

IN THE MATTER OF	*	BEFORE THE
	*	
BALTIMORE NURSING AND	*	MARYLAND
	*	
REHABILITATION, LLC	*	HEALTH CARE COMMISSION
	*	
The Establishment of a	*	Matter No. 15-24-2366
Comprehensive Care Facility d/b/a/	*	
"Restore Health" in Baltimore City	*	
	*	
* * * * *	*	* * * * * *

**REPLY OF LIFEBRIDGE HEALTH, INC. TO
BALTIMORE NURSING AND REHABILITATION, LLC'S
MOTION TO STRIKE LIFEBRIDGE'S REQUEST FOR INTERESTED PARTY STATUS**

LifeBridge Health, Inc. ("LifeBridge"), by its undersigned counsel, hereby replies to the Motion to Strike and/or Motion in Opposition to LifeBridge Health, Inc.'s Request for Interested Party Status filed by Baltimore Nursing and Rehabilitation, LLC ("BN&R") in the above-captioned matter before the Maryland Health Care Commission ("Commission"), and states:

For the reasons set forth below, LifeBridge meets the regulatory definition of an "Interested Party" and BN&R's motion to strike or deny LifeBridge's request for interested party status in this review should be denied.

LifeBridge Is "Adversely Affected" as Defined in the Commission's Regulations Because LifeBridge Is Authorized to Provide the Same Service as the Applicant in the Same Planning Region Used for Purposes of Determining Need.

BN&R argues that in order to qualify as an interested party LifeBridge must prove or provide evidence of specific adverse effects of the proposed project on LifeBridge, such as a material adverse effect on LifeBridge's quality of care or a substantial depletion of essential personnel or other resources. BN&R's argument is based on a

fundamental misreading of COMAR 10.24.01.01B(2), which defines “adversely affected” for these purposes as follows (emphasis added):

"Adversely affected", for purposes of determining interested party status in a Certificate of Need review, as defined in §B(19) of this regulation, **means that a person:**

- (a) Is authorized to provide the same service as the applicant, in the same planning region used for purposes of determining need under the State Health Plan** or in a contiguous planning region if the proposed new facility or service could reasonably provide services to residents in the contiguous area;
- (b) Can demonstrate that the approval of the application would materially affect the quality of care at a health care facility that the person operates, such as by causing a reduction in the volume of services when volume is linked to maintaining quality of care;
- (c) Would suffer a substantial depletion of essential personnel or other resources by approval of the application by the Commission; **or**
- (d) Can demonstrate to the reviewer that the person could suffer a potentially detrimental impact from the approval of a project before the Commission, in an issue area over which the Commission has jurisdiction, such that the reviewer, in the reviewer's sole discretion, determines that the person should be qualified as an interested party to the Certificate of Need review.

BN&R seems to read this definition as listing subsections (a) through (d) in the conjunctive, whereas they are clearly listed in the disjunctive. That is, BN&R interprets the definition as stating that in order to be “adversely affected” a person must meet the requirements of (a) *and* (b) *and* (c) *and* (d). This is not correct. What it clearly states is that in order to be “adversely affected” a person must meet the requirements of (a) *or* (b) *or* (c) *or* (d).

Regardless of whether LifeBridge would be “adversely affected” as described in subsections (b), (c), or (d), there is no doubt that LifeBridge is “adversely affected” as described in subsection (a), because LifeBridge is “authorized to provide the same service as the applicant, in the same planning region used for purposes of determining need under the State Health Plan”. As LifeBridge stated in the second paragraph of its

Comments: "Through its subsidiary Levindale Hebrew Geriatric Center and Hospital ('Levindale'), LifeBridge provides comprehensive care facility ('CCF') services in the same planning area as proposed in the Application (Baltimore City). LifeBridge would be adversely affected by the approval of the Application."

There is no basis for reading subsection (a) as if it were followed by the word "and", as BN&R seems to do. The Commission's regulations clearly differentiate between conjunctive and disjunctive clauses, as illustrated by the very next definition in COMAR 10.24.01.01B (emphasis added):

(3) "Aggrieved party" means:

(a) An interested party who:

(i) Presented written comments on an application to the Commission, both to the reviewer and in the form of exceptions to a proposed decision that is adverse to the position of that person, **and**

(ii) Would be adversely affected by the final decision of the Commission;

or

(b) The Secretary.

The Commission's definition of "aggrieved party" further demonstrates that in order to file comments on an application an "interested party" does not always have to provide evidence of specific adverse effects, because if that were the case then the person would have already made that showing and subsection (a)(ii) of the foregoing definition would be superfluous. Under the Commission's regulations a person who is authorized to provide the same service as the applicant, in the same planning region used for purposes of determining need under the State Health Plan, is *automatically deemed* to be "adversely affected" for purposes of determining interested party status in a CON review. However, if the same person wished to take a judicial appeal of the Commission's final decision, under the terms of COMAR 10.24.01.09F(2) it might have to meet a somewhat different standard in that the person would have to be "adversely

affected by the final decision” and would not automatically be deemed to meet that test by being authorized to provide the same service in the same jurisdiction, because the definition of “adversely affected” at COMAR 10.24.01.01B(2) applies by its terms to determining interested party status but not necessarily to determining aggrieved party status.

**This Reading of the Commission’s Regulation is Both Logical
And Confirmed by Other Commission Regulations.**

The Commission’s policy of deeming a provider of the same service in the same planning region to automatically meet the requirements for interested party status makes eminent sense because the Commission’s evaluation of need for a health care service in a planning region is based on the premise that any provider of the service located within the planning region can and will provide its share of the need of the defined population for that service, and the Commission’s definition of the planning region for a particular service is based on its assessment of the feasibility of providers located within that region meeting the need for that service. Thus, the need projection methodology for nursing home beds states that beds “are counted in the jurisdiction where they are located, regardless of the jurisdiction of origin of patients using the beds”. COMAR 10.24.08.07F(1). The State Health Plan’s need methodology assumes, for example, that a nursing home located anywhere in Baltimore City can meet a pro rata share of the need for services of Baltimore City residents, but that a nursing home located in Garrett County cannot do so¹.

¹ Except to the extent that the nursing home bed need methodology assumes that 50% of the historical outmigration to other jurisdictions will continue to be served by nursing homes outside the planning area. Under that assumption it is possible that a small fraction of the Baltimore City need would be met by nursing homes in Garrett County.

It necessarily follows that a new provider of a service in a planning area (in this case, Baltimore City) will reduce the need/demand for that service from the other providers of the same service in the same planning area, which in turn will result in lower utilization of the capacity of the other providers *unless* there is additional need/demand equal to or greater than the new utilization captured by the new provider. And lower utilization of a provider inevitably has some adverse effects on the provider, including less efficient operation and lower (and potentially negative) operating margins resulting from reduced revenues² in conjunction with fixed facility costs. In other words, since all providers of the same service in the same planning region are in competition with each other, it is obvious that there is some potential adverse effect on each of them when a new provider of the service is added in that planning region. The Commission recognizes this fact of life by making such providers automatically eligible to participate as interested parties without requiring needless time and effort inquiring into the particulars of the likely future adverse effects on such providers.

In fact, the Commission's regulation goes even further, by stating that a person is also deemed to be "adversely affected" for these purposes if it is authorized to provide the same service "in a contiguous planning region if the proposed new facility or service could reasonably provide services to residents in the contiguous area". This policy follows the same logic outlined above: if a new facility is proposed in Area "A" but could reasonably be expected to provide services to residents of adjacent Area "B", then it will potentially reduce the utilization of the existing providers in Area "B" and no further

² As pointed out in LifeBridge's Comments, reduced volume does not equate to reduced revenue in the case of an acute or specialty hospital in Maryland which is subject to the HSCRC's Global Budget Revenue (GBR). The Specialty Hospital beds at Levindale are subject to the GBR, but the remainder of the beds at Levindale are licensed as Comprehensive Care Facility (CCF) and are not subject to GBR; in the case of Levindale's CCF beds, reduced volume equates to reduced revenue.

showing of adverse impact is required if such a provider wishes to participate as an interested party. **Only if a provider is located outside the planning region** where the proposed facility would be located (and outside the contiguous areas which the proposed facility could reasonably serve) is it required to make a showing that the proposed facility would have an adverse effect on it by “materially affect[ing] the quality of care”, or by causing a “substantial depletion of essential personnel or other resources”, or that “the person could suffer a potentially detrimental impact” of some other sort.

It is significant that the regulation’s qualification that a provider will be deemed to be adversely affected “if the proposed new facility or service could reasonably provide services to residents in the contiguous area” only applies in the case of a provider located in a “contiguous area”. There is *no such qualification* in the case of a provider located in the same planning area. In other words, the Commission’s regulations *presume* that a provider of the same service located in the same planning area *could reasonably provide services to any residents of that planning area*. Ipso facto, a new provider in the planning area would compete with existing providers in the planning area and would have an adverse impact on them, at least to the extent that the new capacity is not offset by additional need.

It is apparent that the Commission’s definition at COMAR 10.24.01.01B(2) of “adversely affected” for purposes of determining interested party status establishes a series of independent and mutually exclusive provisions allowing participation as an interested party in alternative circumstances, ranging from a provider in the same planning region who is automatically deemed to be adversely affected to a person who

must demonstrate to the reviewer that it could suffer a potentially detrimental impact, as follows:

- Subsection (a), 1st clause. A provider qualifies as an interested party if it is authorized to provide the same service as the applicant, in the same planning region used for purposes of determining need under the State Health Plan.
- Subsection (a), 2nd clause. A provider qualifies as an interested party if it is authorized to provide the same service as the applicant, in a contiguous planning region, but only if the proposed new facility or service could reasonably provide services to residents in the contiguous area.
- Subsection (b). A provider qualifies as an interested party if it can demonstrate that the approval of the application would materially affect the quality of care at a health care facility that the person operates.
- Subsection (c). A person qualifies as an interested party if it would suffer a substantial depletion of essential personnel or other resources by approval of the application by the Commission.
- Subsection (d). A person qualifies as an interested party if it can demonstrate to the reviewer that the person could suffer a potentially detrimental impact from the approval of a project and the reviewer determines that the person should be qualified as an interested party to the Certificate of Need review.

Since LifeBridge qualifies as an interested party under the first clause of subsection (a), there is no need for further inquiry as to whether it could qualify under any of the remaining subsections.

**This Reading of the Commission's Regulation is Consistent
With Well-Established Principles of Regulatory Interpretation.**

The interpretation of the Commission's regulation which is offered here is consistent with well-established principles of interpretation of statutes and regulations. Since the regulation uses the word "or" to separate the provisions discussed above, they are alternatives, not cumulative conditions. In *Hoile v. State*, 404 Md. 591, 948 A.2d 30 (2008) (emphasis added), a decision which involved the right of a person to participate in a judicial proceeding pursuant to a rule of procedure, the Maryland Court of Appeals stated:

"To interpret rules of procedure, we use the same canons and principles of construction used to interpret statutes." *State ex rel. Lennon v. Strazzella*, 331 Md. 270, 274, 627 A.2d 1055, 1057 (1993). "We thus look to the plain meaning of the language employed in these rules and construe that language without forced or subtle interpretations designed to limit or extend its scope." *Lee v. State*, 332 Md. 654, 658-59, 632 A.2d 1183, 1185 (1993). Subsection (c) of the Rule goes beyond merely ensuring that victims of crimes committed by juveniles are granted the same rights as other crime victims.

Subsection (c)(1) alone conforms and carries out the provisions of § 11-103.20. Section 11-103(b) refers to twelve specific statutory rights granted to victims. If any of those specific statutory rights are violated, the victim may seek leave to appeal.

In the present case, however, subsection (c)(1) of Rule 8-111 is not what concerns us. Instead, subsection (c)(2) is implicated. Subsection (c)(2) of Maryland Rule 8-111 permits a victim to "participate in the same manner as a party regarding the rights of the victim" This subsection stands as the analog to subsection (c)(1). The two subsections address different contexts: if a victim is aggrieved by an adverse trial court action affecting one or more of the twelve statutory rights referred to in § 11-103(b), subsection (c)(1) applies, and the victim may seek leave to appeal under § 11-103(b); if a victim is content with the implicated trial court action, but a party appeals, the victim may "participate in the same manner as a party" in that appeal, but only with regard to the victim's rights. Victims' rights under subsection (c)(2) extend only as far as, and are subject to, the same limitations as victims' rights under subsection (c)(1) and § 11-103(b).

Our interpretation of subsection (c) of the Rule is supported by the employment in it of the disjunctive connector "or" between (c)(1)

and (c)(2). "The word 'or' is a disjunctive conjunction which serves to establish a relationship of contrast or opposition." *Walker v. Lindsey*, 65 Md. App. 402, 407, 500 A.2d 1061, 1064 (1985). **Accordingly, subsections (c)(1) and (c)(2) must have been intended to be independent and mutually exclusive provisions applying in the different contexts explicated here.**

This interpretation is also consistent with the official rules for drafting Maryland regulations, which state: "Use the conjunctions 'and' or 'or' after the next to last item in a series to show that the tabulated items are inclusive, or that each is exclusive from the other." Style Manual for Maryland Regulations, Division of State Documents, Office of the Secretary of State, (2009) <http://www.dsd.state.md.us/stylemanual.PDF>, §4-6.

BN&R points to the Commission's definition of "interested party" at COMAR 10.24.01.01B(20) in support of its argument that LifeBridge must provide specific evidence that it would be adversely affected by the proposed project:

(20) "Interested Party" means a person recognized by a reviewer as an interested party and may include:

- (a) The applicant for a proposed project;
- (b) The staff of the Commission;
- (c) A third-party payor who can demonstrate substantial negative impact on overall costs to the health care system if the project is approved;
- (d) A local health department in the jurisdiction or, in the case of regional services, in the planning region in which the proposed service is to be offered; and
- (e) A person who can demonstrate to the reviewer that the person would be adversely affected, in an issue area of which the Commission has jurisdiction, by the approval of a proposed project.

But the foregoing definition does not restrict interested parties to these categories; it says only that an interested party "may include" those persons. The Court of Appeals stated in *Tribbitt v. State*, 403 Md. 638, 943 A.2d 1260 (2008):

The key to proper analysis of this argument rests primarily on *Hackley v. State*, 389 Md. 387, 885 A.2d 816 (2005), and its discussion of the statutory meaning of the words "including" and "means." 389 Md. at 392-

93, 885 A.2d at 819. In *Hackley*, we addressed the construction of a criminal statute that stated "[s]talking' means a malicious course of conduct that includes approaching or pursuing another person" Maryland Code (1957, 1996 Repl. Vol., 2001 Cum. Supp.), Article 27, § 124(a)(3); *Hackley*, 389 Md. at 392, 885 A.2d at 819. We held that the words following "includes" did not make "approaching or pursuing" necessary elements of the offense. We noted, as does Tribbitt in his brief here, that when statutory drafters use the term "means," they intend the definition to be exhaustive. *Hackley*, 389 Md. at 393, 885 A.2d at 819. By contrast, when the drafters use the term "includes," it is generally intended to be used as "illustration and not . . . limitation." *Id.* (internal quotation omitted); see also Maryland Code (1957, 2005 Repl. Vol.), Article 1, § 30 ("The words 'includes' or 'including' mean, unless the context requires otherwise, includes or including by way of illustration and not by way of limitation.").

Moreover, even if the Commission's regulations are interpreted to mean that a person must "demonstrate to the reviewer that the person would be adversely affected" in order to participate as an interested party, COMAR 10.24.01.01B(2) provides further guidance by stating: "'Adversely affected', for purposes of determining interested party status in a Certificate of Need review, as defined in §B(19)³ of this regulation, means that a person ... [i]s authorized to provide the same service as the applicant, in the same planning region used for purposes of determining need under the State Health Plan" Once a person demonstrates that it is authorized to provide the same service in the same planning region, as *LifeBridge has done in this case*, the person has demonstrated that it would be "adversely affected" as defined in the applicable regulation.

³ The cross-reference in §B(2) to §B(19) should be corrected to refer to §B(20). Section B(19) now provides the definition for "Initiation of construction", while §B(20) provides the definition for "Interested party". The definition sections were apparently renumbered but the cross-reference was not updated to reflect the renumbering.

**This Reading of the Commission's Regulation is Consistent
With Long-Standing Commission Practice and Precedent.**

This interpretation of the Commission's regulations – that a person who is authorized to provide the same service as the applicant, in the same planning region used for purposes of determining need under the State Health Plan, is automatically deemed to be “adversely affected” for purposes of determining interested party status in a CON review – is entirely consistent with long-standing Commission practice and with prior decisions of the Commission.

For example, in the most recent nursing home case involving interested parties, *In the Matter of St. Mary's Long Term Care, LLC d/b/a Blue Heron Nursing and Rehabilitation*, Docket No. 13-18-2348 (Recommended Decision, June 23, 2015)⁴, Blue Heron applied for a CON for a 90-bed nursing home in St. Mary's County, and two existing nursing homes in St. Mary's County (LP Lexington Park, LLC d/b/a Chesapeake Shores and St. Mary's Nursing Center, Inc.) were granted interested party status without any findings from the reviewer regarding the likely impact of the project on them. (The Recommended Decision subsequently found that the proposed nursing home was likely to have a significant negative impact on the existing nursing homes in the county, but this was based on the CON review criterion regarding impact on existing providers and the health care delivery system, COMAR 10.24.01.08G(3)(f), and *not* the rules of procedure regarding participation by interested parties.) There is no indication in the record that subsection (d) of COMAR 10.24.01.01B(2) ever came into play; the two existing nursing homes were recognized as interested parties in the review even though the reviewer never “determine[d] that the person should be qualified as an interested

⁴ Blue Heron withdrew its application prior to a final decision by the Commission, but the Recommended Decision nevertheless illustrates the Commission's past practice regarding recognition of interested parties.

party to the Certificate of Need review” based on a “demonstrat[ion] to the reviewer that the person could suffer a potentially detrimental impact from the approval of a project before the Commission, in an issue area over which the Commission has jurisdiction.”

In another recent case, *In the matter of the Application of Seasons Hospice and Palliative Care of Maryland, Inc. to Establish an Inpatient Hospice Unit on the Campus of MedStar Franklin Square Medical Center*, Docket No. 11-03-2318 (Recommended Decision, June 28, 2013), the Commission granted interested party status to two hospices providing services in Baltimore County (Gilchrest Hospice Care and Stella Maris), despite the objections of the applicant to granting them interested party status, and despite the reviewer’s subsequent finding (again, under the CON review criteria) that the project would *not* have a major adverse impact on Gilchrest and Stella Maris. The applicant in that review (Seasons) conceded that a person would be considered “adversely affected” under the Commission’s regulations if that person is “authorized to provide the same service as the applicant, in the same planning region”, but argued that this provision only applied if the applicant proposed a “new facility or services”, while Seasons was an existing provider and was not proposing a new “facility” or a new service, so that “for purposes of determining interested party status, this provision is inapplicable to Seasons, an existing provider of hospice services”. Seasons Hospice and Palliative Care of Maryland, Inc.’s Motion in Opposition to Gilchrest Hospice Care, Inc.’s Request for Interested Party Status, p. 3; Seasons Hospice and Palliative Care of Maryland, Inc.’s Motion in Opposition to Stella Maris Hospice Care, Inc.’s Request for Interested Party Status, p. 3. Seasons also argued that neither Gilchrest nor Stella Maris had shown that they were adversely affected under any of the other subsections

of COMAR 10.24.01.01(B)(2). The reviewer granted interested party status to both Gilchrest and Stella Maris because he found that each of them “provides the same service as the applicant in Baltimore County, the planning region/jurisdiction in which the proposed project would be located; and has demonstrated that it will be adversely affected and could potentially suffer a detrimental impact by the approval of the proposed project ...” Letter from Reverend Robert L. Conway, Commissioner/Reviewer, to Peter P. Parvis, et al., March 8, 2012, pp. 1-2. The argument made by Seasons in that case - that subsection (a) did not apply because Seasons was not proposing a new facility or service – does not apply to the case at hand, because BN&R is admittedly proposing a new facility.

In sum, the Commission’s long-standing practice has been to grant interested party status without any specific proof of adverse impact in the case of providers of the same service in the same planning area in which a proposed project is located.

**LifeBridge Could Suffer a Potentially Detrimental Impact
From the Approval of the BN&R Project**

Even if the Commission were to find that LifeBridge does not automatically meet the “adverse impact” test under subsection (a) of COMAR 10.24.01.01B(2) by virtue of being authorized to provide the same service in the same planning region as the proposed project, LifeBridge would qualify for interested party status under subsection (d) of the same regulation, and subsection (e) of COMAR 10.24.01.01B(20), which apply if the person “[c]an demonstrate to the reviewer that the person could suffer a potentially detrimental impact from the approval of a project before the Commission, in an issue area over which the Commission has jurisdiction, such that the reviewer, in the

reviewer's sole discretion, determines that the person should be qualified as an interested party to the Certificate of Need review.”

The State Health Plan clearly demonstrates that efficient utilization of nursing homes is “an issue area over which the Commission has jurisdiction”. COMAR 10.24.08B(2) states that the Commission may approve a nursing home for expansion only if it has been operating at 90 percent or higher average occupancy for the most recent consecutive 24 months. COMAR 10.24.08B(3) states that the Commission may approve a CON application for a new nursing home only if the average jurisdictional occupancy for all nursing homes in that jurisdiction equals or exceed a 90 percent occupancy level for at least the most recent 12 month period. And the nursing home bed need methodology applies an even more rigorous standard of efficient utilization (95 percent). See COMAR 10.24.08I(6).

According to the most recent information published by the Commission, the average nursing home occupancy for Baltimore City is 87.81 percent, and there are 3,828 licensed nursing home beds in Baltimore City. Approval of BN&R’s application and construction its new 80-bed facility would increase the number of licensed beds to 3,908, an increase in capacity of two percent. If total utilization in Baltimore City remains exactly the same as before, average occupancy of these 3,908 beds would be reduced to 86 percent.⁵ That is, construction of BN&R’s facility would reduce the average utilization of nursing homes in Baltimore City by about two percentage points from what it would otherwise be, all other factors being equal.

If total utilization equals the number implied by the Commission’s latest need projections (which include the optimistic assumption that 50% of the current

⁵ 3,828 beds at 87.81% occupancy = 3,361. $3,361/3,908 = 86.00\%$.

outmigration of nursing home patients to jurisdictions outside Baltimore City will be redirected to nursing homes in Baltimore City), average occupancy would still be below 90 percent.⁶ In other words, **the construction of a new 80-bed facility in Baltimore City would probably prevent the existing nursing homes in the jurisdiction – including Levindale – from operating at an average occupancy of 90 percent or higher.**

BN&R would presumably argue that LifeBridge should go further and quantify the probable impact of BN&R's project on Levindale specifically. This is difficult to do because BN&R failed to comply with the requirement of COMAR 10.24.01.08G(3)(f) that an applicant must provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on access, occupancy, costs and charges of other providers, and on costs to the health care system. The discussion at pages 53–55 of the BN&R application does not provide any information or any analysis of the impact of the project on existing providers. In the absence of more specific information from BN&R, the projected impact on Levindale would presumably be similar to the impact on the average nursing home in Baltimore City, i.e., a reduction of about two percent in its overall utilization rate. While such a reduction in Levindale's utilization would not be catastrophic, it would certainly have an adverse impact on Levindale's operating efficiency and financial condition.

The impact on individual units at Levindale could be more substantial. As noted in LifeBridge's Comments, Levindale recently increased the size of its subacute

⁶ Projected 2016 net bed need is 4,048 - 380 (community-based services adjustment) = 3,668. Projected average utilization at 95% = 3,485. $3,485/3,908 = 89.17\%$.

rehabilitation unit from 35 to 42 beds by reallocating long-term beds. If a major part of the utilization of BN&R's 80-bed facility is short-term rehabilitation, as BN&R anticipates, this could well reduce the average census on Levindale's rehabilitation unit by four or more patients, which would equate to a reduction in the unit's utilization of ten percentage points or more.

WHEREFORE, LifeBridge Health, Inc. requests that the Motion to Strike and/or Motion in Opposition to LifeBridge Health, Inc.'s Request for Interested Party Status filed by Baltimore Nursing and Rehabilitation, LLC be denied, and that LifeBridge Health, Inc. be recognized as an interested party in this review.

Respectfully submitted,

A handwritten signature in cursive script that reads "Richard G. McAlee". The signature is written in black ink and is positioned above a horizontal line.

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 28th of October, 2015, a copy of the REPLY OF LIFEBRIDGE HEALTH, INC. TO BALTIMORE NURSING AND REHABILITATION, LLC'S MOTION TO STRIKE LIFEBRIDGE'S REQUEST FOR INTERESTED PARTY STATUS was sent via first-class mail and/or email to:

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