



# HCF and Telecom Program Eligibility for FY2025

Submitting the FCC Form 460 in RHC Connect  
October 9, 2024

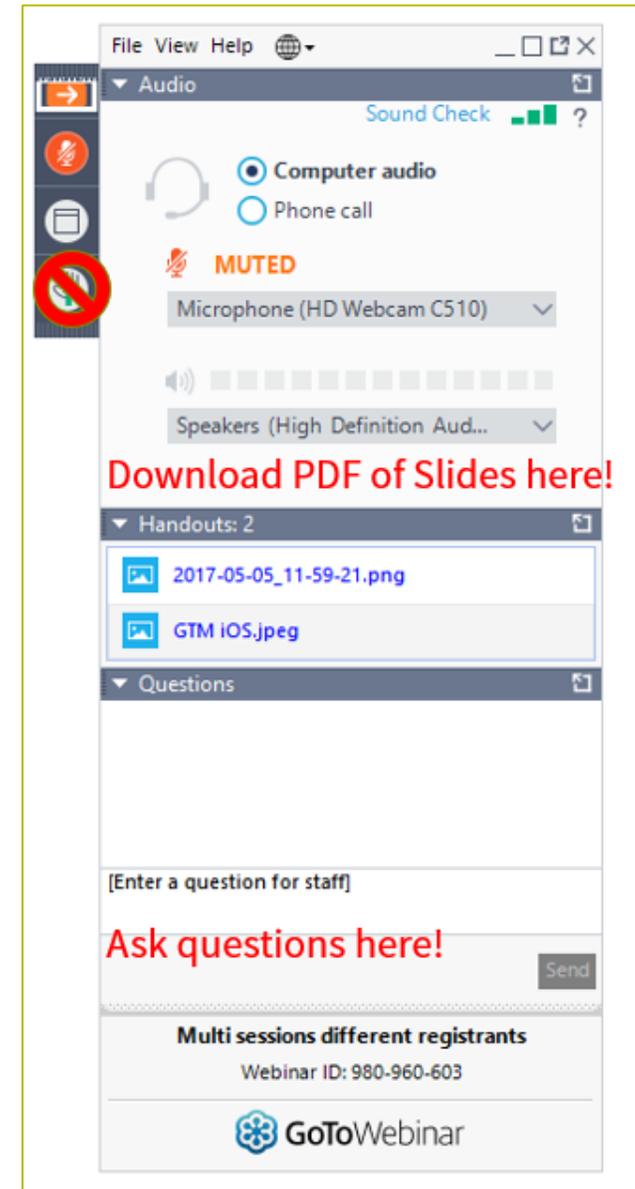
## **DISCLAIMER:**

To accommodate all attendees, real-time closed captions will be present during this presentation. We apologize in advance for any transcription errors or distractions. Thank you for your support.

Please be aware that this webinar will be recorded.

# 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.



The screenshot shows the GoToWebinar control panel interface. The top section is titled 'Audio' and includes a 'Sound Check' indicator. Below this, there are two radio buttons: 'Computer audio' (selected) and 'Phone call'. A microphone icon is shown with a red 'MUTED' label and a red 'X' over it. Below the microphone icon is a dropdown menu showing 'Microphone (HD Webcam C510)'. A volume slider is visible below the dropdown. Below the volume slider is another dropdown menu showing 'Speakers (High Definition Aud...)'. The middle section is titled 'Handouts: 2' and contains two items: '2017-05-05\_11-59-21.png' and 'GTM IOS.jpeg'. The bottom section is titled 'Questions' and contains a text input field with the placeholder '[Enter a question for staff]'. Below the input field is a red text overlay that says 'Ask questions here!' and a 'Send' button. At the bottom of the control panel, there is a section titled 'Multi sessions different registrants' with the text 'Webinar ID: 980-960-603' and the GoToWebinar logo.

# Meet Our Team



**Simone Andrews**

Senior Communications  
Specialist | RHC Outreach



**Blythe Albert**

Advisor of Program  
Management | RHC Outreach

# Agenda

- Overview
- Submitting the FCC Form 460
- Submitting an FCC Form 460 Revision
- Submitting Letters of Agency (LOA) and Letters of Exemption (LOE) for Consortia
- Best Practices and Resources

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

- *Complete and submit an FCC Form 460 in RHC Connect*
  - *Understand new rules about conditional eligibility*
- *Complete and submit an FCC Form 460 Revision in RHC Connect*
- *Locate current FCC Form 460 and other important resources on the USAC website*

# Glossary

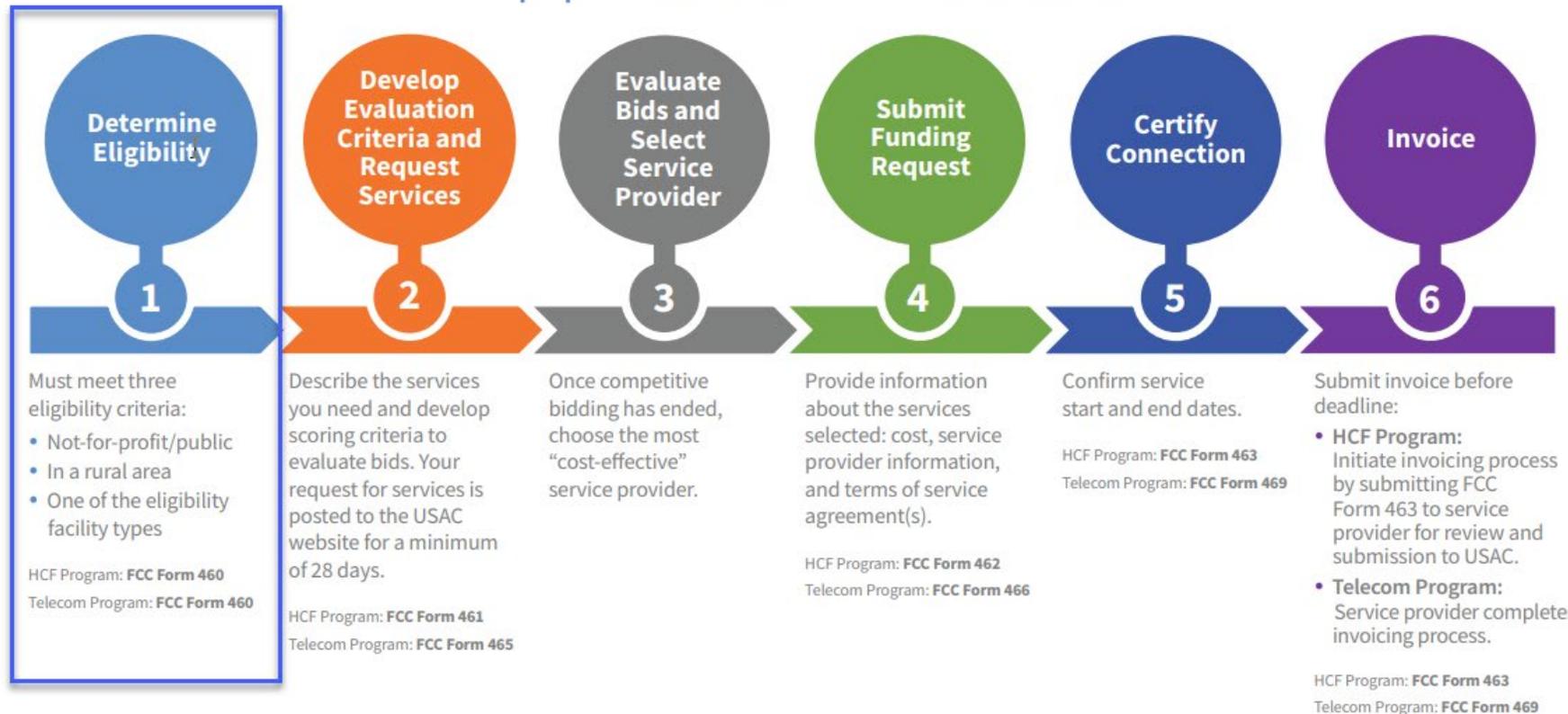
<b>Acronym</b>	<b>Definition</b>
FCC	Federal Communications Commission
HCF	Healthcare Connect Fund
FY	Funding Year
HCP	Health Care Provider (your site)
HCP Number	Number associated with your site
PAH	Primary Account Holder
FCL	Funding Commitment Letter

# Overview

## Submitting the FCC Form 460 in RHC Connect

## RURAL HEALTH CARE PROGRAM

# Application Process



# Reminder – FCC Order 23-110

- [FCC Order 23-110](#) improves RHC program administration and facilitates participation in the program by allowing health care providers that expect to become eligible during a funding year to complete the processes required to request funding.
- The order permits health care providers to be granted conditional eligibility, thus allowing them to initiate competitive bidding and request funding while awaiting a final eligibility determination (Prior to July 1, 2024, for purposes of competitive bidding FY2025).
  - This functionality is currently available in the FCC Form 460.
  - If an HCP site with conditional eligibility approval will be participating in competitive bidding e.g. will be listed on an FCC Form 461 or 465, the applicant must provide written notification to potential bidders that their eligibility is approved as conditional and specify the estimated date they expect to be fully eligible.
- Adopts the FCC Form 460 for eligibility determinations in the Telecom Program, which will eliminate the need for Telecom Program participants to seek an eligibility determination every time they engage in competitive bidding.

# Rural Health Care Program: **Funding Year 2025**

**FY2025: JULY 1, 2025-JUNE 30, 2026**



**JULY 1, 2024:** First Day to Submit Request for Services Form

- **FCC Form 461** HCF Program
- **FCC Form 465** Telecom Program
- Request for services must be posted to USAC's website by March 4, 2025



**DEC 1, 2024 - April 1, 2025:** Funding Request Filing Window

- **FCC Form 462** HCF Program
- **FCC Form 466** Telecom Program



**OCT 28, 2026:** Invoice Filing Deadline

- **FCC Form 463** HCF Program
- **Telecom Invoice**

# **Submitting the FCC Form 460**

Submitting the FCC Form 460 in RHC Connect

# New! RHC Connect Update

- The FCC Form 465 (Request for Services) for the Telecom Program has also moved to RHC Connect.
- All information from FCC Forms 460 and FCC Forms 465 will be migrated to RHC Connect.
- Prior year information will remain in My Portal as well as CCPP forms.
- We have posted a step-by-step [RHC Connect User Guide - FCC Form 460](#) on the new [Welcome to RHC Connect – FCC Form 460](#) webpage.

# My Portal Landing Page

- Log into My Portal and click **RHC Connect**.

The screenshot displays the 'Dashboard' of the My Portal. At the top, there is a notification banner with an information icon and a close button, stating: 'In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Telecom invoice, E-rate - FCC Form 473, and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional information, visit the [USAC Supply Chain](#) page.'

The dashboard is divided into three main sections:

- Upcoming Dates:** A calendar icon is followed by three entries:
  - 06/26 2024: FCC Form 460 in RHC Connect Webinar
  - 07/10 2024: FCC Form 465 in RHC Connect Webinar
  - 07/17 2024: FY2025 Kickoff Webinar
- Rural Health Care:** A section with an upward arrow icon containing three informational boxes:
  - RHC Connect:** Health care providers must use this section to create and submit required forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later. This box is highlighted with a red border in the original image.
  - RHC My Portal:** Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program, the Connected Care Pilot Program (CCPP), and the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier.
  - Connected Care Pilot Program:** Health care providers must use this form to complete and submit their original Connected Care Pilot Program proposal application directly to FCC.
- Help?:** A section with two options:
  - Send us a message [Click here](#)
  - Call us (888) 641-8722

# RHC Connect

- Click **Start a Form**.

The screenshot displays the RHC Connect dashboard. At the top, a blue navigation bar contains two buttons: 'DASHBOARD' and 'START A FORM'. The 'START A FORM' button is highlighted with a red box, and a red arrow points to it from the main content area. Below the navigation bar is a large banner image of a healthcare professional wearing a mask, with the text 'RHC Connect' overlaid. The main content area features a circular clock showing '10:24' and 'May 29 2024'. To the right of the clock is a notification bar indicating '(22) Unread Notifications'. Below this are four buttons: 'Information Requests' (highlighted in blue), 'My Forms', 'My Organizations', and 'Post-Commitment Change Requests'. A yellow warning banner states 'The Funding Year 2024 Funding Request Filing Window is closed.' Below the warning is a search section for 'Information Requests' with a search bar, a 'SEARCH' button, and filters for 'Form Type' (set to 'FCC Form 462') and 'Type' (set to '--- Select a Value ---'). An 'Advanced Search Options' link is at the bottom of the search section.

# RHC Connect (continued)

- Click **FCC Form 460**, then click **Next**.

17:25  
May 21, 2024

What type of Form would you like to file?

See if you Qualify to Participate

**FCC Form 460**  
Eligibility and FCC Form 460 Revisions

Determine if your health care facility is eligible for Rural Health Care (RHC) Program funding for the Healthcare Connect Fund (HCF) Program and/or Telecommunications (Telecom) Program by submitting an FCC Form 460.

Health Care Connect Fund

**FCC Form 461**  
Develop Bid Evaluation Criteria & Select Services

After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).

**FCC Form 462**  
Evaluate Bids & Select Service Provider

This form provides information about the services, equipment, or network facilities selected, and certifies that those services were the most cost effective option of the offers received.

**FCC Form 463**  
Invoice USAC

Once you receive a bid from the service provider, you can create an invoice for the services received using the FCC Form 463.

Telecom

**FCC Form 465**  
Develop Bid Evaluation Criteria & Select Services

After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 465 (Request for Services Form).

**FCC Form 466**  
Evaluate Bids & Select Service Provider

This form provides information about the selected service and the applicant certifies the selected service was the most cost effective means of meeting its specific health care needs.

**NEXT**

## RHC Connect (continued)

- Click **File a New FCC Form 460**, then click **Next**.

Which FCC Form 460 would you like to file?



File a New FCC Form 460



File a New FCC Form 460  
Revision

NEXT

# Zip Code Search

- Enter the zip code of the HCP or enter an HCP number that might be associated with the HCP, then click **Search**.

The screenshot shows the 'FCC Form 460 ZIP Code Search' interface. At the top left, it says 'FCC Form 460' and 'ZIP Code Search'. Below this is a light blue header bar with 'ZIP Code Search' written on it. Underneath the header is a light blue box containing an information icon and the text 'You can search either by ZIP Code or HCP Number'. Below this box are two input fields: 'ZIP Code' with a placeholder 'Enter ZIP Code' and 'HCP Number' with a placeholder 'Enter HCP Number'. To the right of these fields is a red-bordered button with a magnifying glass icon and the text 'SEARCH'.

# Zip Code Search (continued)

- HCPs with an **Active** status have account holders assigned to them.
- If **Available** appears in the **Status** column, that HCP number has no account holders assigned and may be selected.
- Click the **Start FCC Form 460** hyperlink to begin

FCC Form 460  
ZIP Code Search

ZIP Code Search

*You can search either by ZIP Code or HCP Number*

ZIP Code  HCP Number

Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as **Available**. If your HCP is not listed, you can start a New HCP by clicking the button below

ZIP Code Search Results

*HCPs with an active status already have account holder/users assigned to them.*

HCP Number	HCP Name	HCP Address	Primary Account Holder	Email	Status	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Active	<input type="button" value="Start FCC Form 460"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Available	<input type="button" value="Start FCC Form 460"/>

# Zip Code Search (continued)

- If none of the HCPs listed match the HCP, click the **New HCP** button.

FCC Form 460  
ZIP Code Search

ZIP Code Search

**i** You can search either by ZIP Code or HCP Number

ZIP Code  HCP Number

Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as **Available**. If your HCP is not listed, you can start a New HCP by clicking the button below

ZIP Code Search Results

**i** HCPs with an **active** status already have account holder/users assigned to them.

HCP Number	HCP Name	HCP Address	Primary Account Holder	Email	Status	Action
15224					Active	
27945					Available	Start FCC Form 460

# Start

- If an **Available HCP** is selected, information will be pre-populated, and the HCP number will be assigned a “version” with a number greater than 00001 attached to it.
- Enter information in the fields and click **Save & Continue**.

FCC Form 460

Start    Registration Type    Physical Location    Contact information    Supporting Documentation    Certification

**Start**

Paperwork Reduction Act (PRA) >

**Your Health Care Provider (HCP) Information**

HCP or Consortium Name

Legal Entity Name

FCC Registration Number (FCC RN) HCP27945-0002

If the legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium.

**FCC Form 460 Application Information**

Nickname (Optional) Test

Application Number HCP27945-0002

EXIT    SAVE & CONTINUE

# Start (continued)

- If **New HCP** is selected, enter information about the site in the fields as shown.
- Then click **Save & Continue**.

FCC Form 460

Start      Registration Type      Physical Location      Contact Information      Supporting Documentation      Certification

**Start**

Paperwork Reduction Act (PRA) >

Your Health Care Provider (HCP) Information

HCP or Consortium Name

Legal Entity Name

FCC Registration Number (FCC RN) 00256   
If the legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium

FCC Form 460 Application Information

Nickname (Optional)

Application Number

EXIT → **SAVE & CONTINUE**

# Paperwork Reduction Act (PRA)

- For information about the **Paperwork Reduction Act (PRA)**, click the arrow on the far right.

FCC Form 460

Start    Registration Type    Site Information    Physical Location    HCP Eligibility Category    Contact Information    Additional Information    Supporting Documentation    Certification

### Start

**Paperwork Reduction Act (PRA)** 

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507

# Registration Type

- Select the registration type.
- Then click **Save & Continue**.

The screenshot shows the 'Registration Type' step of the FCC Form 460 | HCP process. The progress bar at the top indicates the current step is 'Registration Type', with other steps being 'Start', 'Physical Location', 'Contact Information', 'Supporting Documentation', and 'Certification'. Below the progress bar, the title 'Type of Registration' is displayed. A dropdown menu is set to 'Paperwork Reduction Act (PRA)'. A red box highlights a question: 'What type of registration do you require?' with five radio button options: 'Determine eligibility of an HCP site', 'Determine eligibility of a Consortium', 'Register an off-site data center', 'Register an Ineligible site', and 'Register an off-site administrative office'. At the bottom left, there are 'BACK' and 'EXIT' buttons. At the bottom right, there is a 'SAVE & CONTINUE' button, which is highlighted with a red box. The footer text reads 'Approved by OMB 3060-0804'.

FCC Form 460 | HCP

Start Registration Type Physical Location Contact Information Supporting Documentation Certification

Type of Registration

Paperwork Reduction Act (PRA)

**What type of registration do you require?**

- Determine eligibility of an HCP site
- Determine eligibility of a Consortium
- Register an off-site data center
- Register an Ineligible site
- Register an off-site administrative office

BACK EXIT

**SAVE & CONTINUE**

Approved by OMB 3060-0804

# Determine Eligibility of an HCP Site

- Select **Determine eligibility of an HCP site**.
- Then click **Save & Continue**.

FCC Form 460 | HCP102076-00001

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

### Type of Registration

Paperwork Reduction Act (PRA) >

**What type of registration do you require?**

- Determine eligibility of an HCP site
- Determine eligibility of a Consortium
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative office

BACK EXIT

**SAVE & CONTINUE**

Approved by OMB 3060-0804

# Site Information

- Enter the **Non-Profit Tax Identification Number (EIN)**.
- Enter information for the **On-Site Contact Representative**.

FCC Form 460 | HCP27

Start Registration Type **Site Information** Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

### Site Information

Paperwork Reduction Act (PRA) >

**Site Information**

Non-Profit Tax Identification Number (EIN)  
123456789

Is this a government entity?  
 Yes  
 No

**On-Site Contact Representative**

First Name	Middle Initial (Optional)	Last Name
jane		Smith
Phone	Extension (Optional)	
(800) 555-5555		
Email	Confirm Email	
jsmith@test.com	jsmith@test.com	
HCP Website (Optional)	HCP Legal Entity Website (Optional)	

BACK EXIT **SAVE & CONTINUE**

# Physical Location

- Enter the physical address of the location, then click **Verify My Address**.
- A red banner will appear the address is not verified.

FCC Form 460 | HCP27

Start   Registration Type   Site Information   **Physical Location**   HCP Eligibility Category   Contact Information   Additional Information   Supporting Documentation   Certification

**Physical Location**

Paperwork Reduction Act (PRA) >

You must verify address.

**Physical Location**

Address 1  Address 2 (Optional)

City  State  Zip Code  County

GEO Location (if no street address is available)

Latitude  Longitude

**VERIFY MY ADDRESS**

# HCP Eligibility Category

- Select the category that best describes the HCP site.
- Enter a description of the medical services provided at the site.
- Answer the question about part-time eligible entity type.

The screenshot shows the 'HCP Eligibility Category' step of the FCC Form 460 registration process. The progress bar at the top indicates the current step is 'HCP Eligibility Category', with previous steps being 'Start', 'Registration Type', 'Site Information', 'Physical Location', 'Contact Information', and 'Additional Information'. Below the progress bar, the title 'HCP Eligibility Category' is displayed. A section for 'Paperwork Reduction Act (PRA)' is present but empty. The main section is titled 'Eligibility Information' and contains three red-bordered input fields: 1. A dropdown menu labeled 'Select the category that describes the HCP Site' with the selected option 'Community health center or health center providing health care to migrants'. 2. A text area labeled 'Describe the medical services provided at this location' with a character count of 0/1000. 3. A radio button question 'Is this a part-time eligible entity?' with 'No' selected and 'Yes' unselected.

# Eligibility Category Non-Profit Hospital

- Upload the state hospital license.
- Answer the question about if the site is a critical access hospital.
- Enter the number of licensed patient beds at the site.

FCC Form 460 | HCP

Start Registration Type Site Information Physical Location **HCP Eligibility Category** Contact Information Additional Information Supporting Documentation Certification

HCP Eligibility Category

Paperwork Reduction Act (PRA)

**Eligibility Information**

Select the category that describes the HCP Site

Non-profit hospital

State Hospital License \*

UPLOAD Drop file here

Upload State Hospital License

Is this a critical access hospital?

Yes

No

How many licensed patient beds are at this site?

Describe the medical services provided at this location

0/1000

Is this a part-time eligible entity?

No

Yes

**Conditional Approval of Eligibility**

Would you like to seek a conditional approval of eligibility?

No, this site already meets all eligibility criteria

Yes, this site is seeking conditional approval

BACK EXIT SAVE & CONTINUE

# Eligibility Category Community Mental Health Center

- Upload the state license.
- Check the relevant boxes under **Services Provided at the Physical Location** in the **Community Mental Health Center (CMHC) Checklist**.

FCC Form 460 | HCP [REDACTED]

Start Registration Type Site Information Physical Location HCP Eligibility Category

### HCP Eligibility Category

Paperwork Reduction Act (PRA)

#### Eligibility Information

Select the category that describes the HCP Site

Community mental health center

State License Upload \*

UPLOAD Drop file here

Upload the Health Care Provider's State License

#### Community Mental Health Center (CMHC) Checklist

Services Provided at the Physical Location

- The facility offers outpatient mental health treatment
- The facility offers 24-hour emergency care for mental health patients.
- The facility provides day hospital treatment for mental health patients.
- The facility provides other partial hospitalization services for mental health patients.
- The facility provides psychosocial rehabilitation services.
- The facility provides pre-admission screening for patients being considered for admission to state mental health facilities.
- The facility provides residential treatment.

Select all that apply

# Eligibility Category Rural Health Clinic

- Answer **Yes** or **No** for the question “Is this a mobile rural health care provider.”
- If **Yes**, upload the required logs.

The screenshot shows the 'HCP Eligibility Category' step of the FCC Form 460 registration process. The progress bar at the top indicates the current step is 'HCP Eligibility Category', with other steps like 'Start', 'Registration Type', 'Site Information', 'Physical Location', 'Contact Information', 'Additional Information', and 'Supporting Documentation' shown as completed. Below the progress bar, the section is titled 'HCP Eligibility Category' and includes a 'Paperwork Reduction Act (PRA)' notice. The main section is 'Eligibility Information' and contains a dropdown menu for 'Select the category that describes the HCP Site' with 'Rural health clinic' selected. Below this is a question 'Is this a mobile rural health care provider?' with radio buttons for 'Yes' and 'No'. To the right, there is a 'File Upload' section with an 'UPLOAD' button, a 'Drop file here' area, and a note: 'Please upload annual logs indicating the date and location of each clinic stop and the number of patients served at each clinic stop.'

# Conditional Approval of Eligibility

- Select **Yes** if applying for conditional eligibility.
- Select all relevant checkboxes for the basis for seeking conditional eligibility.
- Enter the estimated date that all eligibility requirements are expected to be met.
- Then click **Save & Continue**.

Conditional Approval of Eligibility

Would you like to seek a conditional approval of eligibility? ⓘ

No, this site already meets all eligibility criteria

Yes, this site is seeking conditional approval

On what basis are you Seeking conditional approval of eligibility?

Currently unable to qualify as a public or non-profit health care provider

Expect to be located in a rural area by the estimated eligibility date

Not currently offering and/or delivering medical services

Expect to meet the eligibility category by the estimated eligibility date

Select all that apply

What is the estimated date that you expect to meet all eligibility requirements?

mm/dd/yyyy

BACK EXIT

SAVE & CONTINUE

# Contact Information

- Enter the Contact Information for the **Primary Account Holder**.
- Check the box if the information is the same as the **Physical Location Address**.
  - If not, enter the address in the fields shown.
- Then click **Save & Continue**.

FCC Form 460 | HCP

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

### Contact Information

Paperwork Reduction Act (PRA)

**Primary Account Holder Information**

First Name Middle Initial (Optional) Last Name

Title/Position

Employer

Employer FCC Registration Number

Employer Website

Same as Physical Location Address?

Address 1 Address 2 (Optional)

City State Zip Code County

Phone Extension (Optional)

Email Confirm Email

Are there secondary account holders?  Yes  No

BACK EXIT SAVE & CONTINUE

# Adding Secondary Account Holders

- Answer **Yes** to the question “Are there Secondary Account Holders?” and enter the information in the fields.
- Click the **Add another secondary account holder** hyperlink to add multiple Secondary Account Holders.
- Then click **Save & Continue**.

The screenshot shows a web form with the following elements:

- A question: "Are there secondary account holders?" with radio buttons for "Yes" (selected) and "No".
- A section titled "Secondary Account Holder(s) Information" containing a table with the following columns: First Name, Last Name, Title/Position, Employer, Address, City, State (dropdown menu showing "Select State"), ZIP Code, Phone, and Email.
- A red box highlights the "Add another secondary account holder" link below the table.
- At the bottom left are "BACK" and "EXIT" buttons.
- At the bottom right is a "SAVE & CONTINUE" button.

# Additional Information

- Enter the **National Provider Identifier (NPI)** for the organization.
  - To look up the NPI, click the **NPI Registration Search** hyperlink.
- Provide an explanation in the field if necessary.

FCC Form 460 | HCP

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information **Additional Information** Supporting Documentation Certification

**Additional Information**

Paperwork Reduction Act (PRA)

**Additional Information**

**National Provider Identifier**

**IMPORTANT:** This should be the organizational NPI, not an individual practitioner NPI. Look up your HCP's NPI code by name and address at [NPI Registry Search](#)

Explanation (if necessary)

0/500

**Organization Taxonomy Code**

**Site Taxonomy Code**

Note: You can search the Taxonomy database. To search please refer to [Taxonomy Code Lookup](#)

Explanation (if necessary)

0/500

**Is the site(s) location**

On Tribal Lands

Otherwise Affiliated with a Tribe

Operated by the Indian Health Service

N/A

Select at least one(1) option

BACK EXIT **SAVE & CONTINUE**

# Additional Information (continued)

- Enter the **Organization Taxonomy Code** and the **Site Taxonomy Code**.
  - To search the Taxonomy database, click on the **Taxonomy Code Lookup** hyperlink.
- Provide an explanation in the field if necessary.

FCC Form 460 | HCP

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

Additional Information

Paperwork Reduction Act (PRA)

Additional Information

National Provider Identifier

IMPORTANT: This should be the organizational NPI, not an individual practitioner NPI. Look up your HCP's NPI code by name and address at NPI Registry Search

Explanation (if necessary)

Organization Taxonomy Code

Site Taxonomy Code

Note: You can search the Taxonomy database. To search please refer to Taxonomy Code Lookup

Explanation (if necessary)

Is the site(s) location

On Tribal Lands

Otherwise Affiliated with a Tribe

Operated by the Indian Health Service

N/A

Select at least one(1) option

BACK EXIT SAVE & CONTINUE

# Additional Information (continued)

- Click all that apply to site locations that may be affiliated with a Tribe or located on Tribal Lands.
- Then click **Save & Continue**.

FCC Form 460 | HCP

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information **Additional Information** Supporting Documentation Certification

**Additional Information**

Paperwork Reduction Act (PRA)

**Additional Information**

**National Provider Identifier**

IMPORTANT: This should be the organizational NPI, not an individual practitioner NPI. Look up your HCP's NPI code by name and address at [NPI Registry Search](#)

Explanation (if necessary)

**Organization Taxonomy Code**

**Site Taxonomy Code**

Note: You can search the Taxonomy database. To search please refer to [Taxonomy Code Lookup](#)

Explanation (if necessary)

**Is the site(s) location**

On Tribal Lands

Otherwise Affiliated with a Tribe

Operated by the Indian Health Service

N/A

Select at least one(!) option

BACK EXIT **SAVE & CONTINUE**

# Supporting Documentation

- Click the **Add Document** hyperlink to add additional documents.
- Upload the document and enter a description in the **Description** field.
- Then click **Save & Continue**.

FCC Form 460 | HCP: [REDACTED]

Start   Registration Type   Site Information   Physical Location   HCP Eligibility Category   Contact Information   Additional Information   **Supporting Documentation**   Certification

### Supporting Documentation

Paperwork Reduction Act (PRA) >

Uploaded File(s)

Document Type	Description	File Name	Uploaded On
Other	Describe	UPLOAD Drop file here	

[+ Add Document](#)

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

# Certifications

- Click all certifications.
- Enter **Certifier's Full Name** as it appears in RHC Connect into the **Digital Signature** field.
- Click **Certify & Submit**.

FCC Form 460 | HCP1

Start   Registration Type   Site Information   Physical Location   HCP Eligibility Category   Contact Information   Additional Information   Supporting Documentation   **Certification**

**Certification/Signature**

Paperwork Reduction Act (PRA) >

Application Details >

**Certification & Signature**

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

I certify under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request, and in any attachments, is true and correct.

I certify under penalty of perjury that the applicant is a nonprofit or public entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c) and reasonably expects to qualify as a nonprofit or public health care provider that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600 by the estimated eligibility date.

I certify under penalty of perjury that the applicant will not seek funding in the Healthcare Connect Fund Program unless it is physically located in a rural area as defined in 47 CFR § 54.600 or is a member of a consortium that satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant (i) reasonably expects to be physically located in a rural area as defined in 47 CFR § 54.600 by the estimated eligibility date, or (ii) plans to be a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 by the estimated eligibility date.

I certify under penalty of perjury that the applicant will not seek funding in the Telecommunications Program unless it is physically located in a rural area as defined in 47 CFR § 54.600, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant reasonably expects to be physically located in a rural area as defined in 47 CFR § 54.600 by the estimated eligibility date.

I understand that all documentation associated with this request or demonstrating compliance with the rules must be retained for at least five years after the last day 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 has reviewed and will comply with all applicable RHC Program requirements.

I certify under penalty of perjury that the applicant satisfies the requirements under section 254 of the Communications Act and applicable Commission's rules.

Certifier's Full Name

Date

Digital Signature

BACK   EXIT

**CERTIFY & SUBMIT**

Approved by OMB 3060-0804

# After Submitting

- Click the hyperlink in the green banner titled **Dashboard** or the **Back to Dashboard** hyperlink.

FCC Form 460 [Back to Dashboard](#)

✔ Your FCC Form 460 Application HCP102076-00001 has been successfully submitted. You can view this application on your Dashboard.

**Summary**

HCP Name	Non-Profit Tax Identification Number (EIN)
Legal Entity Name	Government Entity
FCC Registration Number (FCC RN)	Tribal Location
Nickname (Optional)	
Application Number	
Registration Type	

On-site Contact Representative

First Name	Last Name
Phone	Middle Initial
HCP Website (Optional)	Email
	HCP Legal Entity Website (Optional)

Physical Address

Address 1	Address 2 (Optional)	Zip Code
City	State	Longitude
County	Latitude	

# Determine Eligibility of a Consortium

- Select **Determine eligibility of a Consortium** on the **Type of Registration** screen.
- Then click **Save & Continue**.

FCC Form 460 | HCP102077-00001

Start Registration Type Consortium Leader Information Physical Location Contact Information Supporting Documentation Certification

### Type of Registration

Paperwork Reduction Act (PRA)

**What type of registration do you require?**

- Determine eligibility of an HCP site
- Determine eligibility of a Consortium
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative office

BACK EXIT

SAVE & CONTINUE

# Determine Eligibility of a Consortium (continued)

- Select **Yes** or **No** for the question “Is the consortium itself a standalone legal entity?” then select the **Consortium Leader Type** from the dropdown menu.
- If the **Consortium Leader Type** is “An eligible HCP participating in the Consortium,” enter the member HCP number in the field below.

FCC Form 460 | HCP102077-00001

Start Registration Type Consortium Leader Information Physical Location Contact Information Supporting Documentation Certification

### Consortium Leader Information

Paperwork Reduction Act (PRA)

#### General Information

Is the consortium itself a standalone legal entity?

Yes

No

Consortium Leader Type

An eligible HCP participating in the Consortium

Non-Profit Tax Identification Number (EIN)

Consortium has a written agreement allocating legal and financial responsibility

Yes

No

HCP Number

Exemption Documentation (Optional)

UPLOAD Drop file here

Upload an Exemption Document.

Is this a government-owned entity?

Yes

No

# Determine Eligibility of a Consortium (continued)

- Enter the **Non-Profit Tax Identification Number (EIN)**.
- Select **Yes** or **No** for “Consortium has a written agreement allocating legal and financial responsibility.” If **Yes** is selected, the **Exemption Document** may be uploaded.
- Select **Yes** or **No** to the question “Is this a government-owned entity?”

FCC Form 460 | HCP102077-00001

Start Registration Type Consortium Leader Information Physical Location Contact Information Supporting Documentation Certification

### Consortium Leader Information

Paperwork Reduction Act (PRA)

#### General Information

Is the consortium itself a standalone legal entity?

Yes

No

Consortium Leader Type

An eligible HCP participating in the Consortium

Non-Profit Tax Identification Number (EIN)

Consortium has a written agreement allocating legal and financial responsibility

Yes

No

HCP Number

Exemption Documentation (Optional)

UPLOAD Drop file here

Upload an Exemption Document.

Is this a government-owned entity?

Yes

No

# Determine Eligibility of a Consortium (continued)

- Enter information for the **Consortium Leader** and click **Save & Continue**.

The screenshot shows a web form titled "Consortium Main Information" with a light blue header. Below the header, there is a descriptive sentence: "This should be the organization that will serve as the main point of contact with USAC and the FCC and who will act on behalf of the consortium members throughout the application process and the funding, invoicing and post-invoicing periods." The form contains several input fields: "Consortium Leader Name" (0/255), "Phone" (0/255) and "Ext (Optional)" (0/255), "Email" (0/255) and "Confirm Email" (0/255), and "Consortium Website (Optional)" (0/1000). At the bottom left, there are "BACK" and "EXIT" buttons. At the bottom right, there is a "SAVE & CONTINUE" button. The footer text reads "Approved by OMB 3060-0804".

Consortium Main Information

This should be the organization that will serve as the main point of contact with USAC and the FCC and who will act on behalf of the consortium members throughout the application process and the funding, invoicing and post-invoicing periods.

Consortium Leader Name 0/255

Phone 0/255 Ext (Optional) 0/255

Email 0/255 Confirm Email 0/255

Consortium Website (Optional) 0/1000

BACK EXIT

SAVE & CONTINUE

Approved by OMB 3060-0804

# Determine Eligibility of a Consortium (continued)

- Enter the **Physical Location** of the Consortium Leader.
- Click **Verify My Address**, then click **Save & Continue**.

FCC Form 460 | HCP102077-00001

Start   Registration Type   Consortium Leader Information   **Physical Location**   Contact Information   Supporting Documentation   Certification

**Physical Location**

Paperwork Reduction Act (PRA) >

**Physical Location**

Address 1  Address 2 (Optional)

City  State  Zip Code  County

GEO Location (if no street address is available)

Latitude  Longitude

**VERIFY MY ADDRESS**

**BACK** **EXIT** **SAVE & CONTINUE**

# Determine Eligibility of a Consortium (continued)

- Enter information for the **Primary Account Holder/Project Coordinator**.
- To enter **Secondary Account Holders**, select **Yes** at the bottom of the screen and enter their information in the fields.
- Click **Save & Continue**.

FCC Form 460 | HCP102077-00001

Start Registration Type Consortium Leader Information Physical Location Contact Information Supporting Documentation Certification

**Contact Information**

Paperwork Reduction Act (PRA)

**Primary Account Holder | Project Coordinator**

First Name Middle Initial (Optional) Last Name

Title/Position

Employer

Employer FCC Registration Number

Employer Website

Same as Physical Location Address?

Address 1 Address 2 (Optional)

City State Zip Code County

Phone Extension (Optional)

Email Confirm Email

Are there secondary account holders?  Yes  No

**Secondary Account Holder(s) Information**

First Name	Last Name	Title/Position	Employer	Address	City	State	ZIP Code	Phone	Email
						Select State			

[Add another secondary account holder](#)

BACK EXIT **SAVE & CONTINUE**

# Registering an Off-Site Data Center or Administrative Office

- Note in yellow describes the rules regarding these entity types.
- These entities are only eligible for support if the services are connected to an eligible HCP listed on their FCC Form 460.

FCC Form 460 | HCP27653-0002 Valley Health Team, Inc. dba Firebaugh Sablan Health Center

Start → Registration Type → Site Information → Physical Location → Contact Information → Supporting Documentation → Certification

### Type of Registration

Paperwork Reduction Act (PRA) >

**!** Please note, off-site data centers are only eligible for RHC support if the services are connected to an eligible HCP listed on their FCC Form(s) 460 (Block 1, lines 2a or 2b). Please review all FRNs including approved and submitted to ensure compliance with program rules.

**What type of registration do you require?**

- Determine eligibility of an HCP site
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative office

BACK EXIT SAVE & CONTINUE

# Registering an Off-Site Data Center or Administrative Office

- All eligible and ineligible sites that will use the services of this entity must be listed.
- Check the boxes beside the sites that should be included, then click **Add Selected**.

**Site Information**

Paperwork Reduction Act (PRA) >

Site Information

List all sites (eligible and ineligible) that will use the services of this data center.

> Filters

Available HCPs	
<input type="checkbox"/>	HCP #
<input checked="" type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101
<input type="checkbox"/>	101

<< 1 - 10 of 23,490 >>

Selected HCPs	
<input type="checkbox"/>	HCP #
No items available	

> ADD SELECTED

< REMOVE SELECTED

◀ REMOVE ALL

# Registering an Off-Site Data Center or Administrative Office

- Once **Add Selected** is clicked, the selected HCPs will move to the right side of the screen.
- Click **Remove Selected** or **Remove All** to remove HCPs from the **Selected HCPs** list.

The screenshot displays the 'Site Information' interface. At the top, there is a dropdown menu for 'Paperwork Reduction Act (PRA)'. Below this, the 'Site Information' section contains a description: 'List all sites (eligible and ineligible) that will use the services of this data center.' A 'Filters' section is visible on the left. The main area is divided into two columns: 'Available HCPs' on the left and 'Selected HCPs' on the right. The 'Available HCPs' table has columns for 'HCP #' and 'HCP Name' and contains a list of 10 items, each with a checkbox. The 'Selected HCPs' table also has columns for 'HCP #' and 'HCP Name' and contains 6 items, each with a checkbox. Between the two tables are three buttons: '> ADD SELECTED', '< REMOVE SELECTED', and '< REMOVE ALL'. A red box highlights the 'Selected HCPs' table, and a red arrow points from the '< REMOVE ALL' button to the 'Selected HCPs' table.

Site Information

Paperwork Reduction Act (PRA)

Site Information

List all sites (eligible and ineligible) that will use the services of this data center.

> Filters

Available HCPs

HCP #	HCP Name
<input type="checkbox"/> 101	

< < 1 - 10 of 23,484 > >

> ADD SELECTED

< REMOVE SELECTED

< REMOVE ALL

Selected HCPs

HCP #	HCP Name
<input type="checkbox"/>	

6 items

# After Submitting

- Click the hyperlink in the green banner titled **Dashboard** or the **Back to Dashboard** hyperlink.

FCC Form 460 [Back to Dashboard](#)

✔ Your FCC Form 460 Application HCP102076-00001 has been successfully submitted. You can view this application on your Dashboard.

**Summary**

HCP Name	Non-Profit Tax Identification Number (EIN)
Legal Entity Name	Government Entity
FCC Registration Number (FCC RN)	Tribal Location
Nickname (Optional)	
Application Number	
Registration Type	

On-site Contact Representative

First Name	Last Name
Phone	Middle Initial
HCP Website (Optional)	Email
	HCP Legal Entity Website (Optional)

Physical Address

Address 1	Address 2 (Optional)	Zip Code
City	State	Longitude
County	Latitude	

# After Submitting

- An email will be sent confirming that the form was submitted along with a copy of the PDF form.
  - If you do not receive a confirmation email, reach out to the RHC Customer Service Center at [RHC-Assist@usac.org](mailto:RHC-Assist@usac.org).
- Respond to Information Requests within 14 calendar days or by the deadline listed in the Information Request.
  - Failure to respond to the Information Request will result in a denial.
- For FY2025 FCC Forms 460, an auto-generated email will be sent directing applicants to RHC Connect to respond.
- **Applicants should respond through RHC Connect only.**
- Please use the [Information Request](#) tip sheet as a resource.

**Questions?**

# **Submitting an FCC Form 460 Revision**

## Submitting the FCC Form 460 in RHC Connect

# My Portal Landing Page

- Log into My Portal and click on **RHC Connect**.

## Dashboard

---

 In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional informat

### Upcoming Dates

07/07 **New Filer ID**  
2022 **Basics Webinar**

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08/01 **Quarterly Filing**  
2022 **due August 1**

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### Rural Health Care

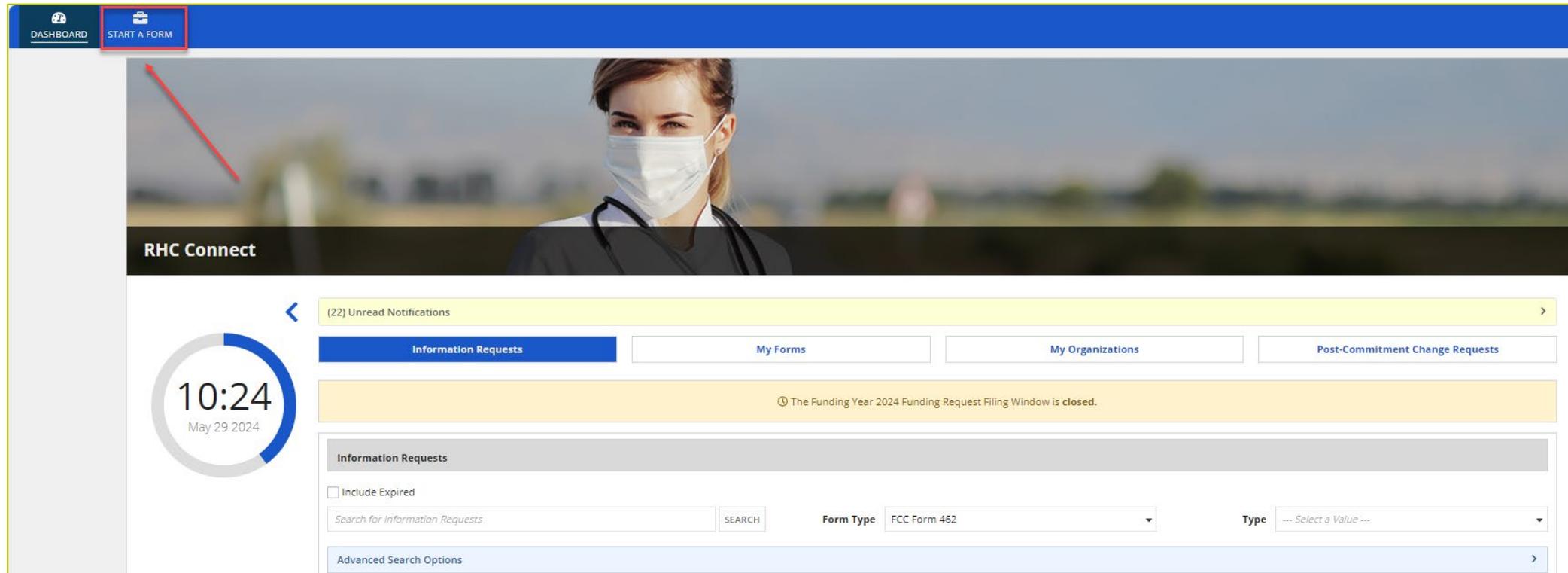
**RHC Connect** - Health care providers must use this section to create and submit required forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later.

**RHC My Portal** - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program, the Connected Care Pilot Program (CCPP), and the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier.

**Connected Care Pilot Program** - Health care providers must use this form to complete and submit their original Connected Care Pilot Program proposal application directly to FCC.

# RHC Connect

- Click **Start a Form**.



# RHC Connect (continued)

- Click **FCC Form 460**, then click **Next**.

17:25  
May 21, 2024

What type of Form would you like to file?

See if you Qualify to Participate

**FCC Form 460**  
Eligibility and FCC Form 460 Revisions

Determine if your health care facility is eligible for Rural Health Care (RHC) Program funding for the Healthcare Connect Fund (HCF) Program and/or Telecommunications (Telecom) Program by submitting an FCC Form 460.

Health Care Connect Fund

**FCC Form 461**  
Develop Bid Evaluation Criteria & Select Services

After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).

**FCC Form 462**  
Evaluate Bids & Select Service Provider

This form provides information about the services, equipment, or network facilities selected, and certifies that those services were the most cost-effective option of the offers received.

**FCC Form 463**  
Invoice USAC

Once you receive a bill from the service provider, you can create an invoice for the services received using the FCC Form 463.

Telecom

**FCC Form 465**  
Develop Bid Evaluation Criteria & Select Services

After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 465 (Request for Services Form).

**FCC Form 466**  
Evaluate Bids & Select Service Provider

This form provides information about the selected service and the applicant certifies the selected service was the most cost-effective means of meeting its specific health care needs.

**NEXT**

## RHC Connect (continued)

- Click **File a New FCC Form 460 Revision**, then click **Next**.

Which FCC Form 460 would you like to file?



File a New FCC Form 460



File a New FCC Form 460  
Revision

Your existing FCC Forms 460

HCP

NEXT

# Start

- All fields on the **Start** screen can be edited.
- Click **Save & Continue** when ready to proceed.

FCC Form 460

Start    Registration Type    Site Information    Physical Location    Contact Information    Supporting Documentation    Certification

**Start**

Paperwork Reduction Act (PRA) >

Your Health Care Provider (HCP) Information

HCP or Consortium Name

Legal Entity Name

FCC Registration Number (FCC RN)   
If the legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium

FCC Form 460 Revision Application Information

Nickname (Optional)  Revision:

Application Number

EXIT **SAVE & CONTINUE**

Approved by OMB 3060-0804

# Type of Registration

- If the registration type is changing, click the corrected entity type.
- Enter the date of the entity type change in the field.
- Then click **Save & Continue**.

FCC Form 499 | HCP

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

## Type of Registration

Paperwork Reduction Act (PRA)

**What type of registration do you require?**

- Determine eligibility of an HCP site
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative office

**Date of entity type change**

mm/dd/yyyy

BACK EXIT

SAVE & CONTINUE

# Complete all Revisions

- Since all fields can be edited, navigate through each screen of the FCC Form 460.
- Enter the needed changes.
- Click **Save & Continue** to move forward through each screen.

The screenshot displays the FCC Form 460 | HCP registration process. A horizontal progress bar at the top shows the following steps: Start, Registration Type, Site Information (highlighted with a blue arrow), Physical Location, HCP Eligibility Category, Contact Information, Additional Information, Supporting Documentation, and Certification. Below the progress bar, the 'Site Information' section is active, showing a 'Paperwork Reduction Act (PRA)' field with a right-pointing arrow.

# Certifications

- Click all certifications.
- Enter **Certifier's Full Name** as it appears in RHC Connect into the **Digital Signature** field.
- Click **Certify & Submit**.

FCC Form 460 | MCP1

Start Registration Type Site Information Physical Location HCP Eligibility Category Contact Information Additional Information Supporting Documentation Certification

**Certification/Signature**

Paperwork Reduction Act (PRA)

Application Details

**Certification & Signature**

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

I certify under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request, and in any attachments, is true and correct.

I certify under penalty of perjury that the applicant is a nonprofit or public entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c) and reasonably expects to qualify as a nonprofit or public health care provider that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600 by the estimated eligibility date.

I certify under penalty of perjury that the applicant will not seek funding in the Healthcare Connect Fund Program unless it is physically located in a rural area as defined in 47 CFR § 54.600 or is a member of a consortium that satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant (i) reasonably expects to be physically located in a rural area as defined in 47 CFR § 54.600 by the estimated eligibility date, or (ii) plans to be a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 by the estimated eligibility date.

I certify under penalty of perjury that the applicant will not seek funding in the Telecommunications Program unless it is physically located in a rural area as defined in 47 CFR § 54.600, or the applicant is seeking conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant reasonably expects to be physically located in a rural area as defined in 47 CFR § 54.600 by the estimated eligibility date.

I understand that all documentation associated with this request or demonstrating compliance with the rules must be retained for at least five years after the last day 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 has reviewed and will comply with all applicable RHC Program requirements.

I certify under penalty of perjury that the applicant satisfies the requirements under section 254 of the Communications Act and applicable Commission's rules.

Certifier's Full Name  Digital Signature

Date

BACK EXIT CERTIFY & SUBMIT

Approved by OMB 3060-0804

# After Submitting

- Click the hyperlink in the green banner titled **Dashboard** or the **Back to Dashboard** hyperlink.

FCC Form 460 [Back to Dashboard](#)

✔ Your FCC Form 460 Application HCP102076-00001 has been successfully submitted. You can view this application on your Dashboard.

**Summary**

HCP Name	Non-Profit Tax Identification Number (EIN)
Legal Entity Name	Government Entity
FCC Registration Number (FCC RN)	Tribal Location
Nickname (Optional)	
Application Number	
Registration Type	

On-site Contact Representative

First Name	Last Name
Phone	Middle Initial
HCP Website (Optional)	Email
	HCP Legal Entity Website (Optional)

Physical Address

Address 1	Address 2 (Optional)	Zip Code
City	State	Longitude
County	Latitude	

# After Submitting

- An email will be sent confirming that the form was submitted along with a copy of the PDF form.
  - If you do not receive a confirmation email, reach out to the RHC Customer Service Center at [RHC-Assist@usac.org](mailto:RHC-Assist@usac.org).
- Respond to Information Requests within 14 calendar days or by the deadline listed in the Information Request.
  - Failure to respond to the Information Request will result in a denial.
  - For FCC Forms 460, an auto-generated email will be sent directing applicants to RHC Connect to respond.
- **Applicants should respond through RHC Connect only.**

**Questions?**

# **Submitting Letters of Agency (LOA) and Letters of Exemption (LOE)**

Submitting the FCC Form 460 in RHC Connect

# My Portal Landing Page

- Log into My Portal and click on **RHC Connect**.

## Dashboard

 In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional informat

### Upcoming Dates

07/07 **New Filer ID**  
2022 **Basics Webinar**

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08/01 **Quarterly Filing**  
2022 **due August 1**

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### Rural Health Care

**RHC Connect** - Health care providers must use this section to create and submit required forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later.

**RHC My Portal** - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program, the Connected Care Pilot Program (CCPP), and the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier.

**Connected Care Pilot Program** - Health care providers must use this form to complete and submit their original Connected Care Pilot Program proposal application directly to FCC.

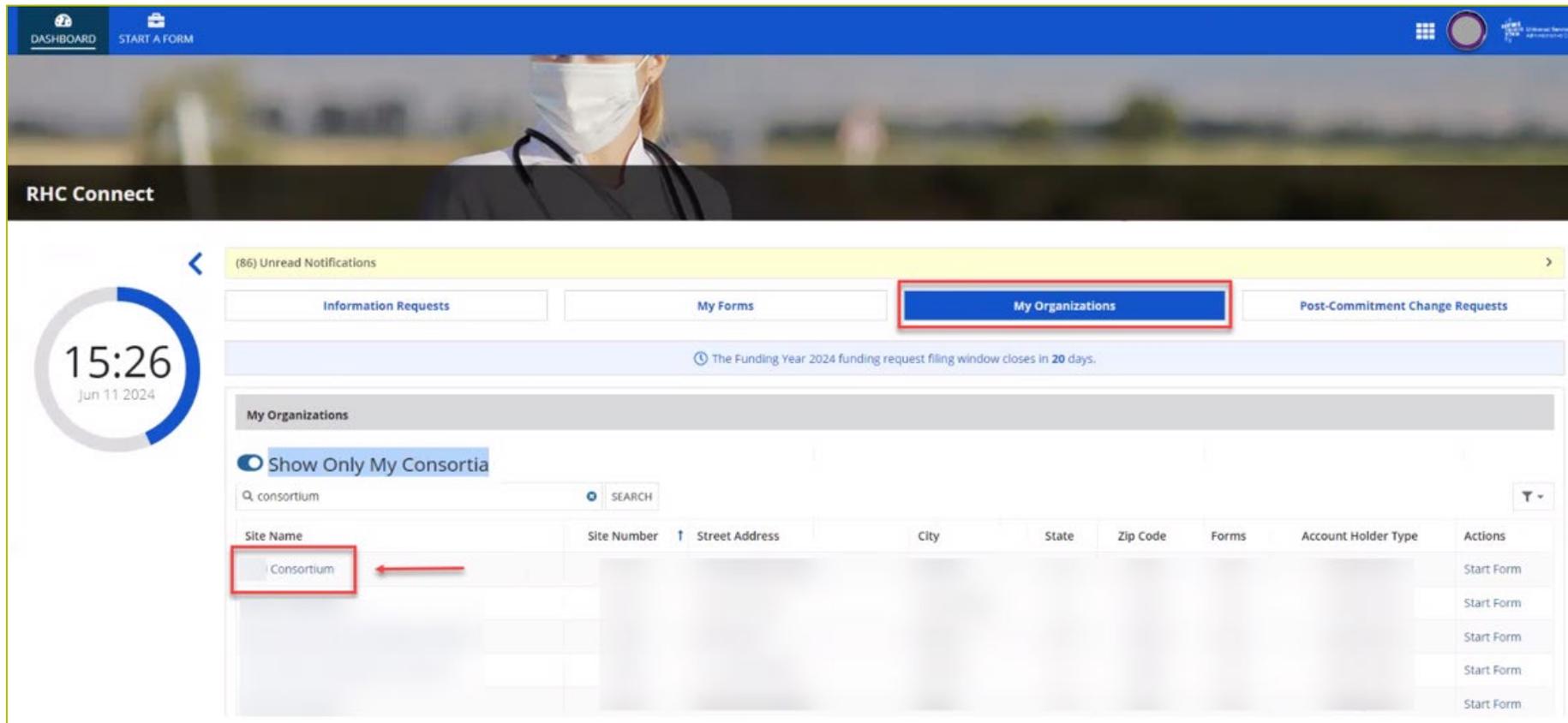
# RHC Connect Dashboard

- Click **My Organizations** tab.
- All consortia are displayed when toggle beside **Show Only My Consortia** is closed.

The screenshot displays the RHC Connect Dashboard interface. At the top, there is a blue navigation bar with 'DASHBOARD' and 'START A FORM' options. Below this is a banner image of a healthcare professional wearing a mask. The main content area features a navigation menu with four tabs: 'Information Requests', 'My Forms', 'My Organizations' (highlighted with a red box), and 'Post-Commitment Change Requests'. A notification bar indicates '(86) Unread Notifications' and a message states 'The Funding Year 2024 funding request filing window closes in 20 days.' On the left, a circular clock shows the time '15:26' on 'Jun 11 2024'. Below the navigation menu, the 'My Organizations' section is active, showing a search bar with the text 'consortium' and a 'SEARCH' button. A toggle switch labeled 'Show Only My Consortia' is highlighted with a red box and is currently turned off. Below the search bar is a table with columns: Site Name, Site Number, Street Address, City, State, Zip Code, Forms, Account Holder Type, and Actions. The table contains one visible row with the text 'Consortium' in the Site Name column and 'Start Form' in the Actions column.

# RHC Connect Dashboard (continued)

- Open the toggle beside **Show Only My Consortia** to display your consortia.
- Click hyperlink for consortium the LOA is for.



The screenshot displays the RHC Connect dashboard interface. At the top, there is a navigation bar with 'DASHBOARD' and 'START A FORM' options. Below this is a header section with 'RHC Connect' and a background image of a healthcare professional. A notification bar indicates '(86) Unread Notifications'. The main content area features a navigation menu with 'Information Requests', 'My Forms', 'My Organizations' (highlighted with a red box), and 'Post-Commitment Change Requests'. A clock shows the time as 15:26 on Jun 11, 2024. A banner message states: 'The Funding Year 2024 funding request filing window closes in 20 days.' The 'My Organizations' section includes a toggle for 'Show Only My Consortia' (checked) and a search bar. Below the search bar is a table with columns: Site Name, Site Number, Street Address, City, State, Zip Code, Forms, Account Holder Type, and Actions. The first row in the table has 'Consortium' in the Site Name column, which is highlighted with a red box and an arrow pointing to it. The Actions column for this row contains five 'Start Form' links.

Site Name	Site Number	Street Address	City	State	Zip Code	Forms	Account Holder Type	Actions
Consortium								Start Form Start Form Start Form Start Form Start Form

# Summary Screen

- Information is displayed about the Consortium Leader and all Account Holders.

**Consortium** [Return to Organization Listing](#)

**Summary** | [View LOA\(s\)/LOE\(s\)](#) | [Member HCP\(s\)](#)

### Organization Details

Site Name	Consortium	Entity Type	Consortium
Site Number		HCP Type	Consortium of the above
FCC Registration Number		Priority Tier	1
Physical Address		State	

### Account Holders

HCF Account Holders

Name	Role	Employer	Email	Telephone

# View LOA(s)/LOE(s) Screen

- All LOA(s) and LOE(s) for the consortium are displayed.
- Click on an existing LOA or LOE to view the **Details**.

Summary **View LOA(s)/LOE(s)** Member HCP(s)

View Letter(s) of Agency/ Exemption

ID#	Submission Type	Nickname	Effective Date	Expiration Date	Submitted By	Status	Submitted On
700034	Letter of Agency (LOA)		5/30/2024	7/6/2024		Submitted	6/10/2024 8:49 PM EDT
700033	Letter of Exemption (LOE)					Submitted	6/10/2024 8:39 PM EDT
700032	Letter of Agency (LOA)					Submitted	6/10/2024 8:13 PM EDT
700031	Letter of Agency (LOA)					Submitted	6/6/2024 3:05 PM EDT
700024	Letter of Agency (LOA)					Submitted	5/11/2024 1:49 PM EDT
700017	Letter of Agency (LOA)					Submitted	5/9/2024 12:06 PM EDT
700004	Letter of Agency (LOA)					Submitted	5/8/2024 5:03 PM EDT
700002	Letter of Exemption (LOE)					Submitted	5/2/2024 4:55 PM EDT
700001	Letter of Agency (LOA)					Submitted	5/2/2024 4:50 PM EDT

9 items

**Details**

LOA/ LOE ID  
700034

Nickname

LOA/LOE Uploaded Document  
Individual IDD FCL

Effective Date  
5/30/2024

Expiration Date  
7/6/2024

Attached HCP(s)

HCP Number	HCP Name	State	Attached On	Status
			6/10/2024 8:49 PM EDT	Submitted
			6/10/2024 8:49 PM EDT	Submitted

# View LOA(s)/LOE(s) Screen (continued)

- Click **Submit New LOA/LOE**.

**Consortium** < Return to Organization Listing

Summary **View LOA(s)/LOE(s)** Member HCP(s)

**SUBMIT NEW LOA/ LOE**

### View Letter(s) of Agency/ Exemption

ID#	Submission Type	Nickname	Effective Date	Expiration Date	Submitted By	Status	Submitted On
700034						Submitted	6/10/2024 8:49 PM EDT
700033						Submitted	6/10/2024 8:39 PM EDT
700032						Submitted	6/10/2024 8:13 PM EDT
700031						Submitted	6/6/2024 3:05 PM EDT
700024						Submitted	5/11/2024 1:49 PM EDT
700017						Submitted	5/9/2024 12:06 PM EDT
700004						Submitted	5/8/2024 5:03 PM EDT
700002						Submitted	5/2/2024 4:55 PM EDT
700001						Submitted	5/2/2024 4:50 PM EDT

9 Items

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# Submit LOA/LOE - Details

- Click the arrow beside **Definitions** to view a description of **Letter of Agency (LOA)** and **Letter of Exemption (LOE)**.

## Submit LOA/LOE

Details      Attach HCP(s)      Review

**Submission Type**

Letter of Agency (LOA)

Letter of Exemption (LOE)

**Upload Letter of Agency**

 RHC [redacted] loaded i...  
XLSX - 58.38 KB

**Nickname**

**Certifications**

Option 1: If there is no existing formal agreement, and the consortium leader will assume sole legal and financial responsibility for the activities of the consortium.

Option 2: If the consortium has a formal written agreement, approved by USAC, allocating legal and financial responsibility to the consortium leader.

**Effective Date**      **Expiration Date**

**Definitions** 

A **Letter Of Agency (LOA)** should be used to add HCPs to your consortium that are not owned, controlled, or operated by the Consortium Leader.

A **Letter Of Exemption (LOE)** should be used to add HCPs to your consortium that are owned, controlled, or operated by the Consortium Leader.

# Submit LOA/LOE – Details (continued)

- Click correct radio button under **Submission Type** and upload document.
- Enter a nickname and select **Option 1** or **Option 2** under **Certifications**.
- Select the **Effective Date** and the **Expiration Date** from the dropdown calendar, then click **Save & Continue**.

The screenshot shows the 'Submit LOA/LOE' form with the following elements highlighted by red boxes and arrows:

- Submission Type:** A red box highlights the radio buttons for 'Letter of Agency (LOA)' (selected) and 'Letter of Exemption (LOE)'. Red arrows point to each radio button.
- Upload Letter of Agency:** A red box highlights the file upload area showing 'RHC [redacted] loaded ... XLSX - 58.38 KB'. A red arrow points to the file name.
- Certifications:** A red box highlights the two radio button options for certification. A red arrow points to the selected 'Option 1'.
- Effective Date:** A red box highlights the date field showing '06/11/2024'. A red arrow points to the date.
- Expiration Date:** A red box highlights the date field showing '06/29/2024'. A red arrow points to the date.
- SAVE & CONTINUE:** A red box highlights the blue 'SAVE & CONTINUE' button at the bottom right.

Other visible elements include a 'Details' tab, 'Attach HCP(s)' and 'Review' buttons, a 'Definitions' section with text explaining LOA and LOE, and a 'CANCEL' button at the bottom left.

# Attach HCP(s)

- Search by **HCP Number**, **HCP Name** or **Zip Code**, then click **Apply Filter**.
- Open the toggle to show sites already in the consortium.

**Submit LOA/LOE**

Details **Attach HCP(s)** Review

HCP(s) to be Added to this LOA/ LOE

HCP Number

HCP Name

Zip Code

Only show HCPs already in My Consortium

Available HCPs

<input type="checkbox"/>	HCP Number	HCP Name
<input type="checkbox"/>		

> ADD SELECTED

Selected HCPs to Add to this LOA/ LOE

<input type="checkbox"/>	HCP Number	HCP Name
No items available		

# Attach HCPs (continued)

- Select the HCPs to attach, then click **Add Selected**.

The screenshot displays a user interface for selecting HCPs. It is divided into two main sections: 'Available HCPs' on the left and 'Selected HCPs to Add to this LOA/ LOE' on the right. In the 'Available HCPs' section, a table lists HCPs with columns for 'HCP Number' and 'HCP Name'. The first column is sorted in ascending order. A red box highlights the first seven rows, which have their checkboxes checked. The 'Selected HCPs' section on the right is currently empty, displaying 'No items available'. Below the 'Available HCPs' table, there are three buttons: '> ADD SELECTED' (highlighted with a red box), '< REMOVE SELECTED', and '<< REMOVE ALL'. At the bottom of the 'Available HCPs' table, there is a pagination control showing '1 - 10 of 1,172'.

<input type="checkbox"/>	HCP Number	HCP Name
<input checked="" type="checkbox"/>	101	
<input type="checkbox"/>	102	
<input checked="" type="checkbox"/>	104	
<input checked="" type="checkbox"/>	104	
<input checked="" type="checkbox"/>	104	
<input type="checkbox"/>	104	
<input checked="" type="checkbox"/>	104	
<input checked="" type="checkbox"/>	104	
<input type="checkbox"/>	109	
<input type="checkbox"/>	110	

<< < 1 - 10 of 1,172 > >>

<input type="checkbox"/>	HCP Number	HCP Name
No items available		

> ADD SELECTED

< REMOVE SELECTED

<< REMOVE ALL

# Attach HCPs (continued)

- Selected HCPs will move to column on the right.
- Click **Remove Selected** or **Remove All** if the HCP(s) was selected incorrectly.
- Once all HCPs are added, click **Save & Continue**.

The screenshot displays a user interface for selecting HCPs. It is divided into two main columns:

- Available HCPs:** A table with columns for HCP Number and HCP Name. The HCP numbers listed are 102, 104, 110, 111, 114, 114, 114, 116, 119, and 122. A pagination bar at the bottom indicates "1 - 10 of 27,005".
- Selected HCPs to Add to this LOA/ LOE:** A table with columns for HCP Number and HCP Name. The HCP numbers listed are 101, 104, 104, 104, 104, 104, 104, and 109. A "7 Items" label is at the bottom right of this table.

Between the two columns is a central control panel with three buttons:

- > ADD SELECTED
- < REMOVE SELECTED
- ◀ REMOVE ALL

At the bottom of the interface, there are two buttons: CANCEL on the left and SAVE & CONTINUE on the right.

# Review

- Review information, then click **Submit LOA**.

## Submit LOA/LOE

Details Attach HCP(s) **Review**

**Submission Type**

Letter of Agency (LOA)  
 Letter of Exemption (LOE)

**Uploaded File(s)**

Requirement sheet\_050322

**Nickname**

**Certifications**

Option 1: If there is no existing formal agreement, and the consortium leader will assume sole legal and financial responsibility for the activities of the consortium.  
 Option 2: If the consortium has a formal written agreement, approved by USAC, allocating legal and financial responsibility to the consortium leader.

**Effective Date** 06/11/2024 **Expiration Date** 06/29/2024

**Selected HCPs to be added to this LOA**

HCP #	HCP Name
100X	
100X	
100X	
100X	

**CANCEL** **SUBMIT LOA**

# After Submitting

- Message in green banner confirms LOA was successfully submitted.

## Submit LOA/LOE | ID: 700035

 You have successfully attached a Letter of Agency to the following Health Care Providers.

**LOA/LOE ID**  
700035

**Submission Type**

Letter of Agency (LOA)

Letter of Exemption (LOE)

**Uploaded File(s)**

 Requirement sheet\_050322

**Nickname**

**Certifications**

Option 1: If there is no existing formal agreement, and the consortium leader will assume sole legal and financial responsibility for the activities of the consortium.

Option 2: If the consortium has a formal written agreement, approved by USAC, allocating legal and financial responsibility to the consortium leader.

**Effective Date**  

**Expiration Date**  

**Attached HCP(s)**

**Definitions** 

A **Letter Of Agency (LOA)** should be used to add HCPs to your consortium that are not owned, controlled, or operated by the Consortium Leader.

# **Best Practices and Resources**

Submitting the FCC Form 460 in RHC Connect

## Milestones to Apply for Funding for FY2025: Recommended Last Day to Submit Forms NOT using a Request for Proposal (RFP)

HCF & Telecom Program Form	Last Day to Submit for Individual HCPs NOT using a Request for Proposal (RFP)
FCC Form 460 (Eligibility)	January 8, 2025 Recommended Date
FCC Form 461 & 465 (Request for Services)	February 10, 2025 Recommended Date
FCC Form 462 & 466 (Funding Request)	April 1, 2025 <b>Deadline to Submit</b>

Please note that the FCC Form 460, 461, and 465 submission dates are not mandatory deadlines, but rather recommended milestones to ensure that the FCC Forms 461 and 465 are posted to USAC's website early enough for a 28-day competitive bidding period before the deadline to submit an FCC Form 462 or 466.

## Milestones to Apply for Funding for FY2025: Recommended Last Day to Submit Forms using a Request for Proposal (RFP)

HCF & Telecom Program Form	Last Day to Submit for Individual HCPs using a Request for Proposal (RFP)
FCC Form 460 (Eligibility)	January 4, 2025 Recommended Date
FCC Form 461 & 465 (Request for Services)	February 1, 2025 Recommended Date
FCC Form 462 & 466 (Funding Request)	April 1, 2025 <b>Deadline to Submit</b>

Please note that the FCC Form 460, 461, and 465 submission dates are not mandatory deadlines, but rather recommended milestones to ensure that the FCC Forms 461 and 465 are posted to USAC's website early enough for a 28-day competitive bidding period before the deadline to submit an FCC Form 462 or 466.

# RHC Learn

- Learn**
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- Webinars
- Newsletter
- FAQs ▾

## Learn



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Learn more about the Rural Health Care program.



### Videos

Our videos are designed to help you understand and manage the form filing process, FCC requirements, and other elements of the RHC program.

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### Webinars

Join USAC for live training webinars provided throughout the year for RHC program participants, and watch recordings of those you may have missed.

[View our Webinars](#)



### Newsletter

The RHC Monthly Newsletter keeps healthcare providers (HCPs) and service providers up to date about program news, events, and best practices. Be sure to [subscribe](#).

[Consult our Newsletter](#)

# Resources

- [Determine Eligibility of Your Site – HCF Program](#) webpage
- [What is a Consortium?](#) webpage (HCF only)
- [Determine Eligibility of Your Site – Telecom Program](#) webpage
- [Welcome to RHC - Connect FCC Form 460](#) webpage
- [RHC Connect User Guide - FCC Form 460](#)
- [Information Request](#) tip sheet
- Subscribe to the [RHC Monthly Newsletter](#)

# 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

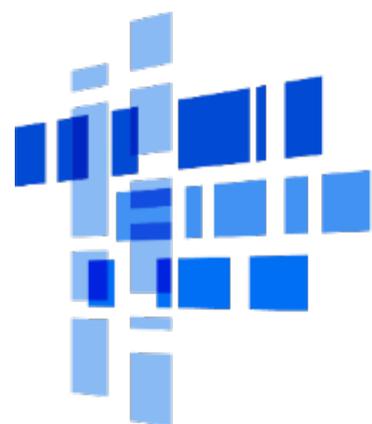
# RHC Customer Service Center

<b>The RHC Customer Service Center CAN</b>	<b>The RHC Customer Service Center CANNOT</b>
Answer general questions regarding both programs	Determine eligibility of a specific site or service before an official form submission
Provide account holder information for an HCP	Review a form or document for accuracy before an official submission
Provide clarity regarding FCC Report and Order 19-78 and other FCC Orders	Contact a service provider or other account holder on someone else's behalf
Provide helpful resources and best practices for forms	Provide documents that are not already accessible in My Portal
Assist with My Portal and RHC Connect	Transfer a call to a specific form reviewer

**Questions?**

**Thank You!**





**Universal Service**  
Administrative Co.