

May 20, 2025

Francisca Chavez  
Compliance and Fraud Prevention Officer  
Community Health Group Partnership Plan  
2420 Fenton St. Ste. 100  
Chula Vista, CA 91914

*Via E-mail*

RE: Department of Health Care Services Medical Audit

Dear Ms. Chavez:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of Community Health Group Partnership Plan, a Managed Care Plan (MCP), from May 20, 2024 through May 31, 2024. The audit covered the period from June 1, 2023, through May 31, 2024.

The items were evaluated, and DHCS accepted the MCP's submitted Corrective Action Plan (CAP). The CAP is hereby closed. The enclosed documents will serve as DHCS' final response to the MCP's CAP. Closure of this CAP does not halt any other processes in place between DHCS and the MCP regarding the deficiencies in the audit report or elsewhere, nor does it preclude the DHCS from taking additional actions it deems necessary regarding these deficiencies.

Please be advised that in accordance with Health & Safety Code Section 1380(h) and the Public Records Act, the final audit report and final CAP remediation document (final Attachment A) will be made available on the DHCS website and to the public upon request.

If you have any questions, please reach out to CAP Compliance personnel.

Sincerely,

[Signature on file]  
Lyubov Poonka, Chief  
Audit Monitoring Unit  
Process Compliance Section  
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Ms. Chavez  
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Enclosures: Attachment A (CAP Response Form)

cc: Bambi Cisneros, Interim Chief *Via E-mail*  
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Grace McGeough, Section Chief *Via E-mail*  
Process Compliance Section  
Managed Care Monitoring Branch  
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Christina Viernes, Lead Analyst *Via E-mail*  
Audit Monitoring Unit  
Process Compliance Section  
DHCS - Managed Care Quality and Monitoring Division (MCQMD)

Aldo Flores, Unit Chief *Via E-mail*  
Managed Care Contract Oversight Branch  
DHCS – Managed Care Operations Division (MCOD)

Andrea Martinez, Contract Manager *Via E-mail*  
Managed Care Contract Oversight Branch  
DHCS – Managed Care Operations Division (MCOD)

# ATTACHMENT A

## Corrective Action Plan Response Form

**Plan:** Community Health Group Partnership Plan

**Review Period:** 06/01/23 – 05/31/24

**Audit:** Medical Audit

**On-site Review:** 05/20/24 – 05/31/24

MCPs are required to provide a Corrective Action Plan (CAP) and respond to all documented deficiencies included in the medical audit report within 30 calendar days unless an alternative timeframe is indicated in the CAP Request letter. MCPs are required to submit the CAP in Word format, which will reduce the turnaround time for DHCS to complete its review. According to ADA requirements, the document should be at least 12 pt.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, as well as the operational results of that action. The MCP shall directly address each deficiency component by completing the following columns provided for MCP response: 1. Finding Number and Summary, 2. Action Taken, 3. Supporting Documentation, and 4. Completion/Expected Completion Date. The MCP must include a project timeline with milestones in a separate document for each finding. Supporting documentation should accompany each Action Taken. If supporting documentation is missing, the MCP submission will not be accepted. For policies and other documentation that have been revised, please highlight the new relevant text and include additional details, such as the title of the document, page number, revision date, etc., in the column "Supporting Documentation" to assist DHCS in identifying any updates that were made by the plan. Implementing deficiencies requiring short-term corrective action should be completed within 30 calendar days. For deficiencies that may be reasonably determined to require long-term corrective action for a period longer than 30 days to remedy or operationalize completely, the MCP is to indicate that it has initiated remedial action and is on the way toward achieving an acceptable level of compliance. In those instances, the MCP must include the date when full compliance will be completed in addition to the above steps. Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval, as applicable, according to existing requirements.

**Please note that DHCS expects the plan to take swift action to implement improvement interventions as proposed in the CAP; therefore, DHCS encourages all remediation efforts to be in place no later than month 6 of the CAP unless DHCS grants prior approval for an extended implementation effort.**

DHCS will communicate closely with the MCP throughout the CAP process and provide technical assistance to confirm that the MCP offers sufficient documentation to correct deficiencies. Depending on the number and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates.

1. Utilization Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p><b>1.2.1 Decision Maker Written Communication</b></p> <p>The Plan did not include the decision maker’s name and direct phone number in the NOA communication to providers for PA decisions.</p>	<p>1. Please see attached policy 7224 with the highlighted revisions that address the decision maker’s name and direct phone number in the NOA communication to providers.</p> <p>"2024 UM Policy 7224 Denial Review CAP Language change. docx"</p> <p>2. UM worked directly with the IS team to update the signature template so that any time a physician signature is used the name and phone number will be automatically inserted into the NOA/NAR. Since this is automated no DTP or BPG is necessary.</p> <p>"Medi-Cal Denial -Example of signature.docx"</p>	<p>1. "2024 UM Policy 7224 Denial Review CAP Language change. docx"</p> <p>2. "Medi-Cal Denial -Example of signature.docx"</p>	<p>1. Long-Term 12/6/2024</p> <p>2. Long-Term 12/6/2024</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"><li>» Policy 7224 Denial Review Process was updated to require the NOA to have the physician decision maker’s name and direct phone number. (2024 UM Policy 7224- Denial Review CAP language Change BV 11.18.24)</li><li>» Example of Signature from NOA letter demonstrates the MCP is including decision maker’s name and phone number on NOAs. (Medi-Cal Denial - Example of signature)</li></ul> <p><b>MONITORING</b></p> <ul style="list-style-type: none"><li>» Audit Summary from 12/24 – 1/25 demonstrate the MCP has put into practice its process to verify the presence of physician signature and phone number on physician NOA’s through quarterly auditing. (DHCS 1.2.1 AUDIT SUMMARY)</li><li>» Utilization Management, New Technology Committee meeting minutes from 2/6/25 demonstrates the MCP is maintaining oversight by presenting internal UM audit reports to its UM committee. (UM MEETING MINUTES Final DRAFT 02-06-2025)</li></ul> <p><b>The corrective action plan for finding 1.2.1 is accepted.</b></p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
<p><b>1.5.1 Delegation Oversight</b></p> <p>The Plan did not ensure the delegate, Rady Children's Specialists of San Diego, provided fully translated information in the identified threshold language.</p>	<p>1. CHG provided our delegate, Rady Children's, with copies of the letters and attachments that need to be sent to the members, translated into the seven threshold languages.</p> <p>2. A Best Practice Guide was created to address the gap in the process of sending updated, fully translated documents to the delegate for distribution to CHG members. Please refer to the Best Practice Guide for instructions on disseminating the translated letters to CHG delegates. "BPG Disseminating translated letters to delegates 12.2.24.docx"</p> <p>3. CHG's internal audit team reviews 100% of all NOA letters. During this review, the audit team will validate that the delegate is using the fully translated letters in the members preferred threshold language.</p>	<p>1. "Delegate confirmation of receipt of letter.pdf"</p> <p>2. "BPG Disseminating translated letters to delegates 12.2.24.docx"</p> <p>3. "BPG audit process 12.2.24.docx"</p>	<p>1. Long-Term 12/6/24</p> <p>2. Long-Term 12/6/24</p> <p>3. Long-Term 01/6/25</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"> <li>» Best Practices Guide: "Sending Translated Letters For Members To CHG Delegates" was developed to outline the procedure for sending template letters fully translated into the threshold languages to the MCP's delegates. (BPG Disseminating translated letters to delegates 12.2.24)</li> <li>» Delegation Confirmation of Receipt demonstrates the MCP has provided the delegate with the translated letter templates and attachments. (Delegate conformation of receipt of letters)</li> </ul> <p><b>MONITORING</b></p> <ul style="list-style-type: none"> <li>» Audit Summary from 12/7/24 – 1/13/25 demonstrate the MCP has put into practice its process to verify that its delegate is providing fully translated information in the identified threshold languages. (DHCS 1.5.1 DELEGATION OVERSIGHT AUDIT SUMMARY)</li> <li>» Utilization Management, New Technology Committee meeting minutes from 2/6/25 demonstrates the MCP is maintaining oversight by presenting internal UM audit reports to its UM committee. (UM MEETING MINUTES Final DRAFT 02-06-2025)</li> </ul>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				The corrective action plan for finding 1.5.1 is accepted.

3. Access and Availability of Care

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p><b>3.8.1 Non-Emergency Medical Transportation Services Requiring Physician Certification Statement Forms</b></p> <p>The Plan did not obtain an approved PCS form for rendered NEMT services.</p>	<p>1. CHG updated the procedure for obtaining the PCS form. Please see the Best Practice Guide (BPG) with revisions to address the gap in obtaining PCS forms. CHG will use the BPG and Power Point to educate the Referrals Department, Member Services, and Case Management on the process for obtaining PCS forms from the provider.</p> <p>2. To show evidence that the plan has deployed a monitoring process and is conducting periodic reviews with corrective action please see:</p> <p>"BEST PRACTICE AUDITING GUIDE, PHONE NEMT, PCS &amp; NON COMPLIANCE.docx".</p> <p>and "NEMT MONITORING AUDIT TOOL, ANALYSIS, &amp; NON COMPLIANCE TRACKING.xlsx" as our monitoring tool.</p>	<p>1. BPG &amp; Desktop process for NEMT 2024 CAP.docx,</p> <p>Power Point: "NEMT Education.pptx"</p> <p>2. "BEST PRACTICE AUDITING GUIDE, PHONE NEMT, PCS &amp; NON COMPLIANCE.docx".</p> <p>"NEMT MONITORING AUDIT TOOL, ANALYSIS, &amp; NON-COMPLIANCE TRACKING.xlsx"1.</p>	<p>1. Long-Term 12/6/24</p> <p>2. Long Term 01/6/25</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <p>» Plan policy, "6059_NEMT &amp; NMT" was updated to demonstrate the process the Plan has implemented to provide telephone authorization for NEMT requests when a member requires a covered medically necessary service of an urgent nature. Revisions included language that states the Plan "provides telephone authorization for NEMT requests when a member requires a CHG-covered medically necessary service of an urgent nature and a PCS form could not have reasonably been submitted beforehand. The member's provider must submit a PCS form post-service for the telephone authorization to be valid." (6059_NEMT &amp; NMT, NEMT – PCS Form, pages 2-3)</p> <p><b>MONITORING AND OVERSIGHT</b></p> <p>» The Plan provided "BPG: NEMT AND THE PCS FORM" as evidence that the Plan is conducting a monthly review on the telephone NEMT requests &amp; demonstrates how the Plan addresses non-compliance. The internal document outlines that the Plan "provides telephone authorization for NEMT requests when a member requires a CHG-covered medically necessary service of an urgent nature and a PCS form could not have reasonably been submitted</p>

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				<p>beforehand. The member's provider must submit a PCS form post-service for the telephone authorization to be valid. The Case will be sent to the case management department to obtain the PCS form. The Case Management staff will make 3 good-faith efforts to obtain the PCS form." (BPG &amp; Desktop Process for NEMT 2024 CAP, pages 1-2)</p> <ul style="list-style-type: none"> <li>» Sample tracker, "NEMT Monitoring Audit Tool, Analysis &amp; Non-Compliance Tracking" as evidence that the Plan is monitoring for NEMT requests (urgent included), obtaining of the PCS forms and if no PCS form, tracking any non-compliance.</li> <li>» Plan process guide, "Best Practice Guide: Auditing the Telephone Requests for NEMT, PCS Forms, and Addressing Non-Compliance" demonstrates the steps taken by the Plan to audit NEMT requests &amp; PCS forms on a monthly basis. The guide outlines that if it is identified through the monthly audits that urgent NEMT requests PCS form follow-up are not being followed, targeted education and training will be provided to the non-compliant Department or staff member. (BEST PRACTICE AUDITING GUIDE PHONE NEMT, PCS &amp; NONCOMPLIANCE)</li> <li>» Sample audit report, "MONTHLY ANALYSIS TELEPHONE NEMT REQUESTS" was provided as evidence to demonstrate the monthly audit reporting for NEMT requests for September 2024. Evidence</li> </ul>



Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<p>shows that no requests were denied of the requests that were made.</p> <p><b>TRAINING</b></p> <ul style="list-style-type: none"><li>» Meeting slide deck “NEMT Education” demonstrates the Plan’s educational efforts with its internal staff. The training included points on NEMT, what is needed, what is urgent, etc. (See NEMT Education)</li><li>» The sign-in sheets (11/14/24, 12/5/24 and 12/6/24) demonstrate that the Plan trained staff on NEMT Policy 6059 regarding the requirement of providing telephone authorization for NEMT transportation in urgent situations.</li></ul> <p><b>The corrective action plan for finding 3.8.1 is accepted.</b></p>

4. Member’s Rights

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
<p><b>4.1.1 Translated Member Information in Member’s Required Language</b></p> <p>The Plan did not provide translated NOA/NAR information in the members’ required language.</p>	<p>1. CHG Policy 7254 has been modified to include the regulation regarding the translation of NOA. See policy: "2024 UM Policy 7254-Notification of UM Decisions 11.25.24 changes.docx"</p> <p>2. CHG updated the internal procedure to address the gap in translating documents for members. Please see the best practice guide for translation services. "BPG translating written materials 12.2.24.docx"</p> <p>3. CHG's internal audit team reviews the NOA and NAR letters. During this review, the audit team will validate that fully translated letters and attachments are sent to the members in their preferred threshold language.</p>	<p>1. "2024 UM Policy 7254-Notification of UM Decisions 11.25.24 changes.docx"</p> <p>2. "BPG translating written materials 12.2.24.docx"</p> <p>3. "BPG audit processes12.2.24.docx"</p>	<p>Long Term 11/25/24</p> <p>Long Term 12/6/24</p> <p>Long Term 1/06/25</p>	<p>The following documentation supports the MCP’s efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <p>» The updated P&amp;P, "GA 5510a: Member Grievance and Appeal Policy" (01/01/24), demonstrates that the MCP’s NAR, 'Your Rights' attachment template, state fair hearing, and IMR forms are translated into threshold languages, with updates made to each version whenever a revision occurs or when additional threshold languages are identified for San Diego County.</p> <p>» The updated P&amp;P, "7254: Notification of Utilization Management Decisions" (08/09/24), includes that all NOA notices and attachments are sent to the member in their preferred threshold language.</p> <p>» BPG (Best Practice Guide) "Translation Services for Written Materials and Attachments" (12/03/24) demonstrates the MCP outlines the process for employees to request assistance in fully translating member notifications and attachments into the member's preferred threshold language.</p> <p>» BPG, "Auditing Member Notices" (12/02/24) as evidence the MCP developed an internal monitoring process that outlines the procedure for auditing notices (NOA/NAR, attachments) to demonstrate that template letters meet all regulatory</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<p>requirements and are fully translated into the member's preferred language. The MCP's internal audit team monitors member NOAs, NARs, and attachments monthly to demonstrate that all NOAs, NARs, and attachments are fully translated into the member's preferred threshold language, when applicable.</p> <p>» Templates/Attachments, "NOA and Attachments, NAR Translated Template Letter and Attachments" (12/6/24) demonstrates the MCP has translated all NOA/NAR English versions into the seven threshold languages.</p> <p><b>MONITORING</b></p> <p>» Audit Tool, "UM Authorization Audit Tool" (01/06/25) demonstrates that the MCP developed a monitoring tool to audit grievance and appeal cases and verify that the NOA and NAR with attachments are fully translated into the members' threshold language.</p> <p>» Internal Audit, "Translated Member Information for Appeals Internal Monitoring Report" (01/06/25) demonstrates that the MCP has conducted an audit. The MCP's Internal auditors review up to 30 records per analyst each month. All files were found to be compliant, with NAR and attachments accurately translated into the member's preferred language. Additionally, all analysts achieved 100% compliance with NAR and attachments for cases closed in December 2024.</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<p>» Internal Audit, "2024 DHCS Audit Finding 4.1.1 Threshold Language" (01/14/25) demonstrates the Utilization Management Director performed an audit for the time period of 12/6/24 - 01/15/25. A total of Nine expedited grievance cases were reviewed, and all nine were 100% compliant, with all letters and attachments being translated into members' threshold language. A total of 118 standard grievance cases were reviewed with an 86% compliance rate. This rate was due to the old template being used by the team member assigning the letter to be translated. There were two staff members who assigned the incorrect templates. The two staff members received 1:1 training on the Best Practice Guide on 01/15/25, and the outdated templates were removed from their files.</p> <p>» Internal Audit, "2024 DHCS Audit Finding 4.1.1 Threshold Language" (02/14/25) and (03/11/25) demonstrates the Utilization Management Director performed an audit for the time period of 01/14/25 - 02/13/25 and 02/13/25 - 03/11/25. A total of 16 cases were audited and 16 out of 16 were compliant with notification letters and attachments mailed in members preferred threshold language. The results are shared with the Chief Medical Officer (CMO) and reported quarterly at the UM &amp; New Technology Committee meetings.</p> <p><b>TRAINING</b></p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<p>» Training, "Best Practice Guide" (12/05/24, and 12/06/24) demonstrates the MCP provided training to their OP Referrals Staff and IP Referrals Staff on the process for employees to request assistance in fully translating member notifications and attachments into the member's preferred threshold language. Attestations provided.</p> <p><b>The corrective action plan for finding 4.1.1 is accepted.</b></p>

5. Quality Management

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * <small>(*Short-Term, Long-Term)</small>	DHCS Comments
<p><b>5.1.1 Qualifications of Staff Responsible for Quality Improvement</b></p> <p>The Plan did not include the qualifications (education, experience, and training) of staff responsible for QI activities in the QIHETP written description or policies and procedures.</p>	<p>1. The Plan updated policy and procedure #7618.2a. Quality Program, Annual Evaluation and Documentation to address requirement 2.2.6.C of Contract #23-30217, effective January 1, 2024.</p>	<p>1. Policy: "CQ 7618.2a - QI Program Eval &amp; Doc - Rev12-5-2024.pdf"</p>	<p>1. Long-Term 12/6/24</p>	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p> <p>» Updated P&amp;P, "CQ 7618.2a: Quality Program, Annual Evaluation and Documentation" (12/5/24) to address requirement 2.2.6.C of Contract #23-30217, effective January 1, 2024, which states that the Quality Improvement and Health Equity Transformation Program Policies and Procedures address the qualification (education, experience, and training) and identification of staff who are responsible for QI and Health Equity activities. Additionally, the QIHETP P&amp;P's are reviewed and updated annually, approved by CHG's Quality Improvement and Health Equity Committee and CHG's Board of Directors. The annual review will involve comparing the document to current and relevant contractual, regulatory, and accreditation requirements. Any new or previously unaddressed requirements will be incorporated into the QIHETP as necessary.</p> <p><b>MONITORING AND OVERSIGHT</b></p> <p>» The Plan has revised and implemented its policies and procedures to demonstrate that the full qualifications of staff responsible for QI activities are included in the QIHETP written description and policies. The QIHETP written description is reviewed and approved annually.</p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
				<p>As part of the annual review process, the document is compared to contractual, regulatory, and accreditation requirements.</p> <ul style="list-style-type: none"> <li>» Attestation, "Attestation of Corrective Action Plan Implementation" (03/13/25) demonstrates the Director of the MCP's Corporate Quality confirms that the MCP has fully implemented the corrective action plan for the qualification of staff responsible for quality improvement. This includes an understanding of the importance of incorporating staff qualifications such as education, experience, and training into the activities outlined in the QIHETP written description, policies, and procedures</li> <li>» Meeting, "BQIHEC Meeting" (01/24/25) demonstrates the MCP met with BQIHEC to revise and implement policies and procedures to make certain staff qualifications for QI activities are included in the QIHETP written description as required.</li> <li>» Meeting, "Board of Directors of CHG Foundation dba Community Health Group Partnership Plan" (01/28/25) demonstrates the Plan's 2025 QIHETP has been approved by their Board of Directors.</li> </ul> <p><b>The corrective action plan for finding 5.1.1 is accepted.</b></p>
<b>5.3.1 Provider Training</b>	1. CHG's existing policy and procedure includes timeframes that CHG must	1. 5101a New Provider Orientation and	1. Long-Term 12/6/2024	<p>The following documentation supports the MCP's efforts to correct this finding:</p> <p><b>POLICIES AND PROCEDURES</b></p>

Finding Number and Summary	Action Taken	Supporting Documentation	Implementation Date * (*Short-Term, Long-Term)	DHCS Comments
The Plan did not begin training newly contracted providers within ten working days after being placed on active status.	adhere to when training new providers.  2. CHG modified its new provider training tracking sheet to include due dates for when the training is started and completed.	Refresher Training - DHCS Audit Cap  2. New Provider Orientation Tracking Sheet - DHCS Audit CAP	2. Long-Term 12/6/2024	<p>» P&amp;P, "5101a: New Provider Orientation and Refresher Training" (01/01/24) which states that the Plan will conduct new provider orientation training within 10 working days and complete it no later than 30 working days after a newly contracted provider is placed on active status. A refresher training will be provided at least every other year, either in person, over the phone, or via the Plan's provider web portal. (5101a New Provider Orientation and Refresher Training).</p> <p><b>MONITORING AND OVERSIGHT</b></p> <p>» Meeting Minutes, "Compliance Committee Discussion" (03/04/25), in which the MCP discussed the new process that the MCP implemented for new provider orientation with the Compliance Committee. The New Provider Orientation tracking log now includes a due date for when a new provider orientation must begin (Meeting Minutes 3-4-25 Q1 2025, Page 2).</p> <p>» Excel Spreadsheet, "New Provider Orientation Tracking Sheet" (January 2025) to demonstrate that the MCP has implemented a monitoring process to track that newly contracted providers begin training within ten working days after being placed on active status. The MCP updated their new provider training tracking sheet to include due dates for when the training is started and completed. (New Provider Orientation Tracking Sheet - DHCS Audit CAP - 2024).</p> <p><b>The corrective action plan for finding 5.3.1 is accepted.</b></p>



\*Attachment A must be signed by the MCP's compliance officer and the executive officer(s) responsible for the area(s) subject to the CAP.

**Submitted by:** Ana Lopez

**Title:** Compliance Officer

**Signed by:** [Signature on file]

**Date:** 12/6/2024