

**Communicare, Inc.  
Quarterly Data Report  
(October, 2012)**

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

<b>1. Project Contact and Coordination Information.</b>		
<b>a. Identify the project leader(s) and respective business affiliations.</b>	James L. Hillman, Director – Finance, Communicare, Inc. Gary D. Campbell, Director – Operations, Communiare, Inc.	
<b>b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.</b>	Address:	Communicare, Inc. 107 Cranes Roost Ct. Elizabethtown, KY 42701
	Telephone:	(270) 765-2605
	Fax:	(270) 769-0836
	E-mail:	<a href="mailto:gcampbell@communicare.org">gcampbell@communicare.org</a> <a href="mailto:jhillman@communicare.org">jhillman@communicare.org</a>
<b>c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.</b>	Communicare, Inc. 107 Cranes Roost Ct. Elizabethtown, KY 42701	
<b>d. Explain how project is being coordinated throughout the state or region.</b>	This project now only involves Communicare, Inc. All coordination is accomplished by the Operations Department throughout the region.	
<b>2. Identify all health care facilities included in the network.</b>		
<b>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>		
<b>Communicare facilities:</b>		
Regional DDID/Hardin County Industries 320 Ring Road Elizabethtown, KY 42701 Hardin County 270-769-3377 Census Tract #: 0017.00 RUCA Codes: 2/2.1	Adult Crisis Stabilization Unit 100 Gray Street Elizabethtown, KY 42701 Hardin County 270-765-2605 Census Tract #: 0012.00 RUCA Codes: 1/1.0	Elizabethtown Clinic 1311 North Dixie Elizabethtown, KY 42701 Hardin County 270-769-1304 Census Tract #: 0012.00 RUCA Codes: 1/1.0
Radcliff Clinic 1072 South Dixie Ave. Radcliff, KY 40160 Hardin County 270-351-8166 Census Tract #: 0007.00 RUCA Codes: 1/1.0	Bardstown Clinic 331 South 3 <sup>rd</sup> Street Bardstown, KY 40004 Nelson County 502-348-9206 Census Tract #: 9904.00 RUCA Codes: 4/4.2	Lebanon Clinic 65 Old Springfield Road Lebanon, KY 40033 Marion County 270-692-2509 Census Tract #: 9702.00 RUCA Codes: 7/7.0
Hardinsburg Clinic 607 Old Highway 60E Hardinsburg, KY 40143 Breckinridge County 270-756-5816 Census Tract #: 9602.00 RUCA Codes: 10/10.0	Leitchfield Clinic 300 South Clinton St. Leitchfield, KY 42754 Grayson County 270-259-4652 Census Tract #: 9503.00 RUCA Codes: 7/7.0	Brandenburg Clinic 2075 Bypass Plaza, Ste 104 Brandenburg, KY 40108 Mead County 270-422-3971 Census Tract #: 9704.00 RUCA Codes: 10/10.1

<p><b>b. For each participating institution, indicate whether it is:</b></p> <ul style="list-style-type: none"> <li><b>i. Public or non-public;</b></li> <li><b>ii. Not-for-profit or for-profit;</b></li> <li><b>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.</b></li> </ul>	<p><b>NOTE:</b> We are a Community Mental Health Center (CMHC) and all locations are non-public, not-for-profit, and eligible health care providers.</p>
<p><b>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:</b></p>	
<ul style="list-style-type: none"> <li><b>a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;</b></li> <li><b>b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;</b></li> <li><b>c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;</b></li> <li><b>d. Number of miles of fiber construction, and whether the fiber is buried or aerial;</b></li> <li><b>e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.</b></li> </ul>	<p>AT&amp;T who was the only bidder for our project and has installed our T1s under Kentucky Information Highway pricing. This is a simple network consisting of point-to-point broadband connections at T1s. Our program is a regional network and will not connect to the national backbone. However, we will eventually connect to the national backbone through a single point in the Kentucky Behavioral Telehealth Network (KBTN). There was no construction involving fiber. There are no special network management systems.</p>
<p><b>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.</b></p>	
<ul style="list-style-type: none"> <li><b>a. Health care provider site;</b></li> <li><b>b. Eligible provider (Yes/No);</b></li> <li><b>c. Type of network connection (e.g., fiber, copper, wireless);</b></li> <li><b>d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);</b></li> <li><b>e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);</b></li> <li><b>f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);</b> Federal Communications Commission FCC 07-198 74</li> <li><b>g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.</b></li> <li><b>h. Provide a logical diagram or map of the network.</b></li> </ul>	<p>AT&amp;T has installed T1s (1.5 Mbps) at all sites listed in Block 2a. Our program is a regional network and will not connect to the national backbone. However, we will eventually connect to the national backbone through a single point in the Kentucky Behavioral Telehealth Network (KBTN). All connections have been made. Network diagram is provided as Figure 1 at the end of this document.</p>
<p><b>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.</b></p>	
<ul style="list-style-type: none"> <li><b>a. Network Design</b></li> <li><b>b. Network Equipment, including engineering and installation</b></li> <li><b>c. Infrastructure Deployment/Outside Plant</b> <ul style="list-style-type: none"> <li><b>i. Engineering</b></li> <li><b>ii. Construction</b></li> </ul> </li> <li><b>d. Internet2, NLR, or Public Internet Connection</b></li> </ul>	<p>Since we have fielded a simple point-to-point T1 network and there are no engineering, construction, or other non-recurring costs. We have elected not to connect to Internet2, NLR, or Public Internet Connection as part of this program. We are currently invoicing.</p>

<p><b>e. Leased Facilities or Tariffed Services</b>  <b>f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)</b>  <b>g. Other Non-Recurring and Recurring Costs</b></p>	
<p><b>6. Describe how costs have been apportioned and the sources of the funds to pay them:</b></p>	
<p><b>a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.</b>  <b>b. Describe the source of funds from:</b>  <b>i. Eligible Pilot Program network participants</b>  <b>ii. Ineligible Pilot Program network participants</b>  <b>c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).</b>  <b>i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.</b>  <b>ii. Identify the respective amounts and remaining time for such assistance.</b>  <b>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.</b></p>	<p>Since Communicare has fielded a simple T1 network within our organization, cost will be easy to allocate. Cost is allocated to each applicable Communicare unit will connected. Communicare is eligible and there will be no ineligible users. Our 15% share of the cost is paid out of our operating budget and no other contributions are anticipated. This program with our 15% contributions will allow us to establish broadband networks that are robust enough to meet the Telehealth needs throughout our region.</p>
<p><b>7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.</b></p>	
<p>There are no plans to connect any ineligible entities.</p>	
<p><b>8. Provide an update on the project management plan, detailing:</b></p>	
<p><b>a. The project's current leadership and management structure and any changes to the management structure since the last data report; and</b></p>	<p>Needs determination and project implementation will continue to be accomplished by the Project Working Group, which consists of the following members:</p> <ul style="list-style-type: none"> <li>• James Hillman, Director – Finance (Project Coordinator)</li> <li>• Gary Campbell, Director- Operations (Assistant Project Coordinator)</li> <li>• Lance Heffer, Director-Mental Health Clinical Services</li> <li>• John Lyon, Specialist – Information Technology</li> <li>• Kristy McGrew, Assistant to the CEO</li> </ul>

**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.**

Communicare will provide virtual presence communication-based videoconferencing and training services at nine (9) community mental health facilities throughout the region for people needing access to mental health services. Pipelines funded by the Federal Communications Commission's (FCC's) Rural Healthcare Pilot Program will interconnect existing client service buildings. Communicare's Mental Health Clinics, Crisis Unit, Developmental Disabilities Directorate will be interconnected with each other on a region-wide broadband network with further interconnection capabilities. Our MIS Department at Administration will maintain the network.

We conducted an internal pilot during FY 2009. We established a point-to-point connections between Communicare Regional DDID and Communicare Administration. The test was successful.

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

Communicare, Inc. has fielded a simple T1 type broadband networks, thus we do not believe that sustainability will be a significant issue for this agency. Communicare Inc. operates all locations within the network and will cover the required 15% match out of our general operating budget for the duration of the FCC Rural Healthcare Pilot Program. We anticipate operating the broadband network for the foreseeable future. Since we are only fielding a small T1 network with a relatively small investment of program funds, we believe sustaining the network for an additional five years or until technology changes dictate an upgrade is appropriate. Our plan is to participate in the FCC's regular program when our allocated Pilot Program funds are exhausted. Communicare's estimated monthly cost for our match will be \$497, which is also not significant to the operating budget.

**Terms of Membership in the Network:** Only Communicare, Inc. operated facilities/programs will be included in this broadband network, so no individual site fees are needed. The network will be managed by the Communicare, Inc. Operations through its MIS department. No other entities, outside agencies, eligible or ineligible, will use Communicare's broadband lines. One exception is our Breckinridge County Industries (sheltered workshop for developmental and intellectually disabled clients), which will occasionally use the Hardinsburg Clinic circuit. Breckinridge County Industries is also operated as part of the Communicare Regional Community Mental Health Center. Since all users belong to Communicare, no individual user agreements are needed. Since all funds used are out of the overall Communicare operating budget, site specific financial or time agreements are needed. There is no excess bandwidth to be funded.

**Excess Capacity:** Communicare Inc. will only be fielding point-to-point broadband circuits to connect facilities within our own organization. These dedicated circuits will be used strictly for healthcare purposes and will not include excess capacity for other uses.

**Ownership Structure:** Communicare, Inc. will be solely responsible for all broadband circuits linking agency programs. No outside agencies are included or involved.

**Sources of Future Support:** Communicare Inc. will support our own network in the future. The agency will pay the required 15% of fielded broadband costs out of our annual operating budget for the duration of RHPP funding. We anticipate applying for funding through the FCC's regular Rural Healthcare Program when RHPP funding is exhausted. At that point, we will continue funding the required 15%.

**Management:** Communicare Inc. will manage the point-to-point circuits within our network. The agency network will be managed by our IT department and no special or significant management considerations or cost is anticipated. Broadband service established will provide efficiency for Communicare as a network which then gives us the reason to spend the money necessary to maintain the network in the years beyond the Rural Healthcare Pilot Program.

Communicare plans to operate a closed network for videoconferencing for eight of clinical facilities ourselves, having

determined that we can afford to fold the ongoing costs into our operating budget, with the assistance we anticipate receiving from the RHC Primary Program. We have reviewed the Primary Program's urban rate requirements of \$336 for our area and believe our sites will qualify this assistance. In addition to the pipelines, we will have installed approximately \$175,000 in telecommunications equipment (i.e. Tanberg systems, routers, switches, etc.) with the network. In addition to greater efficiency, we expect to save dollars and increase productivity through less travel by our staff.

Challenges in serving the behavioral health needs of our clients have always included the recruitment and retention of psychiatric prescribers. This is largely due to the distance of our outlying clinics from not only our hub county, but also from the Louisville Metropolitan area in which the vast majority of our prescribers live. These distances also contribute to the huge costs associated with providing medical behavioral health services, notably mileage reimbursement and time spent traveling that significantly diminishes the treatment capacity of any particular clinic. In that regard, our telehealth network will create clinical and financial efficiencies that would certainly enhance consumer access to much-needed services. We believe a significant savings in travel will occur due to the tele-therapy, on-line meetings, remote staffing, and distance training the network will allow.

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

- 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.**

T1s have been installed and we are currently getting the end equipment in place. We are providing Telemental Health services to/from our Hardinsburg, Lebanon, and 320 Ring Road Elizabethtown sites. End equipment has been installed and remaining site and services are being ramped up.

**11. Provide detail on how the supported network has complied with 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**

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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.

This network will allow Communicare to provide remote mental health support during disasters and emergencies. It will also help provide immediate access to services during individual mental crises.

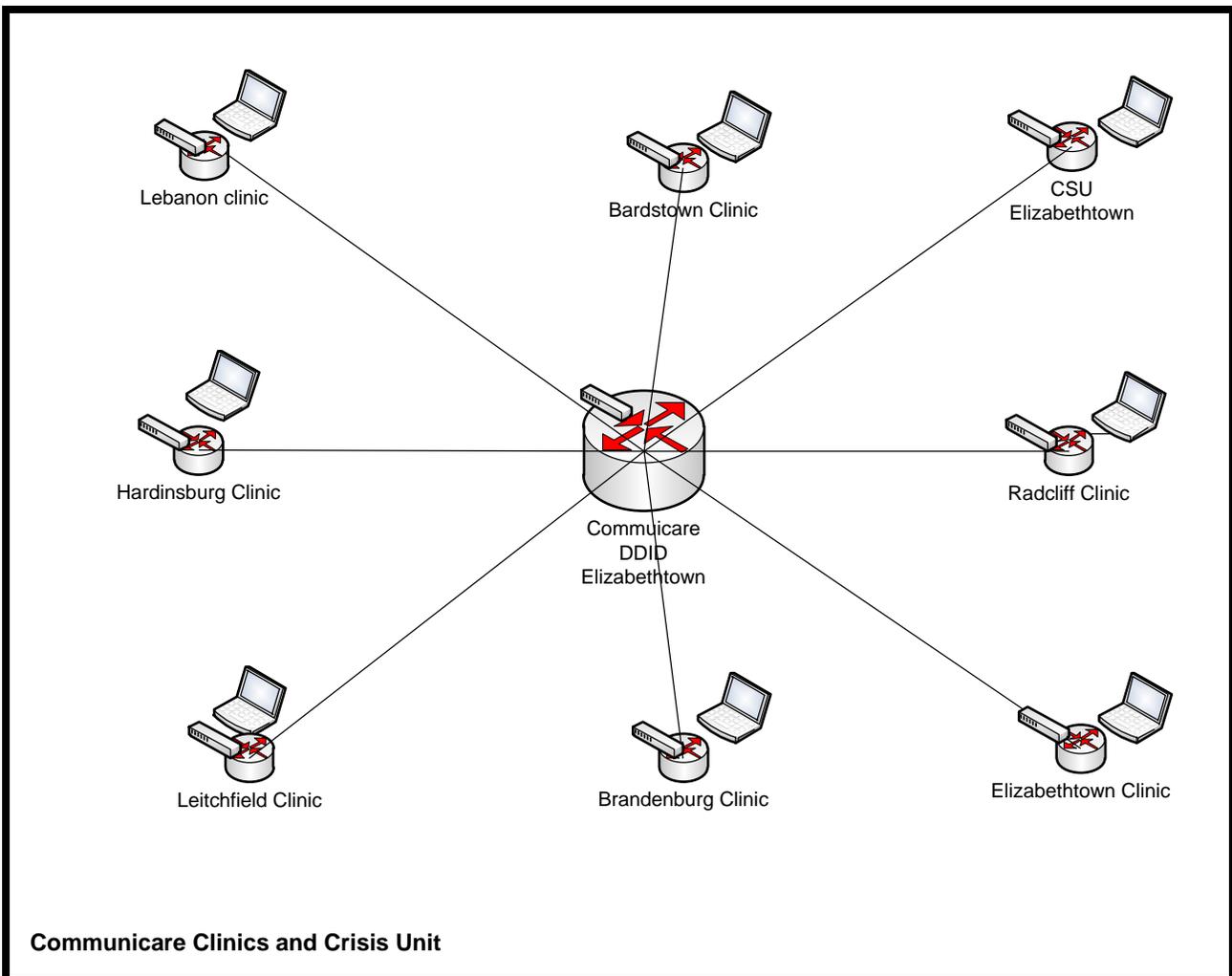


Figure 1: Communicare network connection diagram.