

## **HUMAN SERVICES DEPARTMENT[441]**

**Adopted and Filed**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” and Chapter 80, “Procedure and Method of Payment,” Iowa Administrative Code.

The Medicaid program’s provider participation requirements for psychologists currently refer to “the standards of the National Register of Health Service Providers in Psychology, 1981 edition.” The National Register of Health Service Providers in Psychology is now the National Register of Health Service Psychologists. The Register has credentialing requirements but no longer publishes dated editions of standards. These amendments update rule 441—77.22(249A) to reflect the current credentialing requirements of the National Register of Health Service Psychologists.

The Centers for Medicare and Medicaid Services (CMS) claim form requirements for payment of some Medicaid program services currently refer to “Form UB-92.” This form is outdated. These amendments also update paragraph 80.2(2)“a” to reflect the current UB-04 CMS claim form.

The option to copy rather than purchase CMS claim forms for Medicaid billing purposes is also eliminated.

Notice of Intended Action was published in the Iowa Administrative Bulletin as ARC 2061C on July 22, 2015. The Department received comments from two respondents during the comment period. The comments and Department responses are as follows:

**Respondent 1 Comment:** In the Notice of Intended Action published as **ARC 2061C**, the National Register of Health Service Psychologists and current credentialing requirements for Medicaid provider eligibility is highlighted. Clarification is requested regarding whether a licensed psychologist is required to be a listed member on the National Register of Health Service Psychologists registry or if meeting the credentialing requirements outlined by the Register without being listed on the registry is acceptable to attain Medicaid eligibility.

**Department Response to Respondent 1's Comment:** If the licensed psychologist is listed on the registry of individuals certified by the National Register of Health Service Psychologists, they do not need to submit supporting documents. Medicaid enrollment staff verifies this on the National Register of Health Service Psychologists registry website: <http://www.findapsychologist.org/>.

If the licensed psychologist is not listed on the registry of individuals certified by the National Register of Health Service Psychologists, submission of one of the below listed documents is required in order to meet credentialing requirements:

- a. Doctoral level psychologists are considered to meet the National Register of Health Service Psychologist standards. A copy of the diploma is acceptable.
- b. Iowa Health Service certification requirements are the same as the National Register of Health Service Psychologists certification requirements. A copy of the Iowa Health Service certification document is acceptable.
- c. A written statement explaining how the licensed psychologist met qualifications through healthcare service experience. The statement must include the

psychologist's name, national provider identification (NPI), date, signature and be written on office letter head to be acceptable.

The Department will not amend the proposed rule to address the first respondent's comment. There is no requirement outlined in this proposed amendment related to being listed on the registry of individuals certified by the National Register of Health Service Psychologists.

**Respondent 2 Comment:** The respondent expressed concern about the provision under the proposed amendment to 441—77.22(249A) regarding credentialing psychologists by current National Register of Health Service credentialing requirements. The respondent's fear is that this provision will disqualify several Iowa licensed masters-level psychologists from being reimbursed by Medicaid.

The respondent provided a history of formal allowances for both masters and doctoral level clinical psychologists. In the 1970s and 1980s, the profession led a movement to require clinical psychologists to have a doctoral degree. Recognizing that there were still some qualified (and licensed) masters-level psychologists, both the Iowa Board of Psychology Examiners and the national credentialing associations permitted masters-level clinical psychologists to apply to be grandfathered in. In about 1985, the State of Iowa told masters-level psychologists they could still become licensed if they applied for licensure, demonstrated their experience, took the tests, and passed the oral exams. The respondent believed that the National Register was also following a similar process in the late 70s.

The respondent noted that now all (new) applicants would need to be doctoral degree applicants. The respondent noted that there are still several licensed and/or

credentialed masters-level psychologists practicing and that they would have been practicing as such for the past 30 plus years.

The respondent noted that his organization has an Iowa licensed masters-level psychologist who met the grandfathered criteria to be on National Register and in 1985 applied for and subsequently received his Iowa licensure. That masters-level psychologist was also duly credentialed by Medicaid and provided assessments for children for years since and continues to do so through the respondent's organization. The respondent is concerned that the proposed change would disqualify this masters-level psychologist, as such would affect the children served by his organization. The respondent also noted that it is very difficult to recruit psychologists, stating that the last time his organization undertook such recruitment, it took 18 months to find a qualified applicant.

**Department Response to Respondent 2's Comments:** The Department will not disqualify currently-licensed masters-level psychologists, licensed by the Iowa Board of Psychology Examiners, from being reimbursed by Medicaid.

In reviewing current and historical versions of the Iowa Code and Iowa Administrative Code provisions under the Department's purview, no provisions are found which specifically address the "grandfathering" of masters-level psychologists, for the purposes of enrolling as providers under Iowa Medicaid. The Department has consistently followed the guidance of the Board of Psychology Examiners and other national organizations on the "grandfathering" of masters-level psychologists. Iowa Code section 154B.6 addresses "requirements for licensure" for psychologists. This Iowa Code section was originally effective July 1, 1985 and does allow for

“grandfathering” of masters level psychologists. Specifically, Iowa Code section 154B.6(1), states: “Except as provided in this section, after July 1, 1985 a new applicant for licensure as a psychologist shall possess a doctoral degree in psychology from an institution approved by the board...” (emphasis added) The Iowa Code section infers an allowance for masters-level licensure for a psychologist, prior to July 1, 1985, as long as the person possesses at least a masters-level degree from an institution approved by the board.

With respect to the concerns regarding masters-level psychologists and the technical corrections being made to 441—77.22(249A) under ARC 2061C (Item 1), it needs to be noted that even before these current proposed technical corrections, the same concerns would be present regarding the standards under the current version that rule. The standard under the current rule language (i.e., “meeting the standards of the National Register of Health Service Providers in Psychology, 1981 edition, published by the council for the National Register of Health Service Providers in Psychology”) still require psychologists to be at the doctoral level. The Department understands that both the current and proposed rule language only apply to new applicants for licensure, not those currently licensed, including those masters-level psychologists “grandfathered” prior to July 1, 1985. The Department will not make any additional changes to the proposed rule amendment as the result of the respondent’s comments.

These amendments are identical to those published as Notice of Intended Action.

The Council on Human Services adopted these amendments on September 9, 2015.

These amendments do not provide for waivers in specified situations because

requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

These amendments became effective December 1, 2015.

The following amendments are adopted.

ITEM 1. Amend rule **441—77.22(249A)** as follows:

**441—77.22(249A) Psychologists.** All psychologists licensed to practice in the state of Iowa and meeting the standards current credentialing requirements of the National Register of Health Service Providers in Psychology, 1981 edition, published by the council for the National Register of Health Service Providers in Psychology, Psychologists are eligible to participate in the medical assistance program. Psychologists in other states are eligible to participate when they are duly licensed to practice in that state and meet the standards current credentialing requirements of the National Register of Health Service Providers in Psychology Psychologists.

This rule is intended to implement Iowa Code sections 249A.4 and 249A.15.

ITEM 2. Amend paragraph **80.2(2)“a”** as follows:

a. The following providers shall submit claims on Form ~~UB-92~~ UB-04,

CMS-1450:

(1) to (9) No change.

ITEM 3. Amend subrule **80.2(3)** as follows:

**80.2(3)** Providers shall purchase ~~or copy~~ their supplies of forms CMS-1450 and CMS-1500 for use in billing.



Iowa Department of Human Services  
**Information on Proposed Rules**

Name of Program Specialist Lisa Larson, ICD-10 Implementation Team	Telephone Number (515)256-4701	Email Address llarson2@dhs.state.ia.us
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1. Give a brief summary of the rule changes:

The Medicaid program's provider participation requirements for psychologists currently refer to "the standards of the National Register of Health Service Providers in Psychology, 1981 edition". The National Register of Health Service Providers in Psychology is now the National Register of Health Service Psychologists. It has credentialing requirements, but no longer publishes dated editions of standards. Therefore, the rule is being updated to refer to the current credentialing requirements of the National Register of Health Service Psychologists. The CMS claim form requirements for payment of some Medicaid program services currently refer to "UB-92". This form is outdated. Therefore, this rule is being updated to refer to the current UB-04 CMS claim form. The option to copy rather than purchase CMS claim forms for Medicaid billing purposes is also eliminated.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Iowa Code section 249A.4

3. What is the reason for the Department requesting these changes?

The National Register of Health Service Providers in Psychology credentialing requirements is out of date. The current CMS claim form reference is also out of date. The option to copy CMS claim forms for Medicaid billing is eliminated because the state requires that claim forms be scanned through the optical character recognition process (OCR). Photo copied claim forms are not accurately read through the OCR process where the system captures information from the claim form for processing. This process requires a standardized form and that information is in specific locations on the claim form (margins and data field sizes must all be congruent and aligned). Photocopying the claim forms causes misalignment and the information may or may not be captured correctly or the information may not be captured at all. Not accepting claim form copies became necessary when the OCR process was implemented. Previous to this the forms were microfilmed and manually keyed so utilizing copies was not an issue.

4. What will be the effect of this rule making (who, what, when, how)?

All psychologists participating in the Medicaid program as providers will more clearly be required to meet current credentialing requirements. All providers will be required to obtain and use the most current version of the CMS claim form and the use of copies will not be allowed.

5. Is the change mandated by State or Federal Law?

No

6. Will anyone be affected by this rule change? If yes, who will be affected and will it be to the person's (organization's) benefit or detriment?

Yes, all psychologists providing services in the Medicaid program are required to meet current credentialing requirements. Outdated CMS forms and form copies will not be accepted. All providers participating in the Medicaid program are required to obtain and use the most current form version.

7. What are the potential benefits of this rule?

The benefit is that all psychologists participating in the Medicaid program as providers will more clearly be required to meet current credentialing requirements. All providers participating in the Medicaid program will also more clearly be required to submit the most current version of the CMS claim form. The benefit of not allowing copies is accurate claim form submission and automated data entry.

8. What are the potential costs, to the regulated community or the state of Iowa as a whole, of this rule?

No significant costs are anticipated.

9. Do any other agencies regulate in this area? If so, what agencies and what Administrative Code sections apply?

No

10. What alternatives to direct regulation in this area are available to the agency? Why were other alternatives not used?

1. Continue as is. Rejected because The National Register of Health Service Providers in Psychology credentialing requirements is out of date. The current claim form reference is also out of date and allowing copies of CMS claim forms results in inaccurate claim data transfer and manual intervention.

2. Refer to the credentialing requirements of the National Register of Health Service Psychologists as of a specific date. Rejected because it would become outdated and make it difficult to determine the applicable credentialing requirements.

11. Does this rule contain a waiver provision? If not, why?

No, waivers are not provided because covered services should be described in the same, current terms for all program beneficiaries and because waivers can be requested pursuant to the Department's general rules on waivers or "exceptions to policy", at 1.8.

12. What are the likely areas of public comment?

None

13. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee)

No



## Administrative Rule Fiscal Impact Statement

Date: June 23, 2015

<b>Agency:</b>	Human Services
<b>IAC citation:</b>	441 IAC
<b>Agency contact:</b>	
<b>Summary of the rule:</b>	<p>The Medicaid program's provider participation requirements for psychologists currently refer to "the standards of the National Register of Health Service Providers in Psychology, 1981 edition". The National Register of Health Service Providers in Psychology is now the National Register of Health Service Psychologists. It has credentialing requirements, but no longer publishes dated editions of standards. Therefore, the rule is being updated to refer to the current credentialing requirements of the National Register of Health Service Psychologists. The CMS claim form requirements for payment of some Medicaid program services currently refer to "UB-92". This form is outdated. Therefore, this rule is being updated to refer to the current UB-04 CMS claim form. The option to copy rather than purchase CMS claim forms for Medicaid billing purposes is also eliminated.</p>
<i>Fill in this box if the impact meets these criteria:</i>	<p><input checked="" type="checkbox"/> No fiscal impact to the state. <input type="checkbox"/> Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years. <input type="checkbox"/> Fiscal impact cannot be determined.</p>
<b>Brief explanation:</b>	<p>These proposed rule changes are technical in nature and are being updated in order to clarify existing policy. These updates will not change current Medicaid reimbursement policies, services covered or populations served. Therefore, there is no fiscal impact.</p>
<i>Fill in the form below if the impact does not fit the criteria above:</i>	<p><input type="checkbox"/> Fiscal impact of \$100,000 annually or \$500,000 over 5 years.</p>
<b>Assumptions:</b>	
<b>Describe how estimates were derived:</b>	

**Estimated Impact to the State by Fiscal Year**

	<u>Year 1 (SFY16)</u>	<u>Year 2 (SFY17)</u>
<b>Revenue by each source:</b>		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL REVENUE</b>	_____	_____
<b>Expenditures:</b>		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL EXPENDITURES</b>	_____	_____
<b>NET IMPACT</b>	<u>No Impact</u>	<u>No Impact</u>

\_\_\_\_\_ This rule is required by state law or federal mandate.  
*Please identify the state or federal law:*  
 Identify provided change fiscal persons:

\_\_\_\_\_ Funding has been provided for the rule change.  
*Please identify the amount provided and the funding source:*

Funding has not been provided for the rule.  
*Please explain how the agency will pay for the rule change:*  
 There is no fiscal impact.

**Fiscal impact to persons affected by the rule:**  
 N/A.

**Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):**  
 N/A.

Agency representative preparing estimate: Joe Havig  
 Telephone number: 515-281-6022

Comments and Responses on ARC 2061C  
Human Service Department Rule 441—77.22(249A)  
Received July 22, 2015 – August 13, 2015

The following person/organization provided written comments, which are included in the summary below:

1. Jesse J. Logue, Ph.D., BCBA-D  
Title: Post-Doctoral Fellow, Neurobehavioral Unit – Outpatient, Kennedy Krieger Institute
2. George S. Eichhorn, JD, CPCO  
General Counsel/Director of Compliance, ChildServe

**COMMENT:**

In the notice of intended action in the Human Service Department [441] ARC 2061C, the National Register of Health Service Psychologists and current credentialing requirements for Medicaid provider eligibility is highlighted. Clarification is requested regarding whether a licensed psychologist is required to be a listed member on the National Register of Health Service Psychologists registry or if meeting the credentialing requirements outlined by the Register without being listed on the registry is acceptable to attain Medicaid eligibility.

**RESPONSE:**

If the licensed psychologist is listed on the registry of individuals certified by the National Register of Health Service Psychologists, they do not need to submit supporting documents. Medicaid enrollment staff verifies this on the National Register of Health Service Psychologists registry: <http://www.findapsychologist.org/> website.

If the licensed psychologist is not listed on the registry of individuals certified by the National Register of Health Service Psychologists, submission of one of the below listed documents is required in order to meet credentialing requirements:

- a. **Doctoral level psychologists** are considered to meet the National Register of Health Service Psychologist standards. A copy of the diploma is acceptable.
- b. **Iowa Health Service certification** requirements are the same as the National Register of Health Service Psychologists certification requirements. A copy of the Iowa Health Service certification document is acceptable.
- c. **A written statement explaining how the licensed psychologist met credentialing qualifications through healthcare service experience.** The statement must include the psychologist's name, national provider identification (NPI), date, signature and be written on office letter head to be acceptable.

The Department will not amend the proposed rule to address the concern noted, as the proposed rule states: "All psychologists licensed to practice in the state of Iowa and meeting the current credentialing requirements of the National Register of Health Service Psychologists are eligible to participate..." There is no requirement outlined in this proposed amendment related to being listed on the registry of individuals certified by the National Register of Health Service Psychologists.

**COMMENT:**

The respondent expressed concern about the provision under the proposed amendment to 441—77.22(249A) regarding credentialing psychologists by current National Register of Health Service credentialing requirements. The respondent's fear is that this provision will disqualify several Iowa licensed masters-level psychologists from being reimbursed by Medicaid.

The respondent provided history related to there previously being both masters and doctoral level clinical psychologists. In the 1970s and 1980s, the profession led a movement to require clinical psychologists to have a doctoral degree. Recognizing that there were still some qualified (and licensed) masters-level psychologists, both the Iowa Board of Psychology Examiners and the national credentialing associations permitted masters-level clinical psychologists to apply to be grandfathered in. In about 1985, the State of Iowa told masters-level psychologists they could still become licensed if they applied for licensure and then demonstrated their experience, took the tests and passed the oral exams. The masters-level psychologists did not have to complete that in 1985, but they had to at least start that process. The respondent believed that the National Register was also following a similar process in the late 70s, though was unsure how long they permitted masters-level psychologists to apply for "grandfathered" status. The respondent noted that now all (new) applicants would need to be doctoral degree applicants. The commenter noted that there are still several licensed and/or credentialed masters-level psychologists practicing and that they would have been practicing as such for the past 30 plus years.

The respondent noted that ChildServe has an Iowa licensed masters-level psychologist who could have met the grandfathered criteria to be on National Register. He applied in 1985 for an Iowa license and subsequently received his Iowa license. He has been duly credentialed by Medicaid and been doing assessments for children for years. The respondent noted his concern that he would not like this proposed change to disqualify this masters-level psychologist, as such would affect the children served by the agency. In that regard, the respondent noted the additional concern that it is very difficult to recruit psychologists and that the last time such recruitment was undertaken, it took 18 months to find a qualified applicant.

## **RESPONSE:**

Beyond the technical corrections being made to the Iowa Medicaid psychologist enrollment rule under 441—77.22(249A) this rule packet also makes technical corrections to two other rules to update references to claim forms and entities mentioned in those rules. The change to 441—77.22 (i.e., under Item 1 of ARC 2061C), updates references to the "National Register of Health Service Psychologists" (the new/current name for this entity) and changes a reference to "standards" to "current credentialing requirements" of the "National Register."

Relative to the concern about the provision regarding credentialing psychologists by current National Register of Health Service credentialing requirements potentially disqualifying several currently licensed masters-level psychologists from being reimbursed by Medicaid, the Department does not believe such will be the case.

In reviewing current and historical versions of Iowa Code and Iowa Administrative Code provisions under the Department's purview, no provisions are found thereunder which

specifically addresses the “grandfathering” of masters-level psychologists, for the purposes of enrolling as providers under Iowa Medicaid. It appears that the Department would have followed the lead of the Board of Psychology Examiners, along with then-currently applicable provisions governing that body, as well as other national psychology credentialing organizations on how they approached the grandfathering issue. In that regard, it is noted that Code 154B.6 addressing “requirements for licensure” for psychologists and originally effective July 1, 1985 does appear to contemplate “grandfathering” of masters level psychologists, as reflected under 154B.6(1), which provides as follows: “Except as provided in this section, **after July 1, 1985** a new applicant for licensure as a psychologist shall possess a doctoral degree in psychology from an institution approved by the board...” (**emphasis** added)

With respect to the concerns regarding masters level psychologists and the technical corrections being made to 441—77.22(249A) under ARC 2061C (Item 1), it needs to be noted that even before these current proposed technical corrections, the same concerns would be present regarding the standards under the current (non-technically corrected) version of that rule. This is because the standard under the current rule language (i.e., “meeting the standards of the National Register of Health Service Providers in Psychology, 1981 edition, published by the council for the National Register of Health Service Providers in Psychology”) still would have required psychologists to be at the doctoral level. The Department reads both the current and proposed rule language to only apply to new applicants, not those currently enrolled, including those who were grandfathered in back in 1985.

So in light of the foregoing rationale, the Department does not believe any additional changes need to be made to the proposed rule.

**From:** Logue, Jesse [<mailto:LogueJ@kennedykrieger.org>]  
**Sent:** Wednesday, July 22, 2015 8:17 AM  
**To:** Policy Analysis  
**Subject:** "National Registry of Health Service Psychologists" Clarification

Hello

In the notice of intended action in the Human Service Department [441] ARC 2061C, it highlights the National Registry of Health Service Psychologists and credentialing in relation to Medicaid. I was hoping you could clarify for me whether a licensed psychologist needs to be a member of this registry or just needs to meet the credentialing requirements outlined by the organization? Thank you

**Jesse J. Logue, Ph.D., BCBA-D**  
Post Doctoral Fellow  
Neurobehavioral Unit – Outpatient  
Kennedy Krieger Institute  
[LogueJ@kennedykrieger.org](mailto:LogueJ@kennedykrieger.org)  
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## Rossander, Harry V

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**From:** george@childserve.org  
**Sent:** Thursday, August 13, 2015 9:16 AM  
**To:** Freudenberg, Nancy  
**Cc:** Rossander, Harry V  
**Subject:** Re: follow-up to ARRC comments

Nancy:

Thanks for getting back to me so promptly.

At the ARRC meeting I expressed concern about the noticed Rule ARC 2016C, and in particular the provision regarding credentialing psychologists by current National Register of Health Service credentialing requirements. My fear is that it will disqualify several Iowa licensed psychologists from being reimbursed for Medicaid beneficiaries.

As a little history, clinical psychologists used to be both master degree trained and doctoral degree trained. In the 1970s and 1980s the profession led a movement to require clinical psychologists to be doctoral trained. Recognizing they still had some qualified master degree trained psychologists, both the Iowa board and the national credentialing associations permitted master degree trained clinical psychologists to apply to be grandfathered in.

In about 1985, Iowa told master trained psychologists they could still become licensed if they applied, then demonstrated experience, took the tests and passed the oral exams. The master degree trained psychologists didn't have to complete that in 1985, but they had to start the process.

I believe the National Register people were doing the same in the late 70s and I don't know how long they permitted psychologists to apply for "grandfathered" status. I believe now all applicants would need to be doctoral degree applicants.

There are still some licensed and/or credentialed master degree trained psychologists - and they would have been around for 30+ years.

In summary, current licensing and credentialing require doctor degree training in psychology to become clinical psychologists. 70s & 80s licensing and credentialing allowed for master degree training in psychology to be recognized as licensed and credentialed clinical psychologists.

ChildServe has a Iowa licensed psychologist who could have met the grandfathered criteria to be on National Register. He applied in 1985 for an Iowa license and subsequently received his Iowa license. He has been duly credentialed by Medicaid and been doing assessments for children for years. He has told me of a handful of others.

We would not like this change to disqualify this ChildServe psychologist.

We normally have two psychologists to do assessments, but one recently moved to Florida. The last time we went looking for a child psychologist, it took us 18 months to find one. If this rule disqualified our remaining psychologist, a lot of children would be affected.

If anyone would like further clarification, I'm available to discuss it further.

Thanks,

George

George S. Eichhorn, JD CPCO  
ChildServe General Counsel/Director of Compliance  
5406 Merle Hay Road  
Johnston, IA 50131  
515-727-1579

On 13 August 2015, "Nancy Freudenberg" <[NFREUDE@dhs.state.ia.us](mailto:NFREUDE@dhs.state.ia.us)> wrote:

> Good morning George. I am following up to your voice mail message you left me this morning and sending you my email address. I am also including the email address for Harry Rossander. He is the rules coordinator for the Department. As you indicated in your voice mail message you intend to summarize your comments you made at ARRC on Tuesday and email them to me. Could you please include Harry in the email. We look forward to hearing from you. Thanks! Nancy

Nancy Freudenberg  
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