

March 15, 2018



**STATEWIDE HEALTH
COORDINATING COUNCIL
MEETING**

**DISTRICT OF COLUMBIA GOVERNMENT
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

TO: STATEWIDE HEALTH COORDINATING COUNCIL
FROM: SHPDA STAFF
DATE: March 15, 2018
SUBJECT: Ergo Solutions, LLC

During the PRC meeting on February 22, 2018, the members of the Committee requested that SHPDA staff gather additional information from the D.C. Department of Health Care Finance (DHCF) regarding the need for additional home health care services.

Attached for your review, please find the questions that were raised by the staff and the response from DHCF.

DATE: February 27, 2018

TO: Claudia Schlosberg
Senior Director
Medicaid Director
Department of Health Care Finance

FROM: John Clark
Program Analyst
SHPDA

SUBJECT: Establishment of Home Health Care

On February 22, 2018, the SHPDA's Project Review Committee reviewed a certificate of need application by Ergo Solutions, LLC for the establishment of home health care services. Ergo was established in 2001 and provides rehabilitation therapy services to patients in nursing homes and hospitals. The SHPDA staff recommended denial of the application on the grounds that the Applicant did not demonstrate the need for an additional home care agency. On the other hand, the Applicant maintained that there is a shortage of providers for physical, occupational and speech therapy and that many patients are unable to access home health care services on a timely basis. Thus, the Applicant states, is the result of "the inadequate quality and performance of existing provider agencies."

After hearing from the staff and the Applicant, the members of the Committee have requested that the SHPDA staff obtain additional information from the D.C. Department of Health Care Finance before making a recommendation on the application. Specifically, the members have raised the following questions:

1. How many licensed agencies provide services to Medicaid patients? How many are actually in operation? How many are in the process of being certified?
2. Are there Medicaid certified agencies that do not regularly accept Medicaid patients?
3. How many beneficiaries receive care annually?
4. Are there patients that do not get placed because of shortage of providers or quality of existing agencies?
5. Please identify any gaps in service, such as skilled care, rehabilitation therapies or personal care services.

Please provide responses by March 6, 2018, so that the Committee will consider the information during its March meeting. Thank you for your information.

Selassie, Amha (DOH)

From: Schlosberg, Claudia (DHCF)
Sent: Monday, March 05, 2018 3:28 PM
To: Selassie, Amha (DOH)
Cc: McQueen, Thomas (DOH); Gray, Ieisha (DHCF)
Subject: FW: Ergo Solutions review

Good Afternoon Director Selassie:

Both Ieisha Gray, Director, Long Term Care Administration and I have reviewed the CON application of Ergo Solutions. From review of the application, it appears that Ergo seeks to become a licensed Home Health Agency (HHA) primarily to provide skilled rehabilitation services including occupational and physical therapy to individuals who need these services. If successful in securing a CON, we also assume that ERGO would become a licensed Home Health Agency and would be fully certified under both the Medicare and Medicaid programs. We further assume that services would be billed to Medicare first when appropriate, and that Medicaid would be the payor of last resort in such instances.

While DHCF currently has sufficiently capacity among certified Medicaid Home Health Agencies (HHAs) to provide Medicaid Personal Care Aide Services, current HHAs are not providing occupational therapy or physical therapy. Therefore, we do have a need for HHAs that provide the full compliment of Skilled Home Health services including OT and PT. Accordingly, we support the application of Ergos for a CON for Home Health Services based upon need. We do not have an opinion as to the quality of services provided as we have had no experience with this provider as an HHA.

Please let me know if you have any questions or need additional information.

Thank you for the opportunity to review this application.

Best regards,

Claudia Schlosberg, J.D.
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**STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
899 North Capitol Street, N.E.
Sixth Floor
Washington, D.C. 20002**

STATEWIDE HEALTH COORDINATING COUNCIL MEETING

Date: March 15, 2018
Time: 6:00 p.m.
Place: 899 North Capitol Street, N.E.
6th Floor, Conference Room 6002
Washington, D.C. 20002

AGENDA

- I. Call to Order
- II. Quorum Declaration
- III. Approval of December 14, 2017 Minutes
- IV. Director's Report
- V. Chairperson's Report
- VI. Project Review Committee Report
- VII. Plan Development and Implementation Committee Report
- VIII. Unfinished Business
- IX. New Business
- X. Public Comment
- XI. Adjournment

**STATEWIDE HEALTH
COORDINATING COUNCIL
MINUTES**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

STATEWIDE HEALTH COORDINATING COUNCIL MEETING

The Statewide Health Coordinating Council (SHCC) met on December 14, 2017 at 6:00 p.m. at 899 North Capitol Street, N.E., Conference Room 6002.

MEMBERS PRESENT:

Barbara Ormond
Brenda Kelly
Chioma Nwachukwu
Jacqueline Bowens
Robert Brandon, Esq.

MEMBERS ABSENT:

Steven Nash
Zinethia Clemmons
Goulda Downer, Ph.D.
Sandy Allen
Jacqueline Bowens
Marc Rankin

STAFF PRESENT:

Amha Selassie
John Clark
Thomas McQueen
Dana L. Mitchener

I. Call to Order

The Statewide Health Coordinating Council (SHCC) meeting was called to order by Chairperson Robert Brandon.

II. Quorum Declaration

A quorum was declared.

III. Approval of the November 9, 2017 Minutes

The minutes were approved.

IV. Director's Report

Mr. Amha Selassie stated that based on the recommendations that were included in the Health Systems Plan, the Mayor has introduced a bill to update the requirements for uncompensated care and community benefits. The bill will be based on the current District requirements, which are to provide uncompensated care services to needy patients, as well as community benefits that are required by federal law.

V. Chairperson's Report

There was no Chairperson's Report.

VI. Project Review Committee Report

On November 9, 2017, the Project Review Committee (PRC) met to review three Certificate of Need applications. There was no quorum at the meeting and the following are the recommendations of the PRC.

A. DVA Renal Healthcare, Inc. – Establishment of Home Hemodialysis Training Services - Certificate of Need Registration No. 17-2-5

It was reported that the PRC agreed to support staff's recommendation to approve a certificate of need to DVA Renal Healthcare, Inc. for the establishment of home hemodialysis training services.

Vote

The SHCC voted to support the PRC's recommendation to approve the project.

**B. Bio-Medical Applications of Northeast D.C., Inc. – Relocation of Dialysis Facility from 817 Varnum Street, N.E. to 1150 Varnum Street, N.E.
Certificate of Need Registration No. 17-5-1**

It was reported that the PRC agreed to support staff's recommendation to approve a certificate of need to Bio-Medical Applications of Northeast D.C., Inc. for the relocation of a dialysis facility from 817 Varnum Street, N.E. to 1150 Varnum Street, N.E.

Vote

The SHCC voted to support the PRC's recommendation to approve the project.

**C. RAI Care Centers of Southeast DC, LLC – Addition of Six Dialysis Stations
Certificate of Need Registration No. 17-8-3**

It was reported that the PRC voted to allow the Applicant to transfer three stations from existing underutilized facilities, and to add three new stations with the condition that the Applicant provide information on how the transfer of stations will affect the patients in the underutilized facilities.

Mr. McQueen stated that after review of the information provided by the Applicant, the SHPDA staff does see that BMA has the ability to transfer three stations from Dupont Circle and that it would not hurt patients at that facility.

Mr. McQueen further maintained that SHPDA staff still does not see a compelling reason to add new stations to the RAI facility at this time. As a result, Staff

recommends that the Applicant transfer the proposed six stations from its underutilized facilities.

Vote

The SHCC voted to support Staff's recommendation to approve that six stations be transferred from underutilized existing facilities.

VII. Plan Development and Implementation Committee Report

Ms. Ormond stated that they are preparing to set up meetings to talk about the next steps that the SHCC should take to begin the implementation of the recommendations of the Health Systems Plan.

VIII. Unfinished Business

There was no unfinished business.

IX. New Business

There was no new business.

X. Public Comment

There was no public comment.

XI. Adjournment

The meeting was adjourned at approximately 6:43 p.m.

**PROJECT REVIEW
COMMITTEE
MINUTES**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

PROJECT REVIEW COMMITTEE MEETING MINUTES

February 22, 2018

MEMBERS PRESENT:

Barbara Ormond
Brenda Kelly
Marc Rankin, M.D.
Jacqueline Bowens
Robert Brandon, Esq.
Goulda Downer, Ph.D.
Zinethia Clemmons

MEMBERS ABSENT:

Steven Nash
Chioma Nwachukwu
Sandy Allen
Stephen Neuman

STAFF PRESENT:

Amha Selassie
John Clark
Thomas McQueen
Dana L. Mitchener

GUEST LIST:

Gjon Tomaj
Dave Warye
Brian Dowell
Matt Dabrowski
Sara Tewolde
Bill Quirk
LaShawn Weathers
Dr. Olu Ezeani
Dr. Courtland Wyatt

ORGANIZATION:

CNMC
CNMC
CNMC
CNMC
Sarahs Home Health
Children's
Bread for the City
Ergo Solutions
Ergo Solutions

Dr. Jason Henderson	Ergo Solutions
Nycole Shealy	Ergo Solutions
Ayesha Barton	AccessCare
Donald Hartman	Ergo Solutions
Randi Abramson, M.D.	Bread for the City
George Jones	Bread for the City
Koe Murphy	Bread for the City
Antoinette Lawson	Bread for the City
Christie Gardner	Bread for the City

I. Call to Order

Chairperson Robert Brandon called the Project Review Committee meeting to order.

II. Quorum Declaration

There was a quorum.

III. Action on PRC Minutes of December 14, 2017

The minutes were approved.

IV. Chairperson's Report

There was no Chairperson's report.

V. Staff Report

- A. Ergo Solutions, LLC d/b/a Ergo Home Health of the District of Columbia
Establishment of Home Health Care Services - Certificate of Need
Registration No. 17-2-4**

Presentation by Staff

Mr. John Clark, the lead analyst for the project stated that during the previous meeting of the PRC, Ergo Solutions was given an opportunity to supplement its CON application to support its assessment that there is a need for an additional home health care agency in the District.

According to Mr. Clark, in response, the Applicant submitted letters of support from Forest Hills Nursing Home, United Medical Center Nursing Home, Brinton Woods Nursing Home, Thomas Circle Nursing Home, and the Louise-Dickson Home Health Facility. Each of the facilities regularly refer patients to home health care agencies.

Mr. Clark stated that the layers of support described Ergo's quality of service and timeliness of care. However, Mr. Clark said, they did not clearly state the need for an additional home health care agency. In addition, the Applicant included a survey of discharge activities by the aforementioned facilities.

Mr. Clark further said that the Applicant, stated that each week there are approximately 17 persons who are discharged who do not have access to home health care.

Mr. Clark stated that the survey was reportedly based on interviews with discharge personnel at the nursing homes. However, the Applicant has not provided clear documentation for the need for an additional home healthcare agency.

Mr. Clark said that the letters of support are an endorsement of Ergo rather than a documentation of need on additional home health care. He then concluded by saying that after review of Ergo's supplemental information, staff has determined that the Applicant has not demonstrated that there is need for additional home health care services.

On the other hand, representatives of the Applicant argued that many of the facilities they contacted have stated that they have difficulty placing patients in home care agencies.

They said that while it's very difficult to come up with a precise number of how many people are left with inadequate or no home healthcare, there is a sense in the community that there is a need for additional home health agencies, particularly ones with the expertise that Ergo will be providing.

They also said that there's a need for another home health agency, especially the EPD waiver format because they're looking for home health agencies that can provide PT/TO speech, respite care as well as homemakers, home chores. There aren't a lot of home health agencies that can do everything.

They maintained that if you look at UMC, for example, they discharge 70 patients a week. Ten percent of those individuals a week don't get home health at all.

They maintained that they have identified a need they can fill and that it will not result in an increase in the price of health care to District residents, but will definitely result in a superior outcome for the residents of the District of Columbia if they are granted this Certificate of Need.

Vote

After hearing from staff and the Applicant, the members of the PRC requested that staff gather information from the D.C. Department of Health Care Finance in order to assess the need for home care services. They asked staff to find out if all home care agencies serve Medicaid patients, if there are gaps in service, and if there is a need for additional providers. The members then voted to defer making a recommendation until after staff presents the information from Medicaid at the SHCC meeting.

B. Children's Hospital – Renovation and Installation of Elevators and Replacement of a Chiller Plant and Air Handling Units – Certificate of Need Registration No. 17-5-5

Mr. Thomas McQueen, the lead analyst for the project, stated that Children's Hospital has been serving the Nation's children since 1870. The Applicant states that Children's Hospital is dedicated to improving the lives of children through innovative research, expert care, and advocacy on behalf of children's needs.

According to Mr. McQueen, Children's Hospital is a 313-bed pediatric acute care hospital. The Applicant has requested a certificate of need to update, renovate and install new elevators and replace its chiller plant and the air handling units. Children's will install three garage elevator lobbies and add a stairway intended to transport traffic up to the main lobby level. Children's will also renovate the existing two elevators, the shuttle bus area and install public bathrooms and bike storage.

Mr. McQueen maintained that this space is intended to function without any staff with the use of access control, auto operator doors, elevators and security cameras. This is a general public space solely intended to move people from the parking garage levels up to the first floor main lobby check-in area.

According to Mr. McQueen, the Applicant maintains that the chiller plant and three air handling units have reached the end of their useful life and are in need of replacement. The proposed infrastructure project will not reduce, eliminate or relocate any services but are enhancements designed to make existing services more convenient and comfortable.

Mr. McQueen stated that the chiller replacement project will be completed approximately six months after issuance of a CON. The air handling units' project will be completed approximately nine months after the issuance of a CON, and the elevator project will be completed approximately 20 to 22 months after the issuance of the CON.

Mr. McQueen stated that the estimated capital expenditure is approximately \$23 million. After a review of the proposal, Staff has determined that the Applicant has provided justification for the proposed installation of elevators and a replacement of the chiller plant in the area units.

Mr. McQueen then said that the Applicant has demonstrated that the infrastructure has reached the end of its useful life and is in need of replacing. The Applicant has demonstrated the upgrades to the vertical transportation system will enhance patient, visitor and staff safety and the chiller and the air handling units would ensure patient comfort and provide for energy efficiency.

Mr. McQueen stated that based on the above consideration, Staff believes that the Applicant has demonstrated the need for the upgrade and renovation of the vertical transportation system, the chiller plant and the air handling units.

Staff, therefore, recommends that Children's Hospital be awarded a Certificate of Need for the update, renovation and installation of new elevators and replace its chiller plant and air handling units at a cost not to exceed \$23 million.

Presentation by the Applicant

Mr. David Warye, Director of Construction at Children's National, stated that as members of the construction team, they are extremely proud to be part of Children's National. Children's recently been voted one of the top ten pediatric hospitals in the country, as well as the number one neonatal unit in the United States.

Mr. Warye stated that the aging structure is a 313-bed facility built in the early 1970s. It has life cycle issues, and extensive water damage to the main entrance. They have to implement new elevators and a new walkway.

Discussion

Ms. Ormond maintained that in the staff report, Children's stated that they had heat recovery technology. Ms. Ormond wanted to know if there were other considerations for energy efficiency.

Mr. Brian Dowell stated that they are looking at new chillers that will maximize the energy efficiency.

Mr. Warye commented that they will have three air handler units that are much smaller, and more efficient and they use less power which will save money.

Dr. Downer wanted to know if they received a letter from the ANC Commissioner.

Mr. Quirk stated that they sent letters notifying them of their intent and plans, but they did not hear anything either way.

Dr. Downer wanted to know if they are expecting to do some night work, how will the community be informed of this and what are some of the noise reduction techniques they're planning to use.

Mr. Warye stated that they coordinate through a number of organizational meetings with all end users inside the building to determine when they can do the work, the best time of day, night, weekend, and how long they can do it.

He then said it's a process that takes months, but they have worked these three projects through with all their end users and their leadership team to decide when and where they can do noisy work.

Dr. Downer wanted to know with regards to the exterior water damage, were there any environmental health concerns and if there were, how was the issue addressed.

Mr. Warye stated that the water issue was associated with the main entrance to the people mover. And that was a broken water line that damaged the mechanical system. They had cleanup crews and HAZMAT crews if there was a HAZMAT situation. They addressed it and followed it up with testing. So, they know that the water has been stopped and if it had any contaminants, it's been cleaned up, certified and monitored.

Vote

The PRC agreed to support staff's recommendation to approve the project.

C. Bread for the City – Establishment of a Primary Care clinic – Certificate of Need Registration No. 17-8-1

Mr. Thomas McQueen, the lead analyst for the project, stated that Bread for the City started in 1974 as a front line agency serving Washington's poor. The Agency began as two organizations, Zacchaeus Free Clinic began in 1974 as a volunteer run free medical clinic. And Bread for the City was created in 1976 by a coalition of downtown churches to feed and clothe the poor.

Mr. McQueen stated that according to the Applicant, the two entities merged in 1995 and currently operates two facilities in the District of Columbia, one in the Shaw neighborhood in northwest that contains a medical clinic, and the second in the Fairlawn neighborhood in southeast which does not provide healthcare services.

According to Mr. McQueen, the Applicant says that Bread for the City provides direct services to low income residents of Washington, D.C. including food, clothing, medical care, legal, and social services.

Mr. McQueen stated that the Applicant is now seeking a Certificate of Need to establish a primary care clinic at 1710 Good Hope Road, S.E. The proposed clinic will be approximately 2,500 square feet.

Mr. McQueen then said that Bread for the City is planning to build a new 30,000 square foot facility that will house a medical clinic, job center, wellness center, food pantry, legal clinic, clothing distribution room, and a rooftop garden.

Mr. McQueen maintained that the Applicant states that Bread for the City operates a fully qualified health center at its northwest location and plans to replicate the services at the new proposed southeast facility.

Mr. McQueen stated that currently, Bread for the City's southeast center located at 1640 Good Hope Road, S.E. serves 2,500 families each year with food, clothing, legal assistance, social services, and advocacy.

According to Mr. McQueen, Bread for the City intends to provide the following clinical and non-clinical services on site at 1710 Good Hope Road, S.E., primary medical care screenings for cancer, communicable diseases, request for all blood, lead, vision, hearing, dental, voluntary family planning, immunizations, well child services, gynecological care, pre-natal and post-natal services, a dispensary, health education, dental services, preventative, restorative and emergency, vision care and behavioral health services.

Mr. McQueen stated that Bread for the City projects that the new primary care clinic will treat 2,000 unique patients each year. The facility will have a reception area, seven exam rooms, lab, and a dispensary.

Mr. McQueen then said that additionally, this project will bring a new dental clinic with three exam rooms, a sterilization room, a dental lab and a reception area. The Applicant states that annually, the clinic will treat 1,000 dental patients of all ages with a full array of dental services from oral examinations and x-rays to restorative work and dentures.

According to Mr. McQueen, the Applicant maintains that the expansion will also make room for one of Bread for the City's newest programs, their vision clinic that will provide onsite vision screenings and medication management to approximately 500 patients each year.

Mr. McQueen stated that the primary care clinic will also provide behavioral health care including a dedicated room staffed by a full time behavioral health specialist to work within the primary care clinic to provide immediate interventions, referrals for specialty services and approved individual counseling services for approximately 1,000 patients each year.

He then said that alongside the proposed primary care clinic, Bread for the City will also offer expansion of other wraparound services including food, clothing, legal assistance, social services and advocacy.

Mr. McQueen maintained that the primary care clinic is a cornerstone of the holistic approach of Bread for the City's northwest center. Bread for the City is excited to bring primary care to its clients in Ward 8.

Mr. McQueen stated that according to the Applicant, the capital expenditure associated with the whole facility is approximately \$18.6 million. The Applicant maintains that the prorated cost for the proposed healthcare facility is approximately \$1,468,349. The Applicant states that the proposed project will be completed in April of 2019.

Mr. McQueen stated that after a review of the proposal, staff has determined that the Applicant has provided justification for the proposed establishment of a primary care clinic. The Applicant has demonstrated the proposed location is in a health professional shortage area as well as a medically underserved area.

He then said that the Applicant has also demonstrated that the proposed primary care clinic will be part of a much broader project to serve the neediest residents in the District for food, clothing, social services and medical aid.

The location of the proposed clinic will enhance the accessibility and continuity of care for its patients. In addition, the other FQHCs in the City have endorsed proposed projects and believe that the clinic will be able to greatly expand access to primary care services.

Mr. McQueen maintained that the Applicant has also demonstrated that it has the support of the community and has reached out to local groups for input and advice from the needs within the community. The Applicant has stated that the proposed new facility will not negatively impact the current operations of this clinic in northwest.

While staff recognizes that low paying clinics with other social services will enhance the availability and accessibility of care, staff also understands that there's a range of other factors that collectively may have an even greater impact on the primary care access and overall well-being of individuals and families in the District, first being primary care engagement.

Mr. McQueen maintained that a high percentage of Medicaid enrollees are not accessing appropriate primary and preventative services in a given year. The second being the need to access specialty services given the high rates of chronic disease in the District.

Mr. McQueen stated that as a result, staff recommends that the Certificate of Need be contingent on the condition that the Applicant develop a plan to:

- 1) Increase primary care engagement among the patients it currently serves and the broader community as a whole; and

- 2) Provide specialty care services as proposed in the facility based on the needs of the patients it serves.

Mr. McQueen stated that the Applicant should report to SHPDA on the plan to comply with the above conditions with its first quarterly progress report.

Mr. McQueen then said that based upon the above considerations, staff recommends that the Applicant be awarded the Certificate of Need for the establishment of a primary care clinic at 1710 Good Hope Road, S.E. at a cost not to exceed \$1,468,349.

Presentation by the Applicant

Mr. George Jones, Chief Executive Officer of Bread for the City, stated that they're looking to build a 30,000 square foot facility. The centerpiece of it is going to be the 2,000 plus square foot medical clinic.

Mr. Jones believes that the needs are there. They have approximately 2,500 households that come through the southeast facility every month for social services and that they can utilize the health services.

Mr. Jones stated that there are approximately 2,000 patients now and they believe that a huge percentage don't have Medicaid. But they know that quite a few people in the community, in Ward 8 in particular, don't actually see anyone, and oftentimes don't have a provider on record.

Mr. Jones stated that there are approximately 10,000 people that currently don't have a health care provider. So they think that the need, purely based on the medical perspective, is there. But they also provide wraparound services that they think are critical to addressing the whole person who comes through the door.

According to Mr. Jones, they believe that the medical piece is critical, but they also think that the food they provide and the access to legal services that addresses family law and domestic violence and housing and benefits is also critical to support people who come in under distress and struggle socioeconomically.

Discussion

Ms. Bowens wanted to know what steps the Applicant will take in terms of outreach to attract new patients.

Dr. Randi Abramson, Chief Medical Officer, said that the first thing they will do is to inform the 2,500 families who come for social services learn about the availability of health services. They will be encouraged to bring the families, friends and neighbors.

In response to question about relationships with a hospital, Dr. Abramson said that they will refer patients depending on their preference and insurance coverage.

Ms. Kelly wanted to know if Bread for the City will keep its current building in the Ward after the new one is opened.

Mr. Jones said that the Board has decided to retain the building and utilize it for community services.

Dr. Downer wanted to know if they accept private insurance.

Dr. Abramson said that they take some but that it is a small percentage.

Dr. Downer also wanted to know about the operating hours of the clinic.

Dr. Abramson said that they will consider opening either on Saturday mornings or evenings based on what works for the community.

Vote

The PRC agreed to support the staff's recommendation to support the project with an amendment to the condition that says coordinate specialty care rather than provide.

VI. Unfinished Business

There was no unfinished business.

VII. New Business

There was no new business.

VIII. Public Comment

There was no public comment.

IX. Plan Development and Implementation Committee Report

Ms. Ormond stated that the next step is getting the Plan implemented and would like to discuss at next month's meeting, priorities and what each person on the Committee can bring to the implementation of the plan, what they're willing to commit, and what their interests are. She suggested that promoting patient engagement, examining the impact of social determinants of health, addressing the siloed nature of primary care and behavioral health services, and maximizing community benefit programs could be areas to consider.

X. Adjournment

The meeting was adjourned at 8:03 p.m.

**PREPARED BY
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
899 North Capitol Street, N.E.
Washington, D.C. 20002**