

Rural Health COVID-19 Funding Opportunities

CARES I: [H.R. 6074 \(Coronavirus Aid, Relief, and Economic Security Act \[CARES\] Act\)](#)

Public Health and Social Services Emergency Fund (PHSSEF)

- \$3.1 billion provided to the fund in order to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, and the purchase of:
 - Vaccines
 - Therapeutics
 - Diagnostics
 - Necessary medical supplies
 - Medical surge capacity
 - Related administrative activities
- \$100 million given to the Health Resources and Services Administration (HRSA) for grants under the Health Center Program
 - [Awards](#) to 1,381 health centers announced on March 24
- Program aims to improve health care to people who are geographically isolated and economically or medically vulnerable
- \$300 million to remain available under the program until September 30, 2024 to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, and the purchase of vaccines, therapeutics, and diagnostics

CARES III: [H.R. 748 \(Coronavirus Aid, Relief, and Economic Security Act \[CARES\] Act\)](#)

- The bill provides \$1.32 billion in supplemental funding to community health centers on the front lines of testing and treating patients for COVID-19.
- HRSA funding provides \$180 million for Rural Health to support rural critical access hospitals, rural tribal health and telehealth programs
 - Funding provided to HRSA will remain available through Sept. 30, 2022
 - At least \$15 million of this amount on Indian tribes and organizations
 - \$5 million to support poison control centers.
- Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) are also eligible entities to apply for grant or loan funding

Section 3212 – Telehealth Network and Telehealth Resource Centers Grant Programs

- Reauthorizes the HRSA telehealth resource centers Grant programs for evidence-based telehealth networks and telehealth technologies for health care delivery, education and health information services
- Funded for \$29 million for each fiscal year from 2021-2025
- Ensures that no less than 50 percent of the funds awarded shall be awarded for projects in rural areas
- Amended to include entities with demonstrated experience serving, or the capacity to serve, rural underserved populations
- Secretary will prepare and submit reports to the Senate HELP and House Energy and Commerce Committees on the activities and outcomes of the grant programs no later than 4 years after the date of enactment and every 5 years afterward

Section 3213 – Rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs

- HRSA's Rural Health Care Services Outreach and Rural Health Network Development and Small Health Care Provider Quality Improvement grant programs reauthorized
- Expands access to, coordination, and improvement of the quality of basic health care services rather than essential health care services
- Increases time period of grants from three to five years
- Grants focus on the rural underserved populations in the local community or region
- Funded for \$79.5 million for each fiscal year from 2021-2025
- Amended to include entities with demonstrated experience serving, or the capacity to serve, rural underserved populations
- Rural Health Care Services Outreach should support services that improve and expand the delivery of health care services through community engagement and evidence-based or innovative, evidence-informed models
- Small healthcare provider quality improvement grants' quality improvement activities should include:
 - Increasing care coordination
 - Enhancing chronic disease management
 - Improving patient health outcomes
- Rural Health Network Development provides support to rural communities for the implementation of activities needed to plan and develop formal and integrated healthcare networks such as, but not limited to:
 - Business plan development
 - Community needs assessment
 - Network organizational assessment
 - SWOT analysis
 - Health information technology readiness assessment

- Secretary will prepare and submit reports on the activities and outcomes of the grant programs to the Senate HELP and House Energy and Commerce Committees

[Promoting Telehealth for Low-Income Consumers COVID-19 Telehealth Program](#)

COVID-19 Telehealth Program

Application, Evaluation, and Selection Process

- The Wireline Competition Bureau (with FCC’s Connect2Health Task Force and its medical and public health experts) will review program applications, select and announce participants, and make and announce funding awards on a rolling basis until funding is exhausted or the pandemic has ended
- The deadline for filing applications for the Pilot Program will be whichever date is latest between
 - 45 days from the effective date of the Pilot Program rules (TBA in Bureau public notice)
 - 120 days from the release date of this report and order (July 31, 2020)
- Open to eligible providers in rural and non-rural areas
- Providers that may have been under pre-existing strain (e.g., large underserved or low-income patient population; provider shortages; rural hospital closures; limited broadband access and/or Internet adoption) are encouraged to document such factors in their applications
- FCC will not strongly focus its interest in targeting its resources towards patient populations, health conditions, and geographic areas
 - Does strongly encourage selected applicants to target awards to high-risk and vulnerable patients as much as possible
- The program is not limited to treating COVID-19 patients as long as program funds are used “to prevent, prepare for, and respond to coronavirus”
 - e.g. treating other types of conditions or patient groups through the program could free up resources, limit provider exposure, etc.
- Eligible providers:
 - Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools
 - Community health centers or health centers providing health care to migrants
 - Local health departments or agencies
 - Community mental health centers
 - Not-for-profit hospitals
 - Rural health clinics
 - Skilled nursing facilities
 - A consortia of providers consisting of one or more entities falling into the above seven categories

- Applicants will be required to certify upon submission that they will comply with HIPAA and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws and regulations (as waived or modified in connection with the pandemic) as well as all applicable COVID-19 Telehealth Program requirements and procedures
 - Including the requirement to retain records to demonstrate compliance with program requirements and procedures for three years following the last date of service, subject to audit
- Providers that participate in the program must also comply with all applicable federal and state laws (Anti-kickback, CMP, etc.)
- Applications must be filed electronically through [ECFS](#) and reference **WC Docket No. 20-89**
 - A courtesy copy must also be sent to EmergencyTelehealthSupport@fcc.gov

Administrative Process

- After receiving the eligible services and/or equipment, providers will submit invoicing forms on a monthly basis and supporting documentation to the FCC to receive reimbursement for the cost of the eligible services and/or devices they have received from their applicable service providers or vendors
- The Bureau and the Office of the Managing Director (OMD) will develop a process for reviewing the monthly invoicing forms and supporting documentation and for issuing disbursements directly to the participating healthcare providers rather than to the applicable service providers or vendors
- The Bureau and OMD will also develop processes for selected applicants to submit invoices and receive reimbursements for services and devices
- The program will not provide funding for provider administrative costs associated with participation or other miscellaneous expenses
- There will be no competitive bidding process to solicit and select eligible services or devices
- Applicants are encouraged to purchase cost-effective eligible services and devices to the extent practicable
- Participants should provide a report to FCC within six months after the program's conclusion on its effectiveness on health outcomes, patient treatment, health care facility administration, and any other relevant aspects of the pandemic
 - Format to be determined by the Bureau

Awards

- Will provide eligible providers support to purchase telecommunications, information services, and connected devices to provide connected care services
- Will only fund monitoring devices that are themselves connected (e.g. pulse-ox, BP monitoring devices)

- Will not fund unconnected devices that patients can use at home and then share the results with their medical professional remotely.
- Selected applicants will receive full funding for eligible services and devices
- \$200 million dollars for total funding
- Awards will not exceed \$1 million
- Awards will be based on the estimated costs of the supported services and connected devices applicants intend to purchase, as described in each application
 - Applicants will not be required applicants to purchase only the services and connected devices identified in their applications and may use awards to purchase any necessary eligible services and connected devices.
- Applicants that have exhausted their initial awards may request additional support

Application Checklist:

- Proof that the applicant is an Eligible Healthcare Provider. (USAC will determine eligibility via [FCC Form 460](#))
- Names, addresses, county, and provider numbers (if available) for providers seeking funding through the application and the lead provider for applications involving multiple providers
- Contact information for the individual that will be responsible for the application (telephone number, mailing address, and email address).
- Description of the anticipated connected care services to be provided, the conditions to be treated, and the goals and objectives
 - Should include a brief description of how COVID19 has impacted your area, your patient population, and the approximate number of patients that could be treated by the provider’s connected care services
 - If you intend to use the COVID-19 Telehealth Program funding to treat patients without COVID-19, describe how this would free up your resources that will be used to treat COVID-19 and/or how this would otherwise prevent, prepare for, or respond to the disease
- Description of the estimated number of patients to be treated.
- Description of the telecommunications services, information services, or “devices necessary to enable the provision of telehealth services” requested
- The total amount of funding requested, and the total monthly amount of funding requested for each eligible item
 - If requesting funding for devices, description of all types of devices for which funding is requested, how the devices are integral to patient care, and whether the devices are for patient use or for the provider’s use.
 - Monitoring devices (e.g., pulse-ox, BP monitoring devices) will only be funded if they are themselves connected

- Supporting documentation for the costs indicated in their application, such as a vendor or service provider quote, invoice, or similar information
- A timeline for deployment of the proposed services
- A summary of the factors the applicant intends to track that can help measure the real impact supported services and devices

Connected Care Pilot Program

- Structured to target funding to eligible providers, with a primary focus on pilot projects serving patients that are most likely to need Universal Service Fund (USF) support for connected care services, and to provide meaningful, measurable data
- Connected care defined as a subset of telehealth that uses broadband Internet access service-enabled technologies to deliver directly to patients remote medical, diagnostic, and treatment-related services outside of traditional brick and mortar medical facilities—specifically to patients at their mobile location or residence
 - Can be provided by doctors, nurses, or other healthcare professionals
 - Telehealth defined as the broad range of health care-related applications that depend upon broadband connectivity, including:
 - Telemedicine
 - Exchange of electronic health records
 - Collection of data through Health Information Exchanges and other entities
 - Exchange of large image files (e.g., X-ray, MRIs, and CAT scans)
 - Use of real-time and delayed video conferencing for a wide range of telemedicine, consultation, training, and other health care purposes

Budget, Number of Pilot Projects and Support Amount Per Project, Funding Duration, and Discount Level

- Up to \$100 million over a three-year funding period
- Will not require that Pilot Program funding be distributed evenly each year
- Will provide funding for selected pilot projects to cover 85% of the eligible costs of broadband connectivity, network equipment, and information services necessary to provide connected care services to the intended patient population
- Decline to set a limit on the number of pilot projects selected for the Pilot Program or the amount of support requested per pilot project
- Selected pilot projects will receive support for a three-year funding period with separate transition periods of up to six months before and after the three-year funding period to give pilot projects time to complete set up, close out, and address other administrative matters.

Eligible Health Care Providers, Patients, and Service Providers

- Eligible providers:
 - Postsecondary educational institutions offering health care instruction, teaching hospitals, and medical schools
 - Community health centers or health centers providing health care to migrants
 - Local health departments or agencies
 - Community mental health centers
 - Not-for-profit hospitals
 - Rural health clinics
 - Skilled nursing facilities
 - A consortia of providers consisting of one or more entities falling into the above seven categories
- Both rural and non-rural providers eligible
- Strong preference will be given to providers that have either:
 - Experience with providing telehealth or connected care services to patients (e.g., remote patient monitoring, store-and-forward imaging, or video conferencing) beyond using electronic health records **OR**
 - A partnership with another provider, government agency, or designated telehealth resource center with such experience that will work with the provider to implement its proposed pilot
- Intended to help defray eligible providers' costs of providing connected care services particularly for low-income Americans and veterans
 - Thus, there will be a strong preference for pilot projects that can demonstrate that they will primarily benefit veterans or low-income individuals
- Pilot projects must maintain adequate documentation of the numbers of participating veterans or low-income patients served through that Pilot Project compared to other patients
- Providers can determine whether a patient is considered low-income by determining whether:
 - The patient is eligible for Medicaid, **OR**
 - The patient's household income is at or below 135% of the U.S. Department of Health and Human Services Federal Poverty Guidelines
- Veteran status may be confirmed by determining whether the patient is covered by the VA
 - No income limit for veterans
- Eligible providers that participate in the Pilot Program can receive support for qualifying broadband service from any broadband provider, regardless of whether that provider is designated as an eligible telecommunications carrier

Eligible Services and Equipment

- The Pilot Program will fund 85% of the qualifying costs incurred by eligible providers
- Qualifying costs include:
 - Patient broadband Internet access services

- Provider broadband data connections
 - Other connected care information services
 - Certain network equipment
- Will provide funding for purchase of mobile or fixed broadband Internet access service for participating patients who
 - Do not already have broadband Internet access service or
 - Lack sufficient broadband Internet access service necessary to participate in the specific pilot project
 - Insufficient broadband for connected care services could include:
 - Subscriptions to low-bandwidth connections
 - Low usage allowances
 - Other inadequate service levels—all of which negatively impact patients’ and providers’ ability to use telehealth services
- Will provide support specifically for eligible, participating providers to purchase the broadband data connections needed to provide connected care services
- Providers participating in the Pilot Program may not request or receive funding for broadband data connections for which they already receive funding through the Healthcare Connect Fund Program or other federal programs
- Providers may not request or receive funding for broadband data connections through the Healthcare Connect Fund Program or other federal programs for which they have already received funding through the Pilot Program
- Broadband connections between providers will not be funded
- Will provide support for information services other than broadband connectivity that providers use for connected care
 - But will not fund the costs associated with medical professional review of data or images transmitted or stored through such services, or services which have a primary purpose other than capturing, transmitting and storing data to facilitate connected care
 - And decline to list specific information services that are eligible so as not to inadvertently exclude anything
- Funding can only be used for network equipment that is necessary to make Pilot Program funded broadband services for connected care services functional, or to operate, manage, or control such services, and must not be used for purposes other than providing connected care services
 - Providers seeking funding for qualifying network equipment for other healthcare uses may apply for such funding under the Healthcare Connect Fund Program
- Providers may not request and receive funding for network equipment for which they already applied or received funding through the Healthcare Connect Fund Program or another federal program

- Providers may not request and receive through the Healthcare Connect Fund Program or another federal program funding for network equipment for which the provider receives funding through the Pilot Program
- Will not fund end-user devices or medical equipment
- Will not provide funding for provider administrative costs associated with participation in the Pilot Program (e.g., completing applications and submissions) or other miscellaneous expenses

Application and Evaluation Process

- Applicant must submit its pilot project proposal to FCC describing its proposed pilot project and providing information that will facilitate the evaluation and eventual selection of high-quality pilot projects
- Applicants will also be required at the time of submission to certify that they will comply with HIPAA and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws and regulations, as well as all applicable Pilot Program requirements and procedures
 - Including the requirement to retain records to demonstrate compliance with the Pilot Program rules and requirement for five years, subject to audit
- Providers that participate in the Pilot Program must also comply with all applicable federal and state laws (Anti-kickback, CMP, etc.)
- Applicants will also be required to certify that they are not already receiving or expecting to receive other federal funding for the exact same services eligible for support under the Pilot Program
- Applications must be filed electronically through [ECFS](#) under **WC Docket No. 18-213**
 - Applicants must also send a courtesy copy to ConnCarePltProg@fcc.gov
- Providers will have the flexibility to identify the medical conditions to be treated through their proposed pilot projects, and whether to treat a single medical condition or multiple medical conditions
 - In reviewing applications, FCC is interested in targeting limited pilot program funding towards pilot projects that are primarily focused on treating public health epidemics, opioid dependency, mental health conditions, high-risk pregnancy, or chronic or recurring conditions that typically require at least several months to treat
- Will evaluate the applications and select proposals based on applicants' responses to the criteria listed below
 - Will also consider the cost of the proposed pilot project compared to the total Pilot Program budget to try to seek an array of pilot projects that can all be funded within the Pilot Program's budget
- Will also consider whether the applicant has successfully developed, coordinated, or otherwise implemented a telehealth program

Administrative Matters

- Providers participating in the Pilot Program will be required to conduct a procurement process to solicit and select eligible services and/or equipment
- Will adopt, to the extent feasible, the competitive bidding requirements for the Healthcare Connect Fund Program for participants in the Pilot Program
- Specifically, health care providers can seek bids for multi-year or single-year contracts during the competitive bidding process
- If a health care provider only seeks bids for a single-year contract, it will need to conduct a new competitive bidding process for each year of the Pilot Program
- The competitive bidding requirements for the Pilot Program are in addition to and do not supplant any applicable state or local procurement requirements
- Applicants will be required to follow the RHC Program’s competitive bidding requirements, which include
 - Submitting a Request for Services and Request for Proposal (RFP) (as applicable) for the Universal Service Administrative Company (USAC) to post on its website
 - Seeking bids
 - Waiting 28 days before selecting a service provider
 - Conducting a bid evaluation to select a service provider
 - Selecting the most-cost effective service
- All potential bidders must have access to the same information and be treated in the same manner during the competitive bidding period to ensure that the process is “fair and open.”
- Gifts from service providers are prohibited
- Providers will not be required to seek competitive bids if:
 - The provider seeks support for services and equipment purchased from Master Services Agreements (MSAs) negotiated by federal, state, Tribal, or local government entities on behalf of such health care providers and others, if such MSAs were awarded pursuant to applicable federal, state, Tribal, or local competitive bidding requirements
 - The provider opts into an existing MSA approved under the Rural Health Care Pilot Program or Healthcare Connect Fund Program and seeks support for services and equipment purchased from the MSA, if the MSA was developed and negotiated in response to an RFP that specifically solicited proposals that included a mechanism for adding additional sites to the MSA
 - The provider has a multi-year contract designated as “evergreen” by USAC and seeks to exercise a voluntary option to extend an evergreen contract without undergoing additional competitive bidding
 - The provider is in a consortium with participants in the schools and libraries universal service support program (E-Rate program) and a party to the consortium’s existing contract, if the contract was approved in the E-Rate program as a master contract

- The provider seeks support for \$10,000 or less of total undiscounted eligible expenses for a single year, if the term of the contract is one year or less
- The provider already has entered into a legally binding agreement with a service provider for services or equipment eligible for support in the Pilot Program and that legally binding agreement itself was the product of competitive bidding
- Participants will be required to submit a Request for Funding to USAC no later than six months after the selection date with specific pricing and service information for the funding they are requesting through the Pilot Program
- Providers with multi-year contracts may submit a single funding request for the full period covered by the contract
- Single-year proposals will have to submit a funding request each subsequent year
- Any material change in the participating providers' or pilot projects' status must be reported within 30 days
- Selected pilot projects must notify USAC within 30 days of any decrease of 5% or more in the number of patients participating in their respective pilot project
- Providers, will be required to make certain certifications and then submit invoicing forms (Request for Disbursement) on a monthly basis and supporting documentation to USAC to receive reimbursement for the cost of the eligible services and/or equipment they have provided to participating health care providers under the Pilot Program
- Participants will also be required to make certifications as part of the form submissions to USAC to ensure that Pilot Program funds are used for their intended purpose and to ensure that all participating healthcare providers and service providers are in compliance with FCC rules and procedures
- Providers will be required to submit final reports within six months of the end dates of their pilot projects summarizing the final results, and explaining whether the pilot projects met their stated goals and the goals of the Pilot Program
- After announcement of the selected projects, each project will be required to provide to USAC, within 14 calendar days the name, mailing address, e-mail address, and telephone number of the lead project coordinator for its pilot project
 - Within 30 days of the effective date of the announcement, USAC shall conduct an initial coordination meeting with selected Pilot Program participants

Application Checklist

- Should include, at minimum:
 - Names and addresses of all providers that will participate in the proposed pilot project and identify the lead provider for proposals involving multiple providers
 - Contact information for the individual that will be responsible for the management and operation of the proposed pilot project (telephone number, mailing address, and email address)

- Provider number(s) and type(s) (e.g., not-for-profit hospital, community mental health center, community health center, rural health clinic) for each provider included in proposal
- Description of each participating provider's previous experience with providing telehealth services (other than electronic health records) or experience and name of a partnering health care provider or organization
- Description of the plan for implementing and operating the pilot project, including how the pilot project intends to recruit patients, estimated amount of ramp-up time necessary for the pilot project (not to exceed six months), plans to obtain any necessary end-user devices (e.g., tablets, smartphones) and medical devices for the connected care services that the pilot project will provide, and to what extent the pilot project can be self-sustaining once established.
- Description of the connected care services the proposed pilot project will provide, the conditions to be treated, the provider's experience with treating those conditions, the goals and objectives of the proposed pilot project (including the health care provider's anticipated goals with respect to reaching new or additional patients, and improved patient health outcomes), expected health care benefits to the patients, provider, or the healthcare industry that will result from the proposed pilot project, and how the pilot project will achieve each of the goals of the Pilot Program.
- Documentation of the participating provider(s)'s financial health (e.g., recent audited balance sheets and income statements that are no more than two years old)
- Description of the estimated number of patients to be treated
- Description of any commitments from community partners, including physicians, hospitals, health systems, and home health/community providers to the success of the proposed pilot project
- Description of the anticipated level of broadband service required for the proposed pilot project, including the necessary speeds, the technologies to be used (e.g., mobile or fixed broadband) and any other relevant service characteristics (e.g., LTE service).
- Description of the estimated number of patient broadband connections that the health care provider intends to purchase for purposes of providing connected care services to patients who lack broadband service or have insufficient broadband services. This description must include an explanation of how the health care provider plans to assess whether a patient lacks broadband service or has insufficient broadband Internet access service for the indicated connected care service based on speed, technology or data cap limitations
- If seeking support for an information service used to provide connected care, other than broadband connectivity, used to provide connected care, a description of the service, including a description of the primary function/s of the service, and whether it facilitates the capturing, transmission, and storage of data for connected care.

- Estimated total project costs, including costs eligible for support through the Pilot Program and costs not eligible for Pilot Program support but still necessary to implement the proposed pilot project.
 - This entry must include the total estimated eligible funding (85%) to be requested from the Pilot Program per year over the three-year funding period.
 - A list of anticipated sources of financial support for the pilot project costs not covered by the Pilot Program
 - Description of the metrics for the proposed pilot project that are relevant to the Pilot Program goals and how the participating providers will collect those metrics. Examples of the types of metrics the Commission is interested in include: reductions in potential emergency room or urgent care visits; decreases in hospital admissions or readmissions; condition-specific outcomes, such as reductions in premature births or acute incidents among sufferers of a chronic illness, and patient satisfaction as to with their overall health status
 - Description of how the health care provider intends to collect, track, and store, the required Pilot Program data
- To facilitate review in selecting a diverse set of projects and targeting funds to geographic areas and populations most in need of USF support for connected care, applicants should also provide the following information, as applicable:
 - Description of whether the provider is located in a rural area, on Tribal lands, or is associated with a Tribe, or part of the Indian Health Service
 - If the provider is not located in a rural area, include a description of whether the health care provider will primarily serve veterans or low-income patients located in rural areas as defined in the RHC Program rules, and identify those specific rural areas
 - Listing of all HRSA designated Health Professional Shortage Areas (for primary care or mental health care only) or HRSA designated Medically Underserved Areas that will be served by the proposed project
 - Description of whether the pilot project will primarily benefit low-income or veteran patients, and if so, the estimated number or percentage of those patients the project will serve compared to the total number of patients that the pilot project estimates serving
 - Description of whether the primary purpose of the proposed pilot project is to provide connected care services to respond to a public health epidemic, or to provide connected care services for opioid dependency, high-risk pregnancy/maternal mortality, mental health conditions or conditions of a chronic or long term nature