1. Agenda of Meeting for August 24, 2017
2. Meeting Minutes of the July 11, 2017 - MAAC Executive Committee Meeting
3. Action Items
4. MAAC IA Health Link Recommendations Timeline
Executive Committee Meeting

Thursday, August 24, 2017
Time: 3:00 p.m. – 4:30 p.m.
Hoover State Office
Building, A-Level
Conference Room 7,
1305 E. Walnut Street
Des Moines, IA
Dial: 1-866-685-1580
Code: 515-725-1031#

AGENDA

3:00  Introduction and roll call – Dave Hudson

3:05  Approval of minutes from previous Executive Committee meeting – Dave Hudson
  •  Executive Committee: July 11, 2017

3:10  Discussions on Recommendations – Dave Hudson
  •  SFY17 Q4 (due date was July 15, 2017)
    o  Need to schedule subcommittee discussion
    o  Discussion of Items from the August 8th Full Council Meeting
    o  DHS Response to Recommendations
    o  Final draft of recommendations due as soon as possible
  •  SFY18 Q1 (due date is October 10, 2017)
    o  Need to schedule subcommittee discussion
    o  Initial draft of recommendations due for discussion at the September 12, 2017
      MAAC Exec. Comm. Meeting

3:50  LTC Ombudsman “How to be Your Own Best Advocate” – Kelli Todd

4:00  Provider Re-Enrollment Update – Sean Bagniewski

4:10  Medicaid Director’s Update – Mikki Stier
  (including review of Action Items document)
    o  Data on Top Five Grievance and Appeals to Identify Systemic Trends
    o  Identifying Trends Involving payment Issues
    o  Average Cost Per Member Per Day for Special Needs Members in ICF/ID
    o  Out-of-State Placement for Members

4:25  Open Discussion – Dave Hudson

4:30  Adjourn
Executive Committee Meeting Minutes
July 11, 2017

EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES
---|---
Gerd Clabaugh – | Jerry Foxhoven -
David Hudson – present | Mikki Stier - present
Dennis Tibben – present | Deb Johnson -
Natalie Ginty – present | Liz Matney - present
Shelly Chandler – present | Matt Highland - present
Cindy Baddeloo – present | Lindsay Paulson -
Kate Gainer – present | Sean Bagniewski -
Lori Allen – present | Amy McCoy -
Richard Crouch – present | Luisito Cabrera - present
Julie Fugenschuh – present | Alisha Timmerman - present
Jodi Tomlonovic – present | Lisa Cook - present

Introduction
David called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above and quorum met.

Approval of the Executive Committee Meeting Minutes of June 15, 2017
Minutes of the Executive Committee meeting on June 15, 2017 was approved.

Communication Standardization Update
Matt Highland provided an update on the initiatives that have been under development since his last update in May. He reviewed the development of standardized model language and definitions for all member handbooks, formularies for IA Health Link, digital and print provider directories, and other informational resources.

Electronic Visit Verification (EVV)
Liz Matney gave an overview and timeline of EVV and stated that size and complexity made it necessary to reset to a 2018 rollout to ensure federal compliance and that providers are prepared to engage and delivery of services to members. She explained that the 21st Century Cures Act of December 2016 required development of EVV systems for states to receive full federal match percentage on personal care and health home. Liz stated that there was an active survey which closes August 15, 2017 for providers that identified cost centers and assist in the collection of other relevant data involving EVV infrastructure and administration. Liz stated that Phase 1 was to identify existing and installed technologies that could be leveraged to assess cost. Liz confirmed that this initiative would take into account CDAC and the Home- and Community-Based Services (HCBS) waiver program but not the whole of HCBS and that the MCOs’ contracts were being revised to reflect this

July 13, 2017
more narrow approach. Liz stated that Phase 2 (Fall 2017) would involve stakeholder workgroup engagement and Phase 3 was to begin in early 2018 and involve public comments on a larger group of members and providers. Liz confirmed that following the initial engagement period of the project, the rollout period will begin in 2018. Key components of the rollout would be informational materials, an EVV resource center for members and providers, statewide provider training sessions, a dedicated EVV website, FAQs, CSR scripting, and other relevant communication materials.

**Action Item:**
- Research national benchmark on Program Integrity fraud rate data with home health providers
- Add as a standing item in the MAAC action items document - updates on the EVV stakeholder workgroup meetings

**Medicaid Director’s Update**
*(Legislative Update, Provider Re-Enrollment and Action Items)*
Mikki reviewed the outstanding items in the action items document. Liz confirmed the quarterly data reports would be available in time for the August MAAC meeting.

**Action Items:**
- Provide data on grievance and appeals – at the State Fair Hearing, how many cases are denied, how many are ruled in favor of an MCO, how many never go through the entire appeals process. How many are resolved at the MCO level and never go to the level of the State Fair Hearing.
- Provide data on aggregate cost per member for ICF/ID broken down by community-based ICF/ID providers, state resource centers, and out-of-state placements.

**MAAC Recommendations:** Mikki stated that a response to recommendations would be available shortly and there would likely be an August update via a written response from the DHS Director.

**Provider Re-enrollment:** Mikki stated that additional information would be presented at the August Executive Committee meeting.

**Legislative Update:** Mikki outlined the legislative initiatives that had to be in place by July 1, 2017 and the cost containment measures across all three MCOs. She provided additional updates regarding the IME Claims Benefit Group, Retroactive Eligibility, the new Dental Wellness program, and the State Family Planning Program (FPP).

**Value-Based Purchasing (VBP):** Mikki provided an overview of Value-Based Purchasing (VBP) and the use of the Value Index Score (VIS).

**Retroactive Eligibility:** Cindy posed a question regarding the scope of the application of Retroactive Eligibility. This will be a follow up at the next MAAC Executive Committee meeting with the staff working on this initiative.

**Open Discussion**
Marsha Fisher asked about the process involved in the transfer of information between MCOs when a member changes MCOs. Liz clarified that transfer of data between MCOs is only processed through the state. Marsha cited a specific example of a case management situation where member data was not transferred to the new MCO. Lori Allen asked for clarification on what standards were in place to ensure that data was transferred in a timely manner from one MCO to another.

**Future Agenda Items:**
- External Quality Review would be a potential agenda item for the August meeting.

**Adjourn**
4:21 P.M.
<table>
<thead>
<tr>
<th>Date Added</th>
<th>Action Item</th>
<th>Who is Responsible for Follow-Up</th>
<th>Status (Outstanding / Complete / In Process / To Be Scheduled)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/4/2016</td>
<td>Update on the new CMS managed care rules and whether changes are necessary to be in compliance.</td>
<td>Medicaid Director</td>
<td>In Process</td>
</tr>
<tr>
<td>2/23/2017</td>
<td>To have presentations regarding Integrated Health Homes and the Health Homes project. <strong>UPDATE on March 14, 2017:</strong> Deb Johnson and Joyce Vance are to be invited to a future Executive Committee meeting to continue the discussion on Chronic and Integrated Health Homes</td>
<td>Medicaid Director</td>
<td>A follow-up presentation will take place at future Executive Committee meeting.</td>
</tr>
<tr>
<td>2/23/2017</td>
<td>To have presentation on the coordination between Medicaid and Medicare for dual eligible members in the waiver programs</td>
<td>Medicaid Director</td>
<td>To be discussed at future Executive Committee meeting.</td>
</tr>
<tr>
<td>3/14/2017</td>
<td>Matt Highland and representatives from the three MCOs are to present information regarding mobile applications at a future Executive Committee meeting; after July 2017</td>
<td>Medicaid Director</td>
<td>In Process</td>
</tr>
<tr>
<td>4/11/2017</td>
<td>Gather previous quarterly report data regarding the top five reasons for grievances and appeals for comparison to assist in determination if there are systemic trends in the information. The Department is to determine if a quarter by quarter comparison chart regarding this topic should be included in future quarterly reports.</td>
<td>Medicaid Director</td>
<td>To be discussed at August 24, 2017, Executive Committee meeting.</td>
</tr>
<tr>
<td>4/11/2017</td>
<td>Determine average aggregate cost per member per day for special needs members in ICF/ID. <strong>UPDATE July 11, 2017:</strong> Additionally, break down by: * Community-based ICF/ID providers * State resource centers * Out-of-state placement</td>
<td>Medicaid Director</td>
<td>To be discussed at August 24, 2017, Executive Committee meeting.</td>
</tr>
<tr>
<td>4/11/2017</td>
<td>Examine out-of-state placement for members in facilities to determine the impact on members as well as program. * Border Issues * Medical Conditions * Ages * Other factors leading to out-of-state placement</td>
<td>EC Members and Medicaid Director</td>
<td>To be discussed at August 24, 2017, Executive Committee meeting.</td>
</tr>
<tr>
<td>6/15/2017</td>
<td>Identify trends involving payment issues: * The largest issues * Where issues are most prevalent and if this trend changes over time * Where issues continue to reside * If the same issues affect different provider types * The proportion of issues that occur with the MCOs versus with provider organizations * The top reasons why payment issues persist * Identify if the top reasons for payment issues change over time</td>
<td>EC Members and Medicaid Director</td>
<td>To be discussed at August 24, 2017, Executive Committee meeting.</td>
</tr>
<tr>
<td>7/11/2017</td>
<td>Research national benchmark on Program Integrity fraud rate data with home health providers.</td>
<td>Medicaid Director</td>
<td>Outstanding</td>
</tr>
<tr>
<td>7/11/2017</td>
<td>Updates on the EVV stakeholder workgroup meetings.</td>
<td>Medicaid Director</td>
<td>Quarterly Updates</td>
</tr>
<tr>
<td>7/11/2017</td>
<td>Provide data on grievance and appeals - at the State Fair Hearing: * How many cases are ruled in favor of an MCO * How many never go through the entire appeals process * How many issues are resolved at the MCO level and never go to the level of the State Fair Hearing.</td>
<td>Medicaid Director</td>
<td>To be discussed at August 24, 2017, Executive Committee meeting.</td>
</tr>
<tr>
<td>8/8/2017</td>
<td>Managed Care Division to provide a review of managed care quality performance measures - HEDIS and HSAG</td>
<td>Medicaid Director - Managed Care Division</td>
<td>Outstanding</td>
</tr>
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<tr>
<td>8/8/2017</td>
<td>Review the process involving transfer of member information from one MCO to another MCO when a member chooses to change their MCO</td>
<td>EC Members and Medicaid Director</td>
<td>Outstanding</td>
</tr>
<tr>
<td>8/8/2017</td>
<td>It was suggested to keep the prior authorization process and the issue of secondary payment on the Executive Committee discussion agenda.</td>
<td>EC Members and Medicaid Director</td>
<td>Outstanding</td>
</tr>
<tr>
<td>8/8/2017</td>
<td>It was suggested to make advocacy for people receiving services from MCOs an Executive Committee agenda item.</td>
<td>EC Members and Medicaid Director</td>
<td>Outstanding</td>
</tr>
<tr>
<td>8/8/2017</td>
<td>Have future discussion on the role of care coordinators and case managers responsible for waivers. Which set of activities is making the greatest impact on improving outcomes?</td>
<td>EC Members and Medicaid Director</td>
<td>Outstanding</td>
</tr>
<tr>
<td>8/8/2017</td>
<td>Hold future discussions to determine a more proactive role in strengthening the healthcare safety net.</td>
<td>EC Members</td>
<td>Outstanding</td>
</tr>
<tr>
<td>8/8/2017</td>
<td>Clarify MCOs as a secondary payer.</td>
<td>Medicaid Director</td>
<td>Outstanding</td>
</tr>
<tr>
<td>8/8/2017</td>
<td>Executive Committee should consider asking the LTC Ombudsman for recommendations.</td>
<td>EC Members</td>
<td>Outstanding</td>
</tr>
<tr>
<td>8/8/2017</td>
<td>Consider a discussion relating to the federal discussions on block granting Medicaid dollars, and how the state is positioned relative to this possible outcome.</td>
<td>EC Members and Medicaid Director</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>
# Outstanding Recommendations from the Executive Committee Meeting - August 24, 2017

<table>
<thead>
<tr>
<th>Date Added</th>
<th>Action Item</th>
<th>Iowa Department of Human Services</th>
<th>Status (Outstanding / Complete / In Process / To Be Scheduled)</th>
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<table>
<thead>
<tr>
<th>Date Added</th>
<th>Item</th>
<th>Responsible Party</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: The Department Develop a new methodology to track consistency or prior authorization determinations within each MCO.</td>
<td>Medical Assistance Advisory Council (MAAC)</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: The Department to enforce and communicate to the MCOs the cap after which a PA request is deemed approved (seven days) if a determination has not been made. The MCOs are then to communicate the determination to providers.</td>
<td>Outstanding Items from the Executive Committee Meeting of July 11, 2017</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: Encourage the MCOs to develop consistent service groups or crosswalk standards for PAAs to allow for instances where approval is obtained for a specific service or products. Recommend that each of the MCOs develop an exemption process based on medical necessity.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: Require MCOs to provide a plain language explanation to Iowa Medicaid members and providers for PA denials.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: The Department to determine the differences in credentialing requirements between the MCOs and develop a comparison grid of what additional measures beyond the IME’s universal credentialing is required by each MCO.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: Require the MCOs explain the rationale for additional credentialing requirements beyond what is contractually required by the IME.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: Determine the percentage of clean claims payments that are paid on time and accurately based upon the established rate floors to track the accuracy of provider payments.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: Regarding clearinghouse to clearinghouse issues: Request that the MCOs provide data related to the initial denail rates from their clearinghouses and include this data in the Managed Care Quarterly Report.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: Include the accuracy and consistency of information provided by the MCO Customer Service Representatives to both providers and members in the Managed Care Quarterly Report.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: Request that the MCOs report information regarding outreach efforts to increase access to care in areas identified in the MCO’s GeoAccess Reports as limited access areas.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Public Comment Recommendation: Request that MCOs present on results of outreach efforts in order to determine outstanding issues that the MAAC may be able to address.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
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<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Request summaries of the MCOs' Consumer Advisory Panels and Clinical Advisory Panels. Request that MCOs make a periodic formal presentation to the MAAC regarding the timely data and feedback obtained from their required advisory panels.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Encourage the development of a standardized process across the MCOs to create consistent member material to inform members on what services are provided by each MCO, the process for denying services, and what resources will be given to review available services.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Require MCOs to provide a plain language explanation to Iowa Medicaid members on all MCO denials.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Require that all MCO provider manuals be clearly posted in an easily accessible format and location on the MCOs' websites and available in hardcopy.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Explanation and definition of plain language standards</strong></td>
<td>Medicaid Director</td>
<td>Completed - Discussed in March 14, 2017 Executive Committee meeting.</td>
</tr>
<tr>
<td>2/14/2017</td>
<td>Executive Committee to meet with Iowa Medicaid Communications Specialist to discuss reconfiguration of the Iowa Medicaid website for ease of navigation for members/consumers.</td>
<td>Medicaid Director</td>
<td>Completed - Discussed in March 14, 2017 Executive Committee meeting.</td>
</tr>
<tr>
<td>2/14/2017</td>
<td>Request that the MCOs assist in advertisement of the IA Health Link Public Comment meetings</td>
<td>Medicaid Director</td>
<td>Completed - Confirmed by the State at March 14, 2017 Executive Committee meeting that MCOs were assisting by way of newsletters, the clinical advisory and the community advisory committees.</td>
</tr>
<tr>
<td>2/23/2017</td>
<td><strong>Update on February 23, 2017:</strong> Matt Highland to present information and progress on new standardization of member content and format in publications at the March 14, 2017, Executive Committee meeting. Within presentation, Matt will also discuss how standardization will impact the grievance and appeals process.</td>
<td>Medicaid Director</td>
<td>Completed - Matt Highland presented on the communications standardization of managed care regulations in March 14, 2017 Executive Committee meeting.</td>
</tr>
<tr>
<td>2/23/2017</td>
<td><strong>General Recommendation:</strong> Enforce regulation that Managed Care Organizations (MCOs) follow established state Preferred Drug List (PDL), as required within their contracts.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>2/23/2017</td>
<td><strong>General Recommendation:</strong> Encourage the MCOs provide data regarding medication denial rates for MAAC Executive Committee to monitor for future recommendations.</td>
<td>Medicaid Director</td>
<td>Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.</td>
</tr>
<tr>
<td>2/23/2017</td>
<td><strong>General Recommendation:</strong> Extend the allotted 30 day nursing facility stay for HCBS waiver recipients to 120 days.</td>
<td>Medicaid Director</td>
<td>In rules process for change.</td>
</tr>
<tr>
<td>3/14/2017</td>
<td>Matt Highland to give an update regarding Communications Standardization for Managed Care Regulations at a future Executive Committee meeting.</td>
<td>Medicaid Director</td>
<td>Completed</td>
</tr>
<tr>
<td>Date Added</td>
<td>Item</td>
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<td>Status (Outstanding / Complete / In Process / To Be Scheduled)</td>
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</tr>
<tr>
<td>11/4/2016</td>
<td>Provide information on status of individuals who are institutionalized in a hospital or facility for beyond 30 days and had been on waiver services although when transitioning out of institution to lose their waiver services.</td>
<td>Medicaid Director</td>
<td>Completed - 1/19/2017: HCBS Recommendations Workgroup created for members who transition out of an institution beyond the allotted 30 days.</td>
</tr>
<tr>
<td>11/4/2016</td>
<td>One-pager as preamble to Administrative Rules outlining changes that have been made to the document and submitted to the DHS Council</td>
<td>Medicaid Director</td>
<td>Completed - In rules process.</td>
</tr>
<tr>
<td>11/4/2016</td>
<td>Calendar to be developed regarding when reports are to be due and process timeline for when data is to be reviewed and recommendations made. Information to be added to the workplan.</td>
<td>Medicaid Director</td>
<td>Completed - To be handed out at 1/19/17 EC meeting.</td>
</tr>
<tr>
<td>5/19/2016</td>
<td>One pager regarding the role of MAAC that members can use with the organizations in which they are representing and stakeholders</td>
<td>Medicaid Director</td>
<td>Completed - Sent via email to EC members on 1/23/17.</td>
</tr>
<tr>
<td>11/4/2016</td>
<td>Request that the Attorney General's office attend a future meeting for orientation and the expectations for the EC members in addition to governance training and new sunshine advisory.</td>
<td>Medicaid Director</td>
<td>Completed - Attended February 14, 2017, Full Council meeting.</td>
</tr>
</tbody>
</table>
Iowa Department of Human Services
Medical Assistance Advisory Council
IA Health Link Quarterly Recommendations
SFY18

Executive Committee Meeting
9/12/2017

Subcommittee Meeting
Initial Discussion on Input
9/12/2017

Executive Committee Meeting
Final draft of recommendations completed
10/6/2017

Full Council Meeting
11/7/2017

Subcommittee Meeting
12/19/2017

Subcommittee Meeting
Final draft of recommendations completed
1/8/2017

Submission of recommendations
10/13/2017 (10/15/2017)

Executive Committee Meeting
11/16/2017

Executive Committee Meeting
Final vote on recommendations
10/10/2017

Executive Committee Meeting
12/19/2017

Executive Committee Meeting
Final vote on recommendations
TBD

Submission of recommendations
1/15/2018

Executive Committee Meeting
11/16/2017

Executive Committee Meeting
Final vote on recommendations
10/10/2017

Executive Committee Meeting
12/19/2017

Executive Committee Meeting
Final vote on recommendations
TBD

Submission of recommendations
1/15/2018

Executive Committee Meeting
11/16/2017

Executive Committee Meeting
Final vote on recommendations
10/10/2017

Executive Committee Meeting
12/19/2017

Executive Committee Meeting
Final vote on recommendations
TBD

Submission of recommendations
1/15/2018