OUSF Affidavit for Telemedicine

www.oklahoma.gov/occ/divisions/public-utility/ousf

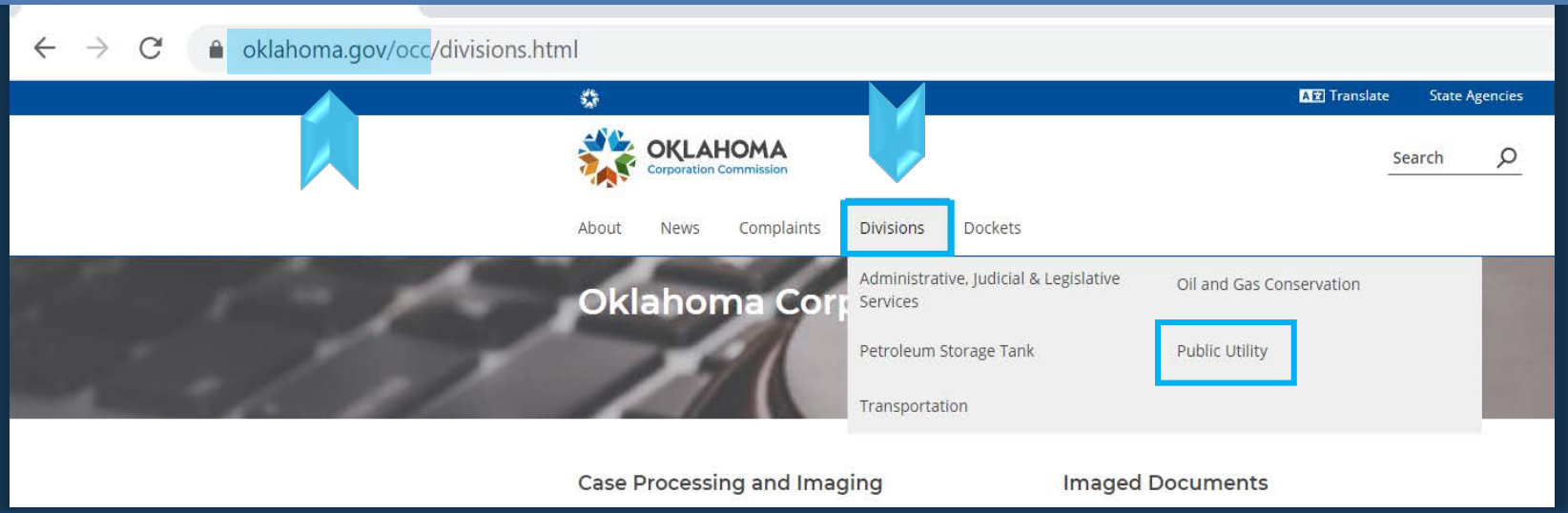
OKLAHOMA Corporation Commission

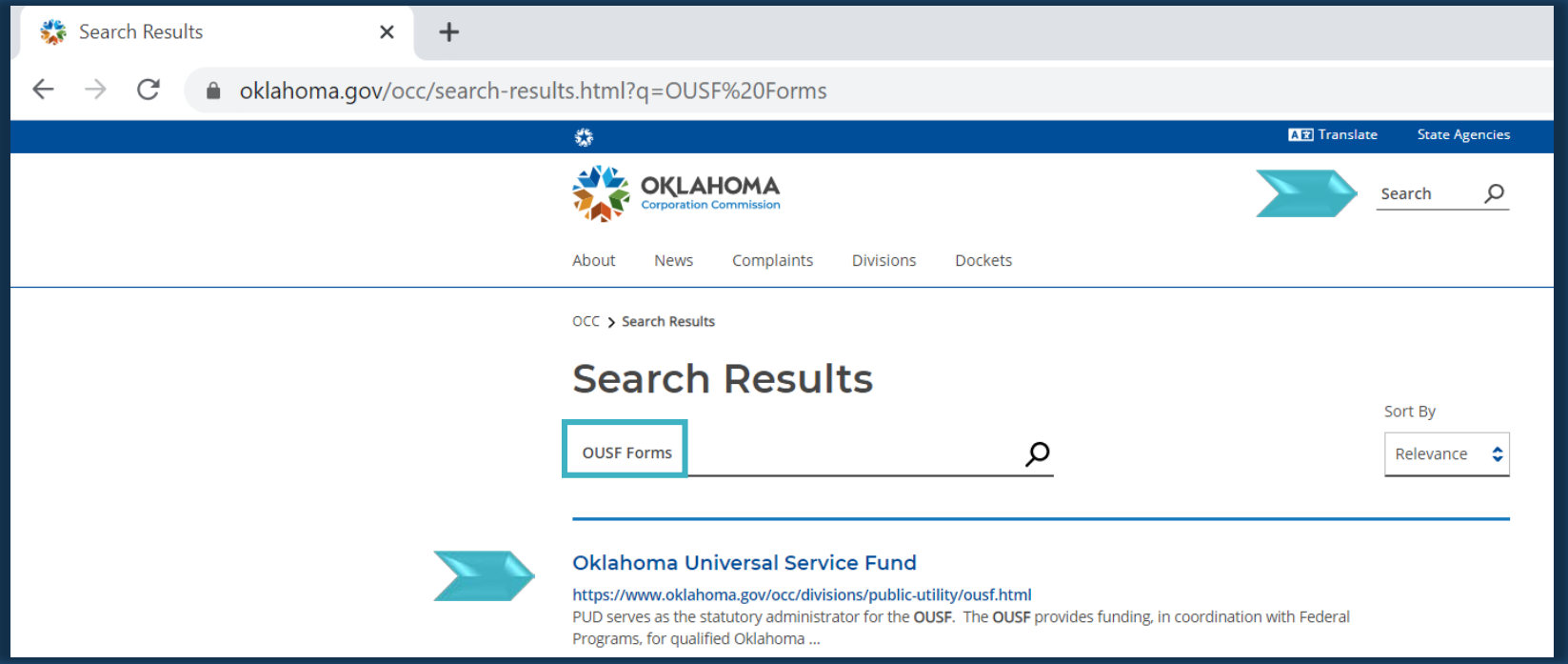
An affidavit is required in each of the three funding request processes. This document is relied upon by the Administrator to provide accurate and complete information upon which a Preapproval, Funding Request, or a Change Request, can be evaluated.

1	**Preapproval**	• Only needed ***IF*** there is a need to predetermine the amount of potential OUSF funding prior to the start of service.
2	**Request for OUSF Funding**	• Process requires a Request for Funding to be filed for new service or a change in location. • The Request results in a determination of the amount the OUSF will fund.
3	**Change Request**	• ***Optional*** process once OUSF funding already approved in a Request. • Available when change in bandwidth, and/or a price decrease occurs. • New Request is always an option for changes.

Guide to finding the Affidavit

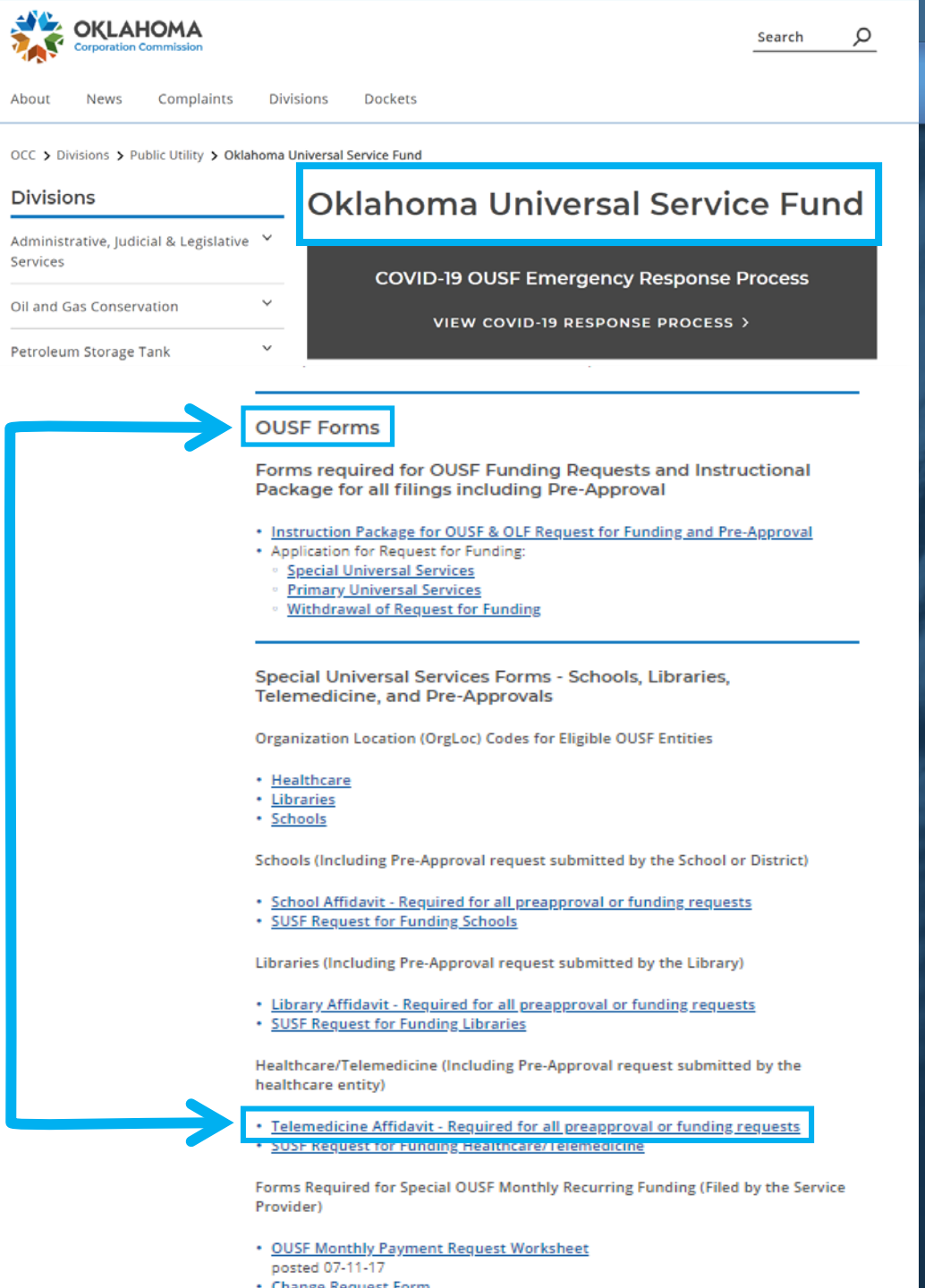
- Click here: Telemedicine Affidavit - Required for all preapproval, funding requests, or change requests
- Or to locate and download the Telemedicine Affidavit form through the website, go to: **www.oklahoma.gov/occ**
- Select Divisions>Public Utility> then **Oklahoma Universal Service Fund** on the Public Utility page
- Or use the search tool to search for **OUSF Forms**. When the search results appear, click on the **Oklahoma Universal Services Fund** link





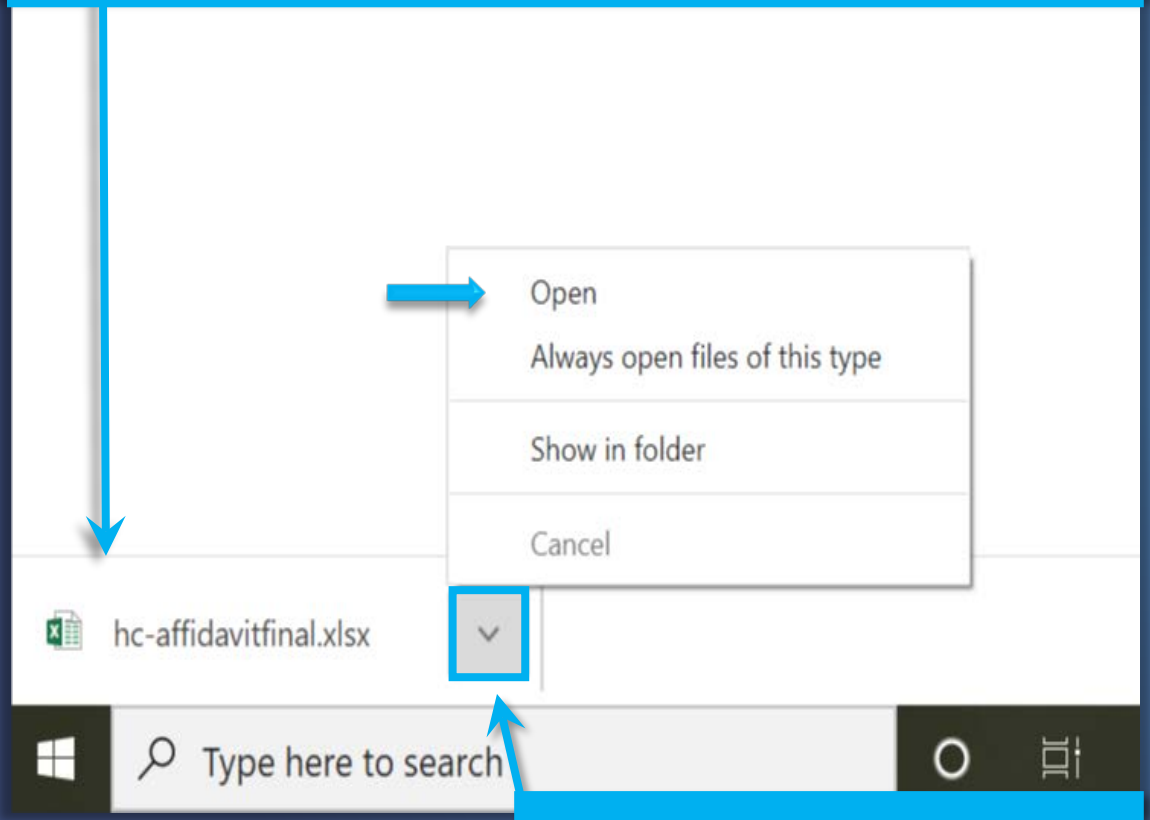
OUSF Home Page

- You will land on the OUSF homepage.
- Links to the downloadable forms are located on the **lower portion** of the page.
- Scroll down past **OUSF Forms** to select and click on the **Telemedicine Affidavit** link.



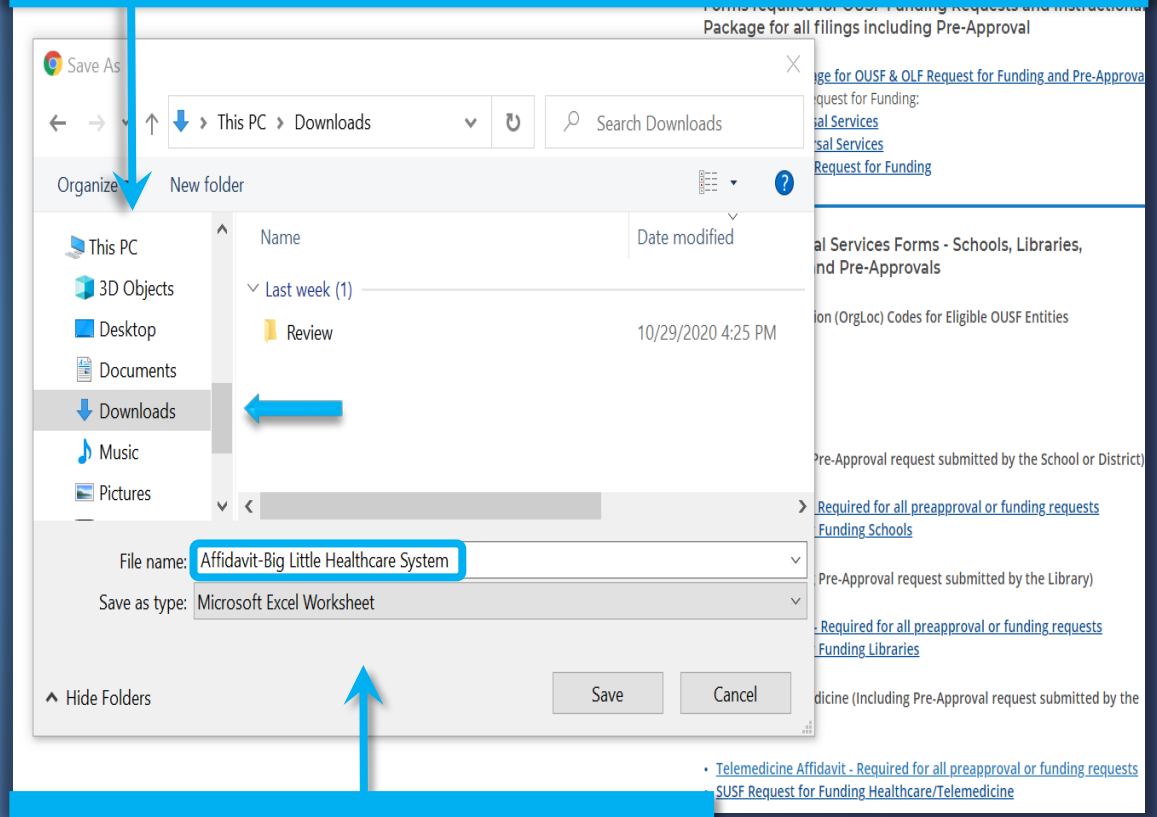
Downloading the Affidavit

If the form **auto-downloads**, you may see it towards the bottom of your screen.



To open the form, click the arrow and select Open from the dropdown menu.

If the form opens a '**Save As**' prompt box, you may choose the file location you wish to download the form to and change the file name at this time.

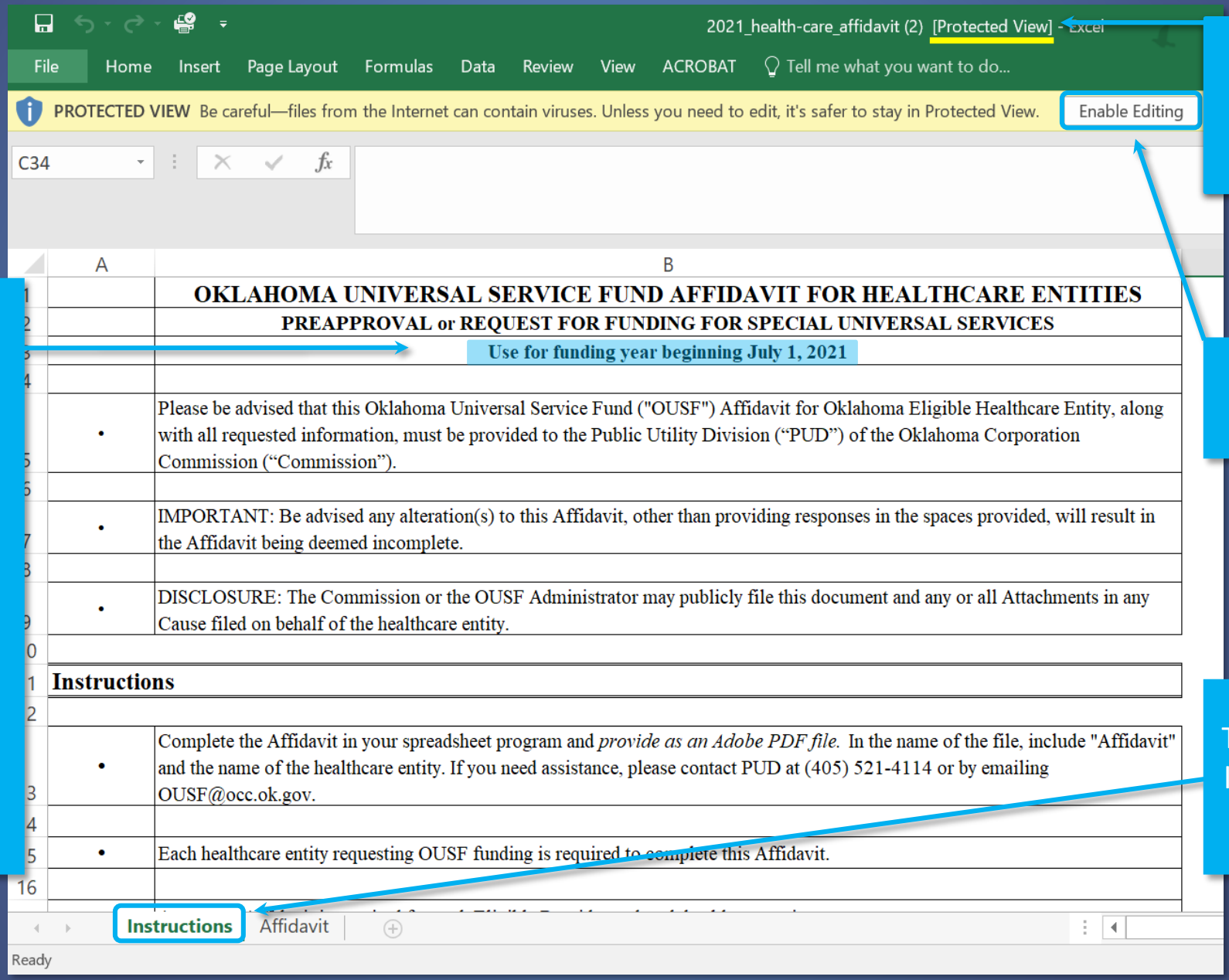


The file name should include the word **Affidavit** and the name of the **Healthcare Entity**.

Opening the Affidavit

The current Affidavit form on the website can be used for any funding year.

Although the newer, simplified forms are preferred, Affidavit forms from previous years may be accepted for the specific year stated on the form.



The Affidavit form may open in a protected view.

To resolve this, click on 'Enable Editing'.

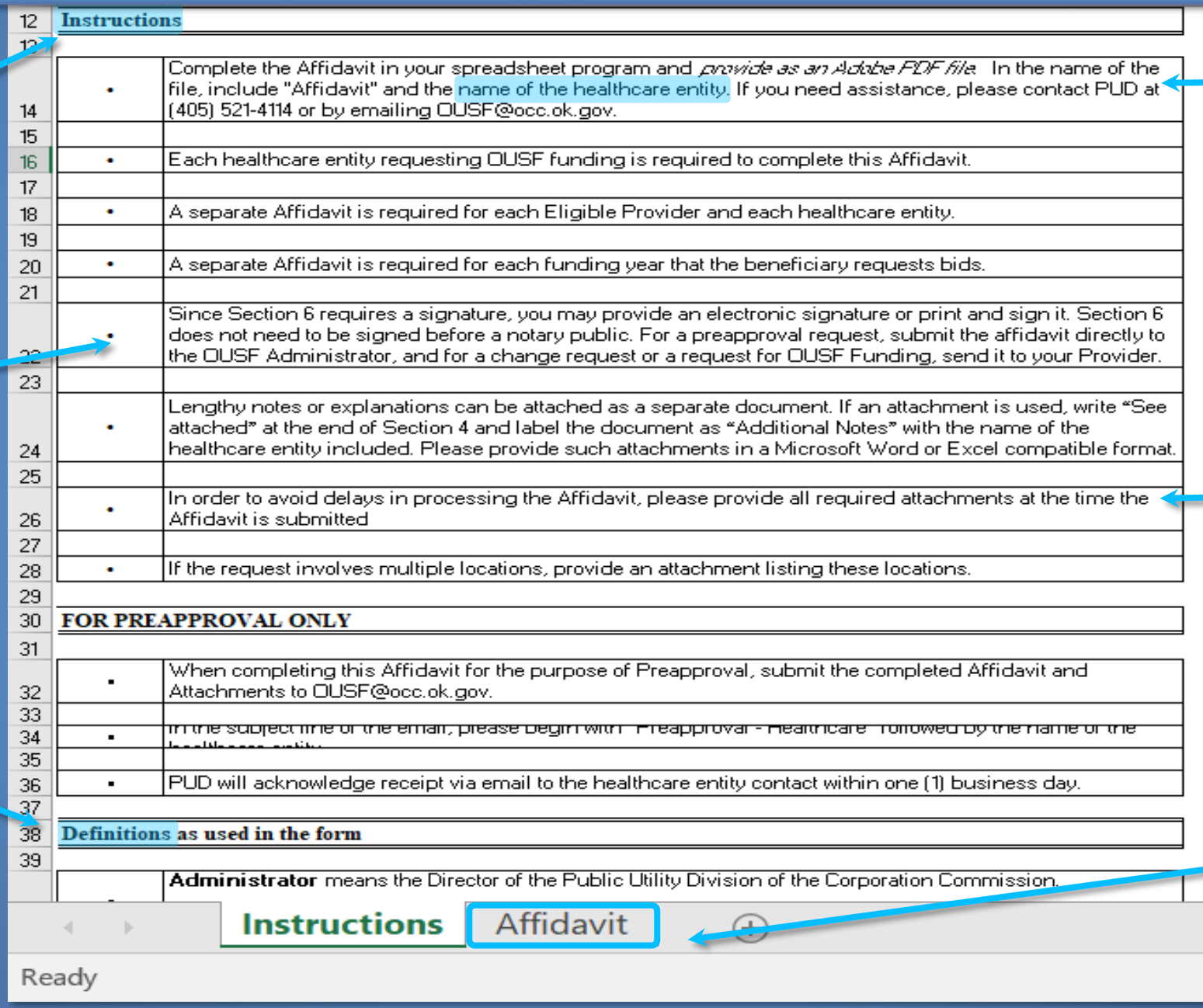
The Instructions tab is located at the bottom of the spreadsheet.

Affidavit Instructions Tab

Review the instructions and definitions prior to completing the Affidavit form.

Electronic signatures are now an option.

A full list of definitions are located on the lower portion of the form.



Instructions

- Complete the Affidavit in your spreadsheet program and *provide as an Adobe PDF file*. In the name of the file, include "Affidavit" and the name of the healthcare entity. If you need assistance, please contact PUD at (405) 521-4114 or by emailing OUSF@occ.ok.gov.
- Each healthcare entity requesting OUSF funding is required to complete this Affidavit.
- A separate Affidavit is required for each Eligible Provider and each healthcare entity.
- A separate Affidavit is required for each funding year that the beneficiary requests bids.
- Since Section 6 requires a signature, you may provide an electronic signature or print and sign it. Section 6 does not need to be signed before a notary public. For a preapproval request, submit the affidavit directly to the OUSF Administrator, and for a change request or a request for OUSF Funding, send it to your Provider.
- Lengthy notes or explanations can be attached as a separate document. If an attachment is used, write "See attached" at the end of Section 4 and label the document as "Additional Notes" with the name of the healthcare entity included. Please provide such attachments in a Microsoft Word or Excel compatible format.
- In order to avoid delays in processing the Affidavit, please provide all required attachments at the time the Affidavit is submitted
- If the request involves multiple locations, provide an attachment listing these locations.

FOR PREAPPROVAL ONLY

- When completing this Affidavit for the purpose of Preapproval, submit the completed Affidavit and Attachments to OUSF@occ.ok.gov.
- In the subject line of the email, please begin with "Preapproval - Healthcare" followed by the name of the healthcare entity.
- PUD will acknowledge receipt via email to the healthcare entity contact within one (1) business day.

Definitions as used in the form

- **Administrator** means the Director of the Public Utility Division of the Corporation Commission.

Instructions | Affidavit

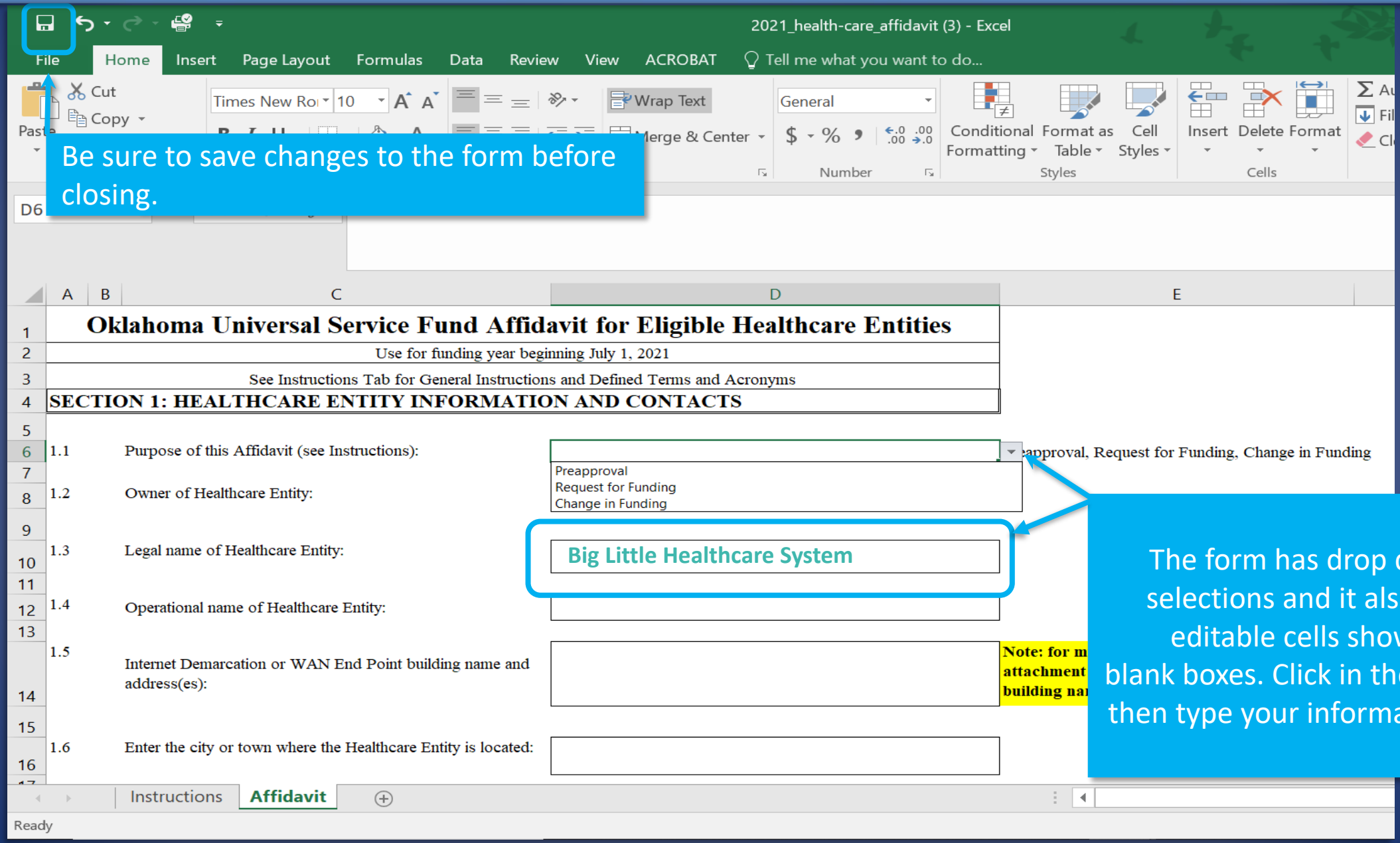
Ready

If filing as a Consortium, use the Consortium name.

To avoid delays, provide **all** required attachments when the Affidavit is submitted.

The Affidavit form is located on the next tab.

Affidavit Form



Section One – Healthcare Entity Information and Contacts

SECTION 1: HEALTHCARE ENTITY INFORMATION AND CONTACTS

1.1	Purpose of this Affidavit (see Instructions):	
1.2	Owner of Healthcare Entity:	
1.3	Legal name of Healthcare Entity:	
1.4	Operational name of Healthcare Entity:	
1.5	Internet Demarcation or WAN End Point building name and address(es):	
1.6	Enter the city or town where the Healthcare Entity is located:	
1.7	Contact Name and Person's Title for questions:	
1.8	Contact Phone and Email:	
1.9	Does the Healthcare Entity meet the definition in 17 O.S. § 139.102? Yes or No	
1.10	Type of Eligible Healthcare Entity	
1.11	If the Healthcare Entity uses a consultant for OUSF funding requests, provide the consultant(s) information if they are authorized to work with the OUSF Administrator on your behalf.	

Comments:

1.1 - Enter the applicable purpose as described on second slide.

1.3 & 1.4 - If the Legal and Operational names are the same, enter “same”.

1.5 & **1.6** - For multiple locations or a Consortium, enter “See attached” and attach a location list of all eligible Healthcare Entity sites, their names and demarcation addresses, including City or Town, and Zip Code. See next slide for an example.

1.7 - List contact who would be able to discuss the information on the Affidavit.

1.10 - Please use the drop down menu to select the type of eligible Healthcare Entity.

1.11 - Please provide the name, email address, and phone number of the OUSF consultant.

Sample Attachment - Location List

Big Little Healthcare System Consortium

Site/Building Name	Internet Demarcation or WAN End Point Address	Demarcation City/Town	State	Demarcation Zip Code	Does the entity meet the definition in 17 O.S. § 139.102?	Bandwidth Selected	Service Type	Service Start Date	Circuit ID (if known)
City-County Hospital	123 A Street	Big City	OK	73000	Yes	1 Gbps	Internet	7/1/2019	CIR ID# 123456
West CHD	456 B Avenue	Big City	OK	73000	Yes	100 Mbps	WAN	7/1/2019	
East CHD	789 C Drive	Big City	OK	73000	Yes	100 Mbps	WAN	7/1/2020	
South CHD	10 D Circle	Big City	OK	73000	Yes	100 Mbps	WAN	11/1/2019	
Big Town FQHC	100 Central Avenue	Big Town	OK	73111	Yes	500 Mbps	WAN	7/1/2019	
Big Town Med Clinic	200 N Boulevard	Big Town	OK	73111	No	100 Mbps	WAN	8/1/2019	
Little Town CHD	100 Main Street	Little Town	OK	73222	Yes	100 Mbps	WAN	7/1/2020	
Tiny Town CHD	Rt 1 Hwy 51, Suite A	Little Town	OK	73444	Yes	100 Mbps	WAN	7/8/2020	

Section Two – Funding Year and Competitive Bidding Exemption

SECTION 2: BIDS, RFP, CONTRACT/AGREEMENT		
2.1	Funding Year(s) requested:	
2.2	Is the Healthcare Entity exempt from the competitive bidding requirements in 17 O.S. § 139.109.1? If yes, please explain the basis for the exemption, including legal citations, and provide all necessary supporting documentation which the Healthcare Entity relies upon to support the exemption.	

Comments:

- **2.1** - A separate Affidavit is required for each funding year that the Beneficiary requests bids. Multiple funding years can be combined *if* the service and price have not changed *and* are in the same contract.

  Not applicable for Preapproval or Change Requests.

- **2.2** - To avoid duplicate bidding requirements, if the entity/consortium requested and was approved for a USAC bidding exemption, the OUSF will honor such exemption provided that documentation is provided to support the Tribal bidding process used, or the Funding Commitment Letter ("FCL") supporting the "Evergreen" contract status (see attachment requirement 4.5). State Master Service Agreements are **not** a substitute for OUSF competitive bidding requirements.

  Note: For the "Annual Undiscounted Cost of $10,000 or Less" exemption, the OUSF will only fund 35% of the $10,000 annual undiscounted cost.

Section Two - Internet Access and WAN

	Internet Access:	
2.3	Bandwidth range requested on Form 461 and/or RFP:	
2.4	Bandwidth(s) selected:	
2.5	If not within bandwidth standards in the OUSF rules (OAC 165:59-7-6(c)(1)), please explain why the Healthcare Entity needs the higher bandwidth, using the justification in OAC 165:59-7-6(c)(2).	
2.6	Provider Selected if Applicable:	
2.7	Was the LCRQB selected?	
2.8	If no, was it within 125% of the LCRQB?	
2.9	Service Start Up Date:	

	WAN:	
2.10	Bandwidth range requested on Form 461/465 and/or RFP:	
2.11	Bandwidth(s) selected:	
2.12	If not within bandwidth standards in the OUSF rules (OAC 165:59-7-6(c)(1)), please explain why the Healthcare Entity needs the higher bandwidth, using the justification in OAC 165:59-7-6(c)(2).	
2.13	Provider Selected if Applicable:	
2.14	Was the LCRQB selected?	
2.15	If no, was it within 125% of the LCRQB?	
2.16	Service Start Up Date:	
2.17	Number of leased circuits:	

Comments:

2.3 - If the bandwidth on the Form 461/465 and RFP are different, please provide an explanation.

2.4 - For multiple locations, enter "See attached" and include this information on the location list.

2.5 - Lengthy notes or explanations can be attached as a separate document. If an attachment is used, enter "See attached" and label the document as "Additional Notes."

2.6 - If Internet and WAN services are procured from **different** Eligible Providers, a separate Affidavit is required for each Eligible Provider. For Preapprovals, leave blank if the provider has not been selected.

2.7 - See the Instructions tab for a detailed definition of Lowest Cost Reasonable Qualifying Bid ("LCRQB").

2.8 - To calculate 125% of the LCRQB, multiply the LCRQB (Annual recurring and nonrecurring charges for eligible services) by 1.25.

(example $20,000 x 1.25= $25,000)

2.9 - For multiple locations, enter "See attached" and include this information on the location list.

2.10 to **2.16** – See previous notes for **2.1** to **2.9.**

Section Two – Summary of Bids and LCRQB Information

Summary of Bids and Explanation of Bid Selection

2.18	Were all bids considered?	
2.19	Were copies of all bids provided?	
2.20	If "No" to either question, include an explanation of bids not considered or provided.	
2.21	In order to maximize the OUSF funding, explain why lower cost bids were not selected.	

Comments:

2.19 - Please provide a **complete** copy of all bids received in response to the RFP and/or Form 461/465, including bids that were excluded.

2.20 - Lengthy notes or explanations can be attached as a separate document. If an attachment is used, enter "See attached" and label the document as "Additional Notes."

2.21 - The OUSF can only fund up to 125% of the LCRQB less federal funding support. In order to maximize OUSF funding, you may provide an explanation, and additional information supporting your selection of a bid greater than 125% of the LCRQB. If an Eligible Provider was not selected due to *recent* poor service*, e.g., billing errors or outages, please include applicable documentation. This may include but is not limited to copies of invoices showing errors, emails discussing issues with the provider, and/or other correspondence.

(*Must be for the same type of service)

Section Three – Alternative Funding Sources

SECTION 3: ALTERNATIVE FUNDING SOURCES		
3.1	Is the Healthcare Entity eligible, either individually or as a member of a consortium, for funding from the Rural Health Care ("RHC") Program, Telecommunications Program, Healthcare Connect Fund, other relevant federal funding program, or any applicable grants?	
3.2	If eligible, did the Healthcare Entity submit FCC Form 461 or FCC Form 465 to USAC or application documents to any other federal funding programs?	
3.3	For RHC funding, or other alternative government sources of funding, was funding approved?	
3.4	If the answer to 3.3 is "Denied" or "Did Not Apply," explain why, and provide relevant documentation.	
3.5	Was any RHC funding limited or capped? If yes, provide explanation.	
3.6	If the Healthcare Entity applied for alternative government sources of funding, but did not complete/finish the application process, explain why.	

Comments:

3.2 – If USAC previously deemed the contract to be an "Evergreen" contract, then the consortium/entity is not required to submit a Form 465 for continued funding (maximum of 5 years of Evergreen status). Since "Evergreen" status is ONLY for HCF program, the Form 461 is required every year.

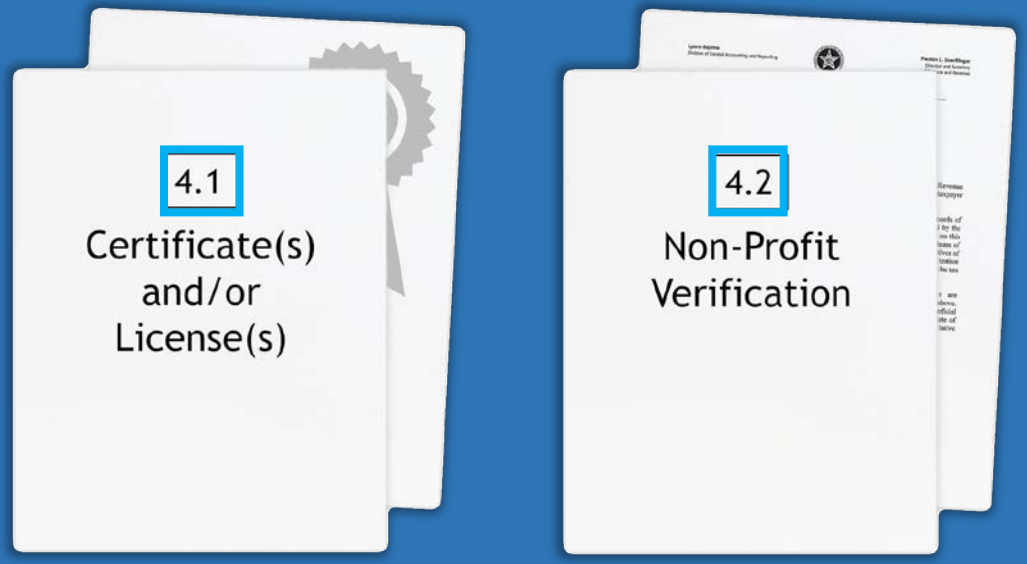
3.4 , 3.5 & 3.6 – Lengthy notes or explanations can be attached as a separate document. If an attachment is used, enter "See attached" and label the document as "Additional Notes."

Section Four – Required Attachments

SECTION 4: REQUIRED ATTACHMENTS

Label each Attachment according to the Attachment number and name as shown below. If the Attachment is required but not submitted, please explain:

4.1	A copy of the Healthcare Entity's current certificate or license which identifies its qualification as a Healthcare Entity, and provide its qualification/verification as part of a consortium, if any. (See Section 1 of this Affidavit.)
4.2	If the Healthcare Entity is a not-for-profit hospital or a not-for-profit mental health and substance abuse facility, please provide current verification of not-for-profit status (for example, a tax exempt letter from the IRS).



Section Four - Federal Funding Information

4.3	Copy of all applicable FCC Forms completed by the Healthcare Entity and any other funding program documentation received by the Healthcare Entity, including applicable grants. For the Telecommunications Program, these would include but are not limited to FCC Forms 465, 466, and 467, along with the Funding Commitment Letter and the HCP Support Schedule. For Healthcare Connect Fund, these would include but are not limited to FCC Forms 461, 462, and 463, along with the Funding Commitment Letter. (See Section 3 of this Affidavit.) If not available at the time of filing, please provide the above mentioned documentation as soon as possible.
4.4	A copy of the USAC verification of ineligibility for federal funding.
4.5	Please provide a copy of the Healthcare Entity's RFP, if prepared. If the Healthcare Entity is exempt from competitive bidding requirements, provide supporting documentation that verifies the exemption. (See Section 2 of this Affidavit.)

Section Three – Bid and Bid Evaluation Information

4.6	Copies of all bids received, including bids that were not considered, and all documents used in the bid evaluation process.

4.6

1st Providers Bid

(Include all pages of the bid received in response to the RFP and/or FCC Form 461/465)

REJECTED

4.6

3rd Providers Bid

(Include all pages of the bid received in response to the RFP and/or FCC Form 461/465)

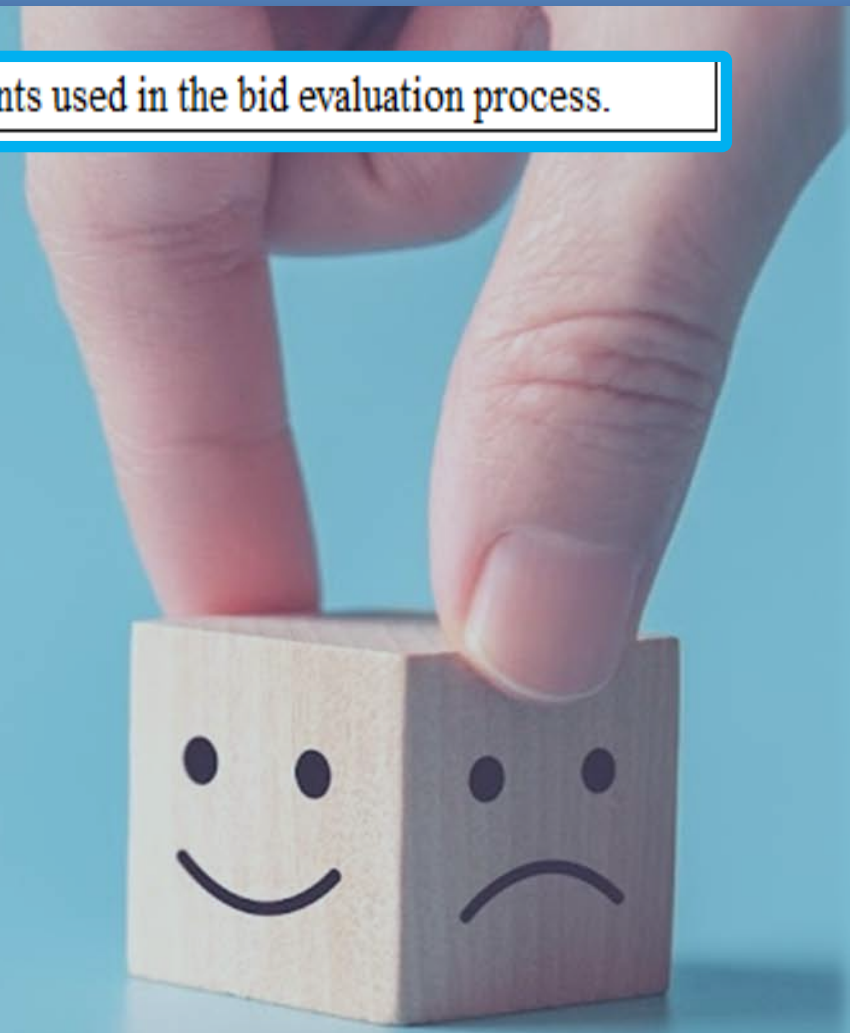
4.6

2nd Providers Bid

(Include all pages of the bid received in response to the RFP and/or FCC Form 461/465)

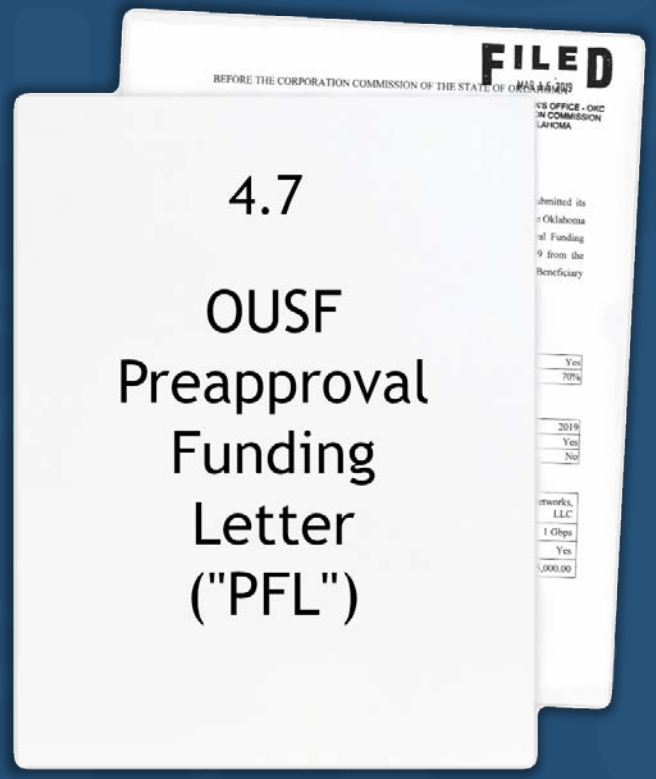
4.6

Beneficiary's Bid Evaluation Documents



Section Four – Preapproval Funding Letter Information

4.7	If a Preapproval Funding Letter has been issued, please provide a copy of the letter.

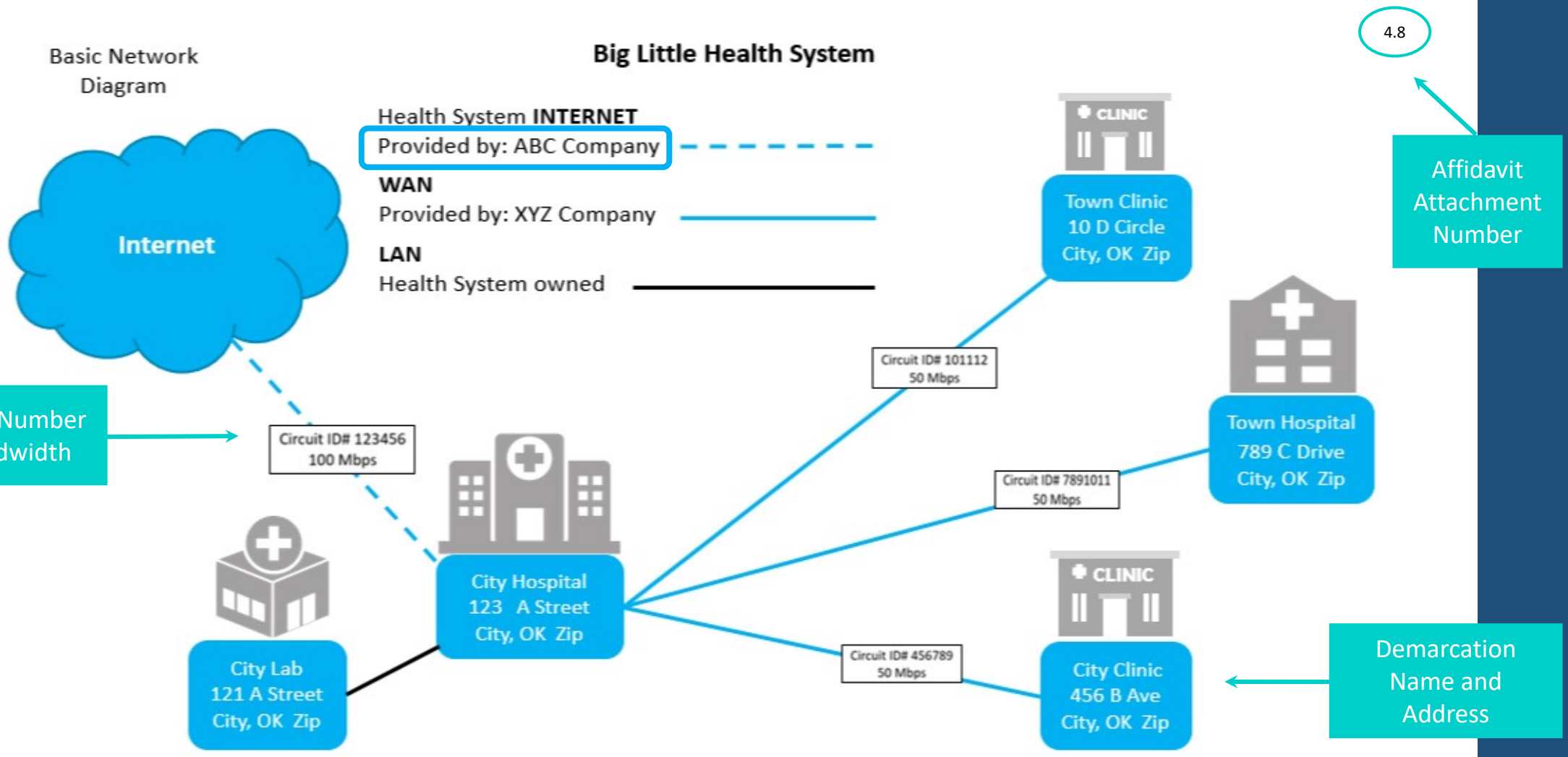


- If you've received a Preapproval Funding Letter, file the **Request for OUSF Funding** under the same **Cause Number** assigned to the Preapproval.
- If you need help finding the Preapproval Funding Letter, contact us at OUSF@occ.ok.gov and we will send a copy to you.

Section Four – Network Diagram

4.8

IF APPLICABLE: Please provide a copy of your network diagram, including but not limited to the demarcation address, the demarcation name, Circuit ID, and bandwidth. If multiple providers serve the Healthcare Entity, please include all services in the network diagram.



Section Five – Certificate of Understanding and Authorization

SECTION 5: CERTIFICATE OF UNDERSTANDING AND AUTHORIZATION

5.1	The Services are for the exclusive use of each Healthcare Entity, and under no circumstances shall the service be sold, resold, or transferred in consideration for money or any other thing of value.
5.2	The Healthcare Entity conducted a fair and open competitive bidding process that (a) did not limit bidders based on technology; (b) was open to all Eligible Providers authorized to receive OUSF funding; and (c) was not structured in a manner to exclude Eligible Providers from submitting a competitive bid.
5.3	Disclosures on this Affidavit and/or Attachments contain Customer Proprietary Network Information ("CPNI") that is protected from disclosure under 47 U.S.C. § 222. The undersigned waives any right to confidentiality due to such information under federal law and authorizes the Commission and Administrator, to publicly disclose information that relates to the network configuration, type, and use of a telecommunications service subscribed to by the beneficiary, and that is made available to the carrier by the customer solely by virtue of the carrier-customer relationship; and CPNI that is contained in the bills pertaining to telephone exchange services or telephone toll services received by a customer of a carrier which may be contained in invoices, related contracts/agreements, bid information, and other supporting documentation for services eligible to be reimbursed from the OUSF. The release of such records to the Commission or the Administrator constitutes a record subject to disclosure to the public under the Open Records Act.
5.4	The written approval to disclose information subscribed to by the Healthcare Entity (CPNI) in the form attached hereto has been provided to the Healthcare Entity's Eligible Provider authorizing such provider to disclose CPNI related to the Healthcare Entity's services for which reimbursement is sought, to the Commission and to the Administrator. The purpose of this release of records to the Commission and the Administrator is to review requests for OUSF funding submitted by the Eligible Provider on behalf of the Healthcare Entity.
5.5	In accordance with OAC 165:59-7-17(b), the Eligible Provider must provide written information notifying the Healthcare Entity prior to signing a contract/agreement, that the OUSF may not fund the entire amount of Special Universal Services after E-rate and OUSF credits are applied. OUSF funding may not be sufficient to cover the entire cost of Special Universal Services, after any E-rate funding is applied to the bill. The undersigned further understands that it shall be the responsibility of the Healthcare Entity to pay any remaining balances.
5.6	No alterations have been made to this Affidavit, other than to provide responses.
5.7	I agree that the OUSF Administrator may use this Affidavit and any Attachments hereto, as well as any supplemental documentation that may be provided in response to this Affidavit, as part of the record for any Cause filed on behalf of the School identified in this Affidavit.

Comments:

5.1 to 5.7 - Please read the Certificate of Understanding and contact us if you have any questions.

Section Six - Attestation

Comments:

6.1 - The Attestation must be completed by a legally responsible representative of the Beneficiary who can sign on its behalf. Electronic signatures are now an option. Some examples include an /s/ or /S/ followed by the name of the signer, or a digital signature drawn with a stylus or mouse.

SECTION 6: ATTESTATION

6.1

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.	
NAME OF SIGNER (printed)	/s/ Ace Surgeon, CEO SIGNATURE OF SIGNER
TITLE OF SIGNER	SIGNER PHONE NUMBER AND EMAIL ADDRESS
DATE OF SIGNATURE	PHYSICAL ADDRESS

Example of an electronic signature

If you need assistance, please contact PUD at (405) 521-2331. The Email address for OUSF Submissions, On-Site Training, Preapproval, or Questions is OUSF@occ.ok.gov.

Thank You!

OKLAHOMA Corporation Commission