

**Before the  
Federal Communications Commission  
Washington, D.C. 20554**

In the matter of

Rural Health Care Support Mechanism

Amendment of Part 54 of the Commission's  
Rules to Further Modernize the Rural Health  
Care Program

WC Docket No. 02-60

**Reply Comments of  
The Salvation Army – Alaska Division**

The Salvation Army – Alaska Division (“Salvation Army Alaska”) hereby submits these comments in response to the Petition for Rulemaking (“Petition”)<sup>1</sup> filed with the Commission in the above referenced proceeding.<sup>2</sup> In these Reply Comments, the Salvation Army urges the Commission to direct USAC to adhere more closely to the eligibility criteria for health care providers (“HCPs”) set forth in Section 254(h)(7)(B) of the Communications Act of 1934, as amended (the “Communications Act”), 47 U.S.C. § 254(h)(7)(B) and Sections 54.600-601 of the Commission’s rules, 47 C.F.R. §§ 54.600-601, and to be more consistent and predictable in administering those categories.

**Background**

The Salvation Army Alaska provides mental health services to those in need at many “Outpost” locations throughout rural Alaska. Each of these Outpost locations are staffed by case managers / Officers that help facilitate patient services, including meetings and appointments with licensed clinicians. Today, these appointments take place by flying the Anchorage-based

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<sup>1</sup> *Rural Health Care Support Mechanism*, Petition for Rulemaking of Schools, Health & Libraries Broadband (SHLB) Coalition, *et. al.*, CC Docket No. 02-60, (filed Dec. 7, 2015).

<sup>2</sup> Public Notice, “Wireline Competition Bureau Invites Comment on Petition for Rulemaking Filed By Schools, Health, & Libraries Broadband Coalition, *et. al.*, Seeking Further Modernization of the Rural Health Care Program,” DA 15-1424 (rel. Dec. 15, 2015).

licensed clinicians to the rural Outposts, where they can meet with patients approximately once a year. Our goal is to augment these services by deploying a two-way, interactive video conferencing service, which would allow the clinicians to meet with patients, even on days that they are not physically on site at an Outpost location. Doing so would reduce costs and improve patient service, by increasing the frequency of our contact, as well as permitting us to respond more quickly to patient needs.

In order to fund this service, The Salvation Army Alaska filed a series of Form 465 applications for funding from the Commission's RHC telecommunications service support mechanism in October 2015. The Salvation Army Alaska holds all necessary licenses from the State of Alaska to provide these services, and seeks to do so pursuant to Alaska rules making such telemedicine services eligible for payment through Medicaid.<sup>3</sup> The Salvation Army Alaska submitted the USAC "Community Mental Health Center Checklist" demonstrating its eligibility together with its Form 465 filings, as required, in October 2015.

Since that time, USAC has refused to certify The Salvation Army Alaska's eligibility to participate in the Commission's RHC support mechanisms. Rather, we have endured a slow-motion series of questions regarding our licensing and service model that should be well-understood by the expert administrator responsible for administering the Commission's federal program.

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<sup>3</sup> See 7 A.A.C. § 110.625(a) ("The department will pay a provider for a telemedicine application if the provider provided the medical services through one of the following methods of delivery in the specified manner: (1) live or interactive; to be eligible for payment under this paragraph, the service must be provided through the use of camera, video, or dedicated audio conference equipment on a real-time basis.").

### Discussion

Section 254(h)(7)(B) of the Communications Act sets forth seven categories of health care providers that are eligible to receive support from the Commission's rural health care Universal service support mechanisms: (i) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (ii) community health centers or health centers providing health care to migrants; (iii) local health departments or agencies; (iv) community mental health centers; (v) not-for-profit hospitals; (vi) rural health clinics; and (vii) consortia of HCPs consisting of one or more entities described in clauses (i) through (vi).<sup>4</sup> The Petition proposes that the Commission clarify these categories, observing that the Commission provides an "eligibility criteria checklist" only for community mental health centers, without providing similar guidance for the other five applicant types.<sup>5</sup>

Although few commenters addressed this aspect of the Petition The Salvation Army Alaska agrees with Tracfone that, "[t]he Commission can further foster participation in the RHC Program by clarifying the scope of program eligibility and aid providers in making determinations," and that the "Commission should clarify the bases for eligibility and order the creation of additional 'eligibility criteria checklists.'"<sup>6</sup> Even with the support and resources of a national organization, and despite concerted and consistent effort, The Salvation Army has spent months attempting to navigate the USAC eligibility determination process, and has been unable to reach a successful conclusion. It is likely that other providers, including those that are smaller

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<sup>4</sup> Petition at 36 (*citing* 47 U.S.C. § 254(h)(7)). The same categories are reiterated in the Commission's rules, 47 C.F.R. § 54.600(a).

<sup>5</sup> Petition at 37.

<sup>6</sup> Tracfone Comments at 7.

and have fewer resources to devote to the matter, may simply give up, even if they, in fact, meet the eligibility requirements.

Even with respect to the “community mental health center” category, The Salvation Army Alaska urges the Commission to expand the eligibility guidance available. The USAC checklist contains little beyond a list of seven health services that potentially might be provided at the physical location for which support is sought, with no explanation of how they relate to the HCP’s eligibility or whether other potential services not on the list might also make the HCP eligible (or limit eligibility) as a community mental health center.<sup>7</sup>

With no published criteria or definition of what USAC considers an eligible “community mental health center” under the statute, the USAC staff has engaged in a months-long, unfocused fishing expedition with The Salvation Army Alaska. USAC Rural Health Care Division staff members have posed an ongoing series of questions, with no explanation of USAC’s process for evaluating applicant eligibility or how the requested information informs that process. Determinations of who is eligible for support are foundational to the Commission’s universal service programs, yet in this area, there is little available public guidance. Given that USAC is prohibited from making universal service policy determinations,<sup>8</sup> it is incumbent on the Commission to issue clearer guidance to USAC and the public alike as to the scope of the statutory categories of eligible rural health care providers.

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<sup>7</sup> See Rural Health Care Universal Service Community Mental Health Center Checklist, OMB Approval No. 3060-0804 (asking whether the facility offers: “outpatient mental health treatment,” “24-hour emergency care for mental health patients,” “day hospital treatment for mental health patients,” “other partial hospitalization services for mental health patients,” “psychosocial rehabilitation services,” “pre-admission screening for patients being considered for admission to state mental health facilities,” or “residential treatment”), available at: <http://www.usac.org/res/documents/rhc/pdf/forms/2013/CMHC-Certification-Checklist.pdf>.

<sup>8</sup> 47 C.F.R. § 47.702(c).

With additional guidance and checklists, the eligibility determination process could be greatly streamlined, reducing administrative burdens on applicants and the USAC staff alike. Indeed, a properly designed checklist could reduce the process virtually to a self-certification, necessitating minimal USAC compliance review. This would speed up the process of obtaining supported services, to the ultimate benefit of the public that the Commission's universal service support mechanisms are intended to serve.

**Conclusion**

For the foregoing reasons, The Salvation Army Alaska hereby requests that the Commission issue further guidance to the public and USAC alike as to the scope of the statutory categories of eligible rural health care providers, and streamline the eligibility determination process.

Respectfully Submitted,



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