

# Frequently Asked Questions - Last Updated: 12/10/2009

## GENERAL

[I just heard about the CTN. Is it too late to apply?](#)

[What is the CTN? What is it for, and what are the benefits?](#)

[Who is eligible?](#)

[Who is NOT eligible?](#)

[What is the process to become an eligible member?](#)

[Why can't sites request submission of a new Form 465 filing?](#)

[Why is a California Telehealth Network \(CTN\) needed?](#)

[What are the goals of the CTN project?](#)

[Who are the partners involved in this project?](#)

[How does this project fit with other California initiatives around broadband access and technology?](#)

[How will the CTN help my community?](#)

[What is the difference between the CTN and CTF \(California Teleconnect Fund\)?](#)

[If an urban underserved area has broadband already, is there benefit in requesting to participate?](#)

[How can a clinic or hospital in my area connect to the network?](#)

[What is telemedicine?](#)

[Are all the initiatives related?](#)

## CONNECTIVITY

[Is the broadband connection going to use fiber optics?](#)

Does the CTN only provide network connectivity? If so, why should we switch services?

Is this a managed land line to a specific network? Is it an organized VPN via the internet that allows access to other organizations?

We are interested in obtaining a higher speed connection to the CTN. Are such connections available and if so, can we receive CTN financial support for such connections?

We are an existing regional health care network that consists of several sites that are connected to a central Hub site. The Hub site provides a connection to the Public Internet. We wish to participate in the CTN, but want to preserve our existing network structure by possibly replacing our existing Public Internet Connection with a single high-speed connection between our network Hub site and the CTN Core network. Can this be accomplished?

Will access to the Public Internet be provided?

We currently participate in the FCC “Standard Program” that provides partial subsidies for our network connections. We have executed an “Evergreen” contract with our telecommunications provider that extends for another (xx) months – can we switch over to the CTN without compromising our financial obligations under the existing contract?

## **OPERATIONS**

What does it mean to be part of the “network”?

Will the CTN pay for existing lines?

Will the CTN pay for connectivity between a single clinic's multiple sites?

What technologies will CTN pay for?

How long will the CTN funding last?

Is the CTN providing internet services to all health care locations?

Our organization originally submitted LOA’s for several of our clinics. We would now like to add an additional clinic to our LOA submissions. Can we simply add the new clinic to our existing LOA, or do we need to submit an entirely new LOA?

If we do not sign the CTN membership agreement, may we do so at a later date?

What is the Universal Service Administrative Company (USAC)? How are they involved in the Rural Health Care Pilot Program (RHCPP)?

Does my facility need to be located in a rural area to participate and receive funding?

Can I receive telecommunications funding/reimbursement from both the Rural Health Care Pilot Program (RHCPP) and the regular USAC Rural Health Care program for the same telecommunications connection?

Can I join more than one Rural Health Care Pilot Program network? If I have an LOA on file with the California Telehealth Network am I excluded from participating in other networks?

If I am in the regular USAC Rural Health Care Program and I am under contract how will switching to the Rural Health Care Pilot Program be handled?

If I decide not to participate in the California Telehealth Network this year can I join later?

What is the difference between the CTN and CTF (California Teleconnect Fund)?

We have an order in for lines, can we be on the list to get an MOU?

We have an educational group from a local school that wishes to use our network connection during the evenings to teach school children how to use the Internet. Is this permissible?

We are being purchased by another health care organization. Can we continue to participate in the CTN?

We are moving our operations to a new facility. Can we continue to participate in the CTN?

We submitted an LOA for a clinic that is closing/moving; what do we need to do?

Our organization wishes to apply for a (grant/contract or participate in a program) that is only open to CTN members. We would like to submit an LOA for our clinics and obtain membership in time to apply for the (grant/contract/program). Is that possible?

[We plan to move our network communications facilities to a centralized, dedicated Information Technology \(IT\) Center. Will this affect our eligibility?](#)

## **GENERAL**

### **I just heard about the CTN. Is it too late to apply?**

CTN is currently not accepting new LOA's. Sites who wish to join the CTN are encouraged to email their site's name and contact information to "CTN@ucdmc.ucdavis.edu". If in the future, CTN determines that a new Form 465 filing is possible, all sites who have sent an email will be contacted and the LOA process will be made available.

### **What is the CTN? What is it for, and what are the benefits?**

The University of California was awarded a \$22.1 million project from the Federal Communications Commission and a \$3.6 million grant from the California Emerging Technology Fund to develop the California Telehealth Network (CTN). The CTN vision is to provide managed, sustainable, medical grade broadband access to community anchor institutions throughout California. These institutions, connected together through a high speed network to academic centers, data centers, application service providers and insurers, will form the basis for a technology enabled health care system.

The benefits of membership in the CTN are that CTN will serve as an "honest broker" to connect sites with value-added health services such as clinical consultants; access to a suite of donated and commercial services available to network members including patient education, professional continuing education for the academic health centers, hosted electronic health records through commercial application service providers; and the opportunity to participate in medical research opportunities.

### **Who is eligible?**

Public and not-for-profit health care providers are eligible to receive funding. For purposes of the Pilot Program, the definition of "Health Care Provider" is the same as that of Section 254(h)(7)(B) of the Communications Act and the FCC's rules for the existing Rural Health Care (RHC) program.

Eligible health care providers include:

Post-secondary educational institutions offering health care instruction, teaching hospitals, or medical schools;  
Community health centers or health centers providing health care to migrants;  
Local health departments or agencies including dedicated emergency departments of rural for-profit hospitals;

Community mental health centers;  
Not-for-profit hospitals;  
Rural health clinics, including mobile clinics;  
Consortia of health care providers consisting of one or more of the above entities;  
and  
Part-time eligible entities located in otherwise ineligible facilities.

### **Who is NOT eligible?**

Private physician offices or clinics  
Nursing homes or other long-term care facilities (e.g., assisted living facilities)  
Residential substance abuse treatment facilities  
Hospices  
Emergency medical service facilities (e.g., rescue squads, ambulance services) \*\*  
For-profit hospitals  
Home health agencies  
Blood banks  
Social service agencies  
Community centers, vocational rehabilitation centers, youth centers

\*\*Although emergency medical service facilities themselves are not eligible providers for purposes of the RHC Pilot Program, Pilot Program funds may be used to support costs of connecting an emergency medical service facility to eligible health care providers to the extent that the emergency medical services facility is part of the eligible health care provider. Any additional questions or further clarification related to eligibility for the Rural Health Care Pilot Program can be addressed by contacting Universal Service Administrative Company's (USAC) customer Service: Toll-Free: (800) 229-5476.

USAC will also review each entity to ensure that each health care provider (HCP) site qualifies for participation in the Rural Health Care Pilot Program (RHCPP). If USAC has questions during their review they may contact you directly for clarification.

### **What is the process to become an eligible member?**

CTN is required to execute a Letter Of Agency (LOA) with every site for which funding support is requested under the RHCPP (Rural Health Care Pilot Program). Once a site completed and returned the documents that were initially posted on our website we submitted them to the Universal Services Administrative Company (USAC, the administrative manager of the RHCPP on behalf of the FCC) as part of a formal program filing, termed the "Form 465 Filing". In addition to the LOA, CTN must provide detailed documentation regarding the type of health care services provided by each site, licensure information, taxation status (i.e., for-profit or non-profit), and a host of additional information. USAC reviews the submitted information in great detail and individually determines the eligibility of each

submitted site. Only sites that are determined to be an “eligible entity” by USAC can receive subsidies under the RHCPP.

### **Why can't sites request submission of a new Form 465 filing?**

The submission and review process is complex and lengthy. Not considering the additional time required by CTN to collect and organize the required information, USAC generally requires up to 60 days to formally review and approve a Form 465 submission. Moreover, given the considerable administrative work involved, USAC discourages multiple Form 465 submissions within a given calendar year. Although a complete discussion of Form 465 filing requirements is beyond the scope of this discussion, CTN cannot support addition of new sites or changes in eligibility of existing sites that require filing of a new Form 465, except at most, on an annual basis.

### **Why is a California Telehealth Network (CTN) needed?**

California's population is rapidly growing and expected to reach 42 million or more by 2020. Approximately 5 million live in rural areas – over 80% of the state is rural. California has the most diverse population of any state, with both the benefits and challenges of multiculturalism, particularly as these relate to improving access to care for medically underserved groups and communities.

Advances in telecommunications and new information technologies can help overcome health disparities by helping to: bridge geographic distances; redistribute medical knowledge and expertise; and create new venues for education. The CTN brings the benefits of innovative telehealth and telemedicine services to areas where the need for those benefits is most acute.

### **What are the goals of the CTN project?**

With funding from the Federal Communications Commission (FCC)'s Rural Health Care Pilot Program and other investors (e.g., California Emerging Technology Fund and UnitedHealth Group Inc.), the CTN project plans to address the following five goals:

- (1) Create a statewide broadband network dedicated to health care, connecting public and non-profit health care providers in rural and urban locations;
- (2) Link the CTN to a national backbone, connecting government research institutions, academic, public, and private health care institutions, giving health care providers increased access to medical expertise, continuing education and research;
- (3) Leverage and build upon recent investments in telehealth;

(4) Utilize CTN for ongoing disaster preparedness training to enhance California's ability to provide a rapid, coordinated response to a national crisis; and

(5) Report back to the FCC on the pilot program and suggested revisions to the FCC's current rural health rules.

### **Who are the partners involved in this project?**

California's proposal was developed by a working group of major state institutions and stakeholders including the Office of Governor Arnold Schwarzenegger, several major state governmental entities responsible for health, business and telecommunications matters, the University of California (Office of the President and UC Davis Health System, as joint partners), non-profit organizations such as the California Emerging Technology Fund (CETF), and California public and non-profit health care providers, including existing regional rural health networks. A list of proposal partners is included in the press kit.

### **How does this project fit with other California initiatives around broadband access and technology?**

The CTN project intends to leverage and build upon California's historic and recent investments in telehealth. Over the past several years, a number of new and exciting initiatives have been launched in California to advance the use of telecommunications and health care technology. Significant among these are Governor Schwarzenegger's Health Information Technology (HIT) Executive Order (S-12-06, signed July 2006), which allocated \$240 million to achieve full information exchange between health care providers and stakeholders within ten years, and his Broadband Executive Order (S-23-06, signed November 2006), which established a broadband task force to promote broadband access and usage. Also important are efforts of CETF, California's Telemedicine & eHealth Center's regional eHealth networks, the California Teleconnect Fund (administered by the California Public Utilities Commission), and the University of California's Proposition 1D funding.

### **How will the CTN help my community?**

Your community could benefit from increased access to specialty medical care. The services offered through the new statewide network will build upon existing telemedicine services offered by UC and within the state's existing telemedicine networks. These services will include direct clinical care to patients at a distance through a variety of innovative telemedicine applications, including video-based consultations, emergency room and intensive care consultation, video-interpreting, telepharmacy, and store-and-forward services such as pediatric telecardiology.

The new statewide network could provide consultation services in more than forty specialties, continuing education/distance learning, and disaster preparedness

training for health professionals throughout California. The network will also provide more California health care providers with access to new technologies currently being developed within UC and elsewhere, in areas such as in-home monitoring, teleconsultation, and other cutting-edge health care services.

### **What is the difference between the CTN and CTF (California Teleconnect Fund)?**

The California Telehealth Network (CTN) was established in 2007 with a grant from the Federal Communications Commission's Rural Health Care Pilot Program (RHCPP) to deploy subsidized bandwidth. It is an actual program that provides broadband service. The CTN seeks to dramatically expand the availability and adoption of broadband among health care community anchor institutions.

The California Teleconnect Fund (CTF) is a fund you apply to for help paying for the bandwidth you get (a "bank account"). CTF was established in 1996 by the California Public Utilities Commission (CPUC) and is solely funded by the California State Budget through an end-user surcharge on intrastate telecommunications services. CTF discounts are contingent on funds appropriated and available under the State Budget.

### **If an urban underserved area has broadband already, is there benefit in requesting to participate?**

Although the emphasis of the FCC funding is on rural connectivity, the overall goal of the project partners is to help eventually create a statewide Telehealth network serving a majority of the state's healthcare facilities. If an urban underserved facility feels it would benefit from being a part of that (including the chance for improved connectivity, and/or other benefits from being part of the network – distance learning, disaster preparedness, and involvement in other state and national Telehealth efforts) it could be beneficial for them to complete the survey and register their interest.

### **How can a clinic or hospital in my area connect to the network?**

Partner organizations are working towards a long term vision of a ubiquitous statewide network, for which the FCC pilot project is a building block. California will begin with a focus on rural communities and expanding statewide to serve all California health providers. An initial list of health care providers (meeting certain FCC criteria) was identified with possible participants in the first phase of the CTN. Your clinic/hospital can complete an online assessment survey to indicate your interest in the project.

Sites that complete the assessment survey and who meet criteria responsive to the FCC's request will be considered for participation in the pilot project. It is anticipated that non-public and for-profit private providers and managed health systems will be able to contribute to the success of California's pilot project and the

development of a comprehensive statewide telemedicine system. An appropriate subscription fee will be determined.

### **What is telemedicine?**

Telemedicine is most commonly defined as the use of live interactive video-conferencing for medical care. Telemedicine typically uses bandwidth seven times than of standard telephone lines and special high-resolution cameras. Telemedicine is part of the field of Telehealth which can be defined as the use of telecommunications and information technologies for the provision of health care at a distance. New methods continue to evolve over time, but this includes real time videoconferencing as well as store and forward methodologies. Related words – eHealth, Telehealth

### **Are all the initiatives related?**

The initiatives (CTN, Prop 1D, and CCCH Specialty Care Safety Net) are separate but related as they are being overseen by UC. Proposition 1D, an equipment loan program, is a separate initiative from the CTN. Both Prop 1D and the CTN will have a profound impact on telehealth in California and both initiatives are under the direction of the UC Office of the President (CTN is co-directed by UC Davis). As an infrastructure bond, Prop 1D supports the construction of buildings and purchase of equipment. The CTN, funded by the Federal Communications Commission and guided by an advisory council of various stakeholders, supports the deployment of broadband technology.

The California Center for Connected Health (CCCH) Specialty Care Safety Net Initiative is a collaborative effort between University of California (UC) medical school specialty departments and safety net clinics in California. Through a CCCH supported “laboratory” UC specialists will provide specialty consultation services to primary care providers in safety net clinics.

The laboratory environment will provide access to specialty services for safety net patients via telemedicine and telehealth technologies, provide education services (through physician assisted patient consults and CME presentations) to the safety net providers, determine new and innovative ways in which to utilize telemedicine/telehealth and health information technologies to improve the quality, safety and efficiency of specialty care, and determine what, if any, policies or regulations prohibit wide spread adoption of telemedicine in the University of California and the safety net clinic environments.

While the programs complement one another, each has different criteria for inclusion.

## **CONNECTIVITY**

### **Is the broadband connection going to use fiber optics?**

We are currently not sure which mechanisms (e.g., fiber optics, copper, etc.) will be used to create the broadband connections; it will depend on the winning bids for each part of the network. A satellite component is also expected to be created, the prime purpose of which is redundancy (in the case of disruption from natural disasters, etc.) but it will also be available as the sole connection to sites where terrestrial broadband is not available or is prohibitively expensive. The CTN will take advantage of existing fiberoptic infrastructure and as new fiberoptic links become available through the carriers, the new work will seamlessly be rerouted over them.

### **Does the CTN only provide network connectivity? If so, why should we switch services?**

The CTN will be a true peer-to-peer network within which each site will have access to all available services and applications. Each customer will receive a broadband connection to the CTN Virtual Private Network (VPN) that will provide direct, medical-grade connectivity to all other CTN sites, plus connection to a wide host of external networks and services. The architecture and service offerings are designed such that every potential customer, regardless of location, can obtain service.

The CTN will provide “value added” network management services to the network including monitoring, vendor relations, and health information exchange support. The CTN will provide a service to identify and assist with securing subsidy from appropriate federal and state programs and serve as an “honest broker” to connect sites with such things as clinical consultants, develop a suite donated and commercial services available to network members including such things as patient education, professional continuing education for the academic health centers, hosted electronic health records through commercial application service providers, facilitate research opportunities.

Although non-for-profit aggregators of broadband currently exist, none have approached this problem as comprehensively as the CTN. Numerous organizations are collaborating with the common goal of facilitating the near-term adoption of technology enabled healthcare applications, as well as ensuring long-term financial and clinical viability.

### **Is this a managed land line to a specific network? Is it an organized VPN via the internet that allows access to other organizations?**

The CTN architecture is comprised of an IP-based, MPLS-routed VPN incorporating a very high speed, high capacity fiber core network that connects to multiple ILEC/CLEC/ provider-based landline local loop services. Access to

external networks is provided through peering points with various regional, statewide and national network service providers. In aggregate the CTN

**We are interested in obtaining a higher speed connection to the CTN. Are such connections available and if so, can we receive CTN financial support for such connections?**

All eligible participants in the CTN are assured of receiving the standard network service connection, currently providing 1.5 megabits-per-second (Mbps) service. This service is also referred to as “DS1” service. Depending upon a host of factors, including participant location and availability of local/regional telecommunications provider capacity, higher speed circuits may be available. CTN has contracted with our Prime Contractor to provide a limited number of high-speed connections at approximately 9 Mbps. These circuits are considerably more expensive and regardless of regional availability, CTN must carefully assess the aggregate financial impact. Currently we are basing approval of high-speed service primarily upon the size of the requesting health care entity as well as the acuity of the services provided. For example, we anticipate providing the high-speed service to participating Critical Access Hospitals.

**We are an existing regional health care network that consists of several sites that are connected to a central Hub site. The Hub site provides a connection to the Public Internet. We wish to participate in the CTN, but want to preserve our existing network structure by possibly replacing our existing Public Internet Connection with a single high-speed connection between our network Hub site and the CTN Core network. Can this be accomplished?**

CTN can support connections to an existing health care network. There are numerous technical and administrative issues that must be considered in doing so however. We encourage the technical representatives for your site to contact the CTN and begin discussing the various issues. Following are some points to consider in deciding upon the Hub connection:

- i. The CTN network design has been optimized to support a physical architecture in which each site connects directly to the CTN Core Network. Although connecting through an existing Hub site can work, performance, security and facilitation of high-priority real-time functions like telemedicine videoconferencing may be partially compromised.
- ii. Directly connecting each participant site to the CTN Core Network will not compromise or alter existing network activities. The “any-to-any” network design of the CTN will provide seamless support for all current

and future network activities. The end-user experience will be identical to that derived under the current hub-and-spoke model.

- iii. Under the CTN direct-connect service, CTN technical staff are responsible for end-to-end performance and users will be provided a “one-stop shopping” experience, as there will be a single central support service that will provide comprehensive assistance. Under a Hub-connection model, the individual sites as well as the central Hub site will bear certain responsibilities. The allocation of responsibilities for network support is described in detail in the CTN Request for Proposal #2008-001, available at the following web address: <http://www.ucdmc.ucdavis.edu/ctn/RFPdocuments.html>. Please refer to Section 2.7 of the RFP for a detailed discussion of connecting a Hub Site.

### **Will access to the Public Internet be provided?**

Access to the Public Internet will be provided to every connected site through the CTN; however, the primary purpose of the CTN, as specified by the FCC is to support "dedicated health care activities". Consequently, CTN reserves the right to implement if necessary, "content filtering" at the interface to the Public Internet. Such filtering may be employed to limit extraneous Web traffic in particular, thereby prioritizing the use of the network to legitimate health care related activities. CTN-LA is carefully studying this issue and there are no firm plans to implement this feature at present.

### **We currently participate in the FCC “Standard Program” that provides partial subsidies for our network connections. We have executed an “Evergreen” contract with our telecommunications provider that extends for another (xx) months – can we switch over to the CTN without compromising our financial obligations under the existing contract?**

There are circumstances under which an existing Evergreen contract can be terminated when an organization becomes a participant in the CTN. The circumstances are highly specific to the particulars of the individual site, so it is best to contact CTN and work directly with our representatives to determine when and under what circumstances, you can terminate your existing Evergreen contract.

## **OPERATIONS**

### **What does it mean to be part of the “network”?**

Appendix A in the original FCC proposal describes how the network will be constructed. It explains the access to specialty providers, new technologies, and nationwide “backbone” connectivity the network will provide. Non-public and for-profit providers and systems are also expected to join the network (by subscription)

so in essence being “part of the network” will connect sites to a range of services and capabilities, both statewide and nationally.

### **Will the CTN pay for existing lines?**

A site has to be selected to be a part of the CTN, and then the connections would be paid for by the program. No double dipping between CTN and the normal RHC program is allowed.

### **Will the CTN pay for connectivity between a single clinic's multiple sites?**

(e.g., if a hospital is part of a health care system with multiple clinics and urgent care centers will all the facilities be considered for sequencing as a group to be installed at the same time). Each facility within a system should complete a survey, primarily because location - not system-membership - is likely to have more bearing on sequencing - i.e., if several facilities are close to each other - whether or not they're in any kind of system - they're more likely to be sequenced to be connected at the same time.

### **What technologies will CTN pay for?**

The program is technology neutral; a technical advisory subcommittee will determine the technology to be used for the network later, and Requests for Proposals (RFPs) were competitively bid out to any carrier.

### **How long will the CTN funding last?**

The FCC funding will last for three years beginning with 2009 funding year.

### **Is the CTN providing internet services to all health care locations?**

The CTN will allow a site to connect to the California Telehealth Network; to a nationwide “backbone” (i.e., National LambdaRail, Internet2); and to the public internet. The network will also provide two key capabilities that are currently not a standard part of broadband connections: HIPAA-compliant security and Quality of Service, insuring high quality for videoconferencing and other critical real-time applications, such as telefetal monitoring, telecardiology, etc. The CTN will be managed and maintained 24x7, with comprehensive Help Desk functions available for problem reporting, tracking and resolution.

### **Our organization originally submitted LOA's for several of our clinics. We would now like to add an additional clinic to our LOA submissions. Can we simply add the new clinic to our existing LOA, or do we need to submit an entirely new LOA?**

Each individual site must have an LOA on file and qualify for eligibility. CTN is currently not accepting new LOA's. Sites who wish to join the CTN are

encouraged to email their site's name and contact information to "CTN@ucdmc.ucdavis.edu". If in the future, CTN determines that a new Form 465 filing is possible, all sites who had sent an email will be contacted and the LOA process will be made available.

**If we do not sign the CTN membership agreement, may we do so at a later date?**

Yes. Eligible sites are welcome to sign the membership agreement when they would like to participate. While it is anticipated that an opportunity will be provided for sites to join the CTN in the future the rates offered for connectivity may differ. In addition, the RHCPP is limited to a set number of sites and sites that decide to participate in the CTN at a later time may run the risk of no longer being eligible according to the FCC requirements as set forth by USAC. If you are interested in joining the CTN in the future, please email your site's name and contact information to "CTN@ucdmc.ucdavis.edu".

**What is the Universal Service Administrative Company (USAC)? How are they involved in the Rural Health Care Pilot Program (RHCPP)?**

USAC is the organization appointed by the FCC to be responsible for overseeing, administering and managing the Rural Health Care Pilot Program (RHCPP) according to the requirements set forth by the FCC. The California Telehealth Network is one of 69 networks authorized for funding under the Rural Health Care Pilot Program. USAC also administers a number of other telecommunications reimbursement programs for the FCC including the Schools and Libraries e-rate program.

**Does my facility need to be located in a rural area to participate and receive funding?**

No, while the Rural Health Care Pilot Program (RHCPP) emphasizes connecting rural health care providers, urban providers are also eligible for funding under the Rural Health Care Pilot Program. One of the goals of the network is to connect rural providers with urban providers.

**Can I receive telecommunications funding/reimbursement from both the Rural Health Care Pilot Program (RHCPP) and the regular USAC Rural Health Care program for the same telecommunications connection?**

You are not allowed to "double dip" or receive funding from both programs for the same service. See question above for more guidance related to participation in both the regular and the pilot program simultaneously.

**Can I join more than one Rural Health Care Pilot Program network? If I have a signed LOA with the California Telehealth Network am I excluded from participating in other networks?**

You are allowed to join multiple networks; however, California submitted a single coordinated proposal to the FCC so in our case CTN is rather unique in that this effort is being coordinated on a larger statewide-basis, rather than among multiple smaller pilot program networks. However, if you are approached to participate in another RHCPP network the FCC and USAC do not exclude you from doing so, but it may not be necessary since many of the Pilot Program networks will be connecting to National LambdaRail or Internet2, which will interconnect between many of the various pilot program networks.

**If I am in the regular USAC Rural Health Care Program and I am under contract how will switching to the Rural Health Care Pilot Program be handled?**

Neither the Rural Health Care Pilot Program nor the regular Rural Health Care program will pay early termination or contract penalties for existing services. The pilot program does not allow “double dipping,” or obtaining reimbursement for the same telecommunication connection under both the regular and the pilot program. The connection to the California Telehealth Network must be viewed as providing different services and not duplicate services funded by the regular program. The California Telehealth Network is currently exploring ways to handle the transition of applicable telecommunications between the regular program and the pilot program. USAC has provided the following guidance as it relates to participation in the regular and pilot programs and duplication and overlap of service:

The regular rural health care program and rural health care pilot programs are two separate and distinct programs. There is no prohibition against HCPs participating in both programs at the same time, as long as there is no 'long term' duplication of service or “double dipping” for essentially the same or similar service. It is fully expected that in the course of provisioning new and/or improved services, an overlap with existing services may develop over the short-term.

Common sense dictates that a reasonable period of time will be needed to transition the overlapping and duplicative service(s) to the new one(s). USAC asks that circumstances surrounding the overlap's what, where, when, why and how be documented.

**If I decide not to participate in the California Telehealth Network this year can I join later?**

While it is anticipated that an opportunity will be provided for sites to join the CTN in the future, the rates offered for connectivity may differ. In addition, the RHCPP is limited to a set number of sites and sites that decide to participate in the CTN at a later time may run the risk of no longer being eligible according to the FCC requirements as set forth by USAC. If you are interested in joining the CTN in the future, please email your site's name and contact information to "CTN@ucdmc.ucdavis.edu".

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## **We have an order in for lines, can we be on the list to get an MOU?**

The initiatives (CTN, Prop 1D, and CCCH Specialty Care Safety Net) are separate but related as they are being overseen by UC. Proposition 1D, an equipment loan program, is a separate initiative from the CTN. Both Prop 1D and the CTN will have a profound impact on telehealth in California and both initiatives are under the direction of the UC Office of the President (CTN is co-directed by UC Davis). As an infrastructure bond, Prop 1D supports the construction of buildings and purchase of equipment. The CTN, funded by the Federal Communications Commission and guided by an advisory council of various stakeholders, supports the deployment of broadband technology.

The California Center for Connected Health (CCCH) Specialty Care Safety Net Initiative is a collaborative effort between University of California (UC) medical school specialty departments and safety net clinics in California. Through a CCCH supported "laboratory" UC specialists will provide specialty consultation services to primary care providers in safety net clinics. The laboratory environment will provide access to specialty services for safety net patients via telemedicine and telehealth technologies, provide education services (through physician assisted patient consults and CME presentations) to the safety net providers, determine new and innovative ways in which to utilize telemedicine/telehealth and health information technologies to improve the quality, safety and efficiency of specialty care, and determine what, if any, policies or regulations prohibit wide spread adoption of telemedicine in the University of California and the safety net clinic environments.

While the programs complement one another, each has different criteria for inclusion.

**We have an educational group from a local school that wishes to use our network connection during the evenings to teach school children how to use the Internet. Is this permissible?**

No. The FCC, the principal funder of the CTN Project, has established very explicit regulations regarding what activities are permissible. In general, all uses of the network must be health care related. Even some health care related functions may not be permissible: for example, certain psychological or substance-abuse counseling activities are not permitted under the FCC regulations.

In initially qualifying your site for participation, CTN worked closely with the FCC to substantiate eligibility of sites, considering in particular, the types of qualifying health care activities supported. If you anticipate using the CTN Network for any new activities, even if they appear to be health care related, it is best to check with the CTN before doing so. We will clarify their eligibility with the FCC and assist you in implementation.

**We are being purchased by another health care organization. Can we continue to participate in the CTN?**

Your continued participation will depend upon a number of factors, including the tax status of the new parent company. In general, “for profit” entities are not eligible for reimbursement under the FCC program that finances the CTN. If the health services that are rendered at your site are due to be expanded or changed, eligibility may also be affected. To confirm if your site still meets the criteria for eligibility please go to <http://www.fcc.gov/cgb/rural/rhcp.html>

If you are no longer eligible & would like to continue participation as a share of cost member please contact the CTN at (916) 734-3008.

**We are moving our operations to a new facility. Can we continue to participate in the CTN?**

CTN will work with you to provide seamless transfer of network services to your new facility. This is of course, premised upon the availability of equivalent network availability from local/regional providers at your new site. We advise you to contact us at the earliest opportunity to begin planning for the move. The minimum time usually required to establish a new service is between 60 and 90 days.

**We submitted an LOA for a clinic that is closing/moving; what do we need to do?**

Please send an email to “CTN@ucdmc.ucdavis.edu” with your change.

Current CTN eligible sites can make the following changes:

- Name change
- Move an existing eligible site to a new location
- Change in site contact information, contact personnel, etc.

**Our organization wishes to apply for a (grant/contract or participate in a program) that is only open to CTN members. We would like to submit an LOA for our clinics and obtain membership in time to apply for the (grant/contract/program). Is that possible?**

CTN is currently not accepting new LOA's. Sites who wish to join the CTN are encouraged to email their site's name and contact information to “CTN@ucdmc.ucdavis.edu”. If in the future, CTN determines that a new Form 465 filing is possible, all sites who have sent an email will be contacted and the LOA process will be made available.

**We plan to move our network communications facilities to a centralized, dedicated Information Technology (IT) Center. Will this affect our eligibility?**

Quite possibly. The FCC program funds can only be used to provide reimbursement for connections to sites where eligible health care delivery activities occur. In general, dedicated IT locations that are physically separate from eligible health care facilities (even if located on the same campus) do not qualify except in certain very restricted circumstances. Please contact CTN to discuss your planned move. If your new site is no longer eligible and you would like to continue participation as a share of cost member please contact the CTN at (916) 734-3008 for further information.