

FEDERAL COMMUNICATIONS COMMISSION

CFDA 32.006 COVID-19 TELEHEALTH PROGRAM

I. PROGRAM OBJECTIVES

The coronavirus disease 2019 (COVID-19) Telehealth Program (Program) provides \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health care providers provide telehealth services in response to the COVID-19 pandemic. The Federal Communications Commission (Commission) established the Program through a Report and Order released on April 2, 2020, available at <https://docs.fcc.gov/public/attachments/FCC-20-44A1.pdf>. This Program provides immediate support to eligible health care providers responding to the COVID-19 pandemic by funding the telecommunications services, information services, and devices necessary to provide telehealth services until the Program's funds have been expended or the COVID-19 pandemic has ended.

This Program is run through the Commission's Wireline Competition Bureau (WCB).

For more details regarding the Program, please visit the public website at <https://www.fcc.gov/covid-19-telehealth-program>.

II. PROGRAM PROCEDURES

Eligible health care providers must submit the "COVID-19 Telehealth Program Application and Request for Funding" application through an online application portal. In conjunction with completing an application, applicants are required to complete three steps. First, applicants are required to request and receive an eligibility determination from the Universal Service Administrative Company (USAC) for each health care provider site included in their application by filing an FCC Form 460, Eligibility and Registration Form, with USAC. Second, as entities doing business before the Commission, applicants are also required to obtain an FCC Registration Number (FRN) in the Commission Registration System (CORES). Third, applicants are required to register with the federal System for Award Management (SAM) to be able to receive Program payments if awarded funding.

While the online application portal was still in development, the Program website instructed potential applicants to download a fillable PDF application form and email the completed form and supporting documentation to TelehealthApplicationSupport@fcc.gov. All submitted program applications were also uploaded into the Commission's Electronic Comment Filing System (ECFS). Applicants must complete each required section of the application and make the required certifications at the end of the application. The information that applicants are required to submit with their application includes, but is not limited to, applicant information, filer contact information, medical services to be provided with the program funding, conditions to be treated, information on services and devices, requested funding amounts, and supporting cost documentation. WCB, in consultation with the FCC's Connect2Health Task Force, reviews the Program applications, as outlined in the Commission's Report and Order, selects participants, and makes funding awards on a rolling basis to eligible applicants based on the estimated costs of the eligible services and connected devices they intend to purchase with Program funds. Awards were made until the funding was exhausted, which occurred on July 8, 2020. Consistent

with Report and Order, applications from areas that are hardest hit by COVID-19 and where funding has the most impact on addressing the health care needs are prioritized.

In order to ensure as many applicants as possible receive available funding, the Commission did not anticipate that it would award more than \$1 million to any single applicant. In addition, applicants that exhausted initially awarded funding were able to request additional support.

After paying for and receiving the eligible services and/or connected devices, funding recipients requesting reimbursement must complete a Request for Reimbursement Form and provide supporting invoice documentation sufficient to identify the items that were purchased and received, and the price paid. This documentation must be uploaded with the Request for Reimbursement Form in the US Department of Treasury’s Bureau of the Fiscal Service Invoice Processing Platform (IPP). The individual submitting a Request for Reimbursement Form on behalf of the funding recipient must make, among other things, certifications on the Request for Reimbursement Form, including certifying that the eligible health care provider(s) purchased and received services or connected device(s) for which reimbursement is requested; that Program funding is used for its intended purposes; that the costs for which reimbursement is requested were incurred and paid for in accordance with Program rules and requirements; and that Program funds are to be used for their intended purpose. The Commission will reimburse invoices accompanied by supporting documentation for the cost of the eligible services and/or devices eligible health care providers have received from their applicable service providers or vendors under the Program. After the reimbursement request is approved, the Treasury payment will be issued by electronically to the funding recipient’s bank account.

Source of Governing Requirements

The Program is governed under Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No 116-136, 134 Stat. 281 (2020) (CARES Act).

<https://www.congress.gov/bill/116th-congress/house-bill/748?q=%7B%22search%22%3A%5B%22cite%3APL116-136%22%5D%7D&s=1&r=1>

Pursuant to the CARES Act, the Commission adopted provisions for the Program in a Report and Order: *Promoting Telehealth for Low-Income Consumers; COVID-19 Telehealth Program*, WC Docket nos. 18–213, 20–89, Report and Order, 35 FCC Rcd 3366, 3375–84, paras. 15–36 (2020) (Report and Order) (Note: The second section of the Report and Order implements the Connected Care Pilot Program which is a Universal Service Fund-supported program and is separate from the Program).

<https://docs.fcc.gov/public/attachments/FCC-20-44A1.pdf>

As a direct payment for specified use, these funds are considered federal financial assistance and are subject to only the following sections of the *Code of Federal Regulations*, Title II, Subtitle A, Chapter II, Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (“2 CFR”): Subpart A; Subpart B; Subpart E; and Subpart F. Recipients that meet the definition of “Hospitals” in Part 200 would be subject to Appendix IX to Part 200 and not Subpart E.

https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

Availability of Other Program Information

Program information is available at <https://www.fcc.gov/covid-19-telehealth-program>. See “Frequently Asked Questions” section for details.

The documents listed in the “Source of Governing Requirements” and the above link serve as a guide for tests and findings.

III. COMPLIANCE REQUIREMENTS

In developing the audit procedures to test compliance with the requirements for this federal program, the auditor must determine, from the following summary (also included in Part 2, “Matrix of Compliance Requirements”), which of the 12 types of compliance requirements have been identified as subject to the audit (noted with a “Y” in the summary matrix below), and then determine which of the compliance requirements that are subject to the audit are likely to have a direct and material effect on the federal program at the auditee. For each such compliance requirement subject to the audit, the auditor must use Part 3 (which includes generic details about each compliance requirement other than Special Tests and Provisions) and this program supplement (which includes any program-specific requirements) to perform the audit. When a compliance requirement is shown in the summary below as “N,” it has been identified as not being subject to the audit. Auditors are not expected to test requirements that have been noted with an “N.” See the Safe Harbor Status discussion in Part 1 for additional information.

A	B	C	E	F	G	H	I	J	L	M	N
Activities Allowed or Unallowed	Allowable Costs/Cost Principles	Cash Management	Eligibility	Equipment/Real Property Management	Matching, Level of Effort, Earmarking	Period Of Performance	Procurement Suspension & Debarment	Program Income	Reporting	Subrecipient Monitoring	Special Tests and Provisions
Y	Y	N	Y	N	N	Y	N	N	Y	N	Y

A. Activities Allowed or Unallowed

See Eligible Services and Devices section at <https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs>.

1. *Allowed*

Telehealth services/connected devices that use broadband Internet access service-enabled technologies to deliver remote medical, diagnostic, patient-centered, and treatment-related services directly to patients.

Consistent with the Report and Order, funding recipients can seek reimbursement for eligible services and connected devices that were not included in the COVID-19 Telehealth Program Application and Request for Funding application, as well as seek reimbursement for different quantities than were included in the application. Detailed information on eligible services and devices is available at the above website.

2. *Unallowed*

Funding will not be provided for personnel, administrative, construction, marketing, maintenance, and training activities/costs. Ineligible activities include IT services/costs for the development of new websites, systems and platforms.

The Program will not fund unconnected devices (e.g., devices that patients can use at home and then share the results with their medical professional manually), accessories or non-telehealth items (e.g., office furniture and supplies, security systems, and incidental expenses, etc.). Additionally, items purchased or implemented prior to March 13, 2020, or after September 30, 2020, are ineligible for funding.

B. Allowable Costs/Cost Principles

See Eligible Services And Devices section at

<https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs>.

1. Telecommunications, information services, broadband connectivity services, and connected devices costs necessary to provide telehealth services to patients in response to COVID-19. Connected device costs for which funding is requested must be integral to patient care. Devices mentioned below in example list have been deemed to be integral to patient care.
2. The Program will only fund devices (e.g., pulse oximetry, blood pressure monitoring devices) that are themselves connected.
3. Program funds can be used to treat patients/patient groups at a health care facility or remotely that could free up resources and could reduce a health care professional's unnecessary exposure to COVID-19.

Examples of services and connected devices that program applicants are eligible to seek funding for include but are not limited to:

- *Telecommunications Services:* Voice services for health care providers or their patients.
- *Information Services:* Internet connectivity services for health care providers or their patients, remote patient monitoring platforms and services; patient reported outcome platforms; store and forward services, such as asynchronous transfer of patient images and data for interpretation by a physician; platforms and services to provide synchronous video consultation.
- *Internet Connected Devices/Equipment:* Tablets, smart phones, or connected devices to receive connected care services at home (e.g., broadband enabled blood pressure monitors; pulse-ox) for patient or health care provider use; telemedicine kiosks/carts for health care provider site. Connected devices that are Bluetooth or Wi-Fi enabled are eligible.

E. Eligibility

See Eligible Services and Devices section at

<https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs>.

1. Eligibility for Individuals

Nonprofit and public eligible health care providers that fall within the categories of health care providers in section 254(h)(7)(B) of the 1996 Act, located in rural or non-rural area even when operated from a temporary or mobile location: (1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; (7) skilled nursing facilities; or (8) consortia of health care providers consisting of one or more entities falling into the first seven categories. For purposes of the Program, which is authorized by the CARES Act, both rural and non-rural health clinics are eligible to receive funding.

2. Eligibility for Group of Individuals or Area of Service Delivery

Not Applicable

3. Eligibility for Subrecipients

Not Applicable

H. Period of Performance

See Eligible Services And Devices section at

<https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs>.

1. For eligible items, purchased on or after March 13, 2020, and by December 31, 2020, eligible health care providers may apply to receive reimbursement through the Program.
2. For monthly recurring services (e.g., internet service), funding recipients seeking reimbursement for eligible recurring services may apply their funding commitment towards six months of eligible recurring services as long as those services are implemented on or after March 13, 2020, and by December 31, 2020.

N. Special Tests and Provisions

Compliance Requirements The Program participation is limited to nonprofit and public eligible health care providers that fall within the categories of health care providers in section 254(h)(7)(B) of the Telecommunications Act. For purposes of the Program, which is authorized by the [CARES Act](#), both rural and non-rural health clinics are eligible to receive funding.

Program funding will provide eligible health care providers support to purchase telecommunications, information services, and connected devices. The Program does not require applicants to purchase only the eligible services and connected devices identified in their applications. They may rather use awarded support to purchase any necessary eligible services and connected devices in response to COVID-19.

Audit Objectives Determine whether eligible health care providers followed the terms of the award.

Suggested Audit Procedures

1. Verify that the funding recipient is also not the vendor or service provider of the eligible services and/or connected devices for which they receive Program reimbursement.
2. If the health care provider providing the services and/or connected devices is part of a consortium or a multi-site application, verify that the health care provider is eligible under Program requirements. Health care providers received their eligibility determinations from the USAC.
3. If a funding recipient is seeking reimbursement on behalf of other eligible health care providers, check if the supporting documentation also includes a Letter of Authorization authorizing the funding recipient to receive funding on behalf of the other health care providers and to provide such funding to the health care providers to reimburse them for their respective eligible costs incurred under the Program.
4. Verify that the funding participants have not received funding from other sources for the services and devices that are funded through the Program. Participants cannot receive duplicate funding from any source (private, state, or federal) for the exact same services or devices eligible for support under the Program.

5. Perform a walkthrough to determine that the health care provider paid for the eligible services and connected devices.
 - a. Select a sample of vendor invoices for eligible services reimbursed by the Program. Trace the actual payment/disbursement by seeking proof of payment such as cancelled checks, bank statements, proof of electronic payment, credit card statements, etc., from the health care provider.
 - b. Select a sample of vendor invoices for equipment/connected care devices reimbursed by this Program. Trace the actual payment/disbursement by seeking proof of payment such as cancelled checks, bank statements, proof of electronic payment, credit card statements, etc., from the health care provider.
6. If at any point during the audit the auditor becomes aware of any suspected or actual fraud related to this program, the auditor should contact the FCC's Office of Inspector General and notify them. For additional information about contacting the FCC's Office of Inspector General to report suspected or actual fraud, please see: <https://www.fcc.gov/inspector-general/hotline>.