

**Rural Health Care (RHC) Universal Service
Request for Services Form**

USAC Internal Use Only	
FCC Form 461 Application Number: 100055521	FCC Form 460 Number: 94776-00004
Posting Start Date: 08/29/2024	Posting End Date: 09/26/2024
Allowable Contract Selection Date (ACSD): 09/27/2024	Form 461 Friendly Name: SBHC Enhanced Medical Telehealth

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

Block 1: General Information		Program Type: Connected Care Pilot Program	
1 Funding Year 2024	2 HCP Number 94776		
3 Site Name/Consortium Name COMMUNITY HEALTH CENTER, INC (CHCI)			
4 Address Line 1 635 MAIN ST			
5 Address Line 2	6 County		
7 City MIDDLETOWN	8 State CT	9 Zip Code 06457	
Geolocation			
Block 2: Individual HCP Site Request for Services			
10 <input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. <input type="checkbox"/> Applicant has not and will not prepare an RFP.			
10a Requested contract period			
10b Expected bid evaluation period			
11 Number of days USAC should post: _____ Posting end date: _____			
12 Category of Expense Requested (check all applicable): <input type="checkbox"/> Network Equipment <input type="checkbox"/> Leased/Tariffed Facilities or Services			
Identify Anticipated Application(s) and Use(s) of the Supported Connection (Select all that apply. Describe usage level and usage period for all selected.)			
Capability	Usage Level	Usage Period	
<u>Category: Interactive</u>			
<input type="checkbox"/> Distance learning/training			
<input type="checkbox"/> Real-time remote examination, consultation, and/or monitoring			
<input type="checkbox"/> Video conferencing			
<input type="checkbox"/> Voice service			
<input type="checkbox"/> Other (describe): _____			
<u>Category: Transactional</u>			
<input type="checkbox"/> Distance learning/training			
<input type="checkbox"/> Electronic patient billing			
<input type="checkbox"/> Exchange of electronic health records			
<input type="checkbox"/> Internet access			

<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Other (describe): _____		
Category: Bulk		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Transmission of store and forward consultations		
<input type="checkbox"/> Other (describe): _____		
Category: Miscellaneous		
<input type="checkbox"/> Backup/redundant connectivity		
<input type="checkbox"/> Other (describe): _____		
12b Applicant requesting services for an off-site data center: <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide HCP Number(s): _____		
12c Applicant requesting services for an off-site administrative office <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide HCP Number(s): _____		
13 Contact for Request for Services:		
<input type="radio"/> Same as HCP Physical Location Contact <input type="radio"/> Same as HCP Primary Account Holder <input type="radio"/> Other		
13a If other, provide full contact information:		
Contact Name	Organization Name	
Contact Name Title	Email	
Phone	Ext.	Fax
Address Line 1		
Address Line 2		
City	State	Zip Code
Block 3: Consortium Request for Services		
14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):		
(60) HCPs attached		
15 Indicate whether the Consortium plans to utilize an RFP:		
<input checked="" type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. If selected, complete 15a.		
<input type="checkbox"/> Applicant has not and will not prepare an RFP. Uploaded document: CCP 2024 8-14 V2.docx		
15a Applicant is submitting an RFP because:		
<input type="checkbox"/> It is seeking more than \$100,000 in program support <input type="checkbox"/> Of state, Tribal, or local procurement rules		
<input type="checkbox"/> It is seeking support for infrastructure <input checked="" type="checkbox"/> The applicant has elected to use an RFP		
15b Requested contract period 24 Months		
15c Expected bid evaluation period 14		
16 Number of Days Posted:		
Number of days USAC should post: 28 Posting end date: 28 days after posting		
17 Category of Expense Requested:		
<input type="checkbox"/> Network Design <input type="checkbox"/> Leased/Tariffed Facilities or Services		
<input checked="" type="checkbox"/> Network Equipment <input type="checkbox"/> Network Management/Maintenance/Operations Cost (not captured elsewhere)		
<input type="checkbox"/> Infrastructure/Outside Plant		
17a If requesting only Infrastructure/Outside Plant, enter FCC Form 461 Application Number in which the Consortium previously requested Leased/Tariffed Facilities or Services.		
FCC Form 461 Application Number: _____		
<input type="checkbox"/> I certify that the prior FCC Form 461 resulted in no responsive bids.		

18 Description of Services Requested (Required to provide a summary of RFP if submitting one):
Enhanced telehealth with connected devices

19 Contact for Request for Services:

☐ Same as Project Coordinator ☒ Same as Assistant Project Coordinator ☐ Other

If other, provide full contact information:

Contact Name Sydney Kennedy

Organization Name

Contact Name Title

Email kenneds@chc1.com

Phone 860-510-1076

Ext.

Fax

Address Line 1 19 Grand Street

Address Line 2

City Middletown

State CT

Zip Code 06457

Block 4: Declaration of Assistance

20 Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?

☐ Yes

☒ No

21 List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan.

a. Name

b. Organization Type

c. Title/Role

d. Employer

e. Address Line 1

f. Address Line 2

g. City

h. State

i. Zip Code

Phone

Ext.

Email

Nature of Relationship

Block 5: Bid Evaluation

22 Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services. Attach supplemental information (if necessary).

Criteria	Weight	Minimum Requirement
a. Cost	35	See attached for more information
b. Prior experience, including past performance	10	
c. Reliability of Service	25	
d. Contract modification provisions	15	
e. Other (Implementation Timeline)	10	
f. Other (RFP Compliance)	5	
g.		
h.		

- ☐ Applicant has no disqualification factors that will be used to remove bids or bidders from further consideration.

Disqualification Factors

Unable to utilize dual factor authentication for enhanced telehealth services

Block 6: Additional Documentation

23 List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form.

Type of Documentation

- | | |
|----------------|---------------------------------|
| a. OTHER (RFP) | Document: CCP 2024.docx |
| b. NETWORKPLAN | Document: SBHC CCPP routing.vsd |
| c. | |
| d. | |
| e. | |

Block 7: Certifications

- 24 ☒ I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
- 25 ☒ I certify under penalty of perjury that I have examined this request and all attachments, and to the best of my knowledge, information, and belief, all statements contained herein and in any attachments are true.
- 26 ☒ I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, Tribal, or local procurement rules.
- 27 ☐ I certify under penalty of perjury that all requested RHC Program support will be used solely for purposes reasonably related to the provision of health care service or instruction that the health care provider is legally authorized to provide under the law of the state in which the services are provided.
- 28 ☒ I certify under penalty of perjury that the applicant seeking supported services satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.
- 29 ☐ I certify under penalty of perjury that the applicant seeking support has reviewed and is compliant with all applicable RHC Program requirements.
- 30 ☒ I understand that all documentation associated with this request, including a copy of the signed Request for Services (FCC Form 461), any bids/contracts resulting from the FCC Form 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.
- ☒ I certify under penalty of perjury that the applicant seeking supported services is a nonprofit or public entity that falls within one of the seven categories set forth in the definition of health care provider listed in 47 CFR §54.600 of the Commission's rules.
- ☐ I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area as defined in section 47 CFR § 54.600 of the Commission's rules, or is a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 of the Commission's rules.
- ☒ I certify under penalty of perjury that the services will not be sold, resold, or transferred in consideration for money or any other thing of value.

<input checked="checked" type="checkbox"/>	I certify and acknowledge, under penalty of perjury, that the applicant or consortium will comply with all applicable Connected Care Pilot Program rules, requirements and procedures, including the requirement to pay 15% of the costs for supported items from eligible sources, and all applicable federal and state laws, including the Americans with Disabilities Act, the Rehabilitation Act, the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law.
<input checked="checked" type="checkbox"/>	I certify and acknowledge, under penalty of perjury, that the applicant or consortium will comply with the applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws.
<input checked="checked" type="checkbox"/>	I certify, under penalty of perjury, to the best of my knowledge, that the applicant or consortium is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services and/or equipment eligible for support under the Connected Care Pilot Program.
<input checked="checked" type="checkbox"/>	I certify and acknowledge, under penalty of perjury, that all requested equipment and services funded under the Connected Care Pilot Program will be used for their intended purposes.
31 Signature	32 Date Fri Aug 02 15:29:51 EDT 2024
33 Printed Name of Authorized Person	Sydney Kennedy
34 Title/Position of Authorized Person	Assistant Director for Telehealth Operations
35 Phone 860-510-1076 Ext.	36 Email kenneds@chc1.com
37 Employer Community Health Center Inc	38 Employer's FCC RN 0024024416

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

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

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

Block 3: Consortium Request For Services (cont.)

14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):

HCP Number	HCP Name
60095	Washington Middle School
41346	CHC, Inc. New London
60090	Roger Sherman Elementary School
60046	Stafford Middle School (6-8)
41336	CHC, Inc. Danbury
60105	The Morgan School
60098	Stamford Academy
60082	Hanover Elementary School
60110	MacDonough Elementary
60113	Vinal Technical High School
60097	J.M. Wright Technical High School
60103	Abraham Pierson Elementary School
41350	CHC, Inc. Stamford
60076	East Haven High School
60052	Gaffney Elementary School
60062	Stafford Elementary School (2-5)
60101	Kaynor Technical high school
60045	East Windsor High School
60115	ISAAC
60091	Thomas Edison Middle School-ACES
60063	Stafford High School
60096	Wilcox Technical High School
60074	East Haven Academy
41342	CHC, Inc. Meriden
60088	Platt High School

Block 3: Consortium Request For Services (cont.)

14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):

HCP Number	HCP Name
41344	CHC, Inc. Middletown
60061	Smalley Academy
60087	Nathan Hale Elementary School
60112	Middletown High School
60077	Joseph Melillo Middle School
60079	Momauguin School
60083	Lincoln Middle School
60084	Maloney High School
60070	Emmette Obrien High School
60106	Marine Science Magnet High School
60114	Woodrow Wilson Middle School
60054	Pulaski Middle School
49057	Community Health Center at Connecticut Children's
60107	Bielefield Elementary
60117	Vance Elementary School
60053	New Britain High School
60085	Maloney High School
60108	Keigwin (6th grade only)
60094	Venture Academy
64756	Community Health Center Stamford #2
60116	Dual Language and Arts Magnet Middle
60049	East Windsor Middle School
41352	CHC, Inc. Waterbury
60058	Slade Middle School
60118	Chamberlain Elementary School

Block 3: Consortium Request For Services (cont.)

14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):
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[illegible]

Request For Services (cont.)

Identify services for which the applicant is requesting bids. Select all that apply. If appropriate, enter a bandwidth range for each service the applicant is requesting.

[illegible]

Block 5: Bid Evaluation (cont.)

Criteria: [Cost](#)

Minimum Requirement:

Criteria: [Prior experience, including past performance](#)

Minimum Requirement:

[Previously deployed solutions in similar environments](#)

Criteria: [Reliability of Service](#)

Minimum Requirement:

[Uptime over 99%](#)

Criteria: [Contract modification provisions](#)

Minimum Requirement:

[Ability to switch between HCP's as required](#)

Criteria: [Other \(Implementation Timeline\)](#)

Minimum Requirement:

[Deployment within 45 days of contract signature](#)

Criteria: [Other \(RFP Compliance\)](#)

Minimum Requirement:

[Following our contact form](#)

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement: