

September 20, 2019

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW,  
Room TW-A325  
Washington, D.C. 20554

**VIA ELECTRONIC COMMENT  
FILING SYSTEM**

Re: In the matter of Request for Review by the Arkansas Department of Health of Decision  
of Universal Service Administrator

Rural Health Care Program: WC Docket No. 02-60

Program:	HCF Program
Funding Year:	2018
Health Care Provider Number:	48720
Health Care Provider Name:	Arkansas Department of Health
Funding Request Number:	18441581
Service Provider Identification Number:	143004662

I. Introduction

On July 31, 2019, the Universal Service Administrative Company (USAC) Rural Health Care Program (RHCP) decommitted previously approved funding for the Arkansas Department of Health (ADH) on the basis that ADH failed to submit Form 463 before the requisite invoice deadline of February 28, 2019. *See* Exhibits 1 and 2. Pursuant to the Federal Communications Commission's (FCC) appeal process of an administrator's decision, this Letter of Appeal is submitted as ADH's formal appeal of USAC's decision.

ADH asserts that the decommitment of funds by USAC is in error as ADH did not receive notice of approval until March 15, 2019, a date after the invoice deadline of February 28, 2019, making compliance with USAC rules impossible. As a result, ADH requests that the FCC waive the invoice filing deadline in order to avoid an unjust result, on the basis that compliance with FCC rules under these circumstances is impossible, and allow ADH to submit its Form 463 and invoices for funding year 2018.

## II. Discussion

### *a. Timeline of Events Leading to Decommithment of Funding of Form 462*

On June 22, 2018, ADH submitted Form 462 in support of its funding request to enter into a consortium for services provided by Southwestern Bell Telephone Company for funding year 2018. *See* Exhibit 3. ADH requested two months of funding, from July 1, 2018, until August 31, 2018, in order to complete a contract that commenced in 2011. *Id.* RHCP then sent an e-mail to ADH confirming receipt of ADH's Form 462 application. *See* Exhibit 4.

On March 15, 2019, ADH's Form 462 request for funding was approved in the amount of \$10,886.20. *See* Exhibit 5. However, the invoicing deadline contained in the approval notice had lapsed on February 28, 2019, fifteen days prior to ADH receiving notice of its funding approval. *Id.*

On July 31, 2019, USAC informed ADH of the funding decommitment regarding the previously approved Form 462. *See* Exhibit 1. Consequently, the total commitment amount approved for ADH in the months of July and August of 2018 was decreased from \$10,886.20 to \$0.00. *Id.*

On August 7, 2019, Don L. McDaniel, on behalf of ADH, contacted USAC's RHCP Assist Support Team requesting additional information regarding the decision to decommit the previously approved funding. *See* Exhibit 2. The RHCP Assist Support Team responded and stated:

"The HCPs funding was de-committed due to missing the invoicing deadline. If applicants are past their 6 month invoicing deadline for HCF, USAC will automatically de-commit the balance of the unused funds and those funds will be carried over into the subsequent fund year, per the 2018 FCC Order." *See* Exhibit 2.

This correspondence reflects that USAC's sole basis for decommitting the previously approved funding was due to ADH failing to submit invoices by a February 28, 2019 deadline. *Id.* However, USAC did not approve the funding until March 15, 2019, thereby making compliance with the invoicing deadline an impossible task. As a result, decommitting funds due to missing an invoicing deadline under these circumstances is unwarranted as ADH did not purposefully fail to adhere to a core program requirement and waiving the invoice filing deadline in this case would best serve the public interest as compliance with the deadline was impossible.

### *b. Applicable FCC Ruling*

In *In the Matter of Promoting Telehealth in Rural America*, DA 18-267, WC Docket No. 17-310, the FCC granted 113 appeals of different rural Healthcare Providers which had failed to submit Form 463 within the specified invoice date. 33 FCC Rcd 2808, Order adopted March 19, 2018. *See* Exhibit 6. In *Telehealth*, the FCC stated:

Generally, the Commission's rules may be waived if good cause is shown. The Commission may exercise its discretion to waive a rule where the particular facts make strict compliance inconsistent with the public interest. In addition, the Commission may take into account considerations of hardship, equity, or more effective implementation of overall policy on an individual basis. Waiver of the

Commission's rules is appropriate only if both (i) special circumstances warrant a deviation from the general rule, and (ii) such deviation will serve the public interest. *Id.* (Citations omitted).

In *Telehealth*, by the time the applicants had received their Funding Commitment Letters (FCLs), many invoicing deadlines had passed or were going to expire in less than six months, thus, compliance was made impossible or improbable. *Id.* Of central importance to the FCC in its ruling was that each Healthcare Provider did not purposefully fail to adhere to a core program requirement. *Id.* In *Telehealth*, the circumstances justified waiving the invoice filing deadline as it would best serve the public interest, and compliance with the deadline was impossible or improbable. *Id.* The FCC allowed the applicants to submit their completed invoices within six months of the issuance date of the FCLs. *Id.* The FCC's decision in *Telehealth* has direct application as the basis for ADH's appeal in this case.

*c. Application of the Telehealth Ruling to USAC's Decommitment Letter*

ADH maintains that special circumstances exist that made timely compliance with the invoice deadline impossible. ADH received its FCL on March 15, 2019; however, the invoice deadline represented in the FCL was February 28, 2019. As a result, ADH was effectively precluded from timely filing Form 463 due to not receiving the FCL until fifteen days after the invoicing deadline had passed, which facts represent an impossible ability to comply through no fault of ADH. These facts also demonstrate that ADH's inability to timely comply with the invoice deadline was not attributable to a purposeful failure to adhere to a core program requirement.

The public interest and special circumstances identified in this case justify waiving the invoice deadline applied to ADH, and ADH respectfully submits that deviation from FCC rules will serve the general public interest. Waiving the invoice deadline to a later date ensures that ADH will be able to submit the appropriate documentation in support of its FCL approval.

III. Conclusion

In this case, waiving the invoicing deadline applied to ADH is justified due to special circumstances and serving the public interest as stated in *Telehealth* ("Waiver of the Commission's rules is appropriate only if both (i) special circumstances warrant a deviation from the general rule, and (ii) such deviation will serve the public interest.") On March 15, 2019, ADH received its FCL from RHCP that approved its Form 462 funding request for July and August of 2018. The FCL expressly reflected an invoicing deadline of February 28, 2019, which date had lapsed fifteen days prior to ADH's receipt of approval notice. USAC's subsequent decommitment of the approved funds due to ADH's inability to submit Form 463 by the invoicing deadline is not only inequitable, but impossible. For these reasons, ADH respectfully requests that the FCC waive the applicable rules, reverse the decision by USAC resulting in the decommitment of previously approved funding, and permit ADH to submit any requested documentation in a timely manner in support of the approved funding commitment.



Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Anthony W. Black". The signature is fluid and cursive, with the first name "Anthony" and last name "Black" being clearly legible.

Anthony W. Black  
Chief General Counsel

Arkansas Department of Transformation and Shared  
Services Division of Information Systems  
One Capitol Mall, Third Floor  
P.O. Box 3155  
Little Rock, AR 72201  
Telephone: (501) 682-1011  
Facsimile: (501) 682-4310  
[anthony.black@arkansas.gov](mailto:anthony.black@arkansas.gov)



**Jamie LaFave (DIS)**

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**From:** rhcadmin@usac.org  
**Sent:** Wednesday, July 31, 2019 4:21 PM  
**To:** DIS Strategic Funding Team  
**Subject:** RHC HCF Program - Notification of De-Commitment - HCP# 48720

Date: 31-Jul-2019  
Program: HCF Program  
Funding Year: 2018  
Health Care Provider (HCP) Number: 48720  
HCP Name: Arkansas Department of Health  
FCC Form 462 FRN (Funding Request Number): 18441581

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program has de-committed funding from the above referenced Funding Request Number. A brief overview of the change follows.

Previous Total Commitment Amount: \$10,886.20

Updated Total Commitment Amount: \$0.00

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at [rhc-assist@usac.org](mailto:rhc-assist@usac.org).

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

Exhibit 1

## Jamie LaFave (DIS)

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**From:** Don McDaniel  
**Sent:** Wednesday, August 7, 2019 12:14 PM  
**To:** Pierce Caviness  
**Subject:** FW: FW: RHC HCF Program - Notification of De-Commitment - HCP# 48720  
**Attachments:** RHC HCF Program - Notification of De-Commitment - HCP# 48720; Rural Health Care HCF Funding Commitment Letter (FCL): HCP 48720, FRN 18441581

The FRN starts with 184 which says that it for Funding Year 2018 (7-1-2018 to 6-30-2019). The invoicing deadline shown on the Commitment e-mail must be wrong or USAC should have funded the FRN earlier. The invoicing deadline of 2-28-2019 is 6 months after the vendor contract ended in 8-31-2018, but the notice of Commitment was only issued on 3-15-2019.

Don

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**From:** rhc-assist@usac.org <rhc-assist@usac.org>  
**Sent:** Wednesday, August 7, 2019 10:07 AM  
**To:** Don McDaniel <Don.McDaniel@arkansas.gov>  
**Subject:** Re: FW: RHC HCF Program - Notification of De-Commitment - HCP# 48720

Hello Don,

Thank you for reaching out to us. The HCPs funding was de-committed due to missing the invoicing deadline. If applicants are past their 6 month invoicing deadline for HCF, USAC will automatically de-commit the balance of the unused funds and those funds will be carried over into the subsequent fund year, per the 2018 FCC Order.

The reasons that a full amount was not invoiced for can vary including but not limited to the services were started later than originally the FCL allowed for or a circuit was closed.

As a reminder, once an invoicing deadline has passed, the funds are no longer available for the given FRN. Because the invoicing deadline is an FCC policy, if they disagree with this decision, they can [file an appeal with the FCC directly](#).

If you have any other questions or concerns, please contact us at [rhc-assist@usac.org](mailto:rhc-assist@usac.org)

Warmest Regards,  
Derrick

RHC-Assist Support Team

Rural Health Care Program

Universal Service Administrative Company

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

Be sure to check out our webinars in the Trainings and Outreach section of the website [here](#)

On 8/7/2019 9:46 AM, Don McDaniel wrote:

Can you tell provide me the reason for the de-commitment? Thanks

**Don L. McDaniel P.E.**

Division Director – Enterprise Network Services  
501.682.5027 | 501.682.4310 fax



[Facebook](#) | [Twitter](#) | [Linkedin](#) | [Instagram](#)

**From:** [rhcadmin@usac.org](mailto:rhcadmin@usac.org) <[rhcadmin@usac.org](mailto:rhcadmin@usac.org)>

**Sent:** Wednesday, July 31, 2019 4:21 PM

**To:** Don McDaniel <[Don.McDaniel@arkansas.gov](mailto:Don.McDaniel@arkansas.gov)>

**Subject:** RHC HCF Program - Notification of De-Commitment - HCP# 48720

Date:	31-Jul-2019
Program:	HCF Program
Funding Year:	2018
Health Care Provider (HCP) Number:	48720
HCP Name:	Arkansas Department of Health
FCC Form 462 FRN (Funding Request Number):	18441581

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## Jamie LaFave (DIS)

**From:** rhcadmin@usac.org  
**Sent:** Friday, March 15, 2019 1:12 PM  
**To:** Don McDaniel  
**Subject:** Rural Health Care HCF Funding Commitment Letter (FCL): HCP 48720, FRN 18441581

**Funding Commitment Letter Date:** 3/15/2019  
**Invoicing Deadline:** 2/28/2019  
**Funding Year:** 2018  
**Health Care Provider (HCP) Name:** Arkansas Department of Health  
**HCP Number:** 48720  
**HCP Contact Name:** Don McDaniel  
**HCP Contact Email:** don.mcdaniel@arkansas.gov  
**HCP Contact Phone:** (501) 682-5027  
**Funding Request Number:** 18441581  
**Competitive Bidding Exemption:** Government Master Services Agreement

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed its review of the FCC Form 462 *Healthcare Connect Fund Funding Request Form* (Form 462) and the supporting information submitted by the HCP named above. Based on the information provided, RHC has determined that the HCP is eligible for the funding estimated below. It is the HCP's responsibility to review this FCL and verify that all information is accurate.

**Total Committed Funding:** \$10,886.20  
**HCP Physical Location:** 1 Capitol Mall, PO Box 3155, Little Rock, AR 72203  
**Service Provider Name:** Southwestern Bell Telephone Company  
**Service Provider Identification Number (SPIN):** 143004662

### Multiple Expense Information

Expense Item	Funding Start Date	Funding End Date	Undiscounted Recurring Expense	Undiscounted Non-Recurring Expense	Recurring Funding Amount	Non-Recurring Funding Amount	Total Funding Amount	Committed Funding Amount
1	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
2	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
3	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
4	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
5	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
6	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
7	7/01/2018	8/31/2018	\$934.00	\$0.00	\$1,214.20	\$0.00	\$1,214.20	\$1,214.20
8	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
9	7/01/2018	8/31/2018	\$818.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
11	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20

12	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
13	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	7/01/2018	8/31/2018	\$1,144.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	7/01/2018	8/31/2018	\$1,144.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	7/01/2018	8/31/2018	\$1,053.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	7/01/2018	8/31/2018	\$2,135.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31	7/01/2018	8/31/2018	\$862.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32	7/01/2018	8/31/2018	\$1,608.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33	7/01/2018	8/31/2018	\$1,322.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34	7/01/2018	8/31/2018	\$862.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35	7/01/2018	8/31/2018	\$1,322.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
36	7/01/2018	8/31/2018	\$1,842.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
37	7/01/2018	8/31/2018	\$1,657.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38	7/01/2018	8/31/2018	\$1,745.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### Contract Summary

Expense Item	Contract ID	Contract Sign Date	Contract End Date	Determination
1	902457	9/01/2011	8/31/2018	Evergreen
2	902457	9/01/2011	8/31/2018	Evergreen
3	902457	9/01/2011	8/31/2018	Evergreen
4	902457	9/01/2011	8/31/2018	Evergreen
5	902457	9/01/2011	8/31/2018	Evergreen
6	902457	9/01/2011	8/31/2018	Evergreen
7	902457	9/01/2011	8/31/2018	Evergreen
8	902457	9/01/2011	8/31/2018	Evergreen
9	902457	9/01/2011	8/31/2018	Evergreen
10	902457	9/01/2011	8/31/2018	Evergreen
11	902457	9/01/2011	8/31/2018	Evergreen
12	902457	9/01/2011	8/31/2018	Evergreen
13	902457	9/01/2011	8/31/2018	Evergreen
14	902457	9/01/2011	8/31/2018	Evergreen



15	902457	9/01/2011	8/31/2018	Evergreen
16	902457	9/01/2011	8/31/2018	Evergreen
17	902457	9/01/2011	8/31/2018	Evergreen
18	902457	9/01/2011	8/31/2018	Evergreen
19	902457	9/01/2011	8/31/2018	Evergreen
20	902457	9/01/2011	8/31/2018	Evergreen
21	902457	9/01/2011	8/31/2018	Evergreen
22	902457	9/01/2011	8/31/2018	Evergreen
23	902457	9/01/2011	8/31/2018	Evergreen
24	902457	9/01/2011	8/31/2018	Evergreen
25	902457	9/01/2011	8/31/2018	Evergreen
26	902457	9/01/2011	8/31/2018	Evergreen
27	902457	9/01/2011	8/31/2018	Evergreen
28	902457	9/01/2011	8/31/2018	Evergreen
29	902457	9/01/2011	8/31/2018	Evergreen
30	902457	9/01/2011	8/31/2018	Evergreen
31	902450	9/01/2011	8/31/2018	Non-Evergreen
32	902457	9/01/2011	8/31/2018	Evergreen
33	902457	9/01/2011	8/31/2018	Evergreen
34	902457	9/01/2011	8/31/2018	Evergreen
35	902457	9/01/2011	8/31/2018	Evergreen
36	902457	9/01/2011	8/31/2018	Evergreen
37	902457	9/01/2011	8/31/2018	Evergreen
38	902457	9/01/2011	8/31/2018	Evergreen

There is no pro-rata factor for this filing window period. Committed funding amount is 100% of total qualifying funding amount.

This funding request was submitted during FY2018 Filing Window 1. All qualifying requests submitted within the filing window period will receive a pro-rated percentage of the total funds available during FY2018 Filing Window 1 based on the total amount of qualifying funding requested during the filing window period. For each filing window period, if the total demand for RHC Program funding exceeds the total remaining funding available for the fund year, USAC will apply a pro-rata factor to each funding request. Learn more about funding request filing window periods [here](#).

#### About pro-ration:

- If the final total dollar value of all qualifying funding requests exceeds the \$400 million cap for all qualifying funding requests by the close of a filing window period, qualifying funding requests submitted during that filing window period will receive a pro-rated percentage of the total funds available during the filing window period.
- If the final total dollar value of all qualifying upfront payments and qualifying multi-year funding requests exceeds \$150 million by the close of a filing window period, qualifying upfront payments and qualifying multi-year funding requests will receive a pro-rated percentage of the annual \$150 million limit on funding for upfront payments and multi-year funding requests. This annual limit on upfront payments and multi-year payments is included in, and not in addition to, the aggregate \$400 million annual cap on all qualifying funding requests. 47 C.F.R. § 54.675 (a)

**Evergreen:** For the life of the original term of the contract, the HCP is not required to re-complete the service(s) identified above, nor post an FCC Form 461 Healthcare Connect Fund Request for Services Form (Form 461). An HCP that exercises an option to extend the duration of an Evergreen contract may do so without the competitive bidding process for that funding year; however, the option to extend the duration of an Evergreen contract must be memorialized in the

terms of the original contract, and the HCP's decision to extend the duration of an Evergreen contract must occur before the HCP submits the Form 462 for the funding year in which the Evergreen contract expires.

Approved multi-year funding requests must have an Evergreen-endorsed contract. Once funding is approved for multi-year funding, the HCP does not have to submit a Form 462 for the service(s) identified above, through the funding end date shown above. An HCP with new services (or upgrades not requested in the original Form 461) must submit a Form 461, and participate in the competitive bidding process, before submitting a Form 462.

**Non-Evergreen (Month-to-Month):** If an HCP submits a service agreement or contract that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement or contract will be endorsed as Non-Evergreen (month-to-month). If an HCP requests a multi-year commitment, but the submitted contract is endorsed as Non-Evergreen, funding will be provided only for the period within that funding year. In all cases where a contract is endorsed as Non-Evergreen, the HCP must participate in competitive bidding for each funding year that funding is requested. **Reminder:** To be eligible for a full year of funding, the FCC Form 461 Healthcare Connect Fund Request for Services Form (Form 461) must be approved and posted no later than 28 days before the FCC Form 462 is submitted to allow for the required competitive bidding period prior to selecting services.

**Your responsibility:** It is the HCP's responsibility to review the information in this FCL. Contact RHC at [rhc-hcp@usac.org](mailto:rhc-hcp@usac.org) if there is an error with the amount of funding or other information in this FCL.

If, at any time, the funded services are no longer provided to the HCP or the HCP is not otherwise receiving the approved funding, it is the HCP's responsibility to notify RHC immediately.

Information provided on Forms 461, 462, and the FCC Form 463 Healthcare Connect Fund Invoice and Request for Disbursement Form (Form 463) are subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews by USAC and/or the FCC to ensure that the universal service funding is used in compliance with FCC program rules. If USAC discovers that funds are not used in compliance with program rules, an HCP may be subject to enforcement activities and other means of recourse by USAC and other appropriate federal, state, and local authorities.

**Next Steps:** The HCP must complete and submit the Form 463 through the "My Portal" website. The Form 463 will confirm receipt of the services and equipment for which funding has been approved and the date on which the service provider began providing those services. The service provider will 1) confirm the accuracy of the Form 463; 2) confirm that the HCP has paid its 35% contribution; and 3) submit the Form 463 to RHC for payment.

The Form 463 must be submitted by the date listed at the top of this letter (Invoicing Deadline) which is six months after the end date of the funding commitment. However, HCPs are encouraged to start the invoicing process as soon as services have started and a bill has been received from the service provider.

For a single Funding Year, if the total undiscounted one-time upfront costs for a consortium are more than \$50,000 when divided by the total number of eligible HCPs in the consortium, then those one-time upfront costs must be pro-rated over three years.

Receipt of funding commitments is contingent on compliance with all statutory, regulatory, and procedural requirements of the Rural Health Care HCF Program. HCPs that receive funding commitments may be subject to random audits, site visits, and other reviews by USAC to assure that funds have been committed and are used in accordance with all such requirements. USAC may be required to reduce or rescind funding commitments that were not issued in accordance with such requirements, whether due to action, or inaction, including but not limited to that by USAC, the HCP or the service provider. USAC, and other appropriate authorities (including but not limited to the Federal Communications Commission), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds.

If you wish to appeal this decision, you must file an appeal with USAC within 60 days of the date of this letter. Detailed instructions for filing appeals are available on the USAC website at <http://usac.org/about/about/program-integrity/appeals.aspx>.

For questions or assistance, or if this email has been received in error, contact Rural Health Care at (800) 453-1546, between 8:00 a.m. and 5:00 p.m. Eastern Time Monday through Friday or by email at [rhc-hcp@usac.org](mailto:rhc-hcp@usac.org).

All account holders and the service provider contact listed on the Form 498 will receive a copy of this FCL.



**Rural Health Care (RHC) Universal Service  
Healthcare Connect Fund  
Funding Request Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

<b>Block 1: General Information</b>		
1 Funding Year <u>2018</u>	2 Funding Request Number (FRN): 18441581	3 HCP Number: 48720
4 Site Name/Consortium Name: Arkansas Department of Health		
<b>Block 2: Competitive Bidding Information</b>		
5 FCC Form 461 Application Number:		
6 Allowable Contract Selection Date (ACSD):	Service Provider Selection Date:	
7 Number of vendors who bid:	Are you continuing service with your current service provider? <input type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input checked="" type="checkbox"/> Government Master Services Agreement	Contract ID: 902457	Friendly Name: ATT SP-11-0142
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
<b>Block 3: Vendor Information</b>		
9 Service provider identification number (SPIN): 143004662		
10 Vendor name: Southwestern Bell Telephone Company		
<b>Block 4: Type of Funding Request</b>		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
<b>Block 5: Single Eligible Expense Request for Funding</b>		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed _____ End	
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
<b>20 Circuit start location</b>		
Address Line 1		
Address Line 2		
City	State	Zip Code
<b>21 Circuit end location</b>		
Address Line 1		
Address Line 2		
City	State	Zip Code

**Rural Health Care (RHC) Universal Service  
Healthcare Connect Fund  
Funding Request Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

<b>Block 1: General Information</b>		
1 Funding Year <u>2018</u>	2 Funding Request Number (FRN): 18441581	3 HCP Number: 48720
4 Site Name/Consortium Name: Arkansas Department of Health		
<b>Block 2: Competitive Bidding Information</b>		
5 FCC Form 461 Application Number:		
6 Allowable Contract Selection Date (ACSD):	Service Provider Selection Date:	
7 Number of vendors who bid:	Are you continuing service with your current service provider? <input type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input checked="" type="checkbox"/> Government Master Services Agreement	Contract ID: 902457	Friendly Name: ATT SP-11-0142
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
<b>Block 3: Vendor Information</b>		
9 Service provider identification number (SPIN): 143004662		
10 Vendor name: Southwestern Bell Telephone Company		
<b>Block 4: Type of Funding Request</b>		
11 <input type="checkbox"/> Individual HCP, single eligible expense		
<input type="checkbox"/> Individual HCP, multiple eligible expenses		
<input checked="" type="checkbox"/> Consortium Application		
<b>Block 5: Single Eligible Expense Request for Funding</b>		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code



22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.	
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:	b. Jitter:	
c. Packet Loss:	d. Reliability:	
<b>USAC Internal Use Only</b>		
Funding Start Date	Funding End Date	
<b>Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)</b>		
29 Total undiscounted cost for eligible recurring expenses	\$82,711.98	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
<b>Block 7: Additional Documentation</b>		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: ADH Letter of Exemption 2018 March 23 and Consortia Information Request.docx	
b.		
c.		
<b>Block 8: Request for Confidentiality</b>		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Block 9: Certification</b>		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" type="checkbox"/>	I declare 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.	

41 Signature	42 Date 06/22/2018
43 Printed Name Don L. McDaniel	44 Title/Position DIS Division Director
45 Phone (501) 682-5027 Ext.	46 Email don.mcdaniel@arkansas.gov
47 Employer Arkansas Department of Health	48 Employer's FCC RN 0011618048

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### 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-PER, 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](mailto: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**



# Frequently Asked Questions (FAQ)

Line Number	Site Information					
	A	B	C	D	E	
	HCP Number	Site Name	Contract ID	Contract Friendly Name	Date Contract Signed (mm/dd/yyyy)	Contract End Date (mm/dd/yyyy)
1	16286	Polk County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
2	16244	Cleburne County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
3	16248	Crittenden County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
4	16249	Cross County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
5	16260	Independence County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
6	16265	Lee County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
7	16281	Phillips County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
8	16273	Mississippi County Health Unit - Blytheville	902457	ATT SP-11-0142	9/1/2011	8/31/2018
9	16240	Chicot County Health Unit - Lake Village	902457	ATT SP-11-0142	9/1/2011	8/31/2018
10	16296	Union County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
11	16233	Ashley County Health Unit - Hamburg	902457	ATT SP-11-0142	9/1/2011	8/31/2018
12	16252	Drew County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
13	16236	Bradley County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
14	16246	Columbia County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
15	16251	Desha County Health Unit - McGehee	902457	ATT SP-11-0142	9/1/2011	8/31/2018



# Frequently Asked Questions (FAQ)

Line Number	Site Information					
	A	B	C	D	E	
	HCP Number	Site Name	Contract ID	Contract Friendly Name	Date Contract Signed (mm/dd/yyyy)	Contract End Date (mm/dd/yyyy)
16	16259	Howard County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
17	16262	Jackson County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
18	16267	Little River County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
19	16275	Monroe County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
20	16279	Ouachita County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
21	16293	St. Francis County Health Unit - Forrest City	902457	ATT SP-11-0142	9/1/2011	8/31/2018
22	18023	ADH - White Co. Beebe Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
23	16270	Lonoke County Health Unit-Lonoke	902457	ATT SP-11-0142	9/1/2011	8/31/2018
24	16241	Clark County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
25	16256	Greene County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
26	16257	Hempstead County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
27	16264	Lawrence County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018
28	16274	Mississippi County Health Unit - Osceola	902457	ATT SP-11-0142	9/1/2011	8/31/2018
29	16283	Poinsett County Health Unit - Harrisburg	902457	ATT SP-11-0142	9/1/2011	8/31/2018
30	16263	Lafayette County Health Unit	902457	ATT SP-11-0142	9/1/2011	8/31/2018

# Frequently Asked Questions (FAQ)

Site Information				
Line Number	A	B	C	E
	HCP Number	Site Name	Contract ID	Contract Friendly Name Date Contract Signed (mm/dd/yyyy) Contract End Date (mm/dd/yyyy)
31	38730	ADH - Northeast Region Office - Batesville	902450	ATT SP-11-0142 9/1/2011 8/31/2018
32	16237	Calhoun County Health Unit	902457	ATT SP-11-0142 9/1/2011 8/31/2018
33	16245	Cleveland County Health Unit	902457	ATT SP-11-0142 9/1/2011 8/31/2018
34	16247	Conway County Health Unit	902457	ATT SP-11-0142 9/1/2011 8/31/2018
35	16284	Poinsett County Health Unit - Marked Tree	902457	ATT SP-11-0142 9/1/2011 8/31/2018
36	16295	Stone County Health Unit	902457	ATT SP-11-0142 9/1/2011 8/31/2018
37	16297	Van Buren County Health Unit	902457	ATT SP-11-0142 9/1/2011 8/31/2018
38	18022	ADH - Yell Co. Danville Health Unit	902457	ATT SP-11-0142 9/1/2011 8/31/2018



Contract Information							
F		G	H		I		
Length of initial contract term	Time Unit of Contract Term	Number of contract extensions	Length of optional extension(s) combined	Time Unit of Extensions	If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement?	Is this a newly installed circuit?	Billing Account Number
60	Month(s)	2	24	Month(s)	Yes	No	3100717005
60	Month(s)	2	24	Month(s)	Yes	No	3100717008
60	Month(s)	2	24	Month(s)	Yes	No	3100717008
60	Month(s)	2	24	Month(s)	Yes	No	3100717008
60	Month(s)	2	24	Month(s)	Yes	No	3100717008
60	Month(s)	2	24	Month(s)	Yes	No	3100717008
60	Month(s)	2	24	Month(s)	Yes	No	3100717008
60	Month(s)	2	24	Month(s)	Yes	No	3100717008
60	Month(s)	2	24	Month(s)	Yes	No	3100717019
60	Month(s)	2	24	Month(s)	Yes	No	3100717020
60	Month(s)	2	24	Month(s)	Yes	No	3100717020
60	Month(s)	2	24	Month(s)	Yes	No	3100717020
60	Month(s)	2	24	Month(s)	Yes	No	501A550684
60	Month(s)	2	24	Month(s)	Yes	No	501A550684
60	Month(s)	2	24	Month(s)	Yes	No	501A550684





Contract Information								
F		G	H			I		
Length of initial contract term	Time Unit of Contract Term	Number of contract extensions	Length of optional extension(s) combined	Time Unit of Extensions	If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement?	Is this a newly installed circuit?	Billing Account Number	
60	Month(s)	2	24	Month(s)	Yes	No	8310003562	
60	Month(s)	2	24	Month(s)	Yes	No	8310003562	
60	Month(s)	2	24	Month(s)	Yes	No	8310003562	
60	Month(s)	2	24	Month(s)	Yes	No	8310003562	
60	Month(s)	2	24	Month(s)	Yes	No	8310003562	
60	Month(s)	2	24	Month(s)	Yes	No	8310003562	
60	Month(s)	2	24	Month(s)	Yes	No	8310003562	
60	Month(s)	2	24	Month(s)	Yes	No	8310003562	



Eligible Expense Information					
J	K	L	M	N	
Category of Expense	Expense Type	Explanation of Eligible Expense	Is this Service Symmetrical?	Upload Speed	Upload Bandwidth Unit
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps



Eligible Expense Information					
J	K	L	M	N	
Category of Expense	Expense Type	Explanation of Eligible Expense	Is this Service Symmetrical?	Upload Speed	Upload Bandwidth Unit
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Ethernet	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps



Eligible Expense Information					
J	K	L	M	N	
Category of Expense	Expense Type	Explanation of Eligible Expense	Is this Service Symmetrical?	Upload Speed	Upload Bandwidth Unit
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps
Leased/Tariffed Facilities or Services	Bonded T1	Transport service to a county health unit	Yes	10	Mbps

		Quality of Service Guarantees (if applicable and available)						
O		P	Q	R	S	T	U	V
Download Speed	Download Bandwidth Unit	Expected Broadband Service Start Date/Shipping Date/Last Day of Work (mm/dd/yyyy)	Service Level Agreement	Latency	Jitter	Packet Loss	Reliability	Circuit ID (if available)
10	Mbps	4/1/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	63KQGN093206SW
10	Mbps	12/19/2016	Yes	< 27ms	< 2.0 ms	<99.5%	1	63KQFN099823SW
10	Mbps	9/29/2016	Yes	< 27ms	< 2.0 ms	<99.5%	1	63KQFN099366SW
10	Mbps	9/29/2016	Yes	< 27ms	< 2.0 ms	<99.5%	1	63KQFN099364SW
10	Mbps	12/19/2016	Yes	< 27ms	< 2.0 ms	<99.5%	1	63KQFN099843SW
10	Mbps	1/17/2017	Yes	< 27ms	< 2.0 ms	<99.5%	1	63KQFN099890SW
10	Mbps	10/26/2016	Yes	< 27ms	< 2.0 ms	<99.5%	1	63KQFN099430SW
10	Mbps	4/8/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	63KQFN601568SW
10	Mbps	9/20/2016	Yes	< 27ms	< 2.0 ms	<99.5%	1	64KQFN032120SW
10	Mbps	9/15/2016	Yes	< 27ms	< 2.0 ms	<99.5%	1	64KQGN032140SW
10	Mbps	12/19/2016	Yes	< 27ms	< 2.0 ms	<99.5%	1	64KQFN032223SW
10	Mbps	1/27/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	64KQFN032406SW
10	Mbps	1/2/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500185SW
10	Mbps	12/2/2012	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500187SW
10	Mbps	3/6/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500294SW



		Quality of Service Guarantees (if applicable and available)							
O		P	Q	R	S	T	U	V	
Download Speed	Download Bandwidth Unit	Expected Broadband Service Start Date/Shipping Date/Last Day of Work (mm/dd/yyyy)	Service Level Agreement	Latency	Jitter	Packet Loss	Reliability	Circuit ID (if available)	
10	Mbps	6/24/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500459SW	
10	Mbps	5/15/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500397SW	
10	Mbps	10/8/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500530SW	
10	Mbps	1/21/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500491SW	
10	Mbps	11/14/2012	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500183SW	
10	Mbps	11/14/2012	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500190SW	
10	Mbps	7/2/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500431SW	
10	Mbps	3/28/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500301SW	
10	Mbps	5/7/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500304SW	
10	Mbps	2/15/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500216SW	
10	Mbps	6/5/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500432SW	
10	Mbps	4/4/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500303SW	
10	Mbps	3/5/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500305SW	
10	Mbps	4/5/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	61L2XN500300SW	
10	Mbps	1/30/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC35256181ATI	

		Quality of Service Guarantees (if applicable and available)						
Download Speed	O	P	Q	R	S	T	U	V
	Download Bandwidth Unit	Expected Broadband Service Start Date/Shipping Date/Last Day of Work (mm/dd/yyyy)						Circuit ID (if available)
10	Mbps	1/17/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC990518811ATI
10	Mbps	12/20/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC957749811ATI
10	Mbps	1/17/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC873842811ATI
10	Mbps	12/24/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC951909811ATI
10	Mbps	1/20/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC954241811ATI
10	Mbps	1/17/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC466400811ATI
10	Mbps	12/17/2013	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC585080811ATI
10	Mbps	2/7/2014	Yes	< 27ms	< 2.0 ms	<99.5%	1	DHEC654614811ATI



Circuit Information (if applicable)							
W							
Circuit Start Location (if applicable)							
Is Location Same As HCP?	Address Line 1	Address Line 2	City	State	Zip Code	Is Location Same As HCP?	Address Line 1
	702 Hornbeck Ave		Mena	AR	71953		
	2319 Hwy 110W Suite C		Heber Springs	AR	72543		
	841 RUTH ST		EARLE	AR	72331		
	701 Julia Ave E		Wynne	AR	72396		
	120 Weaver Avenue		Batesville	AR	72501		
	141 North Hicky St.		Marianna	AR	72360		
	110 Shirley Hicks Drive		West Helena	AR	72390		
	1299 North 10th Street		Blytheville	AR	72316		
	1742 Hwy 65 and Hwy 82 South		Lake Village	AR	71653		
	301 American Road		El Dorado	AR	71730		
	401 North Cherry		Hamburg	AR	71646		
	940 Scogin Drive		Monticello	AR	71655		
	208 North Bragg St		Warren	AR	71671		
	207 West Calhoun		Magnolia	AR	71753		
	200 E ASH ST		MCGHEE	AR	71654		

Circuit Information (if applicable)							
W							
Circuit Start Location (if applicable)							
Is Location Same As HCP?	Address Line 1	Address Line 2	City	State	Zip Code	Is Location Same As HCP?	Address Line 1
	201 E. Hempstead	Suite 2	Nashville	AR	71852		
	1505 North Pecan		Newport	AR	72112		
	150 Keller Street		Ashdown	AR	71822		
	306 Doctor Martin Luther King Drive		Brinkley	AR	72021		
	740 California Avenue SW		Camden	AR	71701		
	413 North Division		Forrest City	AR	72335		
	306 N GUM ST		BEEBE	AR	72012		
	306 North Center Street		Lonoke	AR	72086		
	605 South 10th Street		Arkadelphia	AR	71923		
	801 Goldsmith Road		Paragould	AR	72450		
	808 West 5th Street		Hope	AR	71801		
	1050 W FREE ST		WALNUT RIDGE	AR	72476		
	720 West Lee		Osceola	AR	72370		
	119 N. Main Street		Harrisburg	AR	72432		
	1113 Chestnut Street		Lewisville	AR	71845		

Circuit Information (if applicable)									
W									
Circuit Start Location (if applicable)					C				
Is Location Same As HCP?	Address Line 1	Address Line 2	City	State	Zip Code	Is Location Same As HCP?	Address Line 1		
	40 Allen Chapel Rd		Batesville	AR	72501				
	1119 Prestress Dr.		Hampton	AR	71744				
	409 East Magnolia		Rison	AR	71665				
	100 Hospital Dr.		Morrilton	AR	72110				
	102 Liberty Street		Marked Tree	AR	72365				
	204 Whitfield Street		Mountain View	AR	72560				
	526 Quality Drive		Clinton	AR	72031				
	1309 E 8th St		Danville	AR	72833				









X				Y	Z	AA	AB	AC
Circuit End Location (if applicable)				Total Number of Fiber Strands (if applicable)	Number of Fiber Strands Eligible for Support (if applicable)	Quantity of Items	Multi-Year Funding Request	Expense Frequency
Address Line 2	City	State	Zip Code					
						1	No	Monthly
						1	No	Monthly
						1	No	Monthly
						1	No	Monthly
						1	No	Monthly
						1	No	Monthly
						1	No	Monthly
						1	No	Monthly
						1	No	Monthly





Financial Information							
AD	AE			AF	AG	AH	Source
Quantity of Expense Periods	Undiscounted Cost per Expense Period (excluding taxes & fees)	Taxes & Fees	Undiscounted Cost per Item, per Expense Period	Percentage of Expense Eligible	Percentage of Usage Eligible	Total Eligible Undiscounted Cost	
2.0	\$744.00	\$701.59	\$1,445.59	100.00%	100.00%	\$2,891.18	Eligible HCP Participant
2.0	\$542.25	\$511.34	\$1,053.59	100.00%	100.00%	\$2,107.18	State grants, funding, or appropriations
2.0	\$744.00	\$701.59	\$1,445.59	100.00%	100.00%	\$2,891.18	Yes
2.0	\$744.00	\$701.59	\$1,445.59	100.00%	100.00%	\$2,891.18	Yes
2.0	\$744.00	\$701.59	\$1,445.59	100.00%	100.00%	\$2,891.18	Yes
2.0	\$744.00	\$701.59	\$1,445.59	100.00%	100.00%	\$2,891.18	Yes
2.0	\$744.00	\$0.00	\$744.00	100.00%	100.00%	\$1,488.00	Yes
2.0	\$744.00	\$0.00	\$744.00	100.00%	100.00%	\$1,488.00	Yes
2.0	\$744.00	\$0.00	\$744.00	100.00%	100.00%	\$1,488.00	Yes
2.0	\$744.00	\$0.00	\$744.00	100.00%	100.00%	\$1,488.00	Yes
2.0	\$744.00	\$0.00	\$744.00	100.00%	100.00%	\$1,488.00	Yes
2.0	\$744.00	\$0.00	\$744.00	100.00%	100.00%	\$1,488.00	Yes
2.0	\$744.00	\$0.00	\$744.00	100.00%	100.00%	\$1,488.00	Yes
2.0	\$744.00	\$0.00	\$744.00	100.00%	100.00%	\$1,488.00	Yes
2.0	\$2,135.12	\$0.00	\$2,135.12	100.00%	100.00%	\$4,270.24	Yes

Financial Information							
AD	AE			AF	AG	AH	Source
Quantity of Expense Periods	Undiscounted Cost per Expense Period (excluding taxes & fees)	Taxes & Fees	Undiscounted Cost per Item, per Expense Period	Percentage of Expense Eligible	Percentage of Usage Eligible	Total Eligible Undiscounted Cost	
2.0	\$862.11	\$0.00	\$862.11	100.00%	100.00%	\$1,724.22	Eligible HCP Participant
2.0	\$1,608.61	\$0.00	\$1,608.61	100.00%	100.00%	\$3,217.22	State grants, funding, or appropriations
2.0	\$1,322.11	\$0.00	\$1,322.11	100.00%	100.00%	\$2,644.22	Yes
2.0	\$862.11	\$0.00	\$862.11	100.00%	100.00%	\$1,724.22	Yes
2.0	\$1,322.11	\$0.00	\$1,322.11	100.00%	100.00%	\$2,644.22	Yes
2.0	\$1,842.60	\$0.00	\$1,842.60	100.00%	100.00%	\$3,685.20	Yes
2.0	\$1,657.36	\$0.00	\$1,657.36	100.00%	100.00%	\$3,314.72	Yes
2.0	\$1,745.11	\$0.00	\$1,745.11	100.00%	100.00%	\$3,490.22	Yes









	AI		
	e of HCP Contribution		
	Federal funding, grants, loans, or appropriations	Tribal government funding	Other grant funding including private grants
No	No	No	No
No	No	No	No
No	No	No	No
No	No	No	No
No	No	No	No
No	No	No	No
No	No	No	No
No	No	No	No
No	No	No	No

## Jamie LaFave (DIS)

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**From:** rhcadmin@usac.org  
**Sent:** Friday, June 22, 2018 3:03 PM  
**To:** Don McDaniel  
**Subject:** RHC HCF Program - FCC Form 462 - Confirmation of Receipt - HCP# 48720  
**Attachments:** network\_cost\_worksheet.xls; Form\_462.pdf

**Date:** 22-Jun-2018  
**Program:** HCF Program  
**Funding Year:** 2018  
**Health Care Provider (HCP) Number:** 48720  
**Consortium Name:** Arkansas Department of Health  
**FCC Form 462 Application Number:** 18441581

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) for the consortium referenced above on 22-Jun-2018 at 03:54 PM.

### Next Steps

This email is a confirmation that the form has been received and a review is in process. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form. Estimated processing times for the FCC Form 462 are as follows: small consortium (1-2 contracts, 10-20 HCPs, 10-100 line items), 30-45 days; medium consortium (3-4 contracts, 30-40 HCPs, 100-200 line items), 45-90 days; large consortium (4+ contracts, 30-100+ HCPs, 200+ line items), 90-120 days or longer\*.

### For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at [rhc-assist@usac.org](mailto:rhc-assist@usac.org).

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

The Project Coordinator will be copied on all correspondence from USAC related to this account.

\* Processing time is calculated from the date of receipt of a complete and accurate form, including all supporting documentation. Missing and inaccurate information will delay processing. Timeliness of responses to USAC requests for information affects processing time (applicants are required to provide a response to information requests within 14 calendar days).

## Jamie LaFave (DIS)

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**From:** Emil White (DIS)  
**Sent:** Friday, March 15, 2019 1:13 PM  
**To:** Don McDaniel  
**Subject:** FW: Rural Health Care HCF Funding Commitment Letter (FCL): HCP 48720, FRN 18441581

FYI

*Emil James White, CPA*

Department of Information Systems  
Agency Controller II  
Phone: 501.371.8005  
Email: [emil.j.white@arkansas.gov](mailto:emil.j.white@arkansas.gov)



**From:** [rhcadmin@usac.org](mailto:rhcadmin@usac.org) <[rhcadmin@usac.org](mailto:rhcadmin@usac.org)>  
**Sent:** Friday, March 15, 2019 1:12 PM  
**To:** DIS Strategic Funding Team <[DIS.Strategic.Funding.Team@arkansas.gov](mailto:DIS.Strategic.Funding.Team@arkansas.gov)>  
**Subject:** Rural Health Care HCF Funding Commitment Letter (FCL): HCP 48720, FRN 18441581

**Funding Commitment Letter Date:** 3/15/2019  
**Invoicing Deadline:** 2/28/2019  
**Funding Year:** 2018  
**Health Care Provider (HCP) Name:** Arkansas Department of Health  
**HCP Number:** 48720  
**HCP Contact Name:** Don McDaniel  
**HCP Contact Email:** [don.mcdaniel@arkansas.gov](mailto:don.mcdaniel@arkansas.gov)  
**HCP Contact Phone:** (501) 682-5027  
**Funding Request Number:** 18441581  
**Competitive Bidding Exemption:** Government Master Services Agreement

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed its review of the FCC Form 462 *Healthcare Connect Fund Funding Request Form* (Form 462) and the supporting information submitted by the HCP named above. Based on the information provided, RHC has determined that the HCP is eligible for the funding estimated below. It is the HCP's responsibility to review this FCL and verify that all information is accurate.

**Total Committed Funding:** \$10,886.20

Exhibit 5



HCP Physical Location: 1 Capitol Mall, PO Box 3155, Little Rock, AR 72203  
Service Provider Name: Southwestern Bell Telephone Company  
Service Provider Identification Number (SPIN): 143004662

**Multiple Expense Information**

Expense Item	Funding Start Date	Funding End Date	Undiscounted Recurring Expense	Undiscounted Non-Recurring Expense	Recurring Funding Amount	Non-Recurring Funding Amount	Total Funding Amount	Committed Funding Amount
1	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
2	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
3	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
4	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
5	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
6	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
7	7/01/2018	8/31/2018	\$934.00	\$0.00	\$1,214.20	\$0.00	\$1,214.20	\$1,214.20
8	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
9	7/01/2018	8/31/2018	\$818.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
11	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
12	7/01/2018	8/31/2018	\$744.00	\$0.00	\$967.20	\$0.00	\$967.20	\$967.20
13	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	7/01/2018	8/31/2018	\$1,144.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	7/01/2018	8/31/2018	\$1,144.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	7/01/2018	8/31/2018	\$1,053.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	7/01/2018	8/31/2018	\$1,445.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	7/01/2018	8/31/2018	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	7/01/2018	8/31/2018	\$2,135.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31	7/01/2018	8/31/2018	\$862.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32	7/01/2018	8/31/2018	\$1,608.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33	7/01/2018	8/31/2018	\$1,322.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34	7/01/2018	8/31/2018	\$862.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35	7/01/2018	8/31/2018	\$1,322.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
36	7/01/2018	8/31/2018	\$1,842.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

37	7/01/2018	8/31/2018	\$1,657.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38	7/01/2018	8/31/2018	\$1,745.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### Contract Summary

Expense Item	Contract ID	Contract Sign Date	Contract End Date	Determination
1	902457	9/01/2011	8/31/2018	Evergreen
2	902457	9/01/2011	8/31/2018	Evergreen
3	902457	9/01/2011	8/31/2018	Evergreen
4	902457	9/01/2011	8/31/2018	Evergreen
5	902457	9/01/2011	8/31/2018	Evergreen
6	902457	9/01/2011	8/31/2018	Evergreen
7	902457	9/01/2011	8/31/2018	Evergreen
8	902457	9/01/2011	8/31/2018	Evergreen
9	902457	9/01/2011	8/31/2018	Evergreen
10	902457	9/01/2011	8/31/2018	Evergreen
11	902457	9/01/2011	8/31/2018	Evergreen
12	902457	9/01/2011	8/31/2018	Evergreen
13	902457	9/01/2011	8/31/2018	Evergreen
14	902457	9/01/2011	8/31/2018	Evergreen
15	902457	9/01/2011	8/31/2018	Evergreen
16	902457	9/01/2011	8/31/2018	Evergreen
17	902457	9/01/2011	8/31/2018	Evergreen
18	902457	9/01/2011	8/31/2018	Evergreen
19	902457	9/01/2011	8/31/2018	Evergreen
20	902457	9/01/2011	8/31/2018	Evergreen
21	902457	9/01/2011	8/31/2018	Evergreen
22	902457	9/01/2011	8/31/2018	Evergreen
23	902457	9/01/2011	8/31/2018	Evergreen
24	902457	9/01/2011	8/31/2018	Evergreen
25	902457	9/01/2011	8/31/2018	Evergreen
26	902457	9/01/2011	8/31/2018	Evergreen
27	902457	9/01/2011	8/31/2018	Evergreen
28	902457	9/01/2011	8/31/2018	Evergreen
29	902457	9/01/2011	8/31/2018	Evergreen
30	902457	9/01/2011	8/31/2018	Evergreen
31	902450	9/01/2011	8/31/2018	Non-Evergreen
32	902457	9/01/2011	8/31/2018	Evergreen
33	902457	9/01/2011	8/31/2018	Evergreen
34	902457	9/01/2011	8/31/2018	Evergreen
35	902457	9/01/2011	8/31/2018	Evergreen
36	902457	9/01/2011	8/31/2018	Evergreen
37	902457	9/01/2011	8/31/2018	Evergreen
38	902457	9/01/2011	8/31/2018	Evergreen

If a multi-year commitment was approved, funding is shown by funding year.

There is no pro-rata factor for this filing window period. Committed funding amount is 100% of total qualifying funding amount.

This funding request was submitted during FY2018 Filing Window 1. All qualifying requests submitted within the filing window period will receive a pro-rated percentage of the total funds available during FY2018 Filing Window 1 based on the total amount of qualifying funding requested during the filing window period. For each filing window period, if the total demand for RHC Program funding exceeds the total remaining funding available for the fund year, USAC will apply a pro-rata factor to each funding request. Learn more about funding request filing window periods [here](#).

#### About pro-ration:

- If the final total dollar value of all qualifying funding requests exceeds the \$400 million cap for all qualifying funding requests by the close of a filing window period, qualifying funding requests submitted during that filing window period will receive a pro-rated percentage of the total funds available during the filing window period.
- If the final total dollar value of all qualifying upfront payments and qualifying multi-year funding requests exceeds \$150 million by the close of a filing window period, qualifying upfront payments and qualifying multi-year funding requests will receive a pro-rated percentage of the annual \$150 million limit on funding for upfront payments and multi-year funding requests. This annual limit on upfront payments and multi-year payments is included in, and not in addition to, the aggregate \$400 million annual cap on all qualifying funding requests. 47 C.F.R. § 54.675 (a)

**Evergreen:** For the life of the original term of the contract, the HCP is not required to re-complete the service(s) identified above, nor post an FCC Form 461 Healthcare Connect Fund Request for Services Form (Form 461). An HCP that exercises an option to extend the duration of an Evergreen contract may do so without the competitive bidding process for that funding year; however, the option to extend the duration of an Evergreen contract must be memorialized in the terms of the original contract, and the HCP's decision to extend the duration of an Evergreen contract must occur before the HCP submits the Form 462 for the funding year in which the Evergreen contract expires.

Approved multi-year funding requests must have an Evergreen-endorsed contract. Once funding is approved for multi-year funding, the HCP does not have to submit a Form 462 for the service(s) identified above, through the funding end date shown above. An HCP with new services (or upgrades not requested in the original Form 461) must submit a Form 461, and participate in the competitive bidding process, before submitting a Form 462.

**Non-Evergreen (Month-to-Month):** If an HCP submits a service agreement or contract that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement or contract will be endorsed as Non-Evergreen (month-to-month). If an HCP requests a multi-year commitment, but the submitted contract is endorsed as Non-Evergreen, funding will be provided only for the period within that funding year. In all cases where a contract is endorsed as Non-Evergreen, the HCP must participate in competitive bidding for each funding year that funding is requested. **Reminder:** To be eligible for a full year of funding, the FCC Form 461 Healthcare Connect Fund Request for Services Form (Form 461) must be approved and posted no later than 28 days before the FCC Form 462 is submitted to allow for the required competitive bidding period prior to selecting services.

**Your responsibility:** It is the HCP's responsibility to review the information in this FCL. Contact RHC at [rhc-hcp@usac.org](mailto:rhc-hcp@usac.org) if there is an error with the amount of funding or other information in this FCL.

If, at any time, the funded services are no longer provided to the HCP or the HCP is not otherwise receiving the approved funding, it is the HCP's responsibility to notify RHC immediately.

Information provided on Forms 461, 462, and the FCC Form 463 Healthcare Connect Fund Invoice and Request for Disbursement Form (Form 463) are subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews by USAC and/or the FCC to ensure that the universal service funding is used in compliance with FCC program rules. If USAC discovers that funds are not used in compliance with program rules, an HCP may be subject to enforcement activities and other means of recourse by USAC and other appropriate federal, state, and local authorities.



**Next Steps:** The HCP must complete and submit the Form 463 through the "My Portal" website. The Form 463 will confirm receipt of the services and equipment for which funding has been approved and the date on which the service provider began providing those services. The service provider will 1) confirm the accuracy of the Form 463; 2) confirm that the HCP has paid its 35% contribution; and 3) submit the Form 463 to RHC for payment.

The Form 463 must be submitted by the date listed at the top of this letter (Invoicing Deadline) which is six months after the end date of the funding commitment. However, HCPs are encouraged to start the invoicing process as soon as services have started and a bill has been received from the service provider.

For a single Funding Year, if the total undiscounted one-time upfront costs for a consortium are more than \$50,000 when divided by the total number of eligible HCPs in the consortium, then those one-time upfront costs must be pro-rated over three years.

Receipt of funding commitments is contingent on compliance with all statutory, regulatory, and procedural requirements of the Rural Health Care HCF Program. HCPs that receive funding commitments may be subject to random audits, site visits, and other reviews by USAC to assure that funds have been committed and are used in accordance with all such requirements. USAC may be required to reduce or rescind funding commitments that were not issued in accordance with such requirements, whether due to action, or inaction, including but not limited to that by USAC, the HCP or the service provider. USAC, and other appropriate authorities (including but not limited to the Federal Communications Commission), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds.

If you wish to appeal this decision, you must file an appeal with USAC within 60 days of the date of this letter. Detailed instructions for filing appeals are available on the USAC website at <http://usac.org/about/about/program-integrity/appeals.aspx>.

For questions or assistance, or if this email has been received in error, contact Rural Health Care at (800) 453-1546, between 8:00 a.m. and 5:00 p.m. Eastern Time Monday through Friday or by email at [rhc-hcp@usac.org](mailto:rhc-hcp@usac.org).

All account holders and the service provider contact listed on the Form 498 will receive a copy of this FCL.

Before the  
Federal Communications Commission  
Washington, DC 20554

In the Matter of )  
 )  
Promoting Telehealth in Rural America ) WC Docket No. 17-310

**ORDER**

**Adopted: March 19, 2018**

**Released: March 19, 2018**

By the Chief, Telecommunications Access Policy Division, Wireline Competition Bureau:

1. In this Order, we waive, *sua sponte*, the invoice filing deadline under the Healthcare Connect Fund (HCF) Program for funding year 2017 for the funding request numbers (FRNs) identified in the Appendix below.<sup>1</sup> Specifically, we allow the applicants and service providers associated with these FRNs to submit their funding year 2017 invoicing forms to the Universal Service Administrative Company (USAC) within six months from the issuance date of their funding commitment letters (FCLs).<sup>2</sup>

2. *Background.* These applicants submitted FCC Form 462 applications to USAC during the filing window period for funding year 2017 (*i.e.*, March 1 – June 30, 2017) and requested partial year funding commitments with services ending between July 2017 and March 2018.<sup>3</sup> USAC only began to issue the associated FCLs on March 16, 2018, after reviewing an unprecedented number of applications.<sup>4</sup> The Commission's rules require all HCF invoices to be received by USAC within six months of the end of the funding commitment.<sup>5</sup> By the time USAC issued these FCLs, however, some of the applicants' invoicing deadlines had already passed, while others were set to expire less than six months later. Consequently, these applicants and service providers were precluded from completing and submitting their invoices to USAC or did not have sufficient time to do so.

3. *Discussion.* Generally, the Commission's rules may be waived if good cause is shown.<sup>6</sup> The Commission may exercise its discretion to waive a rule where the particular facts make strict compliance inconsistent with the public interest.<sup>7</sup> In addition, the Commission may take into account considerations of hardship, equity, or more effective implementation of overall policy on an individual basis.<sup>8</sup> Waiver of the Commission's rules is appropriate only if both (i) special circumstances warrant a deviation from the general rule, and (ii) such deviation will serve the public interest.<sup>9</sup>

<sup>1</sup> See *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, 32 FCC Red 5065 (WCB 2017) (waiving, *sua sponte*, the Healthcare Connect Fund 6-month invoicing deadline for affected applicants for funding year 2016).

<sup>2</sup> Funding year 2017 started on July 1, 2017 and ends on June 30, 2018.

<sup>3</sup> See Appendix.

<sup>4</sup> See USAC, Rural Health Care Program, Latest News, <https://www.usac.org/rhc/tools/funding-commitments/default.aspx> (last visited March 15, 2018).

<sup>5</sup> See 47 CFR. § 54.645(b).

<sup>6</sup> 47 CFR § 1.3.

<sup>7</sup> *Northeast Cellular Telephone Co. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990) (*Northeast Cellular*).

<sup>8</sup> *WAIT Radio v. FCC*, 418 F.2d 1153, 1159 (D.C. Cir. 1969); *Northeast Cellular*, 897 F.2d at 1166.

4. We waive the invoice filing deadline for the FRNs identified below for funding year 2017 to avoid an unjust result that would make compliance with program rules impossible. Considering the circumstances at issue here, we allow the applicants and service providers associated with these FRNs to submit their completed invoices to USAC within six months from the issuance date of their FCLs. We find that a waiver of the invoice filing deadline for funding year 2017 will provide these applicants and service providers with sufficient flexibility to complete and submit their invoicing forms to USAC with the necessary supporting documentation. Waiving the invoice filing deadline for the FRNs identified below is in the public interest and ensures that the impacted applicants and service providers will have adequate time to finish their own invoicing processes. By providing this waiver, we also ensure that otherwise eligible health care providers receive the funding they need to obtain the advanced telecommunications and information services, network equipment, and/or facilities necessary for the provision of health care.

5. ACCORDINGLY, IT IS ORDERED, that pursuant to the authority contained in sections 1-4, 254, and 403 of the Communications Act of 1934, as amended, 47 U.S.C. §§ 151-154, 254, and 403, and sections 0.91, 0.291, 1.3 and 54.722(a) of the Commission's rules, 47 C.F.R. §§ 0.91, 0.291, 1.3 and 54.722(a), that this Order IS ADOPTED.

6. IT IS FURTHER ORDERED, pursuant to the authority contained in sections 1-4 and 254 of the Communications Act of 1934, as amended, 47 U.S.C. §§ 151-154 and 254, and sections 0.91, 0.291, 1.3 and 54.722(a) of the Commission's rules, 47 C.F.R. §§ 0.91, 0.291, 1.3 and 54.722(a), that section 54.645(b) of the Commission's rules, 47 C.F.R. § 54.645(b), IS WAIVED to the limited extent provided herein.

7. IT IS FURTHER ORDERED, pursuant to section 1.103(a) of the Commission's rules, 47 C.F.R. § 1.103(a), that this Order SHALL BE EFFECTIVE upon release.

FEDERAL COMMUNICATIONS COMMISSION

Ryan B. Palmer  
Chief  
Telecommunications Access Policy Division  
Wireline Competition Bureau

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<sup>9</sup> *Northeast Cellular*, 897 F.2d at 1166.



## APPENDIX

HCP #	HCP Name	FRN	Service End Date	Invoice Due Date
15570	Jeff Davis Hospital	17130491	7/15/2017	9/16/2018
14991	Bluegrass Regional Mental Health -MR Board, Inc dba Garrard County Comprehensive Care Center	17112191	7/17/2017	9/16/2018
14991	Bluegrass Regional Mental Health -MR Board, Inc dba Garrard County Comprehensive Care Center	17107931	7/17/2017	9/16/2018
30885	Memorial Hospital of Adel	17181441	7/19/2017	9/16/2018
30885	Memorial Hospital of Adel	17181411	7/19/2017	9/16/2018
12689	Sea View Community Services	17257771	7/29/2017	9/16/2018
18446	Uvalde County Hospital Authority	17245681	7/30/2017	9/16/2018
13729	Pawnee Mental Health Center - Manhattan (Houston)	17216521	8/7/2017	9/16/2018
45099	Mental Health Services of Southern Oklahoma	17245701	8/10/2017	9/16/2018
33888	Health Care Collaborative of Rural Missouri	17216351	8/14/2017	9/16/2018
50400	KRMC Broadband Consortium	17172721	8/14/2017	9/16/2018
30836	RHA Anadarko Inc dba The Physicians Hospital in Anadarko	17111371	8/16/2017	9/16/2018
13736	Cowley County Mental Health Center	17130411	8/28/2017	9/16/2018
52642	Highland Manor of Elko	17144161	8/28/2017	9/16/2018
54787	Ayers Health and Rehabilitation Center	17272551	8/31/2017	9/16/2018
14002	Four County Mental Health Center	17269871	8/31/2017	9/16/2018
10256	Mountain Valleys Health Centers, Big Valley Health Center	17280901	8/31/2017	9/16/2018
17171	Russell County Hospital	17229111	8/31/2017	9/16/2018
11856	Childress Regional Medical Center	17269501	8/31/2017	9/16/2018
25751	TRMC - Open Imaging of Mt. Pleasant	17160111	8/31/2017	9/16/2018
15227	Arbuckle Memorial Hospital	17213011	9/1/2017	9/16/2018
48305	Pike County Health Department	17145121	9/5/2017	9/16/2018
48305	Pike County Health Department	17145111	9/5/2017	9/16/2018
17234	New England Telehealth Consortium	17249931	9/11/2017	9/16/2018
16080	Mark Milford Hicksville Joint Township Hospital d/b/a Community Memorial Hospital	17227951	9/16/2017	9/16/2018
33744	Oklahoma Mental Health Council dba Red Rock Behavioral Health Services	17139131	9/22/2017	9/16/2018
34765	Skagit County Public Hospital Consortium	17123261	9/23/2017	9/16/2018
50589	Sutter Health	17107081	9/24/2017	9/16/2018
14789	Four County Mental Health Center	17130721	9/30/2017	9/16/2018
48806	St. Mary's of Michigan Birch Run	17144111	10/6/2017	9/16/2018
35280	Saint Francis Medical Center Consortia	17277361	10/14/2017	9/16/2018
11270	Munson Healthcare - Charlevoix Hospital	17216251	10/15/2017	9/16/2018
14482	Permian Regional Medical Center	17227651	10/15/2017	9/16/2018
34193	Indiana Health Centers, Inc.	17263041	10/21/2017	9/16/2018

13527	Wayne County Health Department	17148711	10/26/2017	9/16/2018
14964	Pocahontas Community Hospital	17121701	10/27/2017	9/16/2018
28256	Iron County Hospital	17223891	10/31/2017	9/16/2018
13736	Cowley County Mental Health Center	17269351	10/31/2017	9/16/2018
14341	Greater Regional Medical Center	17233501	10/31/2017	9/16/2018
32259	Iron County Family Care Clinic	17223841	10/31/2017	9/16/2018
34340	Grand Lake Mental Health Center, Inc.	17171311	10/31/2017	9/16/2018
14002	Four County Mental Health Center	17269401	10/31/2017	9/16/2018
16667	Iraan General Hospital	17228301	10/31/2017	9/16/2018
18214	Dallam-Hartley Co. Hosp. District dba Coon Memorial Hosp., Texline Health Clinic	17228701	10/31/2017	9/16/2018
17126	Human Service Agency - Watertown	17106621	11/1/2017	9/16/2018
11266	REMEC Telehealth Network - West Shore Hospital	17221031	11/17/2017	9/16/2018
17089	Rankin County Hospital	17268831	11/23/2017	9/16/2018
46443	Lincoln County Health Department	17112901	11/29/2017	9/16/2018
11902	Central Peninsula Hospital	17269261	11/30/2017	9/16/2018
25763	Habersham County Medical Center - Mount Yonah Family Practice	17152961	12/1/2017	9/16/2018
51060	WCMHS South Main Street	17216411	12/8/2017	9/16/2018
33801	Arkansas Verdigris Valley Health Centers INC. DBA Porter Health Center	17271271	12/12/2017	9/16/2018
15889	Versailles Main Street Clinic	17122401	12/12/2017	9/16/2018
17713	Eufaula Green Country Behavioral Health	17224381	12/17/2017	9/16/2018
15882	Riverbourne Medical Center	17121031	12/28/2017	9/16/2018
14599	Ward Memorial Hospital	17161511	12/31/2017	9/16/2018
34765	Skagit County Public Hospital Consortium	17225771	12/31/2017	9/16/2018
11235	Southeastern Idaho Public Health - Soda Springs	17107341	12/31/2017	9/16/2018
15925	Monroe County Hospital	17232291	12/31/2017	9/16/2018
24550	Hillsdale Hospital- Howell	17143951	12/31/2017	9/16/2018
11234	Southeastern Idaho Public Health - Montpelier	17107371	12/31/2017	9/16/2018
15237	Holdenville General Hospital	17270771	12/31/2017	9/16/2018
17388	Ste. Genevieve County Memorial Hospital	17265141	12/31/2017	9/16/2018
11231	Southeastern Idaho Public Health - Malad	17107761	12/31/2017	9/16/2018
11233	Southeastern Idaho Public Health - Blackfoot	17107411	12/31/2017	9/16/2018
25518	Stamford Memorial Hospital	17258541	12/31/2017	9/16/2018
11230	Southeastern Idaho Public Health - Pocatello	17107871	12/31/2017	9/16/2018
11236	Southeastern Idaho Public Health - Preston	17107291	12/31/2017	9/16/2018
11237	Southeastern District Health Dept. - American Falls	17107231	12/31/2017	9/16/2018
13099	Buchanan General Hospital	17269851	12/31/2017	9/16/2018
17141	Stephens Memorial Hospital	17235281	12/31/2017	9/16/2018
11232	Southeastern Idaho Public Health - Arco	17107461	12/31/2017	9/16/2018
47469	Community Health Centers, Inc.	17255181	12/31/2017	9/16/2018
46770	Community Care of Weston	17280051	1/4/2018	9/16/2018

53441	Community Care of Buckhannon	17280641	1/5/2018	9/16/2018
15111	Primary Care Systems, Inc.	17249241	1/5/2018	9/16/2018
26917	Ministry St. Mary's Hospital - Crandon	17122021	1/14/2018	9/16/2018
16844	Eagle River Memorial Hospital	17121871	1/14/2018	9/16/2018
15077	Laona Clinic	17121791	1/14/2018	9/16/2018
15180	Iola Family Practice	17121941	1/14/2018	9/16/2018
25299	Ministry Health Care St. Michaels - Amherst Clinic	17121981	1/14/2018	9/16/2018
34277	Garfield County Health Center	17156121	2/9/2018	9/16/2018
52160	Seton Edgar B. Davis Hospital	17151431	2/10/2018	9/16/2018
14514	Cayuga Medical Center @ Ithaca	17281131	2/14/2018	9/16/2018
26092	Bucyrus Community Hospital	17206761	2/17/2018	9/16/2018
18114	ETMC Sleep Lab - Lindale	17106801	2/28/2018	9/16/2018
17163	ETMC 1st Physicians Clinic Frankston	17213591	2/28/2018	9/16/2018
35409	Northern Lakes Community Mental Health	17244801	2/28/2018	9/16/2018
30507	ETMC 1st Physicians Henderson	17113561	2/28/2018	9/16/2018
32562	ETMC 1st Physicians Sulpher Springs RHC-Hodge St	17104651	2/28/2018	9/16/2018
14159	Henderson Memorial Hospital	17113521	2/28/2018	9/16/2018
17350	ETMC 1st Physicians - Jacksonville	17104561	2/28/2018	9/16/2018
45777	East Texas Medical Center - Lindale Urgent Care	17104621	2/28/2018	9/16/2018
45777	East Texas Medical Center - Lindale Urgent Care	17206561	2/28/2018	9/16/2018
48822	East Texas Medical Center - Mineola Rehab	17206591	2/28/2018	9/16/2018
17303	East Texas Medical Center - Lindale	17104591	2/28/2018	9/16/2018
18111	ETMC Rehabilitation - Athens	17107771	2/28/2018	9/16/2018
17198	East Texas Medical Center dba ETMC Carthage	17110741	2/28/2018	9/16/2018
17191	East Texas Medical Center - Athens	17106031	2/28/2018	9/16/2018
18112	ETMC Rehabilitation - Lindale	17104601	2/28/2018	9/16/2018
17191	East Texas Medical Center - Athens	17105971	2/28/2018	9/16/2018
18093	ETMC 1st Physicians Clinic-Hideaway	17211191	2/28/2018	9/16/2018
25472	ETMC Regional Healthcare System - Athens Cancer Center	17109291	2/28/2018	9/16/2018
51870	East Texas Medical Center 1st Physicians - Athens Pulmonary Clinic	17105551	2/28/2018	9/16/2018
17191	East Texas Medical Center - Athens	17212141	2/28/2018	9/16/2018
17302	East Texas Medical Center - Quitman	17167681	2/28/2018	9/16/2018
17194	East Texas Medical Center - Jacksonville	17209391	2/28/2018	9/16/2018
14159	Henderson Memorial Hospital	17207691	2/28/2018	9/16/2018
14159	Henderson Memorial Hospital	17207791	2/28/2018	9/16/2018
48022	CentraCare Health System	17198421	3/2/2018	9/16/2018
43272	Mississippi Baptist Health Systems, Inc.	17247641	3/9/2018	9/16/2018
49488	Mountain States Health Alliance	17221331	3/12/2018	9/16/2018
46474	Cumberland Medical Center / Crossville Medical Group	17229941	3/13/2018	9/16/2018