

**Kentucky Behavioral Telehealth Network
HCP 17229**

Thursday, October 23, 2008

FCC Docket Number 02-60

Kentucky River Community Care, Inc.

Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

David Mathews, Ph.D.

Kentucky River Community Care, Inc.

170 Community Way

PO Box 794

Jackson, KY 41339

Phone: 606-666-9006

Fax: 606-666-5840

wdmathews@aol.com

Ernie Howard

Kentucky River Community Care, Inc.

170 Community Way

PO Box 794

Jackson, KY 41339

Phone: 606-666-9006

Fax: 606-666-5840

Ernie.howard@krccnet.com

Larry Potter
Kentucky River Community Care, Inc.
115 Rockwood Lane
Hazard, KY 41701
Phone: 606-436-5761
Fax: 606-436-5797
larry.potter@krccnet.com

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

David Mathews, Ph.D.
Kentucky River Community Care, Inc.
170 Community Way
PO Box 794
Jackson, KY 41339
Phone: 606-666-9006
Fax: 606-666-5840
wmathews@aol.com

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Kentucky River Community Care, Inc.
170 Community Way
PO Box 794
Jackson, KY 41339
Phone: 606-666-9006
Fax: 606-666-5840

d. Explain how project is being coordinated throughout the state or region.

The KRCC Telehealth project team listed above meet regularly to discuss the project in conjunction with the teleconference calls with the Universal Services Administration. In addition the team initiated a statewide advisory council this fall to help manage the project. Presentations to the Kentucky e-Health Board, Kentucky state government, the Telehealth Coordinating Council and others continue for coordination and discussion of the project development.

During the past quarter and before the project team made several presentations to health care agencies, state officials, university and hospital officials, community mental health center staff and Kentucky government. We have tried to inform all the possible stakeholders so they know that the requests for the letters of agency are coming as well as the benefits of the Kentucky Behavioral Telehealth Network.

The US Department of Agriculture Rural Utilities Service Telemedicine grant which we planned to use to help us develop the resources for the end user equipment at each KBTN site was denied by the USDA. The main area where points were lost was in the matching funds requirements where point were awarded according to how much funds were allocated beyond the 15% minimum. Unfortunately we were only able to set aside the minimum match requirements so we lost the grant for end-user equipment. We plan to reapply next year with additional match if we are able to secure funding from the Appalachian Regional Commission or the Kentucky Department of local government.

One issue that has come up that we need clarification concerns the agencies that have existing T1 or other telecommunication lines being used for local telehealth, data transmission for medical records and billing purposes in addition to voice communications. We believe that when those lines become a part of the KBTN network the cost of those lines would be eligible for the FCC RHC-PP subsidies. We request confirmation of that information which we have been communicating to our participating partners.

In the months to come we will be advertising for an engineering firm to help with the Network Design. During November we will be presenting information to the Kentucky Behavioral Telehealth Network participating agencies CEO's as we continue the process of developing sys and network

design specifications. We plan to coordinate our activities through the Universal Services Rural Health Care Pilot Project team.

2. Identify all health care facilities included in the network.

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
 - i. Public or non-public;
 - ii. Not-for-profit or for-profit;
 - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Kentucky Behavioral Telehealth Network

<i>Facility Name</i>	<i>Address/Zip Code</i>	<i>County</i>	<i>RUCA</i>	<i>Census Tract</i>	<i>Phone Number</i>	<i>Public or Non Public</i>	<i>Profit status</i>	<i>Eligible or ineligible provider</i>	<i>LOA?</i>	<i>Verbal Commitment?</i>
Kentucky River Community Care Inc	PO Box 794 Jackson KY 41339	Breathitt	10	980300	606-666-9006	non-public	not for profit	Eligible, Kentucky licensed community mental health agency	YES	YES
Kentucky Association of Regional Programs	230 Lexington Green Circle Lexington KY 40503	Fayette	1	004204	859-272-6700	non public	not for profit	Ineligible, regional association, not licensed	Pending	YES
Appalachian Regional Healthcare	102 Medical Center Drive Hazard KY 41701	Perry	7	970500	606-439-6713	non public	not for profit	Eligible, JCAHO accredited hospital	Pending	YES
Appalachian Regional Healthcare	240 Hospital Road Whitesburg KY 41858	Letcher	10	950400	606-633-3500	non public	not for profit	Eligible, JCAHO accredited hospital	Pending	YES
Kentucky River Medical Center	540 Jett Drive Jackson KY 41339	Breathitt	10	980300	606-666-6000	non public	not for profit	Eligible, JCAHO accredited hospital	Pending	YES
Mary Breckinridge Hospital	130 Kate Ireland Dr. Hyden KY 41749	Leslie	10	980100	606-672-2901	non public	not for profit	Eligible, JCAHO accredited hospital	Pending	NO
University of Kentucky Hospital	800 Rose Street Lexington KY 40536-0084	Fayette	1	000801	859-323-5000	public	not for profit	Eligible, JCAHO accredited hospital	Pending	YES
Eastern State Hospital	627 West Fourth St. Lexington KY 40508	Fayette	1	001200	859-246-7000	public	not for profit	Eligible, state psychiatric hospital	Pending	NO
Western State Hospital	PO Box 2200 Hopkinsville KY	Christian	4	002003	270-889-6025	public	not for profit	Eligible, state psychiatric hospital	Pending	NO

Kentucky Behavioral Telehealth Network

	42241-2200									
Central State Hospital	10510 LaGrange Rd Louisville KY 40223-1228	Jefferson	1	010404	502-253-7060	public	not for profit	Eligible, state psychiatric hospital	Pending	NO
Chrysalis House	1589 Hill Rise Dr. Lexington KY 40504	Fayette	1	001900	859-977-2502	non public	not for profit	Eligible, Kentucky licensed community substance abuse agency	Pending	YES
Cabinet for Family Health Services	275 East Main St. Frankfort KY 40621	Franklin	4	070600	800-372-2973	public	not for profit	Eligible, state health authority	Pending	NO
Department of Mental Health & Mental Retardation	100 Fair Oaks Lane 4E-D Frankfort KY 40621	Franklin	4	070200	502-564-4456	public	not for profit	Eligible, state health authority	Pending	YES
Bluegrass Mental Health Mental Retardation Board	1351 Newtown Pike Lexington KY 40511	Fayette	1	003801	859-253-1686	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	NO
Cumberland River Mental Health	PO Box 568 Corbin KY 40702	Whitley	7	971000	606-528-7010	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	YES
Four Rivers Behavior Health	425 Broadway Suite 201 Paducah KY 42001	McCracken	4	030300	270-442-1452	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	NO
Pennyroyal Regional Center	PO Box 614 Hopkinsville KY 42241-0614	Christian	4	200200	270-886-2205	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	YES
River Valley Behavior Health	PO Box 1637 Owensboro KY 42302-1637	Daviess	1	000500	270-689-6500	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	NO
Lifeskills, Inc	PO Box 6499 Bowling Green	Warren	4	010100	270-901-5000	non public	not for profit	Eligible, Kentucky licensed community	Pending	NO

Kentucky Behavioral Telehealth Network

	KY 42102-6499							mental health agency		
Communicare, Inc.	107 Cranes Roost Ct. Elizabethtown KY 42701	Hardin	4	001200	270-765-2605	non public	not for profit	Eligible, Kentucky licensed community mental health agency	FCC RHC Pilot Project recipient	YES
Seven Counties Services Inc	101 W Muhammed Ali Blvd. Louisville KY 40202	Jefferson	1	004900	502-589-8600	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	NO
Northkey	PO Box 2680 Covington KY 41011	Kenton	1	065200	859-578-3252	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	NO
Comprehend, Inc.	611 Forest Avenue Maysville KY 41056	Mason	7	960200	606-564-4016	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	NO
Pathways, Inc.	PO Box 790 Ashland KY 41101	Boyd	1	030300	606-329-8588	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	YES
Mountain Comprehensive Community Care	150 South Front Avenue Prestonsburg KY 41653	Floyd	10	980200	606-886-8572	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	YES
Adanta	259 Parkers Mill Road Somerset KY 42501	Pulaski	4	990800	606-679-4782	non public	not for profit	Eligible, Kentucky licensed community mental health agency	Pending	NO
University of Louisville Medical Center	530 South Jackson Street Louisville KY 40202	Jefferson	1	005900	502-562-3000	public	not for profit	Eligible, JCAHO accredited hospital	Pending	YES
University of Kentucky Center for Rural Health	750 Morton Blvd Hazard KY 41701	Perry	10	980300	800-851-7512	public	not for profit	Federally Qualified Health Center	Pending	NO

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

Our Network design study will help us make this determination.

b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

Unknown

c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
University of Louisville

d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

Unknown

e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

Unknown

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

- a. Health care provider site;
- b. Eligible provider (Yes/No);
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps));
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);

Federal Communications Commission FCC 07-198

74

- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

<i>Facility Name</i>	<i>Connected ? Yes/No</i>	<i>Type of Network (i.e. fiber, copper, wireless)</i>	<i>How connection provided (i.e. carrier, self-constructed, leased)</i>	<i>Service Speed</i>	<i>Gateway to NLR, Internet2, Public Internet? Yes/No</i>	<i>Site Equipment</i>	<i>Logical Diagram or Map of Network</i>
Kentucky River Community Care Inc	No	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky Association of Regional Programs	No	N/A	N/A	N/A	N/A	N/A	N/A

Kentucky Behavioral Telehealth Network

Appalachian Regional Healthcare	No	N/A	N/A	N/A	N/A	N/A	N/A
Appalachian Regional Healthcare	No	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky River Medical Center	No	N/A	N/A	N/A	N/A	N/A	N/A
Mary Breckinridge Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
University of Kentucky Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
Eastern State Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
Western State Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A

Kentucky Behavioral Telehealth Network

Central State Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
Chrysalis House	No	N/A	N/A	N/A	N/A	N/A	N/A
Cabinet for Family Health Services	No	N/A	N/A	N/A	N/A	N/A	N/A
Department of Mental Health & Mental Retardation	No	N/A	N/A	N/A	N/A	N/A	N/A
Bluegrass Mental Health Mental Retardation Board	No	N/A	N/A	N/A	N/A	N/A	N/A
Cumberland River Mental Health	No	N/A	N/A	N/A	N/A	N/A	N/A

Kentucky Behavioral Telehealth Network

Four Rivers Behavior Health	No	N/A	N/A	N/A	N/A	N/A	N/A
Pennyroyal Regional Center	No	N/A	N/A	N/A	N/A	N/A	N/A
River Valley Behavior Health	No	N/A	N/A	N/A	N/A	N/A	N/A
Lifeskills, Inc	No	N/A	N/A	N/A	N/A	N/A	N/A
Communicare, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A
Seven Counties Services Inc	No	N/A	N/A	N/A	N/A	N/A	N/A
Northkey	No	N/A	N/A	N/A	N/A	N/A	N/A
Comprehend, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A
Pathways, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A

Kentucky Behavioral Telehealth Network

Mountain Comprehensive Community Care	No	N/A	N/A	N/A	N/A	N/A	N/A
Adanta	No	N/A	N/A	N/A	N/A	N/A	N/A
University of Louisville Medical Center	No	N/A	N/A	N/A	N/A	N/A	N/A
University of Kentucky Center for Rural Health	No	N/A	N/A	N/A	N/A	N/A	N/A

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

a. Network Design

Not yet known

b. Network Equipment, including engineering and installation

Unknown

c. Infrastructure Deployment/Outside Plant

i. Engineering

ii. Construction

d. Internet2, NLR, or Public Internet Connection

e. Leased Facilities or Tariffed Services

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

g. Other Non-Recurring and Recurring Costs

6. Describe how costs have been apportioned and the sources of the funds to pay them:

Not yet determined. Part of the network design study.

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

b. Describe the source of funds from:

i. Eligible Pilot Program network participants

ii. Ineligible Pilot Program network participants

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

ii. Identify the respective amounts and remaining time for such assistance.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

Unknown at this time.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

No changes to the project management team at this time.

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

The network design study will help to answer these questions We plan to initiate the network design study this fall.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

We do not yet know but we doubt that it can become self sustaining unless health care reimbursement guidelines are modified for telehealth services.

10. Provide detail on how the supported network has advanced telemedicine benefits:

The network has not yet achieved any goals.

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

The network has not yet complied with any HHS health IT initiatives.

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

Not yet known.