

SUSF and Summary Worksheet Telemedicine

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



Introduction: Special Universal Service Request Form (Form SUSF)

Internet Access for Telemedicine Providers

- Special Universal Service refers to the telecommunications services supported by the OUSF (typically broadband services such as Internet access and Wide Area Network services) which are furnished to public schools, public libraries and eligible health care entities as provided for in 17 O.S. §§ 139.101 *et seq.*
- The SUSF Form and Worksheet are required to be included with the filed Request. The Provider shall also submit copies of all applicable funding request forms and supporting documentation for its Request directly to the Administrator and the AG. The Administrator requires the SUSF and Summary worksheet to be provided in an XLSX (Excel format) file type.

SUSF Form Template

- Forms may be updated annually each year in July. Please check the website for the current form here:
www.oklahoma.gov/occ/divisions/public-utility/ousf
- 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 applicable **SUSF Request for Funding** link.

The screenshot shows the Oklahoma Corporation Commission website. At the top, the logo and name 'OKLAHOMA Corporation Commission' are visible. A search bar is in the top right. A navigation menu includes 'About', 'News', 'Complaints', 'Divisions', and 'Dockets'. A breadcrumb trail is highlighted with an orange box: 'OCC > Divisions > Public Utility > Oklahoma Universal Service Fund'. Below this, a 'Divisions' sidebar lists 'Administrative, Judicial & Legislative Services', 'Oil and Gas Conservation', and 'Petroleum Storage Tank'. The main content area is titled 'Oklahoma Universal Service Fund' and features a dark grey box with the text 'COVID-19 OUSF Emergency Response Process' and a link 'VIEW COVID-19 RESPONSE PROCESS >'. Below this, a section titled 'OUSF Forms' is highlighted with an orange box. It contains the text 'Forms required for OUSF Funding Requests and Instructional Package for all filings including Pre-Approval' and a list of links: 'Instruction Package for OUSF & OLF Request for Funding and Pre-Approval', 'Application for Request for Funding' (with sub-links for 'Special Universal Services', 'Primary Universal Services', and 'Withdrawal of Request for Funding'). Further down, there are sections for 'Special Universal Services Forms - Schools, Libraries, Telemedicine, and Pre-Approvals', 'Organization Location (OrgLoc) Codes for Eligible OUSF Entities' (with links for 'Healthcare', 'Libraries', and 'Schools'), 'Schools (Including Pre-Approval request submitted by the School or District)' (with links for 'School Affidavit - Required for all preapproval or funding requests' and 'SUSF Request for Funding Schools'), 'Libraries (Including Pre-Approval request submitted by the Library)' (with links for 'Library Affidavit - Required for all preapproval or funding requests' and 'SUSF Request for Funding Libraries'), and 'Healthcare/Telemedicine (Including Pre-Approval request submitted by the healthcare entity)' (with links for 'Telemedicine Affidavit - Required for all preapproval or funding requests' and 'SUSF Request for Funding Healthcare/Telemedicine', which is highlighted with an orange box). A large blue arrow on the left side of the page points from the 'OUSF Forms' section down to the 'SUSF Request for Funding Healthcare/Telemedicine' link.

SUSF Form and Summary Worksheet

2021_SUSF-form-and-worksheet (1) [Protected View] - Excel

File Home Insert Page Layout Formulas Data Review View ACROBAT Tell me what you want to do...

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing

#	Description	RESPOND IN YELLOW HIGHLIGHTED CELLS
Section 1: SUPPORTING DOCUMENTATION		
1	<u>Contract / Agreement:</u> A copy of the contract for service or service agreement must be provided as part of the support documentation for the requested funding. Was such documentation provided?	YES / NO
2	<u>Invoices from Eligible Service Provider:</u> Copies of the initial invoice, latest invoice, and any invoices for which the price(s) charged for the Internet access or WAN differs from that specified in the contract or agreement must be provided as part of the support documentation for the requested funding. Was such documentation provided?	YES / NO
3	Are there any credits or adjustments other than E-rate/OUSF credits on the invoices? If yes, please provide an explanation by circuit, a full detailed breakdown of the credits or adjustments, and which months the credits/adjustments were applied.	YES / NO
Section 2: PREAPPROVAL		
4	Was request for funding preapproved pursuant to 17 O.S. § 139.109.1(F)(2)? (If preapproved, submit a copy of the Preapproval Funding Letter with this form.) <u>Lack of a response or a "NO" response will result in this funding request not being treated as a Preapproval Funding Request.</u>	YES / NO
5	Are the eligible services and/or credit amounts that were approved in the Preapproval Funding Letter consistent with this Request for OUSF Funding and Notice of Request for OUSF Funding?	YES / NO
6	If the eligible services and/or credit amounts and/or bandwidth	

SUSF Form SCHOOL Summary LIBRARY Summary TELEMEDICINE Summary

The SUSF form is located on the 1st tab of the Excel workbook.

The SUSF form may open in a protected view.

To resolve this, please click on 'Enable Editing'.

Beneficiary specific tabs for the Summary Worksheets are located here.

Section 1: Supporting Documentation

Provide a signed copy of the Contract/Agreement for each funding year requested.

Lengthy notes or explanations can be attached as a separate document labeled as "Additional SUSF Notes."

SUSF Form		Oklahoma Universal Service Fund
Effective For Requests Filed After July 1, 2021		Special Universal Service Request for OUSF Funding Form
#	Description	RESPOND IN YELLOW HIGHLIGHTED CELLS
Section 1: SUPPORTING DOCUMENTATION		
1	<u>Contract / Agreement:</u> A copy of the contract for service or service agreement must be provided as part of the support documentation for the requested funding. Was such documentation provided?	YES / NO
2	<u>Invoices from Eligible Service Provider:</u> Copies of the initial invoice, latest invoice, and any invoices for which the price(s) charged for the Internet access or WAN differs from that specified in the contract or agreement must be provided as part of the support documentation for the requested funding. Was such documentation provided?	YES / NO
3	Are there any credits or adjustments other than E-rate/OUSF credits on the invoices? If yes, please provide an explanation by circuit, a full detailed breakdown of the credits or adjustments, and which months the credits/adjustments were applied.	YES / NO

Responses will be entered in the yellow highlighted cells.

Please note: Invoices with service credits or adjustments (not E-rate/OUSF credits) for any service dates requested must also be submitted.

Section 2: Preapproval

Section 2: PREAPPROVAL		
4	Was request for funding preapproved pursuant to 17 O.S. § 139.109.1(F)(2)? (If preapproved, submit a copy of the Preapproval Funding Letter with this form.) <u>Lack of a response or a "NO" response will result in this funding request not being treated as a Preapproval Funding Request.</u>	YES / NO
5	Are the eligible services and/or credit amounts that were approved in the Preapproval Funding Letter consistent with this Request for OUSF Funding and Notice of Request for OUSF Funding?	YES / NO
6	If the eligible services and/or credit amounts and/or bandwidth do not match the Preapproval Funding Letter, please explain any differences between the Preapproval Funding Letter and this request. If the information does not match, and good cause is not shown to explain the difference, this request will be reviewed as a non-preapproval funding request (i.e., 90-day review period).	

If Yes, remember to include a copy of the Preapproval Funding Letter.

Lengthy notes or explanations can be attached as a separate document. If an attachment is used, enter "See attached" and label the document as "SUSF Section 2 - Additional Notes."

Section 3 and 4 : Comments and Certification/Signature

Enter any additional comments related to the request in this section. For example, a Circuit ID change not related to bandwidth change or location change could be explained here.

The information in this section should match the information provided in the Request for OUSF Funding and Notice of Request for OUSF Funding ("Request").

Electronic signatures are 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 3: COMMENTS (optional)			
Section 4: CERTIFICATION / SIGNATURE			
I certify I have examined this Form and, to the best of my knowledge and belief, the information contained is true, correct, and complete, and all supporting documents necessary to verify the information are being provided to the Public Utility Division and to the office of the Oklahoma Attorney General concurrently with the filing of the Request for OUSF Funding and this Form.			
Name of Beneficiary:			
Name of Provider:			
Name of Provider's Representative:		Email Address:	
Signature of Representative:	/s/ Darci Data	Date:	
<i>Submit with Request for Funding AND provide with the School/Library/Telemedicine summary to PUD as Excel documents via email to OUSF@occ.ok.gov (or other email as designated by the PUD Director).</i>			

Summary Worksheet

The worksheet has separate sections for Lump Sum and Monthly Recurring information.

Additional rows may be added as needed. Do NOT hide or delete columns.

If a Monthly Recurring amount is NOT requested, leave this section blank.

	A	B	C	D	E	F	G	H
1	OKLAHOMA UNIVERSAL SERVICE FUND							
2	ABC Company							
3	Big Little Healthcare System							
4	Lump Sum:							
5	Invoice Date	Beginning Service Date	Ending Service Date	Type of Service	Circuit ID	Total OUSF Eligible Invoiced Charges for Service excluding fees and taxes	Federal Funding Percentage	Requested Funding Amount
6								\$ -
7								-
8								-
9								-
10								-
11								-
12								-
13								-
14								-
15								-
16								-
17								-
18								-
19								-
20								-
21								-
22								-
23								-
24								-
25								-
26								-
27								-
28								-
29								-
30						\$ -		\$ -
31								
32								
33	Monthly Recurring:							
34						\$ -		\$ -
35						\$ -		\$ -
36								

If the request is for a single healthcare facility, enter the name of the specific Healthcare Facility.

If the request is for a Healthcare System or Consortium (i.e., the request includes multiple healthcare facilities), use the name as listed in the Request template.

Columns A-C

A - Enter the date of the invoice which contains the charges for the given service period. In this example, there are multiple beginning and ending service dates on the October 2020 invoice. This is due to changes in services which we will see on the next slide.

B - Enter the first date of the service period being requested. Use the same beginning and ending service date for Non-Recurring charges.

A	B	C
Lump Sum:		
Invoice Date	Beginning Service Date	Ending Service Date
7/31/2020	7/1/2020	7/31/2020
7/31/2020	7/1/2020	7/31/2020
7/31/2020	7/1/2020	7/31/2020
8/31/2020	8/1/2020	8/31/2020
8/31/2020	8/1/2020	8/31/2020
8/31/2020	8/1/2020	8/31/2020
9/30/2020	9/1/2020	9/30/2020
9/30/2020	9/1/2020	9/30/2020
9/30/2020	9/1/2020	9/30/2020
10/31/2020	10/1/2020	10/5/2020
10/31/2020	10/6/2020	10/6/2020
10/31/2020	10/6/2020	10/31/2020
10/31/2020	10/1/2020	10/31/2020
10/31/2020	10/1/2020	10/31/2020
Total		

C - Enter the final date of the service period being requested.

C - Service periods may be no longer than one month; if a service period of greater than one month appears on the invoice, it must be prorated and requested as a separate line item.

C - The service must be invoiced before it can be included in the Lump Sum.

Columns D-F

D - For recurring charges, select "Internet" or "WAN." from the drop down menu.

D - For non-recurring charges (construction, installation, upgrade fees, etc.), select "Non-Recurring."

E - In order to avoid database errors, if the request is to continue service from a previously approved service and the Circuit ID did not change, be sure to use the Circuit ID from the previous Cause.

For new Circuit IDs, please do not include spaces in the Circuit ID. If you have questions about this item, please contact the Administrator.

OKLAHOMA UNIVERSAL SERVICE FUND			
ABC Company			
Big Little Healthcare System			
Ending Service Date	Type of Service	Circuit ID	Total OUSF Eligible Invoiced Charges for Service excluding fees and taxes
7/31/2020	Internet	ABC123456	\$ 2,200.00
7/31/2020	Non-Recurring	CDE000111	1,500.00
7/31/2020	Internet	CDE000222	1,500.00
8/31/2020	Internet	ABC123456	2,200.00
8/31/2020	WAN	CDE000111	1,500.00
8/31/2020	WAN	CDE000222	1,500.00
9/30/2020	Internet	ABC123456	2,200.00
9/30/2020	WAN	CDE000111	1,500.00
9/30/2020	WAN	CDE000222	1,500.00
10/5/2020	Internet	ABC123456	354.84
10/6/2020	Non-Recurring	ABC456789	1,000.00
10/31/2020	Internet	ABC456789	4,193.55
10/31/2020	WAN	CDE000111	1,500.00
10/31/2020	WAN	CDE000222	1,500.00
			\$ 24,148.39
11/30/2020	Internet	ABC456789	\$ 5,000.00
11/30/2020	WAN	CDE000111	1,500.00
11/30/2020	WAN	CDE000222	1,500.00
			\$ 8,000.00

F - Enter the OUSF eligible invoiced charge for the service, before any adjustments.

The amount should include all components of the service (e.g., a managed router). Do not enter component charges as separate line items.

Enter only eligible charges that are applicable to the service. Fees, taxes, and telephone charges should NOT be included, even if these charges are included on the same invoice.

Charges should be prorated for partial-month service (e.g., if a circuit was turned-up or disconnected mid-month). Please pro-rate based on the days of service divided by the days in the billing cycle for that service period.

Example D-F

C	D	E	F
OKLAHOMA UNIVERSAL SERVICE FUND			
ABC Company			
Big Little Healthcare System			
Ending Service Date	Type of Service	Circuit ID	Total OUSF Eligible Invoiced Charges for Service excluding fees and taxes
7/31/2020	Internet	ABC123456	\$ 2,200.00
7/31/2020	WAN	CDE000111	1,500.00
7/31/2020	WAN	CDE000222	1,500.00
8/31/2020	Internet	ABC123456	2,200.00
8/31/2020	WAN	CDE000111	1,500.00
8/31/2020	WAN	CDE000222	1,500.00
9/30/2020	Internet	ABC123456	2,200.00
9/30/2020	WAN	CDE000111	1,500.00
9/30/2020	WAN	CDE000222	1,500.00
10/5/2020	Internet	ABC123456	354.84
10/6/2020	Non-Recurring	ABC456789	1,000.00
10/31/2020	Internet	ABC456789	4,193.55
10/31/2020	WAN	CDE000111	1,500.00
10/31/2020	WAN	CDE000222	1,500.00
			\$ 24,148.39

This example shows the Healthcare System has 1 Internet access line and 2 WAN lines.

Non-Recurring charge is listed when the Internet access line is upgraded in October 2020.

Please note: Fees (e.g., FUSF fees) and taxes are NOT eligible for OUSF reimbursement.

If the Circuit ID was changed when the Internet access line was upgraded, the Non-Recurring charge will use the Circuit ID of the new service.

Columns G & H

G – Enter the monthly amount of Rural Health Care Funding committed for the service as a whole number. The embedded formula will auto-populate as a percentage.

For the Healthcare Connect Fund, if a Funding Commitment Letter has not yet been issued, enter 65% as the Federal Funding Percentage.

For the Telecommunications Program, please refer to the calculation methods listed on the USAC website.

OKLAHOMA UNIVERSAL SERVICE FUND		
ABC Company		
Big Little Healthcare System		
Total OUSF Eligible Invoiced Charges for Service excluding fees and taxes	Federal Funding Percentage	Requested Funding Amount
\$ 2,200.00	65%	\$ 770.00
1,500.00	65%	525.00
1,500.00	65%	525.00
2,200.00	65%	770.00
1,500.00	65%	525.00
1,500.00	65%	525.00
2,200.00	65%	770.00
1,500.00	65%	525.00
1,500.00	65%	525.00
354.84	65%	124.19
1,000.00	65%	350.00
4,193.55	65%	1,467.74
1,500.00	65%	525.00
1,500.00	65%	525.00
\$ 24,148.39		\$ 8,451.93
\$ 5,000.00	65%	\$ 1,750.00
1,500.00	65%	525.00
1,500.00	65%	525.00
\$ 8,000.00		\$ 2,800.00

=F6*(1-G6)

H - This column also contains a formula. The formula is included to ensure correct calculations/results are reached.

H - The amount in this column will auto populate based on the amounts listed in column F and column G.

H - The total sum amounts will auto-populate as well. Amounts should match the amounts entered in Section III of the Request template.



If you have questions regarding the Oklahoma Universal Service Fund (“OUSF”) funding process, please contact us.

The Email address for OUSF Submissions, On-Site Training, Pre-Approval, or Questions is OUSF@occ.ok.gov

Thank You!

