



CALIFORNIA
TELEHEALTH NETWORK

California Telehealth Network Letter of Agency and Eligibility Documentation Instructions

Introduction:

On this webpage you will find several items that will help you complete the next step required for funded participation in the California Telehealth Network—submission of the Letter of Agency (LOA) and documentation of eligibility.

- 1) Introduction letter
- 2) Instructions
- 3) Letter of Agency
- 4) Participant Funding Eligibility Checklist
- 5) Frequently Asked Questions

The LOA should be *received* by the California Telehealth Network **by June 30, 2008** in order for your site(s) to be considered for participation in year one. LOAs received after the 2008 packet has been submitted to the Universal Service Administrative Company (USAC) will be held and submitted next funding year, 2009.

Letter of Agency Instructions:

Organizations who wish to participate and receive funding for telecommunications connections to the California Telehealth Network are required to complete and return the LOA.

1. Please print the LOA on your organization's letterhead.
2. Please insert the legal name of your organization (as listed on your tax documents) in the areas labeled [*Health Care Provider Name*].

Note: Only one LOA is required per Health Care Provider tax ID number, although if you wish to send an LOA for each location you represent you are welcome to do so. For LOAs that represent multiple physical addresses please attach the list of physical addresses for each site you represent that wishes to be included in the California Telehealth Network. Mark the box on the LOA that says "I am the authorized person for multiple physical locations who wish to participate."

3. In the area labeled [*name of person authorized to sign LOA*] and [*Authorized Person*], enter the name of the person who is authorized to act on behalf of the organization; this can be the Chief Executive Officer (CEO) or the Administrator of your organization who has signature authority in these matters.
4. The Authorized person must then sign the LOA where it says "*Signature*" and then supply the appropriate contact information below their signature (Name, Title of Authorized Person, Address, Phone Number, Email Address). Enter the date that the form was signed next to "*date.*"

5. If you have an alternate contact that the confirmation receipt should be mailed to, please list this person's contact information on the alternate contact page.

Note: If you have any questions about what you are signing please refer to the "Frequently Asked Questions and Explanations" document. An explanation broken down by each lettered point in the LOA supplies additional information about each point. You will also find answers to some common questions in this document.

Eligibility Checklist Instructions:

A list of types of health care providers who *are* and *are not* eligible for Rural Health Care Pilot Program (RHCPP) funding can be found on the first page of the "Frequently Asked Questions and Explanations" document.

To make documentation of eligibility less burdensome for health care providers there are some databases we can check to confirm your eligibility. On the Eligibility Checklist we have created a list of certifications that could be used as documentation. Please check all that apply. If you cannot check any of the boxes on the Checklist, it doesn't mean you are not eligible; it means you will need to supply us with additional documentation so your eligibility can be determined. Please see the Eligibility Checklist for more detailed instructions on the eligibility documentation. When you have completed the eligibility checklist please mail it with the LOA.

Mailing Instructions:

Please mail the original signed LOA, Eligibility Checklist and health care provider documentation (if applicable) to the following address:

Jan Dickens
Center for Health and Technology
UC Davis Health System
2300 Stockton Blvd, Suite 3900
Sacramento, CA 95817
(916) 734-3008
ctn@ucdmc.ucdavis.edu

Confirmation Receipt:

Receipt of your LOA and Checklist will be sent to the e-mail address of the authorized person on the LOA. If you wish confirmations be sent to additional people please supply their contact information on the alternate contact page. If you have not received confirmation from us verifying receipt of your documents within two weeks, please notify us at (916) 734-3008 or by e-mail ctn@ucdmc.ucdavis.edu

Posting online of names and physical addresses of organizations who return an LOA:

All names and physical addresses for sites who return an LOA will be posted to the California Telehealth Network website (<http://www.caltelehealth.org>). You may also check this website to make sure we have received your LOA and that we have your physical address(s) correct in our database.