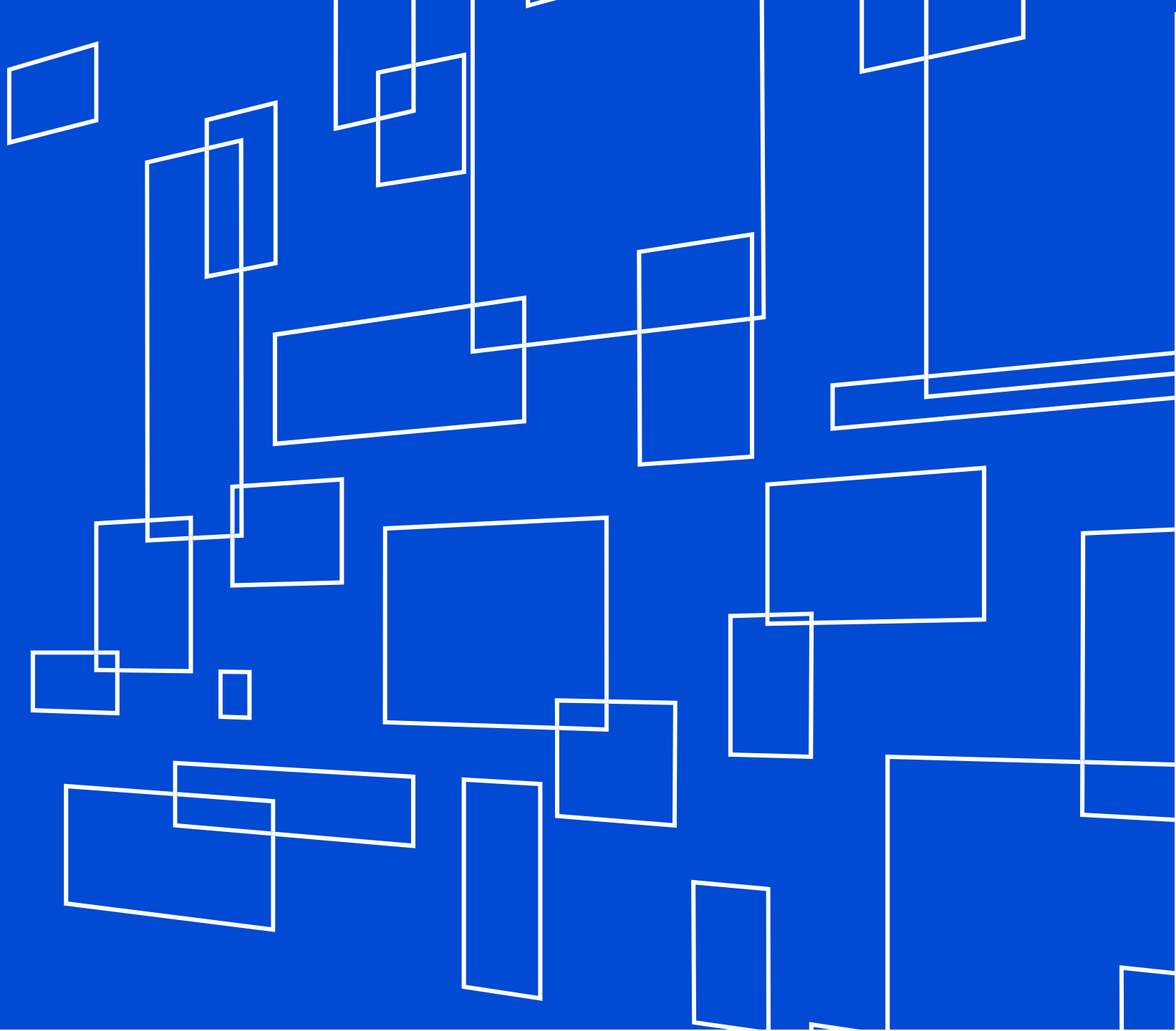
**Select all Certifications:**

- ☒ 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:**

**Questions?**



# Eligible Services

Connected Care Pilot Program Information Webinar

# 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 newly acquired or upgraded Internet service 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>

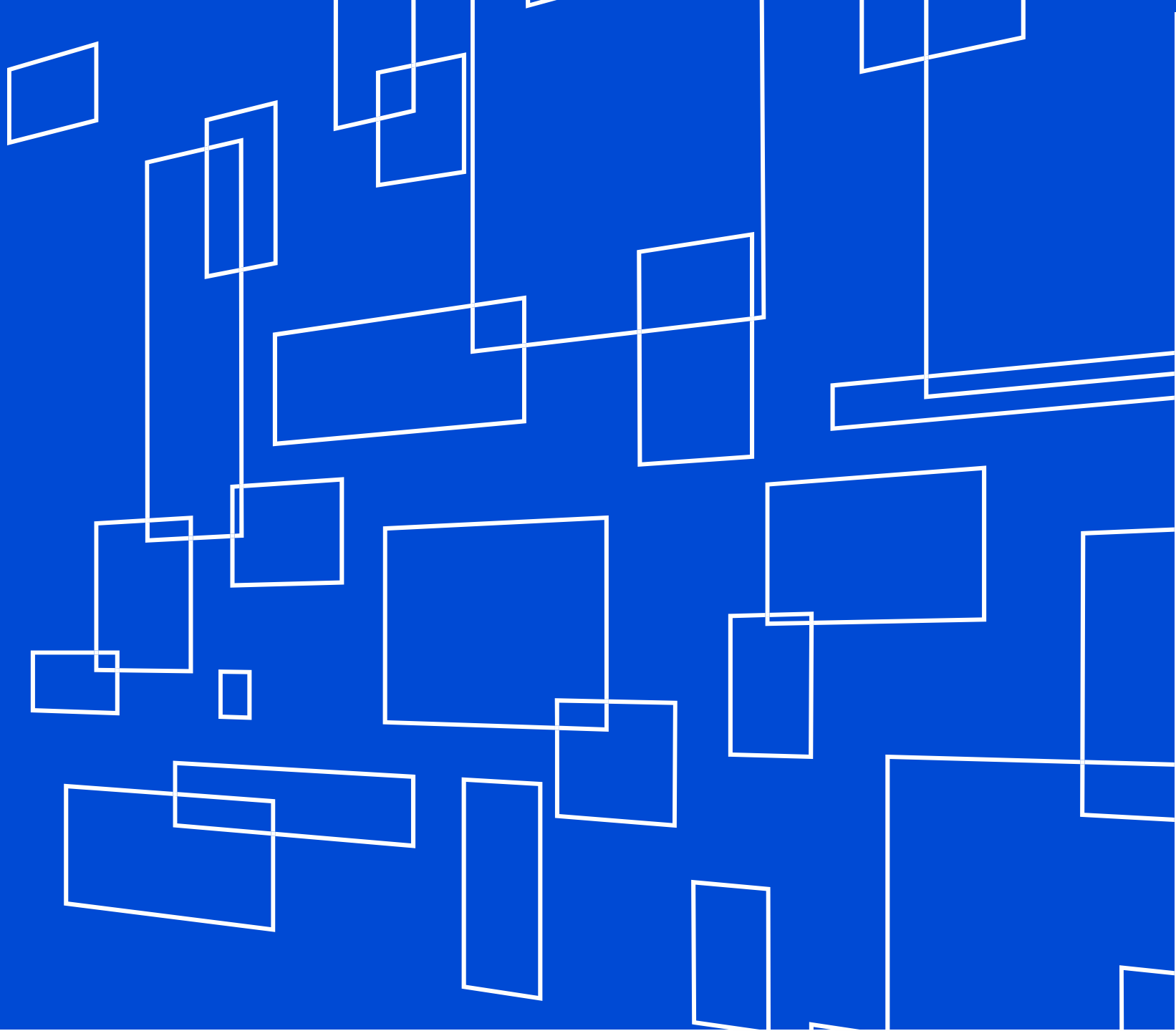
*Note: This eligible services chart is illustrative and is not intended to be exhaustive.*



# 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 functional or manage, control or operate a supported broadband service.

**Questions?**



# Thank you for joining us today!

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