

Medicaid Advisory Committee - MAC Meeting
Monday, December 16, 2019
MINUTES

Time: Start-2:40 pm End-4:35pm Location: Human Services Department, Medical Assistance Division, 1 Plaza La Prensa Santa Fe, NM 87507

Chair: Larry A. Martinez, Presbyterian Medical Services

Recorder: Alysia Beltran, Medical Assistance Division

Committee Members

Sylvia Barela, Santa Fe Recovery Center	Jason Espinoza, NM Health Care Association
Michael Batte, Public Member	Natalyn Begay, Ohkay Owingeh
Meggin Lorino, NM Association for Home and Hospice Care	Jim Copeland, NM Department of Health
Carol Luna-Anderson, The Life Link/Behavioral Health Planning Council	Kim Jevertson, Public Member
Ramona Dillard, Pueblo of Laguna (By Phone)	Richard Madden, NM Chapter of the American Academy of Family Physicians
Jeff Dye, NM Hospital Association	Rodney McNease, UNM Hospital
Mary Eden, Presbyterian Healthcare Services	Carolyn Montoya, UNM College of Nursing
Michael Hely, NM Legislative Council Service	Eileen Goode, NM Primary Care Association
Ruth Hoffman, Lutheran Advocacy Ministry NM	Laurence Shandler, Pediatrician
Gary Housepian, Disability Rights	Dale Tinker, NM Pharmacists Association (By Phone)

Absent Members:

Sylvia Barela, Santa Fe Recovery Center
Michael, Hely, NMLFC
Natalyn Begay, Ohkay Owingeh
Rodney McNease, UNM Hospital
Ruth Hoffman, Lutheran Advocacy Ministry NM

Jason Espinoza, NM Health Care Association
Kim Jevertson, Public Member
Jim Copeland, NM Department of Health
Carolyn Montoya, UNM College of Nursing
Laurence Shandler, Pediatrician

Staff & Visitors Attending:

Nicole Comeaux, State Medicaid Director
Linda Gonzales, HSD/MAD Deputy Director
Nancy Rodriguez, NMASBHC
Chris Cavearon, Western Sky Community Care
Carmen Juarez, HSD/ MAD
Mike Nelson, Tricore
Dauna Howerton, HSD/ BHSD
Bill Wood, Consumer Direct NM
Ruby Ann Esquibel, LFC
Jason Cornwell, NM Health (By Phone)
Kim Carter, HSD/MAD (By Phone)
Raquel Yazzie, HCO-Inc. (By Phone)
Theresa Belanger, HSD/MAD (By Phone)

Kari Armijo, HSD/MAD Deputy Director
Elisa Moran-Walker, HSD/MAD Acting Deputy Director
Pei Haung, HSD/MAD (By Phone)
Ellen Pinnes, The Disability Coalition
Doug Wood, Viiv Healthcare
Jody Harris, UNM Hospital
Michael Parks, Senior Citizens Law Office
Scott Allocco, Sellers Dorsey
Shelley Mann-Lev
Jennifer Vigil, HSD/MAD (By Phone)
Kurt Rager, Habitat ABQ (By Phone)
Devi Gajapathi, HSD/MAD (By Phone)
Vivian Ulibarri, HAD/MAD (By Phone)

Megan Pfeffer, HSD/MAD Deputy Director
Abuko Estrada, HSD/MAD
Carolyn Griego, Western Sky Community Care
Sally Jameson, HSD
Patsy Nelson, NMASBHC
Heather Ingram, PHP
Carlos Ulibarri, HSD/MAD (By Phone)
Stefany Goradia, Versatile MED Analytics
Erica Archuleta, HSD/MAD (By Phone)
John Padilla, HSD/MAD (By Phone)
Marilyn Bennett, New Vistas (By Phone)
Tallie Tolen, HSD/MAD (By Phone)
Wanicha Burapa, HSD/MAD (By Phone)

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	Larry Martinez convened the meeting and led the introductions. Larry introduced appointed members, staff and guests as they arrived during the meeting.	None	Larry Martinez, MAC Chairperson	Completed
II. Approval of Agenda	The agenda for this meeting was approved by all committee members in attendance, with no recommended changes.	None	Larry Martinez, MAC Chairperson	Completed
III. Approval of Minutes	The minutes from the April 15, 2019 meeting held at the Harold L. Runnels Building, O.A. Larrazolo Auditorium will be approved by the committee at the January 27, 2020 meeting.	Finalized minutes will be posted on the HSD website.	HSD/MAD Director's office	Completed
IV. MAC Membership	Nicole Comeaux presented on the 2020 MAC Membership: All new members will become effective at the January 2020 MAC Meeting. Letter of new members will be mailed out within the next few weeks.	None	Nicole Comeaux, Director, Human Services Department	Completed
V. Tentative Annual Meeting Calendar for 2020	Larry Martinez presented on the Tentative Annual meeting Calendar for 2020: January 27, 2020 April 20, 2020 July 20, 2020 October 19, 2020 These are the tentative dates that the Medicaid Advisory will be meeting during this year.	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed
VI. Medicaid Budget Projections	Acting Deputy Director, Elisa Walker-Moran presented on the Medicaid Budget Projections: The Medicaid budget projection is produced quarterly by economists in the Budget Planning and Reporting Bureau. The budget projection for Fiscal Year (FY) 21 is currently around \$6.5 billion and increasing. Seventy-five percent of that budget is spent on managed care, which is around \$4.7 billion, eleven percent in fee-for-service almost \$800 million, and the rest is in Home and Community-Based Waivers, Development Disabilities (DD), Mi Via, and Medically	None	Elisa Walker-Moran, Acting Deputy Director, Medical Assistance Division, Human Services Department	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>Fragile (MF) Waivers at seven percent which is about \$440 million. Of the managed care, which is the bulk of our expenditures, twenty-six percent is for physical health, twenty-two percent is expansion-physical health, eighteen percent is long-term supports and services, six percent is behavioral health, and 3 percent is expansion-behavioral health. Each of the three populations do receive behavioral health payments.</p> <p>FY 21 Program Request:</p> <p>The general fund request is about \$1.1 billion. That's an \$81.2 million increase from the FY20 appropriation. The program budget is at \$6.5 billion. The biggest change from the budget request was the inclusion of the health insurance provider fee. That is included in FY20 and FY21 and that increased our request about \$20 million in general funds.</p> <p>Health Insurance Provider Fees:</p> <p>Affordable Care Act imposed an annual fee on insurers to fund state and federal marketplaces/ exchanges. Annual fees are based on the premiums and an insurer's market share. Congress has flexibility to suspend fees if it believes fees would increase premiums and out-of-pocket consumer costs. For FY20 we project we are going to incur a \$95 million payment for the health insurance fee. The fee is already re-instated for 2020.</p> <p>FY21 Administration Request:</p> <p>Total request was \$94 million, \$16 million in general fund, which is an increase of \$941 million. \$250 million in GF for augment actuarial services to assist in expanding provider capacity. \$308 million in GF to Medicaid Management Information System (MMIS) projected increases for transition services. \$382 million in GF to fund currently vacant Full Time Employee (FTE) for new initiatives including health coverage innovations, community supports, provider network expansion, and graduate medical education expansion. An additional Medicaid IT request of \$4.1 million in GF for MMIS-Replacement with a 90 percent federal match which equals \$3.7 million in federal funds. The Expansion Federal Medical Assistance Percentage (FMAP) went down again on January 1, 2019, to 93 percent and on January 1, 2020 to 90 percent. The regular FMAP rates increased slightly for New Mexico. CHIP reauthorizations 100 percent expired September 30, 2019, with E-FMAP by 11.5 percent through September 30, 2020 and the E-FMAP reverts back on October 1, 2020. We will keep monitoring the Federal Health Insurance Provider Fee.</p> <p>Enrollment:</p> <p>Projection: Medicaid has nearly 840,000 total beneficiaries (clients, recipient), we cover roughly 40 percent of all New Mexicans and cover roughly 70 percent of all births. Almost 80 percent of Medicaid clients are enrolled in managed care, about 43 percent of the beneficiaries</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>are children and about 54-59 percent of New Mexico children are enrolled in Medicaid. By June 2021 the projected enrollment total should be 849,535.</p> <p>Changes: Majority of our expenditures are managed care. For Physical health, it is projected to grow by 0.5 percent annually, LTSS population is projected to grow by 1.5 percent annually, and the Medicaid expansion population is projected to grow by 2.0 percent annually. 90 percent of Full Benefit enrollees are under managed care. Medicaid is monitoring 65-year-olds aging-out of the Other Adult Group (OAG) and moving into PH or LTSS. Also being monitored is 19-year-olds aging-out of the PH and moving into Expansion.</p>			
VII. MAD Director Update	<p>Director, Nicole Comeaux presented on the MAD Director's Update:</p> <p>Mission: HSD's mission is to transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.</p> <p>Goals: We help New Mexicans: Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits. We Communicate Effectively: Create effective, transparent communication to enhance the public trust. We make access Easier: Successfully implement technology to give customers and staff the best and most convenient access to services and information. We support Each Other: Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.</p> <p>Guiding Medicaid Principles:</p> <p>New Mexico has the highest population percentage covered by Medicaid, which creates a greater NM HSD responsibility to our healthcare market and to fair payments. The overwhelming majority of federal Centers for Medicare and Medicaid Services (CMS) dollars must be spent on providing direct services to Medicaid beneficiaries. HSD aims to maximally leverage federal funds to improve the health of New Mexicans, while maintaining strict compliance with the law.</p> <p>Deputy Director, Megan Pfeffer presented on Waiver Updates:</p> <p>Centennial Care 2.0 1115 Waiver Demonstration Amendment Update: HSD submitted its 1115 Demonstration Amendment application to CMS on June 27, 2019. CMS has conducted its 30-day public comment period through August 2019. Draft Standard Terms and Conditions (STCs) were received on December 3, 2019. Waiver negotiations are underway and will continue through January 2020.</p>	None	Nicole Comeaux, Director, Medical Assistance Division	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>1915 (C) Waiver Updates: The Mi Via Waiver expires October 30, 2020. The current client count for the Mi Via waiver is 1673 members. There have been updates to the abuse, neglect and exploitation (ANE) training, the Employer of Record (EOR) requirements and to the Developmental Disabilities (DD) eligibility definition from "related conditions: to a functional definition of DD. Currently the client count for the DD Waiver is at 3154 members. The DD waiver expires June 30, 2021 and its renewal is scheduled to be sent to CMS on October 1, 2020 for July 1, 2021 implementation. Currently the DD waiver amendment is scheduled for submission on April 1, 2020 with an effective date of July 1, 2020. Included in this waiver is a rate increase as per Department of Health (DOH) rate study completed July 2019 which is pending legislative appropriation. Also, updates to DD eligibility definition from "related conditions" list to a functional definition of DD.</p> <p>Supports Waiver: There are three phases discussed between the two targets, HSD and DOH. Phase 1: Family Supports & Reimbursement Program (FY20), managed and funded by DOH Waitlist analysis; and Centennial Care Outreach and Education Planning, Phase 2: HSD is hiring three positions at HSD to work on waitlist evaluation, member engagement and waiver application/ management. The Supports waiver has an implementation date of July 1, 2020. Phase 3: HSD and DOH are working on evaluating and revising the waiver system.</p> <p>State Plan Amendment (SPA):</p> <p>The state plan is the plan under which we operate the Medicaid program, and we will continue to make amendments to that. Currently there are nine SPA's approved this year, and 5 SPA's that are currently pending with CMS.</p> <p>CMS Corrective Action Plan (CAP):</p> <p>The original CAP from January 2017 included 19 unique findings. To date, all have been resolved except two items; Submission of a revised SPA for the streamlined application and Ex-parte renewals for non-MAGI categories.</p> <p>Medicaid Fiscal Accountability Rule:</p> <p>CMS issued the proposed Medicaid Fiscal Accountability Rule on November 12, 2019. CMS addresses the following areas in the proposed rule: Payments to fee-for-services providers; Disproportionate Share Payments; Medicaid program financing; Provider taxes and donations; and Data reporting by states. The proposed rule is published in the Federal Register and public comment will be accepted through January 17, 2020.</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>Deputy Director, Kari Armijo presented on Provider Rate Increases:</p> <p>Medicaid represents a substantial portion of income for providers. Rate increases build upon FY20 investments. Raising reimbursement rates opens up provider networks, attracts providers from other states, and reduces pressures on other payors. The Nursing Facility Surcharge Tax waiver has been approved by CMS. Effective July 1, 2019, HSD implemented rate increases for primary care, hospitals, dentists, personal care service providers, community pharmacies, and long-term services and support as well as reimbursement for some new services. Effective October 1, 2019, HSD implemented was rate increases for BH providers, FQHC's, and nonprofit community hospitals, and added reimbursement for some new services. Effective January 1, 2020, there will be an increase in payment rates for Long-Acting Reversible Contraception (LARC), and payment rates to certain hospitals through managed care directed payments, as well as the transition of the Safety-Net Care Pool (SNCP) program, a minimum wage adjustment for personal care service providers, and transportation for justice-involved members transitioning back out of prison/jail.</p> <p>Behavioral Health Initiatives:</p> <p>Neal Bowen is the new BHSD Director. This year HSD instituted new services in BH. Supportive Housing started July 1, 2019. January 1, 2020, transportation for individuals transitioning out of prison/jail to obtain prescriptions. The 1115 Waiver amendment will add IMD services for SMI/SED and workplan is in development and a completed timeframe is to be determined. An outpatient BH rate increase went into effect on July 1, 2019. Adult Accredited Residential Treatment Center rates with three provider that are currently in operation. A development of rate for Crisis triage Centers serving patients 24+ hours a day. Some of the PMs under consideration are: follow up care for children prescribed ADHD meds, follow up after hospitalizations for mental illness, follow up after emergency department visit for mental illness, and follow up after emergency department visit for alcohol and other drug abuse or dependence. There is a new focus on performance measurement for Calendar Year (CY) 20 for delivery System Improvement performance: Increases the number of BH visits to members receiving BH services and adding BH performance measures to Manage Care Organization (MCO) contracts.</p> <p>Coverage Innovation Officer, Abuko Estrada presented on Coverage and Affordability Initiatives:</p> <p>Coverage and Affordability Initiative Timeline: 2019 Innovation; Hired Coverage Innovation Office, Identify Characteristics of the Uninsured in NM, Research Coverage Affordability Initiatives from Other States,</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>Develop Targeted Outreach and Enrollment Plan for Medicaid-eligible but Unenrolled, and Support beWellNM Efforts During Open Enrollment. 2020 Policy Development & Outreach: Determine Viable Coverage and Affordability Initiatives, Stakeholder Engagement in Development of Healthcare Coverage and Affordability Plan, Draft a Health Coverage and Affordability Plan and Budget; Begin Preliminary Administrative Activities, Targeted Outreach and Enrollment for Medicaid-eligible but Unenrolled; Continue Coordination with beWellNM, and IT system Integration with beWellNM. 2021 Administrative Setup: Introduce Health Coverage and Affordability Plan During 2021 Legislative Session, with Legislative Support, Continue Administrative Setup, IT Changes, Etc., beWellNM goes live as State-based Marketplace, and continue Targeted Outreach and Enrollment; Coordination with beWellNM. 2022 Implementation: Coverage Initiative(s) Go-Live on January 1, 2022, Work with Legislature to Ensure Budget Available for Continued Implementation for FY23 and Beyond, and Continue Coordinated Outreach and Enrollment Efforts with beWellNM. HSD to determine who the uninsured are in NM- where they live, their demographics, and whether they are currently eligible for subsidized coverage. Leverage and maximize federal funding identify and address barriers to enrollment for Medicaid-eligible but unenrolled; Develop targeted outreach and enrollment efforts to reach them. Support coordinated efforts to enroll people in the Exchange and Medicaid, assisting people in obtaining the coverage for which they are eligible. HSD wants to identify policy options for the uninsured and the underinsured by addressing affordability challenges for those who cannot afford the coverage available to them or the out-of-pocket costs (e.g., high deductible plans), maintain the stability of the Health Insurance Exchange and promote a competitive marketplace. Also ensure our state healthcare system provides adequate reimbursement to our healthcare providers, and learn from other states' initiatives to help develop options unique to the needs of NM. In final stages of completing uninsured demographic study with the Urban Institute (Report should be finished and made public by end of December) Snapshot of Urban Institute Findings are 187,000 uninsured New Mexicans under the age of 65. Out of that 56,000 are eligible but unenrolled in Medicaid, 43,000 are eligible for subsidies on the Exchange but not enrolled and 88,000 who are uninsured and are above the ACA subsidy threshold (over 400 percent FPL); ineligible for subsidies because of an offer of employer-sponsored insurance; or non-citizens. The next steps are to develop a targeted outreach and enrollment plan for reaching Medicaid-eligible but unenrolled, and study several coverage affordability options to reach remaining uninsured and underinsured.</p> <p>The Characteristics of the Uninsured in NM (under age 65): Urban Institute estimates that there are 187,000 uninsured New Mexicans under the age of 65. 10.5 percent of non-elderly (under age 65)</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>New Mexicans are uninsured (8.7 percent of all New Mexicans), versus 11.2 percent nationwide. NM has been able to keep the uninsured rate below the national average primarily due to Medicaid Expansion. More than half of the uninsured (53 percent) are eligible for Medicaid or tax credits in the Marketplace. The share of uninsured (under age 65) who are eligible for Medicaid or Marketplace subsidies varies by region. Most of the uninsured (under age 65) are adults ages 19 to 54, and they have the highest uninsured rates.</p> <p>Implications for New Mexico Policy and Outreach Programs:</p> <p>The current participation rate for Medicaid and CHIP is high, as seen by the low uninsured rate among those eligible (6.1 percent), but the uninsured are large in number. Medicaid/CHIP outreach and application assistance could potentially reach 30 percent of all uninsured (under age 65), 40 percent of uninsured Native Americans and about 64 percent of all uninsured children.</p> <p>Outreach and Enrollment Efforts: Real-Time Eligibility is piloted for three weeks in San Juan, San Miguel, Luna and southern Dona Ana. All counties have since been piloted except Bernalillo, Santa Fe, and Sandoval counties. MAD anticipates going live statewide in early 2020. MAD is using NM uninsured data, from the Urban Institute, to develop a targeted outreach plan and timeline for reaching Medicaid-eligible but unenrolled. MAD Staff are analyzing the data to determine regional priorities and strategies; and will coordinate efforts with community partners and stakeholders. Partnership with beWellNM on Enrollment has MAD staff attending and facilitating Medicaid applications at 24 beWellNM sponsored Open Enrollment events. MAD and beWellNM are discussing coordinated enrollment efforts for CY20. MAD is actively participating in IT system integration as Exchange moves to state-based marketplace platform. Pending federal approval for July 2020, is Continuous Eligibility/Automated Renewals.</p> <p>Potential options for reaching uninsured and underinsured are Basic Health Plan (BHP), Qualified Health Plan (QHP) Public Option, State-funded Subsidies, Targeted Medicaid Buy-In, Reinsurance and Standardized Plans. These options are not exclusive; New Mexico could stack some of them together as necessary to address multiple aspects of coverage expansion and affordability. HSD will study several of these options in early 2020.</p> <p>Indian Managed Care Entity (IMCE):</p> <p>The Naat'aanii Development Corporation (NDC), of the Navajo Nation proposed a model focused on ensuring that the Navajo people are offered a Medicaid managed care program that: is dedicated to American Indians and Alaska Natives (AI/AN) and their families, particularly the Navajo, provides access to quality care and is tailored to AI/AN health, cultural, and geographical needs. A Tribal Consultation was</p>			

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>held on October 9, 2019 in Gallup. HSD is engaged in ongoing discussion with the Navajo Nation.</p> <p>Deputy Director, Linda Gonzales presented on Medicaid Management Information System Replacement (MMIS-R) and Business Transformation Council:</p> <p>MMIS-R Status: System Integrator-Turning Point Global Solutions is actively producing project deliverables. Data Services -IBM is actively producing project deliverables. Quality Assurance - HMS is on boarding at this time. Financial Services is in active procurement. Benefit Management Services is in active procurement. Unified Public Interface, Unified Portal – RFQ is in development, and Consolidated Customer Service Center is in active procurement.</p> <p>HHS 2020 MMISR Key Milestones:</p> <p>December 2019: Medicaid Real Time Eligibility: Real time eligibility for Medicaid applications. January 2020: Enhanced TPL Services: Reduces cost to programs. Summer 2020: Consolidated Customer Service Center: Improves access and services to clients, providers, and other stakeholders. Fall 2020: Unified Portal: One stop shop for clients and providers. December 2020: Quality Reporting: Comparison of New Mexico’s quality of services against nationally recognized standard. March 2021: Data Services: Enhanced reporting and analytic capability.</p> <p>Business Transformation Council (BTC):</p> <p>The BTC is a core enabler to MAD’s and HSD’s visions. HSD Vision: We collaborate with our partners to design and deliver innovative, high-quality human and health services that improve the security and independence of New Mexicans and their communities. MAD Transformation Vision: To become the Medical Assistance Division of the future by enhancing systems and processes, engaging staff at all levels, and encouraging innovation to achieve improved health outcomes. Moving from a program-centric to a person-centric approach based on CMS guidance.</p> <p>Redefine the Way We Operate:</p> <p>Redesign the way we operate, create a system that best fits out needs (MMISR) and achieve better outcomes for New Mexicans.</p>			
VIII. Public Comment	Adrienne Smith from NM Caregivers Coalition thanks HSD staff for the information that was given. Every opportunity that HSD has to increase rates for providers but with pass throughs for the workers so we can insure that the workers see the increase as well.	None		Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	<p>Jane Wishner from Governor's Office thanks the Director and the entire team at Medicaid. Medicaid has done an extraordinary job and the Governors thanks HSD.</p> <p>Ellen Pines from Public Health Consultant wants to express her appreciation with HSD. MAC Membership tends to be provider heavy and consumer and advocate light. Requests MAD to print power point in full slides.</p> <p>Shelly Mann-Lev from Public Health Consultant commented that the Medicaid enrollment for Santa Fe County, there has been a 10 percent decrease in the last year. Wants to understand more as to why this is occurring.</p> <p>Meggin Lorino from NM Association for Home and Hospice Care is grateful to HSD. Appreciates the change in direction since Nicole has come aboard.</p> <p>Rick Madden from NM Chapter of the American Academy of Family Physicians commented that Dr. Scrase stated about further provider rate increases and didn't know where HSD stands on that.</p>			
IX. Adjournment	The meeting adjourned at 4:35 pm. Date for the next regular meeting is scheduled on January 27, 2020.	See HSD website for upcoming meeting date(s)	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted:

Alysia Beltran

January 6, 2020

Recorder

Date