

**California Telehealth Network (CTN)
Rural Health Care Pilot Program
Quarterly Report: April 30, 2009**

(Reference: FCC WC Docket No. 02-60)



CALIFORNIA
TELEHEALTH NETWORK

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1. Project Contact and Coordination Information

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Statewide Coordination

The California Telehealth Network (CTN) project is being managed at the highest level, through the Office of the President of the University of California. Operational responsibility has been delegated to the following entity within the University:

Center for Health and Technology
University of California Davis Health System
2300 Stockton Blvd, Suite 3900
Sacramento, CA 95817

CTN operational management also receives guidance and operational support from the large group of CTN Consortium Member organizations. The CTN Consortium was originally formed in order coordinate and consolidate multiple independent RHCPP proposal initiatives, with the aim of submitting a single proposal that represented the interests of the State of California. The Consortium was formed specifically at the direction of the Governor's Office. A list of CTN Consortium Member organizations is provided in Appendix A. The CTN Consortium advises and informs CTN project management through the CTN Advisory Committee, whose members represent rural health care providers, state government organizations, as well as non-profit health care funding organizations. Statewide coordination of the CTN project is greatly facilitated by the willing investment of time, resources and expertise provided by the CTN Consortium members.

2. Identify All Health Care Facilities Included in the Network

The CTN has initiated numerous statewide communications activities aimed at enrolling prospective CTN participants. To date, close to 1000 health care facilities have signified their intention to participate by submitting a Letter of Agency. The complement of 730 sites submitted with the initial Form 465 posting is publicly available in the Form 465 Attachment. Appendix B provides a detailed list of the additional facilities that were: 1)

not included in the original complement of 730 sites submitted with the initial Form 465, due to unresolved eligibility issues; 2) recruited subsequent to the initial 465 posting (in particular, additional tribal sites). This list of sites has been submitted to USAC for informal review (or re-review as appropriate) and will be included in a second Form 465 posting following submission and approval of the Form 466A application.

The process of collecting, evaluating and editing LOA's and associated eligibility information for the large complement of Participant Sites has proven to be a very complex and labor-intensive process. Effective 12/12/2008, the CTN had completed the process of validating the eligibility of 730 prospective participants from the total complement of approximately 1000.

Since gathering of the remaining required information could have required a protracted period, in the interest of expediting progress on the project, the CTN Consortium decided, in consultation with the Universal Services Administrative Company, to proceed with formal posting of our project including only the complement of validated eligible participant sites that had been obtained by early December, 2008.

On 12/12/2008, the CTN Project was formally posted on the USAC RHCPP Web Site. The Posting consisted of:

1. Form 465
2. Form 465 Attachment, comprising 730 eligible Participant Sites.
3. CTN RFP #2008-001.

A complete listing of eligible Participant Sites is available at the USAC RHCPP Web Site, under the California Telehealth Network entry:

<http://www.usac.org/rhc-pilot-program/tools/search-postings-2008.aspx#CA>

During the period January through April, 2009 CTN has continued to refine eligibility documentation and has provided to USAC for preliminary ("unofficial") review, an updated submission of Participant Site documentation in Form 465-compatible format. The documentation comprised records for 270 Participant Sites that were not included in the initial December, 2008 Form 465 posting, as well as additional tribal sites that have been recruited during this interim period. Detailed description of the site demographics follows:

The remaining 300 sites yet to be formally qualified are clustered into four general categories:

1. Mental Health Facilities – since only certain types of facilities that provide mental health services qualify under the RHCPP Order, USAC requires that a Mental Health Questionnaire Form be completed by each of these facilities in order to provide the necessary additional information to determine whether they meet eligibility requirements. We have contacted all such sites and have collected a large majority of the required Questionnaires.

2. County Public Health Clinics – obtaining authoritative certification of eligibility for Public Health clinics in California is a complex process. Certain smaller counties rely upon state agencies to certify their clinics, while various larger counties maintain their own certification requirements and processes. Given that there are 58 counties in California, it is a non-trivial task to determine the authoritative source for certification for the Public Health Clinics distributed broadly among the various counties. We are currently continuing to work through the process of identifying the authoritative source for certification for each County Public Health Clinic among our Participant candidates and obtaining eligibility documentation acceptable to USAC. We are working with the California Department of Public Health and with their assistance, we have obtained the requisite documentation for a majority of the public health clinics among our Participant constituencies.
3. Miscellaneous sites comprising: 1) clinics that have submitted incomplete or ambiguous documentation; 2) administrative sites for health care consortiums for which additional documentation is required confirming that they provide essential administrative functions supporting clinical activities. CTN has now obtained the requisite documentation for most of the clinics in category 1). Based upon pre-review by USAC, most of the previously designated administrative sites have been confirmed as ineligible entities. These sites will be excluded from the second formal Form 46 posting, currently anticipated to occur in late Quarter 2 or early Quarter 3 of 2009 following submission of the initial Form 466A posting.
4. Tribal Sites – CTN has engaged in extensive outreach and recruitment efforts in order to enroll additional Sites that are federally designated as tribal health sites. The total complement of candidate tribal sites totals almost 80, broadly geographically distributed throughout the state. The appropriate documentation has been obtained for a large majority of the sites, validating their eligibility as a federally designated tribal health facility (source: Indian Health Service). The eligible sites have been submitted in the latest pre-review posting.

CTN Recruitment and Implementation Strategy

During the intervening months between the initial Form 465 posting and receipt of a funding commitment letter (FCL), CTN has expended ongoing efforts to qualify the outstanding complement of pending Participants for which eligibility validation had not yet been obtained. In addition, since the initial recruitment efforts resulted in a cadre of tribal sites primarily concentrated in Northern California, extensive efforts have been made to recruit additional tribal sites in order to establish a broader statewide geographic distribution.

Following receipt of the FCL, we will initiate a second posting and include all the sites previously pending eligibility verification, as well as any new sites added since the initial posting. The second RFP posting will be left open for the minimally required 28 day period. At the end of this “two posting” process, all sites for which LOA’s have been gathered will have been evaluated and all eligible sites will have been formally enrolled

in the CTN RHCPP. We anticipate initiating actual project build-out near the end of the second quarter of 2009.

In aggregate, CTN now has recruited over 1000 sites that have submitted LOA's expressing interest in joining the project. CTN must now consider some realities concerning feasibility of building a network this large:

1. Funding amount, although totaling close to \$30 million currently, may not be sufficient to accommodate the entire complement of 1000 sites.
2. The numbers of sites that can ultimately be accommodated will largely depend upon the costs that Bidders have submitted as part of the current RFP process.
3. Administrative and logistical support for a project this large could be substantial and current funding sources available, including RHCPP funds, do not support such activities.

Given these constraints and uncertainties, CTN has decided to curtail further recruitment and to instead concentrate efforts on project construction. The goal will be to connect as many as possible of the current roster of eligible Participant Sites, given the current constraints of funding and administrative/logistical support requirements. Consequently, effective January 30, 2009, CTN has not accepted any additional Participant applications and will continue this moratorium until such time as the following processes have been completed:

1. Accurate cost estimates have been derived through the current RFP process, enabling development of a realistic cost model for the project, including responsible estimates of total number of Participants that can be supported with available funding.
2. Formal enrollment of Participants is well underway, including execution of a Memorandum of Understanding between the CTN and each Participant organization. Prior to that phase of the project it will not be possible to determine what percentage of the eligible Participants will actually execute the MOU and formally agree to join the project.

3. Network Narrative

The currently posted RFP for CTN network services provides detailed specifications and requirements for performance, reliability, security and quality of services, as well as detailed requirements for managed services to be provided by the Contractor(s). Copies of the RFP may be obtained online at either of the following two Web links:

<http://www.usac.org/rhc-pilot-program/tools/search-postings-2008.aspx#CA>
<http://www.ucdmc.ucdavis.edu/ctn/RFPdocuments.html>

Final specifications and designations of managed services provided will be available following review and award of the pending CTN contract for services and will be included in the appropriate future Quarterly Report.

CTN RFP #2008-001 was posted on 12/12/2009. Initially the RFP was scheduled to be open for bids for 60 days; however, in an effort to provide potential bidders with the maximum opportunity to submit responsive bids, the open period was extended to March 27, 2009.

CTN has received a total of five submitted proposals. Four of the proposals were categorized by the submitters as being fully responsive. One proposal was “informational”. That Bidder expressed great interest in participating, but was unable to assemble a consortium of sufficient scope to accommodate a complex, statewide project within the time allotted.

Efforts are currently underway to review and score the four responsive proposals. Detailed description of the RFP review and scoring process will be included in the next Quarterly Report.

4. List of Connected Health Care Providers

CTN has not yet implemented any network construction activities.

5. Identify the Following Non-recurring and Recurring Costs

CTN has not has not encumbered any reimbursable expenditures.

6. Describe how Costs have been Apportioned and the Sources of the Funds to Pay Them

CTN has not encumbered any reimbursable expenditures that are subject to apportionment to multiple funding sources.

Sources of Funding in Addition to RHCPP Award

CTN has received a \$3.3M pledge from the California Emerging Technology Fund, (CETF, a non-profit, state government-chartered company) that has been specifically designated for funding of the 15% required co-payment for reimbursable expenditures. This represents 100% of the required co-payment funding for the CTN RHCPP. In addition, CTN has been granted partial reimbursement for monthly network connection costs by the California Public Utilities Commission, California Teleconnect Fund program. Reimbursement under the CTF program will amount to approximately eight percent of monthly charges.

7. Identify any Technical or Non-technical Requirements or Procedures Necessary for Ineligible Entities to Connect to the Participant's Network

CTN has not begun network construction. Discussions are currently underway with various for-profit and other ineligible health care facilities, in an effort to establish guidelines and standards for accommodating their participation. Until vendor(s) have been selected and accurate estimates of project cost are obtained, it will not be possible to provide ineligible potential participants with responsible participation costs. Consequently, CTN will defer a detailed response on this issue to the appropriate future Quarterly Report, after accurate project costs have been determined. The initial CTN RFP process has just completed the Open Proposal Solicitation Phase and has received four responsive proposals. Accordingly, as RFP review proceeds during the next quarter, it should be possible to provide responsible estimates of participations costs to both eligible and ineligible Participants. Results of analyses of the received cost proposals will be included in the next Quarterly Report.

8. Provide an update on the project management plan

CTN has not formally begun the implementation phase of the project. The following is an updated approximate schedule of events following closing of the Open Proposal Solicitation Period of CTN RFP #2008-001, completed in March, 2009.

Schedule of Events

Event	Date
Release of Request for Proposals (December 12, 2008)	Complete
Receipt of Bidders' Written Questions on RFP	Complete
Receipt of Proposals	Complete, March 30, 2009
Review and Score Proposals	Under Way
Semi-Finalist Bidder Notifications	Pending
Oral Presentations (if deemed necessary)	Pending
Completion of Evaluation Process and Award Announcement	Pending
Initiation of Contract Negotiations	Pending

CTN intends to complete RFP proposal evaluation and subsequent contract negotiations with the selected finalist Bidder, during the second Quarter of 2009. Currently, the schedule is on track to achieve this goal.

9. Provide Detail on Whether Network is or Will Become Self-Sustaining

CTN has begun discussions with numerous municipal, county government agencies, as well as for-profit healthcare providers, in an effort to develop a self-sustainability model. Central to completing these discussions however, will be the need to provide

comprehensive quotations of “fair share” participation costs. Appendix D contains a description of current cost analysis and sustainability plan development efforts. CTN also intends to collect a monthly subscription charge from all eligible Participant Sites as an principal component of ongoing operational expenses. Initially, the subscription amount will be quite modest (e.g., \$50 - \$100 per month). As the network matures, and as more value-added services become available, the monthly subscription charge will be increased, commensurate with value of services. At the termination of the RHCPP funding, we anticipate that the monthly subscription charges will become a principal component of ongoing comprehensive financial support.

10. Provide Detail on How the Supported Network has Advanced Telemedicine Benefits

CTN has not begun implementation of the network. Consequently, no benefits directly attributable to the CTN have been derived.

11. Provide Detail on How the Supported Network has Complied with HHS Health IT Initiatives

- a. Interoperability Standards: the network has been designed as an “open network”, complying with industry-standard protocols.
- b. The network has not deployed any applications to date. CTN intends to adhere to CCHIT standards in selecting and implementing applications.
- c. The CTN will interconnect with Internet 2 and National LambdaRail national networks. This will permit CTN to interoperate with all current and planned NHIN activities and initiatives.
- d. To date, the network has not yet used resources from the AHRQ National Resource Center for Health Information Technology.
- e. University of California Davis Health System (UCDHS), the operational lead organization for the CTN, is actively involved in bioterrorism and pandemic response activities. Several members of the UCDHS Center for Health and Technology (CHT) are actively involved in this work and will be advised to coordinate the CTN-related activities with HHS Secretary for Public Response.
- f. UCDHS CHT will participate with CTN management to facilitate interoperability with public health and emergency organizations. CHT currently has a \$5 million grant from DHHS to develop Emergency Department Surge Capacity coordination. Part of this work will involve developing collaborative and cooperative agreements among local, county and regional emergency response agencies and public health organizations. Efforts are currently under way to coordinate the selection of sites for the DHHS project in such a fashion that there is maximal overlap between DHHS and CTN sites. In this fashion, the CTN will become a core component of region and statewide efforts to develop emergency response and disaster preparedness programs and infrastructure. CHT and CTN

- management will expand the coordination efforts to include HHS and CDC interoperability requirements, as the network is actively deployed.
- g. CTN is coordinating with the University of California Proposition 1D/PRIME rural outreach initiatives. This program is funded through a \$200 million bond initiative approved by the voters to enhance training of medical students who express interest in practicing in rural areas. A portion of the funds (\$20 million) will be used to provide telemedicine equipment to rural health care sites, in order to facilitate telemedicine use. CTN and UC are coordinating the two projects, with the goal of selecting common sites for both programs. Appendix E provides a brief description of the PRIME Program.

12. Explain How the Selected Participants Coordinated in the Use of Their Health Care Networks

CTN will implement ongoing efforts to comply with DHHS programs to provide access to network services during national, regional or local public health emergencies. CTN has initial plans to facilitate access through three means:

1. UCDHS has received a \$5M grant from DHHS as part of their Emergency Department Surge program to develop effective health care coordination capabilities in the event of public health emergencies. UCDHS has selected rural health care facilities that will co-participate in both programs. In this fashion, the capabilities of CTN to support coordination of geographically distributed health care resources on a regional basis will be developed.
2. CTN will connect to both National Lambda Rail and to Internet 2 national networks. Through these connections, DHHS will have unrestricted access to the CTN network, thereby providing integration at a national level.
3. CTN will connect to the National Lambda Rail Regional Optical Network (RON) provider for California, CENIC. CENIC provides direct connectivity to every University of California campus and medical center, as well as most major academic medical centers within the state (e.g., Stanford Medical Center and University of Southern California Medical Center). This connectivity will provide a means of broadly coordinating access to every major academic medical network within the state.

Appendix A – CTN Consortium Member Organizations

Health Care Providers:

- The University of California System (UC)
- The UC Office of the President (*Managing Partner*)
- The UC Davis Health System (*Project Management Lead*)
- Rural health networks and coalitions
- The Northern Sierra Telehealth Network
- The Community Clinics Health Network (CCHN)
- Central Valley Health Network (CVHN)
- The Southern Sierra Telehealth Network (SSTN)
- Open Door Health Network/Open Door Community Health Center (ODCHC)
- The Indian Health Service (IHS) network

Governmental Partners:

- The Office of the Governor
- California Health & Human Services Agency (CHHSA)
- The Office of Statewide Health Planning and Development (OSHPD)
- California Business, Transportation and Housing Agency (BTH)
- The California Department of Managed Health Care (DMHC)
- The California Office of Emergency Services (OES)
- The California Public Utilities Commission (CPUC)
- The California Emerging Technology Fund (CETF)
- The California Institute for Telecommunications and Information Technology (Cal IT2)

Other Organizations:

- The California Hospital Association (CHA)
- The California Health Foundation and Trust (CHFT)
- The California Telemedicine & eHealth Center (CTEC)
- The California State Rural Health Association (CSRHA)
- The California Primary Care Association (CPCA)

Appendix B – Pending Participant Applicants

Legal name of entity	Site Name	Address 1	Address 2	City	State	ZIP	County	Census Track	RUCA 2006	Not-for-profit	Phone Area Code	Phone Prefix
Tulare Community Health Clinic	Administration & Mobile Health Van	1201 N Cherry Street		Tulare	California	93274	TULARE	0024.00	4.2	Not-For-Profit	559	685
San Joaquin County Health Care Services Agency	Lodi Clinic	1209 W. Tokay	Suite 5	Lodi	California	95240	SAN JOAQUIN	0004.02	1	Public Health Care Provider	209	331
San Joaquin County Health Care Services Agency	Pediatric Children and Youth Services Clinic	1414 N. California		Stockton	California	95202	SAN JOAQUIN	0051.09	1	Public Health Care Provider	209	468
San Joaquin County Health Care Services Agency	Tracy Clinic	241 E. 10th St.	Suite C & D	Tracy	California	95376	SAN JOAQUIN	0054.04	1	Public Health Care Provider	209	831
Toiyabe Indian Health Project, Inc.	Bishop Clinic	52 Tu Su Lane		Bishop	California	93514	INYO	0400.00	4	Not-For-Profit	760	873
Sycuan Medical Dental Center	Sycuan Medical Dental Center	5442 Sycuan Road		El Cajon	California	92019	SAN DIEGO	0155.02	1	Not-For-Profit	619	445
Neighborhood Health Care	Neighborhood HealthCare	425 North Date Street	Suite 203	Escondido	California	92025	SAN DIEGO	0202.02	1	Not-For-Profit	760	520
San Joaquin County Health Care Services Agency	Transcultural Clinic & SE Asian Clinic	4422 N. Pershing	D2, D5-6	Stockton	California	95207	SAN JOAQUIN	0042.04	1	Public Health Care Provider	209	953
Sonoma Valley Community Health Center	Mental Health Annex & Admin	446 West Napa Street	Suite 1	Sonoma	California	95476	SONOMA	1502.02	4.2	Not-For-Profit	707	939
Consolidated Tribal Health Project, Inc.	Consolidated Tribal Health Project, Inc.	6991 N. State Street		Redwood Valley	California	95470	MENDOCINO	0109.00	4	Not-For-Profit	707	467
Modoc County Health Services	Modoc County Health Services	441 N. Main Street		Alturas	California	96101	MODOC	0001.00	7	Public Health Care Provider	530	233
Round Valley Indian Health Center	Round Valley Indian Health Center	Hwy. 162 & Biggar Lane		Covelo	California	95428	MENDOCINO	0101.00	10	Not-For-Profit	707	983
College Community Services	College Community Services - Ridgecrest	1400 North Norma Street	Suite 133	Ridgecrest	California	93555	KERN	0054.01	4	Not-For-Profit	760	499
Indian Health Center of Santa Clara Valley	Indian Health Medical/Dental Center	1333 Meridian Ave.		San Jose	California	95125	SANTA CLARA	5022.02	1	Not-For-Profit	408	445
Haight Ashbury Free Clinics, Inc.	Haight Ashbury Integrated Care Center & Admin	1735 Mission St		San Francisco	California	94103	SAN FRANCISCO	0201.00	1	Not-For-Profit	415	746
Haight Ashbury Free	African American	1696 Haight Street		San Francisco	California	94117	SAN	0166.00	1	Not-For-Profit	415	746

Clinics, Inc.	Family Healing Center						FRANCISCO					
Calaveras County Behavioral Health Services	Calaveras Co. Behav.Mtn Ranch Rd.	891 Mountain Ranch Road		San Andreas	California	95249	CALAVERAS	0003.00	10.6	Public Health Care Provider	209	754
Henrietta Weilll Mem Child Guidance Clinic	Bakersfield Stockdale Clinic	3628 Stockdale Hwy		Bakersfield	California	93309	KERN	0018.01	1	Not-For-Profit	661	322
Calaveras County Behavioral Health Services	Annex	373 West Street Charles Street	Suite E	San Andreas	California	95249	CALAVERAS	0003.00	10.6	Public Health Care Provider	209	754
Swords to Plowshares	Swords to Plowshares-Admin	1060 Howard Street		San Francisco	California	94103	SAN FRANCISCO	0601.00	1	Not-For-Profit	415	252
Nevada County Health and Human Services	Behavioral Health - Crown Pt.	500 Crown Point Circle	Suite 120	Grass Valley	California	95945	Nevada	0006.06	4.2	Public Health Care Provider	530	265
MACT Health Board	Jackson Health Complex (Behavioral Health)	12140 New York Ranch Road		Jackson	California	95642	AMADOR	0004.02	7	Not-For-Profit	209	257
Tahoe Forest Hospital District	Tahoe Forest PT Incline	925 Tahoe Blvd.	Suite 106	Incline Village	Nevada	89451	WASHOE	0033.02		Public Health Care Provider	775	831
Family Health Centers of San Diego	Chula Vista Family Health Center	251 Landis Avenue		Chula Vista	California	91910	SAN DIEGO	0123.02	1	Not-For-Profit	619	585
Marin Community Clinic	Novato Clinic (planned)	6100 Redwood Boulevard		Novato	California	94945	MARIN	1041.02	1.1	Not-For-Profit	415	448
Henrietta Weilll Mem Child Guidance Clinic	Bakersfield No. Chester Clinic	2001 North Chester Avenue		Bakersfield	California	93308	KERN	0001.01	1	Not-For-Profit	661	393
Winters Healthcare Foundation	Dental Center	31 Main Street		Winters	California	95694	Yolo	0113.00	7.3	Not-For-Profit	530	795
Mission Neighborhood Health Center	Capp Street Clinic	165 Capp Street		San Francisco	California	94110	SAN FRANCISCO	0201.00	1	Not-For-Profit	415	869
Eldorado County Department of Mental Health	670 Placerville site	670 Placerville Drive	Suite 1B	Placerville	California	95667	EL DORADO	0310.00	4.2	Public Health Care Provider	530	621
Eldorado County Department of Mental Health	So. Lake Tahoe site	1900 Lake Tahoe Boulevard		South Lake Tahoe	California	96150	EL DORADO	0304.02	4	Public Health Care Provider	530	621
Eldorado County Department of Mental Health	2808 Mallard Lane site	2808 Mallard Lane		Placerville	California	95667	EL DORADO	0310.00	4.2	Public Health Care Provider	530	621
Nevada County Health and Human Services	Behavioral Health - Laura Wilcox Building	208 Sutton Way		Grass Valley	California	95945	NEVADA	0006.00	4.2	Public Health Care Provider	530	470
Nevada County Health and Human Services	Behavioral Health - Levon / Joseph Government Center	10075 Levon Avenue	Suite 207	Truckee	California	96161	Nevada	0006.00	7.3	Public Health Care Provider	530	582
La Clinica de La Raza, Inc.	Hawthorne Elementary School-	1700 28th Avenue		Oakland	California	94601	ALAMEDA	4062.02	1	Not-For-Profit	510	436

	based Clinic											
La Clinica de La Raza, Inc.	Rosevelt Middle School-based Clinic	1926 19th Avenue		Oakland	California	94606	ALAMEDA	4059.00	1	Not-For-Profit	510	879
La Clinica de La Raza, Inc.	La Clinica North Vallejo	220 Hospital Drive		Vallejo	California	94589	SOLANO	2519.01	1	Not-For-Profit	707	556
Redwoods Rural Health Center, Inc.	South Fork High School	6831 Avenue of the Giants		Miranda	California	95553	HUMBOLDT	0113.00	10	Not-For-Profit	707	943
Southwest Community Health Center	Turning Point	440 Arrowood Drive		Santa Rosa	California	95407	SONOMA	1523.00	1	Not-For-Profit	707	284
Southwest Community Health Center	Turning Point	440 Arrowood Drive		Santa Rosa	California	95407	SONOMA	1523.00	1	Not-For-Profit	707	284
Southwest Community Health Center	Adult Day Services	684 Benicia Drive		Santa Rosa	California	95409	SONOMA	1532.00	1	Not-For-Profit	707	573
Eastern Plumas Health Care	Indian Valley Medical Clinic	176 Hot Springs Rd.		Greenville	California	95947	PLUMAS	0004.00	10	Not-For-Profit	530	284
Madera County Behavioral Health Services	Juvenile Justice Services	28281 A Avenue 14		Madera	California	93638	MADERA	0005.08	1	Not-For-Profit	559	675
Madera County Behavioral Health Services	Pine Recovery Center	117 North "R" Street		Madera	California	93637	MADERA	0008.00	1	Not-For-Profit	559	661
Sutter North Medical Foundatiion	SNMF Clinic & Admin	969 Plumas St.		Yuba City	California	95991	SUTTER	0501.02	1	Not-For-Profit	530	749
Sutter North Medical Foundatiion	SNMF Loma Rica Care Ctr	11271 Loma Rica Rd.		Marysville	California	95901	YUBA	0405.00	1	Not-For-Profit	530	743
Humboldt County Department of Health and Human Services	Mobile Outreach Vehicles	720 Wood Street		Eureka	California	95501	HUMBOLDT	0006.00	4	Public Health Care Provider	707	268
Humboldt County Department of Health and Human Services	Correction Facility/ Jail Mental Health Services	825 Fifth Street		Eureka	California	95501	HUMBOLDT	0005.00	4	Public Health Care Provider	707	441
Marshall Medical Center	Divide Wellness Center - Georgetown	6065 Highway 193		Georgetown	California	95634	EL DORADO	0306.02	2	Not-For-Profit	530	333
Tulare Local Health Care District	Para Tu Salud-Gem Street	570 Terrace Street		Tulare	California	93274	TULARE	0023.03	4.2	Public Health Care Provider	559	684
Tulare Local Health Care District	Para Tu Salud-Cherry Street	922 Cherry Street		Tulare	California	93274	TULARE	0023.03	4.2	Public Health Care Provider	559	684
College Community Services	College Community Services - Mojave	16940 Hwy 14	Suite F	Mojave	California	93301	KERN	0059.00	1	Not-For-Profit	661	824
College Community Services	College Community Services - Tehachapi	113 East F Street		Tehachapi	California	93561	KERN	0061.00	4	Not-For-Profit	661	822
College Community Services	College Community Services - Lake Isabella	2731 Nugget Avenue		Lake Isabella	California	93240	KERN	0052.02	7.3	Not-For-Profit	760	379

Tuolumne County Behavioral Health Dept.	Mental Health Inpatient	105 Hospital Road		Sonora	California	95370	TUOLUMNE	0012.00	4	Public Health Care Provider	209	533
Tuolumne County Behavioral Health Dept.	Mental Health Inpatient	105 Hospital Road		Sonora	California	95370	TUOLUMNE	0012.00	4	Public Health Care Provider	209	533
Santa Cruz County Health Services Agency	El Dorado Center	941 El Dorado Ave.		Santa Cruz	California	95062	SANTA CRUZ	1102.00	1	Public Health Care Provider	831	479
Santa Cruz County Health Services Agency	County Site Scotts Valley Dr.	4444 Scotts Valley Dr.		Scotts Valley	California	95066	SANTA CRUZ	1002.00	1	Public Health Care Provider	831	438
Santa Cruz County Health Services Agency	County Site Herman Ave.	140 Herman Ave.		Watsonville	California	95076	SANTA CRUZ	1010.00	1.1	Public Health Care Provider	831	688
Children's Hospital & Research Center at Oakland	McClymonds High School	2607 Myrtle Street		Oakland	California	94607	ALAMEDA	4016.00	1	Not-For-Profit	510	835
Center for Human Services	Main Clinic	1700 McHenry Village Way	Suite 11	Modesto	California	95350	STANISLAUS	0032.01	1	Not-For-Profit	209	526
Kern County (DPH, DMH, KMC)	Taft	1021 Fourth Street	Suite B	Taft	California	93268	KERN	0035.00	4.2	Public Health Care Provider	661	763
Kern County (DPH, DMH, KMC)	West Kern	930 F Street		Wasco	California	93280	KERN	0044.02	4.2	Public Health Care Provider	661	758
Kern County (DPH, DMH, KMC)	Stockdale	5121 Stockdale Highway		Bakersfield	California	93304	KERN	0028.12	1	Public Health Care Provider	661	868
Kern County (DPH, DMH, KMC)	Oswell	2621 Oswell Street	Suite 119	Bakersfield	California	93305	KERN	0009.09	1	Public Health Care Provider	661	868
Kings View	Substance Abuse Program	559 E. Bardsley Ave.		Tulare	California	93275	TULARE	0023.04	4.2	Not-For-Profit	559	688
Santa Cruz County Health Services Agency	HPHP	115 A Coral St.		Santa Cruz	California	95060	SANTA CRUZ	1212.00	1	Public Health Care Provider	831	454
Meced County Mental Health	Merced Adult & Youth	480 E. 13th Street		Merced	California	95341	MERCED	0016.01	1	Public Health Care Provider	209	381
Meced County Mental Health	Westside	827 Colorado Ave.		Los Banos	California	93635	MERCED	0022.01	4.2	Public Health Care Provider	209	710
Meced County Mental Health	Marie Grn Inpatient & Outpatient	300 E. 15th Street		Merced	California	95341	MERCED	0016.01	1	Public Health Care Provider	209	381
Meced County Mental Health	Livingston - Adult & Youth	1471 B Street	#N & O	Livingston	California	95334	MERCED	0003.04	4.2	Public Health Care Provider	209	394
Meced County Mental Health	Los Banos Youth	825 Colorado Ave.		Los Banos	California	93635	MERCED	0022.01	4.2	Public Health Care Provider	209	710
San Francisco Department of Public	Special Programs for Youth	375 Woodside Avenue		San Francisco	California	94127	SAN FRANCISCO	0305.00	1	Public Health	415	753

Health										Care Provider		
NorthBay Healthcare Group	NorthBay Medical Center	1200 B. Gale Wilson Boulevard		Fairfield	California	94533	SOLANO	2526.04	1	Not-For-Profit	707	429
NorthBay Healthcare Group	NorthBay Center for Primary Care - Vacaville	421 Nut Tree Road		Vacaville	California	95687	SOLANO	2529.02	1	Not-For-Profit	707	455
NorthBay Healthcare Group	NorthBay Center for Primary Care - Hilborn	5140 Business Center Drive	Suite 200	Fairfield	California	94533	SOLANO	2522.01	1	Not-For-Profit	707	399
NorthBay Healthcare Group	NorthBay Center for Primary Care - Green Valley	2458 Hillborn Road		Fairfield	California	94533	SOLANO	2523.07	1	Not-For-Profit	707	864
NorthBay Healthcare Group	NorthBay Center for Wound Care	1010 Nut Tree	Suite 100	Vacaville	California	95687	Solano	2529.02	1	Not-For-Profit	707	454
NorthBay Healthcare Group	NorthBay Cancer Center	1860 Pennsylvania Avenue	Suite 230	Fairfield	California	94533	SOLANO	2526.04	1	Not-For-Profit	707	429
NorthBay Healthcare Group	NorthBay OB/GYN	1860 Pennsylvania Avenue	Suite 300A	Fairfield	California	94533	SOLANO	2526.04	1	Not-For-Profit	707	399
NorthBay Healthcare Group	NorthBay General Surgery/Pulmonary	1860 Pennsylvania Avenue	Suite 300B	Fairfield	California	94533	SOLANO	2526.04	1	Not-For-Profit	707	399
NorthBay Healthcare Group	NorthBay Orthopedics	1101 B. Gale Wilson Boulevard	Suite 101C	Fairfield	California	94533	SOLANO	2526.04	1	Not-For-Profit	707	399
NorthBay Healthcare Group	NorthBay Gastroenterology	5140 Business Center Drive	Suite 100	Fairfield	California	94533	SOLANO	2522.01	1	Not-For-Profit	707	864
NorthBay Healthcare Group	NorthBay Endocrinology	1010 Nut Tree Road	Suite 170	Fairfield	California	94533	SOLANO	2529.02	1	Not-For-Profit	707	454
NorthBay Healthcare Group	NorthBay Center for Pain Management	1101 B. Gale Wilson Boulevard	Suite 307	Fairfield	California	94533	SOLANO	2526.04	1	Not-For-Profit	707	429
NorthBay Healthcare Group	VacaValley Hospital	1000 Nut Tree Road		Vacaville	California	95687	SOLANO	2529.02	1	Not-For-Profit	707	446
Riverside San Bernardino County Indian Health, Inc.	Morongo Clinic	11555 1/2 Potrero Rd.		Banning	California	92220	RIVERSIDE	0438.00	1	Not-For-Profit	951	849
Riverside San Bernardino County Indian Health, Inc.	Soboba Clinic	607 Donna Way		San Jacinto	California	92220	RIVERSIDE	0435.11	1	Not-For-Profit	951	654
Riverside San Bernardino County Indian Health, Inc.	San Manuel Clinic	2210 E. Highland Ave.	Suite 200	San Bernardino	California	92404	SAN BERNARDINO	0074.03	1	Not-For-Profit	909	654
Riverside San Bernardino County Indian Health, Inc.	Pechanga Clinic	12784 Pechanga Rd.		Temecula	California	92592	Riverside	0432.03	1	Not-For-Profit	951	676
Riverside San Bernardino County Indian Health, Inc.	Torres Martinez Clinic	66-735 Martinez Rd.		Thermal	California	92274	RIVERSIDE	0123.01	2	Not-For-Profit	760	397

Riverside San Bernardino County Indian Health, Inc.	Anza Clinic	39100 Contreras Rd.	Suite C	Anza	California	92539	RIVERSIDE	0444.03	10.4	Not-For-Profit	951	763
American Indian Health & Services Corp (Santa Barbara)	State Street Services	4141 State Street	Suite A-3	Santa Barbara	California	93110	SANTA BARBARA	0001.02	1	Not-For-Profit	805	681
College of the Siskiyous	College	800 College Avenue		Weed	California	96094	SISKIYOU	0009.00	7	Public Health Care Provider	530	938
Sacramento Native American Health Center, Inc.	Sacramento Health Center	2020 J Street		Sacramento	California	95814	SACRAMENTO	0011.00	1	Not-For-Profit	916	341
Indian Health Council, Inc.	Medical Center	50100 Golsh Rd.		Valley Center	California	92082	SAN DIEGO	0191.01	2	Not-For-Profit	760	749
Indian Health Council, Inc.	Santa Ysabel Community Health Center	110 1/2 School House Canyon Rd.		Santa Ysabel	California	92070	SAN DIEGO	0209.03	10.1	Not-For-Profit	760	765
Native American Health Center, Inc.	Oakland Center	2950 International Blvd.		Oakland	California	94601	ALAMEDA	4062.02	1	Not-For-Profit	510	535
Native American Health Center, Inc.	San Francisco Health Center	160 Capp Street		San Francisco	California	94110	SAN FRANCISCO	0201.00	1	Not-For-Profit	415	621
Sonoma County Indian Health Project	Santa Rosa Medical Center	144 Stony Point Rd.		Santa Rosa	California	95401	SONOMA	1530.02	1	Not-For-Profit	707	521
Sonoma County Indian Health Project	Point Arena Clinic	24 Mamie Laiwa Dr.		Point Arena	California	95468	MENDOCINO	0111.00	10	Not-For-Profit	707	822
Toiyabe Indian Health Project, Inc.	Lone Pine Clinic	1150 Goodwin Rd.		Lone Pine	California	93545	INYO	0006.00	10.5	Not-For-Profit	760	876
San Joaquin County Health Care Services Agency	La Familia/Black Awareness/Multicultural	1149 No. Eldorado St.		Stockton	California	95202	San Joaquin	0004.02	1	Public Health Care Provider	209	468
Clinica Sierra Vista	West Delano Dental Center	441 Diaz Ave.		Delano	California	93215	KERN	0046.02	4.2	Not-For-Profit	661	725
Clinica Sierra Vista	Divisadero Women's Community Health Center	145 N. Clark St.		Fresno	California	93701	FRESNO	0005.00	1	Not-For-Profit	559	457
Clinica Sierra Vista	Elm Community Health Center	2798 W. Elm Ave.		Fresno	California	93706	FRESNO	0076.00	1	Not-For-Profit	559	457
Community Health Systems, Inc.	Fallbrook Family Health Center - Potter	407 Potter Rd.	Suite G	Fallbrook	California	92028	SAN DIEGO	0189.04	1	Not-For-Profit	760	451
Community Health Systems, Inc.	Family Health Center	593 East Elder Street	Suite B	Fallbrook	California	92028	SAN DIEGO	0189.04	1	Not-For-Profit	760	451
Community Health Systems, Inc.	Fallbrook Women's Health Center	325 North Brandon	Suite D	Fallbrook	California	92028	SAN DIEGO	0189.04	1	Not-For-Profit	760	728
Central Valley Family Health	Avenal	216 E. Fresno St.		Avenal	California	93204	KINGS	0017.01	4	Not-For-Profit	559	386

Central Valley Family Health	Caruthers	2440 W. Tahoe		Caruthers	California	93609	FRESNO	0075.00	2	Not-For-Profit	559	864
Central Valley Family Health	Corcoran	1212 Hanna Ave.		Corcoran	California	93212	KINGS	0014.00	4	Not-For-Profit	559	992
Central Valley Family Health	Dinuba	1451 E. El Monte Way		Dinuba	California	93618	TULARE	0005.01	4.2	Not-For-Profit	559	591
Central Valley Family Health	Fowler	119 S. Sixth St.		Fowler	California	93625	FRESNO	0016.00	4.1	Not-For-Profit	559	834
Central Valley Family Health	Hanford - Primary & Healthy Beginnings	1025 North Douty		Hanford	California	93230	KINGS	0009.00	4	Not-For-Profit	559	583
Central Valley Family Health	Home Garden	11899 Shaw Pl.		Home Garden	California	93230	KINGS	0011.00	4	Not-For-Profit	559	585
Central Valley Family Health	Huron	16916 5th St.		Huron	California	93234	FRESNO	0078.00	7.3	Not-For-Profit	559	945
Central Valley Family Health	Kerman	1000 Madera Ave.		Kerman	California	93630	FRESNO	0039.00	2	Not-For-Profit	559	846
Central Valley Family Health	Lemoore	810 East D Street		Lemoore	California	93245	KINGS	004.05	4	Not-For-Profit	559	924
Central Valley Family Health	Parlier	801 Tulare St.		Parlier	California	93648	FRESNO	0068.01	3	Not-For-Profit	559	646
Central Valley Family Health	Reedley	1311 11th St.		Reedley	California	93654	FRESNO	0066.02	4.2	Not-For-Profit	559	638
Central Valley Family Health	Sanger	1939 Academy Ave.		Sanger	California	93657	FRESNO	0061.00	2	Not-For-Profit	559	875
Central Valley Family Health	Selma Campus	1041 Rose Ave.		Selma	California	93662	FRESNO	0070.04	4.1	Not-For-Profit	559	891
Central Valley Family Health	Selma Central	2141 High St.		Selma	California	93662	FRESNO	0070.02	4.1	Not-For-Profit	559	891
Frank R. Howard Memorial Hospital	Hospital, East Campus	501 East Hill Rd.		Willits	California	95490	SONOMA	0107.00	7.4	Not-For-Profit	707	456
Nevada County Health and Human Services	Public Health - Levon Ave. Clinic	10075 Levon Ave.	Suite 207	Truckee	California	96161	NEVADA	0012.01	7.3	Public Health Care Provider	530	582
Nevada County Health and Human Services	Public Health - Crown Pt. Clinic	500 Crown Point Circle	Suite 110	Grass Valley	California	95945	NEVADA	0006.00	4.2	Public Health Care Provider	530	265
San Diego American Indian Health Center	Medical/Dental/Fiscal	2630 First Ave.		San Diego	California	92103	SAN DIEGO	0060.00	1	Not-For-Profit	619	234
San Diego American Indian Health Center	Behavioral Health	2602 First Avenue	Suite 100	San Diego	California	92103	SAN DIEGO	0060.00	1	Not-For-Profit	619	234
San Joaquin County Health Care Services Agency	Older Adult Services Clinic	1201 No. Eldorado		Stockton	California	95202	San Joaquin	0004.02	1		209	468

Appendix D – Sustainability Activities and Analysis

Introduction

CTN will continue to develop sustainable funding and reimbursement sources with the intention of achieving self-supporting status by the end of the RHCPP five-year funding period. The following is a summary of activities currently underway to develop both near-term funding that will augment the FCC RHCPP funds during the term of the program, as well as long-term funding that will support the CTN program following termination of the RHCPP. We anticipate that developing multiple funding sources will be necessary in order to provide for robust, reliable support. We have identified several potential funding sources and have initiated activities to develop them. The following sections discuss potential funding sources and related activities to develop them.

1. Estimation of projected network infrastructure and operational costs.
2. Identification of CTN Participant sites that would also qualify under the FCC USF Standard Rural Health Care Program.
3. Identification of funding opportunities under the California Public Utilities Commission's "California Teleconnect Fund" program.
4. Survey of the prospective CTN Participant membership in order to determine an initial willingness to pay a regular subscription fee.
5. Recruitment of Additional Participants who provide "fair share" payment support:
 - a. Development of significant long-term funding opportunities from consortia of non-profit health care funding organizations.
 - b. Participation in the CTN by for-profit regional and statewide health care organizations.
 - c. Participation by municipal, county and state government agencies.

Network Infrastructure and Operational Costs estimation

Since the CTN has not completed review of cost proposals submitted during the first RFP process, it is not possible to precisely define the overall costs for design, installation and operation of the CTN network infrastructure. We anticipate deriving accurate cost data by late Q2, 2009 and will update the Sustainability Plan based upon these data in the next Quarterly Report. Nonetheless, it is possible to make reasonably responsible pro forma estimates based upon a pricing structure that is broadly available to state government affiliated organizations through the California State CalNET 2 Program.

The pro forma estimates are based upon the following reasonable assumptions:

1. CalNET 2 pricing levels will be achievable for the CTN (a CTN RFP requirement)
2. Vendor offers statewide flat-rate pricing ("postalized" rates, available under CalNet 2).
3. Network architecture comprises an MPLS-routed, IP-based private network.
4. Majority of actual network build-out will occur in Year One.

Based upon these assumptions, it is possible to derive an approximate price-per-connection of between \$400 - \$500 per month per Participant site. Using a similar logic and methodology, the following price estimates have been made:

Description	Unit Cost	Total Cost (900 Participants)
Participant Connection Cost (per month)	\$400 - \$500	\$360K - \$450K
Connection to Internet 2 and NLR (per month)	\$10,000	\$10,000

Total Program Network and Infrastructure Costs

Annual Network Infrastructure Cost (900 Participants)	\$4.4M - \$5.5M	
Total Five Year Program Cost (900 Participants)	\$22M - \$27.5M	

CTN currently has additional qualifying funding commitments for deferral of the 15% charges allocable to the program from the California Emerging Technology Fund (CETF), in the amount of \$3.3M, yielding a total program funding amount of \$25.4M. CTN has additional funding commitments pending in the amount of \$5M.

Since the administrative expenses associated with the CTN program are not eligible for reimbursement under the RHCPP, we are currently seeking additional sources of funding to cover these expenditures. Currently, the University of California is providing primary “in kind” support for the CTN program. CETF has also provided an additional \$300,000 in bridge funding to support administrative and operational expenditures. This amount is in addition to their \$3.3M pledge to support the required 15% payment by CTN.

In summary, the projected annual funding required to support network and infrastructure expenditures for Year 6 and beyond (calculated in 2009 dollars) totals \$4.4M - \$5.5M.

FCC Standard Rural Health Care Program (“Standard” Program)

Based upon a preliminary analysis by USAC of the original 900+ Participant sites submitted for the CTN program, it is estimated that 30% of the sites are eligible for the Standard Program. Using this figure, as well as the estimated cost to connect each Participant, we derive the following:

Description	Cost
Connection Cost per Participant under CTN RHCPP	\$500
Urban T1 Cost (actual quoted cost, Sacramento CA)	\$150
(CTN RHCPP Cost – Urban Cost) x 0.6	\$210

We estimate that approximately 200 – 300 CTN Participants will qualify for the FCC Standard Health Care Program, following termination of the RHCPP. Each site will qualify for an approximate \$200 per month offset.

California Public Utilities Commission California Teleconnect Fund (CTF) Program.

The CTF will provide 50% reimbursement for remaining telecommunications expenses for eligible health care providers, after all other third-party payer amounts have been deducted. For CTF purposes, all Participants that are eligible under the RHCPP are also eligible under CTF. After lengthy discussions and negotiations with the CPUC, we have determined that during the RHCPP funding

period, the CTF will fund 7.5% of the monthly network charges for each of the CTN Participants. For the estimated \$500 per month charge, the reimbursement amount would be \$37.50, regardless of rurality status. The percentage reimbursement from CTF following termination of the RHCPP would in principal, be greater. We are continuing discussions with CPUC in order to determine the potential funding amounts that will be available to eligible CTN Participants following termination of the RHCPP. Regardless of program funding regulations however, the actual amount available through the program will be highly dependent upon the California State Budget and consequently, cannot be precisely determined at present.

Monthly Subscription Fee and Participant Survey Status

During Summer, 2008, CTN surveyed over 500 potential Participant sites in order to determine how best to structure the network and which services would be of most interest. Following is a very brief itemization of survey topics:

1. Interest in participating in the CTN
2. Telemedicine and other clinical services that would be of value
3. Educational services of interest
4. Technical and administrative expertise available at the local site
5. Technical and administrative expertise desired from CTN
6. Telecommunications services currently supported
7. Cost of currently supported telecommunications services
8. CTN monthly subscription fee that would be acceptable

The final survey query is particularly relevant to the CTN development of a sustainable infrastructure. The median acceptable monthly subscription fee was found to be \$200. We are currently anticipating that a monthly subscription fee will be levied against all CTN Participants, beginning with their initial enrollment in the RHCPP and continuing throughout their membership. The subscription fees may be levied incrementally: during the RHCPP funding period, a lower fee will be levied. At the termination of the RHCPP, we estimate a fee of approximately \$200 will be levied. We are in the process of developing a Memorandum of Understanding (MOU) that all Participants will be required to execute as part of membership. The MOU will delineate the requirement to pay a reduced subscription fee throughout the RHCPP funding period, followed by a subscription fee sufficient to cover remaining costs after all other payor sources have been applied. We estimate this final amount to be approximately \$200 - \$300 per month.

Appendix F contains a draft MOU document that itemizes the principal terms and conditions that circumscribe the joint and individual responsibilities of the CTN and each Participant organization. In particular with regard to sustainability, the MOU in final form will formalize the requirement that each Participant organization pay a monthly subscription fee as well as adhere to various restrictions on network use as proscribed in the FCC Order. The MOU is currently being reviewed and revised by UC Davis Health system Legal Affairs. A final draft is anticipated soon and will be included in the next Quarterly Report.

Additional Participants Who Make “Fair Share” Payment Support

A large number of for-profit health care and other commercial organizations have expressed interest in accessing services on the CTN. We are actively engaged in discussions with these groups. Invariably the question arises: “what will be the cost to participate?” Following completion of the initial CTN RFP process in late Q2, 2009, a detailed financial pro forma will be prepared that will inform interested

organizations. We will remain cognizant of the requirement that during the tenure of the RHCPP, ineligible entities must pay their “fair share.” We anticipate that dependent upon services requested, we will charge a premium above fair share that will serve to offset operational and administrative expenses. CTN is also engaged in active discussions with major non-profit health care funding organizations that have expressed an interest in providing grants and other funding for CTN activities. These efforts are in the early phases of discussion, but could lead to significant underwriting of CTN health care activities.

Summary

CTN has already begun developing funding sources and reimbursement models that will ultimately lead to a self-supporting network. Three principal sources will provide significant funding:

1. Eligible rural Participants will apply for funding under the USF Standard Program.
2. California Public Utilities Commission, California Teleconnect Fund will provide as much as 50% reimbursement of eligible telecommunications expenses (subject to state budgets).
3. Individual CTN Participants will be required to execute a Memorandum of Understanding that specifies a certain tenure of membership (five years or more) as well as agreeing to pay a monthly subscription fee (see Appendix F).
4. CTN is actively seeking additional funding sources from non-profit health care funding organizations, as well as for-profit organizations that may pay “fair share” plus an additional increment.

We will strive to ensure sustainability of the CTN by developing these funding sources. We anticipate that well in advance of the termination of the RHCPP, CTN will have developed effective agreements with state, federal and non-profit healthcare funding organizations, as well as for-profit health care organizations. These in aggregate, will provide a significant percentage of funding needs. Any residual amounts will be allocated out to the membership at large in the form of a monthly subscription fee.

CTN will provide a much more in-depth sustainability plan in the quarter report following completion of the initial RFP process (estimated July, 2009), when actual projected costs for network services and infrastructure have been obtained.

Appendix E - Description of the University of California PRIME Program

Rural-PRIME

Training California's future doctors to meet the needs of rural communities

With a founding mission that emphasizes community service, UC Davis School of Medicine recently launched a new program to help increase health-care access for underserved populations living in rural areas.

Called "Rural-PRIME," this unique program is designed to train the best and the brightest students for a fulfilling career in rural primary care medicine. It is an opportunity that offers a range of experiences, from public health and community service to the use of leading-edge medical technologies like telemedicine.



Rural-PRIME is a combined, five-year M.D. and master's degree program. It focuses on developing physicians who can become leaders and advocates for improving health-care delivery throughout the state's smaller, more isolated communities. Rural-PRIME offers an innovative curriculum, beginning with the first year of medical school. It is specifically geared toward students from rural backgrounds who have a strong desire to make a difference in communities like the ones they were raised in.

Significant Features of Rural-PRIME

- Clinical experiences through rural preceptorships and immersion in rural communities
- Mentoring by rural physicians for a deeper understanding about the small community practice and public health leadership
- Clinical technique (Doctoring) courses taught by rural physician faculty, with an emphasis on cultural sensitivity and rural case studies
- Integrated master's degrees in Public Health, Medical Informatics or other health-care related fields
- Core clinical clerkships focusing on culture, health-care issues, epidemiology and economics in rural California
- Extensive experience and opportunities to use the latest health-care technology and telecommunications:
 - Computerized patient simulators at UC Davis Center for Virtual Care provide realistic experience and training in emergency medicine and trauma care;
 - Innovative clinical training center, with patient actors, offers skills training in a life-like setting;
 - High tech telemedicine connections, offering quick access for remote areas to the specialty care of UC Davis Health System (as a longtime leader in the use of this technology, UC Davis now has an internationally recognized program);
 - State-of-the-art medical education facility, with 'smart' classrooms and distance learning capabilities, connecting rural physicians with the resources of an entire academic health system.

UC DAVIS
SCHOOL OF MEDICINE



"Students at UC Davis will train for rural medicine in a way far different from their predecessors. Our focus combines team medical practice, advanced information and telecommunication technologies and evidenced-based medicine, while still recognizing what has always made rural medicine fulfilling and fun: that broad scope of practice, great relationships with patients and the knowledge that you are making a difference."

Thomas Nesbitt, M.D.,
Executive Associate Dean,
UC Davis School of Medicine

Rural-PRIME is part of the University of California's "Programs in Medical Education."

It is designed to produce physician leaders who are trained in and committed to helping California's underserved communities.

**For more information:
(916) 734-4105**

Appendix F – Draft Terms and Conditions for the CTN Memorandum of Understanding

The CTN MOU will be executed between each eligible Participant and the Regents of the University of California, on behalf of the CTN Consortium. The MOU will delineate the following:

1. Terms and Conditions for adherence to RHCPP regulations.
2. Agreement for UC to operate the CTN on behalf of the Participant.
3. Agreement by Participant to execute Letters of Agency to permit CTN to order circuits, contract for managed services, etc., with Contractor(s).
4. Delineation of financial and operational liability between Participant and CTN.
5. Affirmation by Participants of their agreement to pay a monthly subscription fee.
6. Detailed itemization of ineligible uses of RHCPP-funded facilities and resources and agreement by Participant to abide by appropriate use restrictions.

Draft Terms and Conditions

Following is a first draft of Terms and Conditions for the CTN MOU. A final document will be completed prior to CTN application for a Funding Commitment Letter and will be included in the appropriate Quarterly Report. CTN will obtain a signed MOU from each eligible Participant, prior to initiation of any services funded under the CTN RHCPP.

Definitions

CTN-C: refers to the CTN project management authority (Regents of the University of California on behalf of the CTN Consortium; delegated authority to UCOP and UCDHS).

RHCPP-

USAC –

FCC –

RHCPP -

CTF --

CETF -

Organization – a company, cooperative, corporation or other legal entity composed of, or representing establishments that provide health care services.

Organization Sites – sites that provide health care services, that will participate in the CTN and are listed in Attachment XX of this agreement.

Representative: an individual or corporate entity that represents a health care organization and that is authorized to legally execute agreements on behalf of the organization.

Funding Source: a government agency or private organization or company that provides financial subsidies to the CTN and that may establish rules, regulations and requirements for eligibility of Organization sites that must be met in order to receive subsidies under its program.

Eligible Site – an establishment that provides health care services and that meets the minimum Eligibility Requirements in order to receive financial subsidies under the terms of the RHCPP.

Ineligible Site – an establishment that provides health care services, but does not meet the minimum Eligibility Requirements in order to receive financial subsidies under the terms of the RHCPP

Contractor – companies or vendors who provide network and other services to the CTN under the RHCPP.

Subcontractor – companies or individuals engaged by Contractor for the purposes of providing equipment or services to Participant.

Written Notice – communications between CTN-C and Participant that require written notice shall be executed in any one following fashions:

1. Physical documents delivered or mailed between Participant and CTN-C.
2. Email documents electronically delivered between Participant and CTN-C.
3. Electronic documents attached to email or sent electronically by other means.

Etc.

Terms and Conditions

1. Affirmation of Participation - Organization confirms its intention to participate as an Eligible Organization in the California Telehealth Network's Rural Health Care Pilot Program and to abide by all terms, conditions, regulations and edibility requirements established by CTN Funding Sources.
2. Term of Agreement – The maximum effective term of this MOU shall be from date of execution until the Date of Termination of the CTN RHCPP.
3. Date of Termination – shall be the date of termination of funding under the FCC RHCPP, or any earlier date established by the CTN-C at its sole discretion.
4. Acknowledgement of Funding Sources – Representative hereby acknowledges that the CTN-C receives funding to support the CTN from multiple federal and state agencies and programs, including, but not limited to:
 - a. the FCC RHCPP
 - b. California Teleconnect Fund (CTF)
 - c. California Emerging Technology Fund (CETF)
5. Liability – Organization hereby acknowledges:
 - a. CTN-C assumes no financial liability for operation or maintenance of the CTN or any of the services provided.
 - b. *Etc. (this clause will require careful, extensive edits by attorneys...)*
6. Suspension or Termination of Service
 - a. CTN-C may at its sole discretion, establish a Date of Termination of the CTN RHCPP, after which no services will be provided to Organization.
 - b. CTN-C may establish at its sole discretion, a Date of Termination that is applicable to only one or more of Organization's Sites, after which no services will be provided, regardless of whether the CTN-C continues to provide services to other of Organization's sites or other Participant sites not affiliated with Organization.
7. Eligible Status – Representative affirms that Organization's Sites listed in Attachment XX are Eligible Sites under the FCC RHCPP.
8. Due Diligence Confirming Eligibility – Organization hereby acknowledges:
 - a. CTN-C has informed Organization that to the best of its knowledge, Organization's participating sites, as listed in Attachment XX, are Eligible Sites.
 - b. Organization is responsible for independently confirming the eligibility status of its participating sites listed in Attachment XX.

9. Waiver of Liability - Organization agrees to hold CTN-C harmless in the event that a participating site is determined to be an Ineligible Site under any of the currently applicable CTN Funding Sources.
10. Program Restitution – In the event that one or more of the Funding Sources that provide subsidies to the CTN determine that one or more of Organization’s participating sites listed in Attachment XX are not eligible for funding under their subsidy program, Organization agrees to assume sole responsibility for any financial or other restitution that may be required under the applicable terms and conditions established by the Funding Source.
11. Authoritative Communications – Organization agrees to accept email communications from CTN-C as the authoritative mode of communications. Organization further agrees to provide and maintain an email address that will serve as the authoritative means of receiving official notifications and documents from CTN-C.
12. Power of Attorney (?)– USAC and FCC Activities: Participant hereby authorizes the CTN-C to act on its behalf before the Federal Communications Commission (FCC) in matters related to the Rural Health Care Pilot Program.
13. Telecommunications Carrier Letters of Agency – Organization agrees to execute one or more Letters of Agency naming CTN-C as their authoritative representative for the purposes of ordering, provisioning and maintaining telecommunications services associated with the CTN RHCPP. Such Letters shall have form and content compatible with the requirements stipulated by Contractor, their designated Sub-Contractors or service providers.
14. Power of Attorney - Contractor Activities: Organization hereby authorizes the CTN-C to act on its behalf in communications, negotiations and operational direction of Contractor activities related to the RHCPP. Organization authorizes CTN-C to act on its behalf in the following matters associated with implementation and maintenance :
 - a. Negotiation and execution of contracts and agreements related to CTN RHCPP services.
 - b. Ordering of circuits, hardware, software and other services that are intended for installation and operation at Organization’s Sites.
 - c. Serve as the sole authority to coordinate, negotiate, schedule, manage and maintain services provided to Organization under the RHCPP, including, but not limited to the following operational and contractual agreements with Contractor.
 - i. Negotiation and execution of service contracts and agreements.
 - ii. Arbitration of service or financial issues.
 - iii. Selection and authorization of network hardware, software and services provided to Participant under the RHCPP.
 - iv. *Etc.*
15. Voluntary Termination of CTN Participation: Organization agrees to the following terms in the event that Organization elects to terminate participation in the CTN in whole or in part at any or all of its participating Sites listed in Attachment XX:
 - a. Provide a minimum of 30 days advance written notice to CTN-C.
 - b. Return to CTN-C all hardware, software and equipment provided under the CTN RHCPP within 30 days following the final date of participation in the CTN.

- c. Terminate use of all equipment, software and services provided by the CTN-C under the RHCPP, immediately following the date of termination of participation in the CTN.
 - d. In the event that Organization's Site continues to use equipment, software, or services provided under the CTN RHCPP following the date of termination of participation, Organization agrees to pay the current "fair share" cost for these services. Fees shall be levied on a monthly basis and will not be prorated for partial month usage. Fees shall be determined solely by the CTN-C and shall be equivalent to fees charged to Ineligible Organizations.
16. Change in Eligibility Status: Organization agrees to the following terms in the event that to the best of its knowledge, one or more Organization's Sites has, or will become an Ineligible Site:
- a. Provide at least 30 days prior written notice to CTN-C of a pending change in eligibility status.
 - b. In the event that Organization does not elect to continue participation in the CTN at an Ineligible Site, Organization agrees to terminate use of all CTN resources immediately following the final month of participation as an Eligible Site.
 - c. In the event that Organization elects to continue participation in the CTN as an Ineligible Site, Organization acknowledges the following:
 - i. CTN-C reserves the right to reprioritize Organization's status, to reduce the level of services that will be provided and may elect to rescind the option to continue Organization membership in CTN.
 - ii. *Etc.*
17. Retroactive Assignment of Ineligible Organization fees: Organization agrees to pay any accrued subscription or other fees that may become due and payable resulting from a retroactive designation of Organization Site as an Ineligible Site. Such change in designation may result from a re-evaluation of status by CTN-C, FCC, USAC, or other authorized representative of an organization providing funding to the CTN. Such fees shall be payable retroactive to the first month during which Participant Organization became ineligible. Participant will be credited for any payments made as an Eligible Organization during the equivalent period and such payments shall offset the total retroactive payment due as an Ineligible Organization.
18. Subscription Fee : Organization hereby agrees to pay a regular subscription fee for each participating site listed in Attachment XX, as a requirement for participation in the CTN, subject to the following terms and conditions:
- a. CTN-C will charge a monthly subscription fee, payable in advance, due on the first of each month of service.
 - b. CTN-C will invoice Participant for the current monthly subscription fee at least xx weeks prior to the start of the first month of service.
 - c. CTN-C may from time-to-time, change the monthly subscription fee. CTN-C will notify Participant xx months/weeks in advance of any changes in monthly subscription fee.
 - d. CTN-C will not otherwise issue invoices for subscription fee payments on a regular basis. Participants shall be required to continue monthly subscription fee payments at the currently applicable monthly rate as herein specified.

- e. *Additional T&C's on Subscription fees: late charges, discontinuing of service from non-payment, etc.*
- 19. Ancillary Equipment and Service Offerings: CTN-C may offer to Organization additional equipment or services that are not reimbursable under the RHCPP or other CTN funding programs. Organization may elect to subscribe to these offerings, with the understanding that payment for such equipment and services will be the sole responsibility of Organization.
- 20. Miscellaneous Fees: Organization hereby agrees to pay additional charges and fees for any miscellaneous equipment, software or services not otherwise covered under the RHCPP and for which prior authorization has been obtained from Organization by CTN-C. Payment shall be due and payable upon receipt of invoice from CTN-C.
- 21. CTN-C the Sole Authority : Organization hereby recognizes the CTN-C as the sole authority empowered to negotiate terms, execute contracts, modify service agreements, or obligate the CTN in any way for services rendered under the RHCPP. Organization shall be solely financially and legally responsible for any unauthorized obligations.

Additional terms of service

- 22. Eligible Services – Organization agrees to restrict the use of CTN resources to those health care related activities that have been designated as eligible under the RHCPP (*reference(s) for delineation of eligible activities*) including, but not limited to the following terms and condition:
 - a. Attachment YY of this MOU provides a partial list of services that have been currently designated by FCC and USAC as ineligible uses of RHCPP resources.
 - b. assume full responsibility for compliance with RHCPP health care services eligibility requirements.
 - c. Acknowledges that the authoritative source for designations of eligibility of services shall be FCC and USAC (*references*).
 - d. Agrees to hold CTN-C harmless in the event that this MOU or any other CTN-C publication, communication or announcement fails to properly designate a particular health care activity as ineligible, either due to mischaracterization or omission.
 - e. Agrees to regularly review the use of CTN resources at Organization's Sites listed in Attachment XX and to validate that such resources are only used for eligible health care activities.

Sections to be Added:

Formal Termination of CTN RHCPP

T&C's regarding what will happen at the end of the RHCPP – how participants will continue membership.

Appropriate Use

CTN may monitor network communications from Organization's Site to ensure appropriate use

Attachment YY: Itemization of Ineligible Uses and Agreement by Participant to Abide by RHCPP Restrictions

1. Affirmation of Agreement by Participant
2. Detailed itemization of uses that are ineligible under the RHCPP
 - a. Senior Housing
 - b. Educational Services
 - c. Etc..