HCF Program Funding Request Office Hours

February 7, 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.

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.
- Use the "**Raise Your Hand**" button to be unmuted and ask a question to the team!



Meet Our Team



Simone Andrews

Senior Communications Specialist| RHC Outreach



Blythe Albert

Advisor of Program Management | RHC Outreach

Agenda

- Introduction
- Program Updates
- Submitting Forms in RHC Connect
- Best Practices
- Resources

Introduction – Office Hours

- Subject matter experts are available to answer live questions from program participants.
- Today's presentation will focus on the HCF Program.
- Send FRN or HCP-specific questions to the RHC Customer Service Center at <u>RHC-Assist@usac.org</u>.
- Raise your hand or ask your question in the questions box.
- Please note, recordings of Office Hours webinars are not posted to the USAC website.
- You can download a PDF copy of the slide deck from the handout section on the GoToWebinar dashboard.

Glossary

| Acronym | Definition |
|-------------|--|
| 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 |
| NCW | Network Cost Worksheet |
| BAN | Billing Account Number |
| SPIN/498 ID | Service Provider Identification Number |

Program Updates

HCF Program Funding Request Office Hours

RHC Connect Updates

| Form | Platform | Relevant Funding Years |
|-----------------------------------|-------------|--|
| FCC Forms 460 & 465 | My Portal | Future development |
| - Letters of Agency (LOA) | My Portal | Future development |
| - Third Party Authorization (TPA) | My Portal | Future development |
| FCC Form 461 | RHC Connect | FY2023 and forward |
| FCC Form 462 | My Portal | FY 2021 and prior – Multi-year commitments |
| FCC Form 462 | RHC Connect | FY2022 and forward |
| FCC Form 463 | My Portal | FY 2021 and prior – Multi-year commitments |
| FCC Form 463 | RHC Connect | FY2022 and forward |
| Post-commitment Change Requests | RHC Connect | FY2022 and forward |
| FCC Form 466 | RHC Connect | FY2024 and forward |
| FCC Form 467 – Telecom Invoice | My Portal | Future development |

Reminder: FCC Report and Order 19-78

• <u>FCC Report and Order 19-78</u> webpage summarizes the Report and Order's major changes.



FCC Report and Order 19-78 (continued)

- **Consortia Majority Rural Rule (HCF Only)** Every consortium participating in the HCF Program must consist of more than 50 percent eligible rural sites.
 - <u>Rurality Compliance Tip Sheet</u>
- **Consultant Registration** USAC will issue a unique registration number to the consultant or outside expert and that number will be linked to the HCP's organization.

Reminder: FCC Report and Order 19-78 (continued)

• SPIN CHANGES

- A corrective SPIN change is made when the SPIN associated with a Funding Request Number (FRN) is not correct. This occurs when:
 - The applicant or USAC made a data entry error,
 - SPIN has changed due to the merger of companies or the acquisition of one company by another; or
 - The applicant has not initiated the change (e.g., where the service provider declares bankruptcy).
- An operational SPIN change is a request to change the actual service provider associated with an FRN.
 - The change in service providers is the result of a deliberate decision by the applicant.
 - The applicant has a legitimate reason to change providers (e.g., breach of contract or the service provider is unable to perform).
- **Site and Service Substitutions** HCPs in both the HCF and Telecom program are required to submit site and service substitutions by the service delivery deadline.
 - This date can be found on the Funding Commitment Letter (FCL) for the FRN (FCC Form 462 Application)

FCC 23-110 Third Report and Order

- On December 14, 2023, the FCC released Order FCC 23-110. This order 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, aligns program deadlines, simplifies rules for calculating urban rates, streamlines administrative
 processes, and frees up unused funding for other purposes. Changes to RHC Program rules are as follows:
 - 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).
 - Provides health care providers more time to complete Service Provider Identification Number (SPIN) changes by moving the SPIN change deadline to align with the invoice filing deadline (Beginning in FY2023).
 - Simplifies urban rate calculations by eliminating the seldom-used "standard urban distance" component of the rule for determining urban rates in the Telecommunications (Telecom) Program (Beginning in FY2025).
 - Allows health care providers to request changes to the dates covered by an evergreen contract post-commitment (Beginning in FY2024).
 - 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 determine every time they engage in competitive bidding.
 - Establishes a deadline of July 1, 2024, for health care providers to claim undisbursed funding commitments that do not currently have an applicable invoice filing deadline from FY2019 and prior years.

Reminder: Information Requests

- If USAC requires information that cannot be located on the submitted supporting documentation, this will result in an **Information Request.**
- All account holders will receive all Information Requests.
- Applicants are given 14 calendar days to provide a response to the Information Request.
 - 11:59 p.m. ET on the 14th day would be the last time to respond to the Information Request.
- Information Requests not responded to within 14 calendar days **will result in a denial** of that form.
- An extension request must be received prior to the original 14-day Information Request deadline.

FY2024 Funding Request Reviews

- RHC may begin funding request reviews before the funding request window closes.
- No final decisions will be made prior to the close of the filing window.
- Some changes to submissions must occur prior to the close of the filing window.
- This means that you may receive an Information Request before April 1, 2024.
- For FY2024 FCC Forms 462, an auto-generated email will be sent with instructions to respond through RHC Connect.
 - HCPs should respond through RHC Connect only.
 - The auto-generated email comes from an unattended mailbox so please only respond through RHC Connect.

Update: FCC Form 463 in RHC Connect

- While it is no longer required in RHC Connect to move forward with the submission of Form 463, applicants are expected to have supporting documentation for invoices and proof of payment available at the time they submit the form.
- Upon selection for manual review or audit, RHC will require submission of all documents for all requested billing period(s).
- Please be mindful that program rules require applicants to have all supporting documentation available when forms are submitted, and for 5 years thereafter.

Reminder: Invoice Filing Deadlines

- Invoicing guidelines adopted in FCC <u>Report and Order 19-78</u> became effective beginning with FY2020 applicants.
- The invoice filing deadline will be four months (120 days) from the service delivery deadline in both the HCF and Telecom Programs, October 28 of a given funding year.
- Please use the <u>RHC Invoicing Deadline Tool</u> in the Open Data section of the USAC website to look up your invoicing deadline.
- For more information, please see the <u>HCF invoice page</u> and <u>Telecom invoice page</u>.

Supply Chain Order

- As a reminder, when service providers login to <u>My Portal</u> they will see two new supply chain certifications included in the FCC Form 463 and Telecom program invoice.
- The first certification affirms compliance with the <u>Section 54.9</u> prohibition on USF for specified transactions with companies deemed to pose a national security threat. The second certification affirms compliance with <u>Section 54.10</u>, which prohibits the use of any Federal subsidies on any communications equipment and services on the <u>Covered List</u>.
- **FY2023 Applicants**: If you requested services or equipment provided or that contain components of products produced by any of the listed covered companies or any of their parents, affiliates and subsidiaries in FY2023, you cannot invoice for these funds. Instead, you should immediately request a <u>service substitution</u>.
- **FY2024 Applicants:** As you proceed with competitive bidding, please ensure you are not requesting funding for services or equipment from listed covered companies or any of their parents, affiliates and subsidiaries.

Supply Chain Web Page

<u>Supply Chain webpage</u>

| About 🗸 | E-rate 🗸 | Rural Health Care \smallsetminus | Lifeline 🗸 | High Cost \lor | Service Providers \checkmark | | | |
|--|--------------------------|---|---|--|--|--|--|--|
| USAC About Re | eports & Orders Supply | y Chain | | | | | | |
| Reports & Orde Annual Report | rs | Supply | Chain | | | | | |
| FCC Filings FCC Orders Supply Chain | | United States, the secunetworks or the comm | Since November 2019, the FCC has taken a number of actions to protect the national security of the United States, the security and safety of United States persons, and the integrity of communications networks or the communications supply chain. The FCC has also implemented the <u>Secure and Trusted</u> Communications Networks Act of 2019 . The FCC's actions can be found at www.fcc.gov/supplychain | | | | | |
| Supply Chain | | In November 2019, the Section 54.9) which pro maintain, improve, mo provided by companie | FCC released the <mark>Supply</mark> ohibits the use of Universe odify, operate, manage, or | Chain First Report and Ord al Service Fund (USF) supp | er 🖻 adopting a rule (47 CFR ort to purchase, obtain, nent or services produced or | | | |

Questions?

RHC Connect – Submitting the FCC Form 462

HCF Program Funding Request Office Hours

My Portal Landing Page

• Log in to My Portal and click "**RHC Connect**" to begin.

| and High Cost & Lifeline - FCC Form 48 | Service providers are required to submit these annual certifications. For additional |
|---|--|
| Dpcoming Dates | Rural Health Care |
| 07/07 New Filer ID 2022 Basics Webinar 08/01 Quarterly Filing | 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. |
| 2022 due August 1 | 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. |

Dashboard

- Here you can start a new form, resume working on a draft or delete a draft FCC Form 461 or 462 for FY2023.
- There's a countdown banner displaying the days remaining in the filing window.

| DASHBOARD START A FORM | | | | | | | | | |
|------------------------|---|-------------|-------------------------|--|-------------|-------------------------|------------|---------|------------|
| RHC Connect | - | | | - | _ | _ | | | |
| × | (151) Unread Notifications Information Requests | | | My Forms | | My Org | anizations | | > |
| 11:02 | | | () The Funding Year | 202 funding request filing window clos | es in days. | | | | |
| Dec 29 2022 | My Forms Form Type Form 462 | SEARCH | | | | | | | T ~ |
| | Site Name | Site Number | Application Number Ap | olication Nickname | Form | Last Update | Status | Actions | |
| | | | | | Form 462 | 12/29/2022 10:57 AM EST | Draft | • • | ð 🛛 |
| | | | | | Form 462 | 12/9/2022 2:59 PM EST | Submitted | • | 1 |
| | | | | | Form 462 | 12/8/2022 1:45 PM EST | Submitted | • 4 | à |
| | | | | | Form 462 | 9/1/2022 10:37 AM EDT | Submitted | • • | à |
| | | | | | Form 462 | 9/1/2022 10:29 AM EDT | Processed | • 4 | |
| | | | | | Form 462 | 10/26/2022 1:42 PM EDT | Draft | • • 1 | ð |

Start a New Form

• Select FCC Form 462, then click "Next".



Start

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| | Start Page 😽 Cor | ompetitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | Certifications | Signature |
| | Start | | | | | | | |
| | Paperwork Reduction Act (PRA) | | | | | | | ~ |
| | | | | FCC NOTICE REQUIRED BY T | HE PAPERWORK REDUCTION ACT | | | |
| | Part 54 of the Federal Communications Commi- result in the form being returned without action | | | | | | | ation will delay processing or |
| | We have estimated that each response to this or comments on this estimate, or on how we can i you send them to pra@fcc.gov. Please DO NOT | improve the collection and r | educe the burden it causes you, please writ | | | | | |
| | Remember - you are not required to respond to has been assigned an OMB control number of S | | sponsored by the Federal government, and | d the government may not | conduct or sponsor this collection, unless it o | lisplays a currently valid OMB co | ontrol number or if we fail to provide you v | with this notice. This collection |
| | THE FOREGOING NOTICE IS REQUIRED BY THE | PAPERWORK REDUCTION AC | T OF 1995, P.L. 104-13, OCTOBER 1, 1995, 4 | 44 U.S.C. § 3507 | | | | |
| 1 | A Note: Once you select HCP, and then Save & | Continue you will not be a | he to change the HCP. Please select carefu | llv | | | | |
| Ļ | | | | | | | | |
| | Health Care Provider (HCP) Information | Consortium | | | | | • | |
| | | Registration | | | | | | |
| | | Number | | | | | | |
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| | Application Basics | | | | | | | |
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Competitive Bidding

| 2 DASHBOARD | IEW FORM | | | | |
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| | 🖺 SAVE DRAFT | | | | |
| | Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation |
| | Competitive Biddin | g | | | |
| | Is the HCP requesting that this a Yes No | pplication be exempt from competit | ive bidding? 🕜 | | |
| | Explanations | | | | |
| | BACK EXIT | | | | |

Competitive Bidding (Continued)

| DASHBOARD START | A NEW FORM |
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| | SAVE DRAFT |
| | Start Page Competitive Bidding Service Provider Information Expense Items Additional Documentation Confidentiality Certifications |
| | Competitive Bidding |
| | Is the HCP requesting that this application be exempt from competitive bidding? Yes |
| | ⊖ No |
| | Explanations |
| | If your site meets one of the competitive bidding exemptions below, you are not required to submit the FCC Form 461 and go through the competitive bidding process. You are exempt from competitive bidding if any of the following apply: 1. Government Master Service Agreement (MSA): You are seeking support for services and equipment purchased from master service agreements (MSAs) negotiated by a federal, state, Tribal, or local governmental entity on the applicant's |
| | behalf, and awarded pursuant to applicable federal, state, Tribal, or local competitive bidding requirements. |
| | 2. Master Service Agreements (MSA) Approved Under the Rural Health Care Pilot Program or HCF Program: You are opting into an existing MSA approved under the Rural Health Care Pilot program or the HCF program and seeking support for services and equipment purchased from the MSA, as long as the MSA was developed and negotiated in response to an RFP or request for services that specifically solicited proposals that included a mechanism for adding additional sites to the MSA. |
| | 3. Evergreen Contract: You have an existing contract already endorsed by USAC as evergreen. |
| | 4. Schools and Libraries Program Master Contracts: You are an eligible HCP in a consortium with participants in the Schools and Libraries (E-rate) program and are purchasing services and/or network equipment under a contract approved under the E-rate program as a master contract. |
| | 5. Annual Undiscounted Cost of \$10,000 or Less: If you are seeking support for \$10,000 or less of total undiscounted eligible expenses for a single year you may bypass the competitive bidding process. |
| | For consortia applicants, this exemption is \$10,000 for all funding requests submitted for the consortium. Note: If you select this option on your FCC Form 462, you will not be able to request a multi-year funding commitment. |
| | |

Competitive Bidding Exemptions

| 🖺 SAVE DRAFT | | | | | | | |
|--|-----------------------------------|------------------------------|---------------|--------------------------|-------------------|----------------|--------------------------|
| Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | Certifications | Signature |
| Competitive Bidding | g | | | | | | |
| Is the HCP requesting that this ap Yes No Explanations | plication be exempt from competit | ive bidding? 😧 | | | | > | |
| Select the exemption that the HC Annual Undiscounted Cost of \$10 Government Master Services Agr Pre-Approved Master Services Ag Evergreen Contract E-rate Approved Contract Contracts | 0,000 or less reement | | | | | | |
| Contract Name | С | ontract Document | Contract Sign | Date | Contract End Date | Initial | Contract Term |
| | | | No iter | ms available | | | |
| BACK EXIT | | | | | | | ADD CONTRACT EDIT DELETE |

Competitive Bidding Exemptions (Continued)

- If "Yes" is selected, choose the exemption type.
- Upload contract.
 - For Evergreen contracts, select a contract from the drop-down menu.
 - Evergreen exemption can only be selected if the contract was approved as Evergreen on a prior funding year funding requests.
- Enter the relevant contract information in the fields.
- Use the drop-down calendar to enter dates.

| Start Page | | Competitive Bidding | Service Provider Inform |
|-------------------------|-----------------------|-------------------------|-------------------------|
| Competitive Bi | dding | | |
| s the HCP requesting th | at this application | h be exempt from compet | itive bidding? 😧 * |
| Yes | | | |
|) No | | | |
| elect the exemption th | at the HCP is clain | ning* | |
| Annual Undiscounted | Cost of \$10,000 or l | ess | |
|) Government Master S | ervices Agreement | | |
| Pre-Approved Master | Services Agreement | | |
| Evergreen Contract | | | |
|) E-rate Approved Contr | act | | |
| New Contract | | | |
| Select an Existing Con | tract* | | |
| | | | |
| | | | |
| Contract Sign Date | | Date (Optional) | |
| 10/01/2021 | 09/30/2024 | 曲 | |
| Length of Initial Cont | act Term | | |
| 36 | Months * | • | |
| | | | |
| Number of Contract E | xtensions (Option | al) | |
| 5 | | | |
| Total Combined Lengt | h of Optional Exte | nsions (Optional) | |
| 5 | Marsha - | 7 | |
| | Months • | | |
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| CANCEL | | | |
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Competitive Bidding Exemptions (Continued)

• Once the contract is selected, click "Save and Continue".

| | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | Certifications | Signature |
|--|------------------------------------|------------------------------|---------------|--------------------------|-------------------|----------------|-----------------------|
| ompetitive Bidding | 1 | | | | | | |
| the HCP requesting that this a Yes No | application be exempt from competi | tive bidding? 😮 * | | | | | |
| ect the exemption that the H Annual Undiscounted Cost of \$ | - | | | | | | |
| Government Master Services A | | | | | | | |
| Pre-Approved Master Services | Agreement | | | | | | |
| Evergreen Contract E-rate Approved Contract | | | | | | | |
| ntracts | | | | | | | |
| | | | ent | Contract Sign Date | Contract End Date | | Initial Contract Term |
| | Contract Name | Contract Docum | | | | | |
| | Contract Name | Contract Docum | | 10/1/2021 | 9/30/2024 | | 36 Months |

Competitive Bidding Non-Exempt

- Click "No" if the HCP is not exempt from competitive bidding.
- Choose the related FCC Form 461 from drop-down menu.
 - All FCC Forms 461 for the HCP will be available.
- Enter the number of bids received.
- Copies of all bids received must be uploaded.

| Start Page | Competitive Bidding | Service Provider Informatio |
|----------------------------------|-----------------------------------|-----------------------------|
| Competitive Biddin | g | |
| , . | pplication be exempt from competi | tive bidding? 😡 * |
| () Yes | | |
| O No | | |
| Related FCC Form 461 Applicatio | n * | |
| | | |
| Is the HCP continuing with the c | urrent service provider?* | |
| O Yes | | |
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| 3 | at big | |
| | | |
| Upload Bids | | |
| Do | cument Type | |
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| O Add Documents | | |
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| Must Upload a file. | | |

| Upload Bids | | | |
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| Document Type | Document | Uploaded On | |
| Bids | D | 11/8/2021 9:26 AM EST | × |
| O Add Documents | | | |
| BACK EXIT | | | |

Service Provider Information

- Select 498 ID/SPIN.
- Click "Save and Continue".

| Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | Certifications | Signature |
|----------------------------------|------------------------------------|--------------------------------------|----------------|--------------------------|-----------------|----------------|----------------------|
| Service Provider Info | ormation | | | | | | |
| 498 ID/SPIN | Service Pro | ovider centurylink Name | SEARCH CLEAR | | | | |
| 498 ID/SPIN | | Service Provider Name | | | | | |
| 143003913 | | CenturyLink Coastal Long Distance S | ervices, Inc. | | | | |
| 143001613 | | CenturyLink CenturyTel of North Mis | sissippi, Inc. | | | | |
| 143002125 | | CenturyLink CenturyTel of Minnesota | , Inc. | | | | |
| 143001361 | | CenturyLink United Telphone Co. of I | New Jersey | | | | |
| 143002131 | | CenturyLink - Embarq Minnesota, Inc | (FKA Embarq) | | | | |
| | | | | | | | < < 1 - 5 of 83 > >> |
| You have selected 143002131 - Co | enturyLink - Embarq Minnesota, Inc | (FKA Embarq) | | | | | |
| BACK EXIT | | | | | | | SAVE & CONTINUE |

Expense Items – Summary Page

- Download the NCW Template and save.
- Populate all information and upload the NCW to RHC Connect.
- Any information entered manually will be overwritten by the NCW document once it's uploaded.

| Start | Page | Competitive Bidding | Service Provider Inform | mation Expense | Items Additional Do | cumentation Confident | iality Certificati | ions | Signatur |
|-------|-----------|-------------------------------|-------------------------|-----------------|-------------------------------------|----------------------------|-----------------------|---|-------------|
| | | | | | | | | Advanced Fea Download NC Upload NCW I | W Template |
| Exp | ense ltei | m Summary | | | | | | ENTER A NEW | EXPENSE ITE |
| Exp | | m Summary Site Name | | Contract Number | Expense Type | Eligible Undiscounted Cost | Maxium Support Amount | ENTER A NEW | |
| | | - | ŕ | Contract Number | Expense Type Network Maintenance | Eligible Undiscounted Cost | Maxium Support Amount | | |

Using the NCW Template

- Do not disturb the formatting.
 - When using "copy" and "paste" to enter data, be sure to paste using a "text" or "values" format.
 - If any data is entered manually prior to uploading the NCW, that data will be overwritten when the NCW is uploaded.
 - If after uploading the NCW data isn't saved or you're directed back to the summary page, the formatting has been changed.
 - Download a new NCW template and try again.

| | | | | | | | Contract | Status | | | | | | | | Exp | ense Informati | on | | | Expense | Туре | | | Band | dwidth | | | Service L | .evel Agr | eement | | | | | |
|-------------|-------------|-----------|--|-------------|-------------------|----------------------------------|---|---------------------------------|---------------------------|---|---------------------------------|--|--|------------------------------------|---------------------------------------|-----------------------------------|--|--------------------------------|---------------------|--------------|-----------------------------------|--|---|--------------|-------------------|----------------|---------------------|--|-----------------|----------------|---------------------|----------------------------|-----------------------|--|---|------------|
| | A | В | С | D | E | F | G | н | 1 | J | К | L | М | N | 0 | Р | Q | R | S | T | U | V | W | × | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH | | |
| Line Number | Site Number | Site Name | Is there a contract with the service provider? | Contract ID | Contract Nickname | Contract Start Date (yyyy-mm-dd) | Initial Contract End Date (optional) (vyvy- mm-dd) | Contract Sign Date (yyyy-mm-dd) | Install Date (yyyy-mm-dd) | Number of Contract Extensions (optional | Length of Initial Contract Term | Time unit of Length of initial contract tern | Total Combined Length of Optional Extensions (optional) | Time Unit of Extensions (optional) | Is this is a newly installed circuit? | Billing Account Number (optional) | Expected Service Start Date (1999-mm- dd) | Installation Date (yyyy-mm-dd) | Category of Expense | Expense Type | Explanation of Expense (optional) | Total Number of Fiber Strands (optional) | Total Number of Fiber Strands Eligible fo Support (optional) | Upload Speed | Upload Speed Unit | Download Speed | Download Speed Unit | Is there a service level agreement (SLA) with the service provider for this expense item? (Optional) | SLA for Latency | SLA for Jitter | SLA for Packet Loss | SLA for Packet Reliability | Circuit ID (optional) | Where is the ste's location on the circuit | Is this Member Site, Service Provider Site or Neither? | HCP Number |
| 1 | - | | aYes | | | | | | | | | | | | No | | | | Data | Dark Fiber | | - | | 1.00 | Mbps | 1.00 | Mbps | Yes | <8 ms | <10 MS | <0.001 | 0.9999 | | Circuit Start Location | | |
| 2 | _ | | aYes | - | | | | | | | | | | | No | | | - | Data | Ethernet | | | | 500.00 | Mbps | 500.00 | Mbps | Yes | <8 m s | <10 MS | <0.001 | 0.9999 | | Circuit Start Location | | |
| 3 | - | | a Yes | - | - | | | | | | | | | | No | | | - | Data | Dark Fiber | | | | 1.00 | Gbps | 1.00 | Gbps | Yes | <8ms | <10 MS | <0.001 | 0.9999 | | Circuit Start Location | | |
| 4 | | | aYes | | | | L | | | <u> </u> | | | | | No | | - | - | Data | Ethernet | | | | 100.00 | Mbps | 100.00 | Mbps | Yes | <8 m s | <10 MS | <0.001 | 0.9999 | | Circuit Start Location | | |
| 5 | _ | | aYes | - | | | | | | | | | | | No | | | | Data | Ethernet | | | | 50.00 | Mbps | 50.00 | Mbps | Yes | <8 m s | <10 MS | <0.001 | 0.9999 | | Circuit Start Location | | |

Expense Items – Contract Status

- For consortia applicants, choose a member site for each expense from dropdown menu.
- Select "no" for submission without contract (month-to-month).

| Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | |
|---|---------------------|------------------------------|------------------------------|--------------------------|-----------------|---|
| Expense Items | | | | | | |
| Expense Item 1 of 1 | | | | | | |
| otal Eligible Undiscounted Cost \$0.00 Iaximum Support Amount \$0.00 | 0 | | | | | |
| | | | Expense Item Site | | | |
| > Contract Status | | | Select | | | • |
| O Expense Information | | | Does the HCP have a Contract | | | |
| O Expense Type | | | No (process this item as mon | th-to-month) | | |
| O Bandwidth | | | | | | |
| O Service Level Agreemen | t | | | | | |
| O Circuit Information | | | | | | |
| O Financial Information | | | | | | |
| O HCP Contribution Source | e | | | | | |
| | | | | | | |
| um of All Expense Item Total Eligible Undis um of All Expense Item Maximum Support | | | | | | |
| BACK EXIT | | | | | | |

Expense Items – Contract Status (Continued)

- Select "yes" for submission with contract.
- Select an existing contract or upload a new contract.
- Enter information about the contract.

| | Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | C |
|---------|--|---------------------|------------------------------|---|--|-----------------------|---|
| Ex | pense ltems | | | | | | |
| Total I | ense Item 1 of 1 Eligible Undiscounted Cost \$0.00 hum Support Amount \$0.00 | | | | | | |
| > | Contract Status | | | Expense Item Site | | | • |
| 0 | Expense Information | | ` | Does the HCP have a Contract w Yes No (process this item as month | | | |
| 0 | Expense Type | | Г | Select an Existing Contract | Contract Nickname | Upload a New Contract | |
| 0 | Bandwidth | | | Select a contract already associate | ed 👻 OR | UPLOAD Drop file here | |
| 0 | Service Level Agreement | | | Contract Start Date | Initial Contra mm/dd/yyyy | | |
| 0 | Circuit Information | | | Length of Initial Contract Term | | | |
| 0 | Financial Information | | | | ne Unit 🔻 | | |
| 0 | HCP Contribution Source | | | Number of Contract Extensions | (Optional) | | |
| | 'All Expense Item Total Eligible Undiscounts 'All Expense Item Maximum Support Amou | | | Total Combined Length of Optio | nal Extensions (Optional) ne Unit 👻 | | |
| | | | | Contract Sign Date | Install Date mm/dd/yyyy | <u> </u> | |
Expense Items – Contract Status (Continued)

• Enter contract start date, initial contract end date, contract sign date and installation date for confirmation in review.

| Does the HCP have a Conti | ract with the Ser | vice Provide | er? 😧 | | |
|--------------------------------|-------------------|--------------|-----------------|------------|----------------|
| Yes No (process this item as r | month-to-month) | | | | |
| () (p | | | | | |
| Select an Existing Contract | | Contract | Nickname | Upload a N | lew Contract |
| | - PI | R | | UPLOAD | Drop file here |
| | | | | l | |
| Contract Start Date | | | Initial Contrac | t End Date | |
| 11/01/2021 | | | 10/31/2024 | 曲 | |
| Length of Initial Contract 1 | Term | | | | |
| - | | | | | |
| 3 | Years 🔻 | | | | |
| Number of Contract Exten | sions (Optional) | | | | |
| 5 | | | | | |
| | | | | | |
| Total Combined Length of | Optional Extens | ions (Optior | nal) | | |
| 5 | Years 💌 | | | | |
| | | | Install Date | | |
| Comburget Class Date | | | Install Date | | |
| Contract Sign Date | | | 11/01/2021 | | |

Expense Items – Expense Information

• Enter the "Expected Broadband Service Start Date" and "Installation Date".

| Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | |
|---|---------------------|------------------------------|---|--|------------------------------------|------|
| Expense Items | | | | | | |
| xpense Item 1 of 1 otal Eligible Undiscounted Cost \$N/A laximum Support Amount \$N/A | | | | | | |
| Contract Status | | | Is this a newly installed circuit? Yes No Billing Account Number (Option | -0 | | |
| > Expense Information | | | Billing Account Number (Option | ai) | | |
| O Expense Type | | | Expected Broadband Service Sta 07/01/2022 | rt Date | | |
| O Bandwidth | | | | g year start date. Please make sure th have already started this service. | at this is the date when you actua | ally |
| O Service Level Agreement | | | Installation Date | | | |
| O Circuit Information | | | | | | |
| O Financial Information | | | | | | |
| O HCP Contribution Source | | | | | | |
| im of All Expense Item Total Eligible Undisc im of All Expense Item Maximum Support A | | | | | | |
| BACK EXIT | | | | | | |

Expense Items – Expense Type

• Enter "Expense Category" and "Expense Type" and an optional explanation of the eligible expense.



Expense Items – Bandwidth

• Enter Bandwidth.



Expense Items – Bandwidth (Continued)

- For equipment, installation, construction and network management services, bandwidth does not have to be entered if not applicable.
- For all other services, bandwidth is required.

| Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality |
|--|---------------------|------------------------------|-----------------------------|--------------------------|-----------------|
| Expense Items | , | | | | |
| aximum Support Amount \$N/A | | | | | |
| Contract Status | | Download | Speed | Select | |
| Expense Information | | Leave blank if Upload Sp | bandwidth is not applicable | | |
| Expense Type | | | | Select | |
| > Bandwidth | | Leave blank if | bandwidth is not applicable | | |
| O Service Level Agreemen | t | | | | |
| O Circuit Information | | | | | |
| O Financial Information | | | | | |
| O HCP Contribution Source | e | | | | |
| Sum of All Expense Item Total Eligible Undis Sum of All Expense Item Maximum Support BACK EXIT | counted Cost: \$N/A | | | | |

Expense Items – Service Level Agreement (SLA)

- If "no" is selected, fields will not appear.
- If "yes" is selected, enter the information about the SLA.

| Expense Items | |
|---|--|
| Expense Item 1 of 1 Total Eligible Undiscounted Cost \$48,480.00 Maximum Support Amount \$31,512.00 | |
| ✓ Contract Status | Is there a service level agreement (SLA) with the service provider for this expense item? (Optional) Yes No |
| Expense Information | What is the SLA for Latency? (Optional) |
| ✓ Expense Type | What is the SLA for Jitter? (Otional) |
| ✓ Bandwidth | What is the SLA for Packet Loss? (Optional) |
| > Service Level Agreement | |
| O Circuit Information | What is the SLA for Packet Reliability? (Optional) |

Expense Items – Circuit Information

- Address of the HCP on expense item will pre-populate based on information in the FCC Form 460.
- "Start location" and "End location" cannot be the same address.

Expense Items Expense Item 1 of 1 Total Eligible Undiscounted Cost \$48,480.00 Maximum Support Amount \$31,512.00 Circuit ID (Optional) Contract Status Where is the site's location on the circuit? The circuit starts at the site location Expense Information ~) The circuit ends at the site location ~ Expense Type **Circuit Start Location** Bandwidth ~ Address Line 1 Service Level Agreement ~ Address Line 2 Circuit Information > City Financial Information 0 State CO HCP Contribution Source 0 ZIP Code

Expense Items – Circuit Information (Continued)

 If the HCP is an Off-Site Administrative Office or Data Center, the location on the other end of the circuit is required.

| xpense Item 1 of 1 tai Eligible Undiscounted Cost \$N/A xximum Support Amount \$N/A | | |
|---|---|---|
| | Circuit ID (Optional) | |
| Contract Status | | |
| | Where is the site's location on the circuit? The circuit starts at the site location | ? |
| Expense Information | The circuit starts at the site location | |
| | - - | |
| Expense Type | | |
| | Circuit Start Location | Circuit End Location |
| Bandwidth | | O Location is a Member Site |
| | | Location is the Service Provider |
| Service Level Agreement | | Location is not a Member Site or Service Provid |
| Circuit Information | Address Line 1 | Address Line 1 |
| | 100 Contract 10 | |
| D Financial Information | Address Line 2 | Address Line 2 |
| | City | |
| D HCP Contribution Source | | City |
| | State | |
| | co | State |
| n of All Expense Item Total Eligible Undiscounted Cost: \$N/A | ZIP Code | Choose a State |
| m of All Expense Item Maximum Support Amount: \$N/A | Zir code | ZIP Code |

Expense Items – Financial Information

- If you select "no" for "is this entire expense eligible for support", you're indicating that this expense is cost-allocated.
- Enter the eligible percentage and an explanation of the methodology used to determine percent entered
- Upload the required document

| Total E | ense Item 1 of 1 ligible Undiscounted Cost \$0.00 um Support Amount \$0.00 | |
|---------|--|--|
| ~ | Contract Status | |
| ~ | Expense Information | |
| ~ | Expense Type | |
| ~ | Bandwidth | |
| ~ | Service Level Agreement | |
| ~ | Circuit Information | |
| > | Financial Information | |
| 0 | HCP Contribution Source | |
| | All Expense Item Total Eligible Undiscounted Cost: \$N/A All Expense Item Maximum Support Amount: \$N/A | |

| Does this expense item represent multiple items O Yes | or circuits? 😧 |
|--|------------------------------|
| No | |
| | |
| Multi-year Funding Request | |
| Ves | |
| | |
| How often is this item expensed? | |
| Monthly | • |
| | |
| | |
| How many expense periods will there be total? | |
| 12 | |
| Undiscounted Cost Per Expense Period (Excluding | ; Taxes and Fees) |
| \$1,000.00 | |
| Taxes and Fees per Expense Period | |
| \$50.00 | |
| | |
| | |
| Is this entire expense eligible for support? 🤪 Yes | Percent Eligible for Support |
| | 90 |
| 0 | |
| O No | |
| No Explanation | Je for funding |
| O No | ble for funding. |
| No Explanation | ble for funding. |
| No Explanation | ple for funding. |

Expense Items – Multiple Items

• The quantity of items should match the quantity on the documentation.

| Expense Items | |
|---|--|
| Expense Item 2 of 2 Total Eligible Undiscounted Cost \$0.00 Maximum Support Amount \$0.00 | |
| | Does this expense item represent multiple items or circuits? 🕢 |
| | • Yes |
| Contract Status | ○ No |
| | Quantity of Items |

Expense Items – Financial Information (Continued)

• Check all that apply.

| Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality |
|---|---------------------|------------------------------|--|--------------------------|---|
| Expense Items | | | | | |
| Expense Item 1 of 1 Total Eligible Undiscounted Cost \$12, Maximum Support Amount \$8,190.00 | | | | | |
| | | | that apply) | | e not covered by HCF support? (select all |
| Contract Status | | | The HCP will cover the differe | | |
| | | | State grants, funding, or appr Federal funding, grants, loans | | |
| Expense Information | | | Tribal government funding | , or oppropriations | |
| Expense Type | | | Other grant funding including | g private grants | |
| ✓ Bandwidth | | | | | |
| Service Level Agreemen | t | | | | |
| Circuit Information | | | | | |
| Financial Information | | | | | |
| > HCP Contribution Sou | rce | | | | |
| Sum of All Expense Item Total Eligible Undis \$12,600.00 Sum of All Expense Item Maximum Support BACK EXIT | | | | | |

Expense Items – Summary

| # 1 | | Summary | Contract Number | Expense Type | Eligible Undiscounted Cost | Maxium Support Amount | Actions |
|------|-------------|---------|-----------------|--------------|----------------------------|-----------------------|--|
| 1 | Site # | | contract Number | Ethernet | \$24,240.00 | \$15,756.00 | Edit Delete |
| Show | 5 ▼ records | /page | | | | | Undiscounted Cost \$24,240.00 Maximum Support \$15,756.00 |
| EXIT | | | | | | | SAVE & CO |
| | | | | | | | Approved by OMB |

Additional Documentation

• Consortia applicants are required, at minimum, to upload a Viable Source Letter before continuing.

| | Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | Certifications | Signature |
|-----------------|---------------------------------|------------------------------------|---|-------------------------------------|--|-----------------|----------------|----------------|
| ∆Addit i | ional Documenta | tion | | | | | | |
| | Use this tab to upload addition | onal documentation that is relevar | t to the application. Ensure that all bandw | idths, costs, service locations, an | d expense types are supported with doc | umentation. | | |
| | Service provider docum | entation required to confirm expe | ises | | | | | |
| | Document Type | | Description | | Document | | Uploaded On | Ť |
| | | | | No items | available | | | |
| | UPLOAD DOCUMENT(S) | | | | | | | |
| | Must upload a file of docur | nent type Viable Source Letter | | | | | | |
| | | | | | | | | |
| BACK | TIX | | | | | | | SAVE & CONTINU |

Additional Documentation (continued)

• To upload more than 10 documents, follow the instructions in the blue banner.

| | Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | Certifications | Signature |
|---------|----------------------|---|---|-------------------------------|---------------------------------------|--------------------------------------|----------------|-------------------|
| Additio | nal Documer | | Service Fronder mormation | expense items | Additional Documentation | connactionity | certifications | Signature |
| | | r documentation required to confirm exp | enses | | | | | |
| | Document Type | | | Document | | Uploaded On | | |
| | | | | | | | | |
| | | | | No ite | ms available | | | |
| | 😚 Add Document | | | | | | | |
| | Bulk Upload * | o files here | | | | | | |
| 1 | 🖒 Note: 10 files car | n be uploaded at a time (up to 100 total). | . Click Next on this screen once the 10 doct | ument limit has been reached; | you may then click UPLOAD DOCUMENT(S) |) again to add another batch of file | 25. | |
| | | | | | | | | |
| BACK | EXIT | | | | | | | |
| | | | | | | | | Approved by OMB 3 |

Confidentiality

| Start Page | Competitive Bidding | Service Provider Information | Expense Items |
|-----------------|------------------------------------|--------------------------------------|-------------------------------------|
| Confidentiality | | | |
| | Is the HCP requesting confidential | treatment and non-disclosure of comm | nercial and financial information?* |
| | ⊖ Yes | | |
| | ○ No | | |
| | Explanation | | |
| | | | |
| BACK EXIT | | | |

Certifications

| Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | Certifications | Signature |
|--|---------------------------|---|------------------------|-----------------------------|-------------------------|----------------------------|------------------------|
| Certification | s | | | | | | |
| l certify under pen | alty of perjury that I a | m authorized to submit | t this request on beha | alf of the applicant or co | onsortium. | | |
| l certify under pen contained therein | | ave examined this requ | iest and all attachme | nts and to the best of n | ny knowledge, informa | ation, and belief, all sta | tements of fact |
| services. "Cost-effe | ective" is defined as th | e applicant or consortiu ne "method that costs th method of providing th | ne least after conside | ration of the features, o | quality of transmissior | | · · |
| l certify under pen | alty of perjury that al | RHC Program support | will be used only for | eligible health care pur | poses. | | |
| l certify under pen Healthcare Conne | | e applicant or consortiu | m is not requesting s | support for the same se | ervice from both the T | elecommunications Pro | ogram and the |
| | | e applicant or consortiu ninistrator that erroned | | | | | ion rules, and |
| l certify under pen | alty of perjury that I h | ave reviewed all applica | able rules and require | ements for the RHC Pro | gram and complied w | ith those rules and req | uirements. |
| bidding process, a | Il billing records for se | ociated with this applic ervices received and any ered in a particular fund | other documentatio | n demonstrating comp | liance with the rules r | nust be retained for a p | period of at least fiv |
| | | e applicant or consortiu ing to participate in the | | ant, if applicable, has no | ot solicited or accepte | d a gift or any other thi | ng of value from a |
| or other financial s | | y consultants or third p losen to provide the req re bidding. | | | | | |
| BACK EXIT | | | | | | | SAVE & CONTINU |

Signature

 Sign by typing your first and last name in the "Digital Signature" field.

| Start Page | Competitive Bidding | Service Provider Information | Expense Items | Additional Documentation | Confidentiality | Certifications | Signatur |
|--------------------|------------------------|---------------------------------|---------------|-----------------------------|-----------------|----------------|--------------|
| ignatur | e | | | | | | |
| Current User Infor | mation | | | | | | |
| | | Name | | | | | |
| | | Email | | | | | |
| | | Phone Employer | | | | | |
| | | Title | | | | | |
| | E | mployer's FCC RN | - | | | | |
| Signature | | | | | | | |
| | Ce | rtifier's Full Name | | | | | |
| | 1 | * Digital Signature | | | | | |
| | | Date | 曲 | | | | |
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| | | | | | | Г | |
| BACK EXIT | | | | | | | CERTIFY & SU |

Available for Public Use

Questions?

Available for Public Use

Best Practices

HCF Program Funding Request Office Hours

Submission Checklist

- Document(s) confirming the monthly cost for your services (e.g., a copy of your bill dated within the requested funding period) or the most currently available bill as the filing window closes before the funding year opens
- A copy of all bids that were received for your request for services including the winning bid, all bids that were rejected and any bids that were disqualified and why
- A list of the bid evaluation criteria and copy of the bidding evaluation matrix
- A list of people who evaluated bids including title, role, and their relationship to the applicant
- Internal documents related to the selection of the service provider (upon request)
- Copies of any correspondence with service providers prior to and during the competitive bidding process (upon request)
- A copy of any new contract signed for your services
- Award letter to winning vendor (upon request)
- Contact information for the service provider and all responsible account holders
- □ The start and end location of your services.
- □ Viable source letter for consortia applicants (35 percent contribution)

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

Best Practices – Competitive Bidding

- Begin your competitive bidding process early.
 - Bidding period opened on July 1, 2023, for FY2024.
- Once the ACSD has passed and you've chosen a service provider, include them when you reply to Information Requests via email.
- Ensure your service provider is aware of all the necessary documentation needed for future steps in the application process.
- All bid correspondence should be handled via email for audit purposes.
- HCPs and service providers are required to retain documentation for a minimum of five years.

Best Practices – FCC Form 462 (Funding Request)

- Do not enter into an agreement with a service provider until after the ACSD has passed.
- Include all required documentation when submitting your FCC Form 462.
- Include a cover letter if needed to clarify information entered into the FCC Form 462.
- If submitting funding requests for equipment, data center or administrative offices or network expenses, tip sheets can be found on the <u>Step 4: Submit Funding Requests</u> webpage under the Additional Resources section.
- Be sure to actually sign, certify and submit all FCC Forms 462 before 11:59 p.m. ET on April 1, 2024 (Drafts are not considered submitted).
- HCPs and service providers are required to retain documentation for a minimum of five years.

Milestones for FY2024: HCF Program NOT Using a Request for Proposal (RFP)

| HCF Program Form | Last Day to Submit for Individual HCPs NOT using a Request for Proposal (RFP) |
|--|--|
| FCC Form 460 – Eligibility | January 8, 2024 Recommended Date |
| FCC Form 461 – Request for Services | February 10, 2024 Recommended Date |
| FCC Form 462 – Funding Request | April 1, 2024 Deadline to Submit* |

*Please note that these dates (except for the FCC Form 462 filing window deadline of April 1) are not mandatory deadlines, but rather recommended milestones to meet the close of the filing window.

Milestones for FY2024: HCF Program USING a Request for Proposal (RFP)

| HCF Program Form | Last Day to Submit for Individual HCPs using a Request for Proposal (RFP) |
|--|--|
| FCC Form 460 – Eligibility | January 4, 2024 Recommended Date |
| FCC Form 461 – Request for Services | February 1, 2024 Recommended Date |
| FCC Form 462 – Funding Request | April 1, 2024 Deadline to Submit* |

*Please note that these dates (except for the FCC Form 462 filing window deadline of April 1) are not mandatory deadlines, but rather recommended milestones to meet the close of the filing window.

Available for Public Use

Resources

HCF Program Funding Request Office Hours

Upcoming Trainings

Please join the RHC Outreach team for the following webinars:

- Telecom Office Hours Webinar:
 - When: Wednesday, January 17, 2024, from 2-3 p.m. ET <u>Register</u>
- HCF Office Hours Webinar
 - When: Wednesday, February 7, 2024, from 2-3 p.m. ET <u>Register</u>
- Telecom Office Hours Webinar
 - When: Wednesday, February 14, 2024, from 2-3 p.m. ET <u>Register</u>
- For a list of upcoming webinars, check the RHC <u>Upcoming Dates</u> webpage for dates and details.

Online Resources

- <u>RHC Learn</u>
- Step 4: Submit Funding Request webpage
- <u>Welcome to RHC Connect FCC Form 462</u> webpage
- <u>Competitive Bidding Exemptions</u>
- <u>Consortia Majority Rural Compliance Tip Sheet</u>
- <u>Request for Proposals (RFPs)</u>
- <u>Network Plans</u>
- Funding Limitations Tip Sheet
- Off-site Data Centers and Admin Offices Tip Sheet
- <u>Equipment Tip Sheet</u>

Online Resources - RHC Connect

- Welcome to RHC Connect FCC Form 461 webpage
 - <u>RHC Connect User Guide</u>
 - <u>Welcome to RHC Connect FCC Form 461</u> self-paced video training guide
- <u>Welcome to RHC Connect FCC Form 462</u> webpage
 - <u>RHC Connect User Guide</u>
 - <u>RHC Connect FCC Form 462</u> self-paced video training guide
- <u>Welcome to RHC Connect FCC Form 463</u> webpage
 - <u>RHC Connect Form User Guide</u>
 - <u>RHC Connect FCC Form 463</u> self-paced video training guide
- Information Request Tip Sheet

RHC Program Customer Service Center



- Email: <u>RHC-Assist@usac.org</u>
- Include in your email:
 - HCP Number
 - FRN Number
- Phone: (800) 453-1546
 - Hours are 8 a.m. 8 p.m. ET
 - Monday- Friday
- Additional Hours Filing Window Close:

The RHC Customer Service Center

| The RHC Customer Service Center CAN | The RHC Customer Service Center CANNOT |
|---|--|
| 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 |

Available for Public Use

Questions?



Thank You!

Available for Public Use

