TABLE of CONTENTS for MHP MEDI–CAL RE-CERTIFICATION DOCUMENTS

Page 1  TABLE of CONTENTS for MEDI–CAL RE-CERTIFICATION

Page 2  GUIDE FOR PERTINENT INFORMATION
To be completed by provider prior to site visit and placed in the appropriate category (category 1 see page 3)

Page 3  DOCUMENTS for MEDI-CAL RE-CERTIFICATION
To assist with the certification process, it is recommended that a binder with requested documents be placed in the categories shown. It is recommended that categories be separated with tabs/dividers.

Page 4-6  LAC-DMH POLICIES AND PROCEDURES RELATED TO MEDI-CAL RE-CERTIFICATION
To assist with the certification process, it is recommended that LAC-DMH Policies and Procedures be placed in a separate binder. Be sure that the latest version of LAC-DMH policies are provided.

Page 7  PHYSICAL PLANT INSPECTION CHECKLIST
List of items that will be checked during the walk-through by the LAC-DMH representative.

Page 8  ADDITIONAL INFORMATION/ RESOURCES

Page 9  STAFF ROSTER FORM*
Pleas use attached staff roster form.

* Please be prepared to provide copies of staff Licenses/Waivers/Registrations; copies of resumes of unlicensed staff providing service.
COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

GUIDE FOR PERTINENT INFORMATION

Provider#:
Provider Name:
Address:
Direct Phone #:
Fax #:
Email:

Head of Service Name: ____________________________
Contact Number: ________________________________
Fire Clearance Date: ______________________________
Catchment Areas: __________________________________
__________________________________________________________________________________________

Days & Hours of Operations: _________________________________________________________________
After Hours Procedures: ____________________________________________________________________
Source of Referrals: ________________________________________________________________________

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<thead>
<tr>
<th>Ethnicity of Population Served</th>
<th>Please provide the following information:</th>
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<tr>
<td>CAUCASIAN %</td>
<td>Estimate Number of Open Cases:</td>
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<td>HISPANIC %</td>
<td>Estimate Age Range of Clients:</td>
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<tr>
<td>AFRICAN AMERICAN %</td>
<td>Estimate % of Medi-Cal Clients:</td>
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</table>
| ASIAN/PACIFIC ISLANDER %      | Estimate Client’s Length of Specialty MHS:
| NATIVE AMERICAN %             | Monthly Estimate of Clients served face-to-face: |
| OTHER %                      | Indicate Languages Spoken by Bilingual Staff: |

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<tr>
<th>STAFF PATTERNS DISCIPLINE</th>
<th>TOTAL # FOR EACH DISCIPLINE</th>
<th>TOTAL FTEs FOR EACH DISCIPLINE</th>
<th>% of Field Time FOR EACH DISCIPLINE</th>
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<td>Others</td>
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List the name(s), address(es), phone number(s) and hours of operation of School-Based Programs (use additional sheet if necessary): Provide a copy of the MOU(s)

Complete a separate GUIDE FOR PERTINENT INFORMATION form for the following:
Day Treatment Intensive/Day Rehabilitation Program/Satellite Site

* Occupational Therapist; Recreation Therapist; Music Therapist; Art Therapist; Dance Therapist; Movement Therapist.
**DOCUMENTS FOR MEDI-CAL RE-CERTIFICATION**

<table>
<thead>
<tr>
<th>Category 1: GENERAL PROVIDER INFORMATION, BROCHURES &amp; NOTICES</th>
<th>1A) Guide For Pertinent Information</th>
<th>2A) Brochure of Services</th>
<th>3A) Provider’s Mission Statement</th>
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</table>

**Category 2: FIRE CLEARANCE** (provide copy in this section)

Current Fire Clearance (*within a year of the inspection*) by Fire Inspector (must document “Fire Clearance”)

**Category 3: PHYSICAL PLANT:** Emergency Evacuation Policy (including site map and evacuation map). *Please have an extra copy for DMH staff to take.*

**Category 4: POLICIES AND PROCEDURES** *Please provide an extra copy of each category for DMH staff to take.*

- **4 A) HIPPA Policies and Chart Room Files & Key Control Policy:** Provider’s policy on PHI. Provide a policy and procedure delineating how and who has access to client charts. For field services, include a procedure for transportation of charts (if applicable) and a blank copy of a chart log sheet. For electronic health records, provide a description of how it operates and safeguards all PHI information.
- **4 B) Personnel Policies & Procedures:** Please have a copy of the DMH Employee Handbook and DMH Policy 106.03 and 106.04.
- **4 C) General Operating Procedures** (Program description, admission, discharge & referral procedure). Description should include how, when, what and by whom are services provided from the time of admission to discharge. For field services, include a detailed summary of how Patients’ Rights materials are offered/given to clients.
- **4 D) Janitorial/Building Maintenance:** Written procedure with contact information (person to be notified, phone number, e-mail, etc.) should any type of building maintenance be needed, i.e., plumbing, electrical, etc. include a blank work order if applicable.
- **4 E) Written Site-Specific Service Delivery Policies:** Provide a detailed description of how services (*those that are applicable to the provider: clinic, field based, and/or tele-mental health services*) are delivered. *This is the core of the re-certification/certification. Please be as detailed as possible* (Targeted Case Management; Mental Health Services-Individual-Group-Collateral; Psychological Testing; Crisis Intervention; Medication Support Services; Therapeutic Behavioral Services). Please refer to DMH Policy 100.01 as a guide, but not to be used as Site-Specific Service Delivery Policy.
- **4 F) Reporting Unusual Occurrences:** Provide DMH Policy 303.06 in this section.
- **4 G) Physician Availability:** Written procedures for referring individuals to a psychiatrist when necessary, or to a physician if a psychiatrist is not available during and after business hours; include name and coverage hours of MD on and off site. Referral procedure for emergency medical/physical conditions (include a medical referral list closest to provider’s service area).

**Category 5:** *Please provide an extra copy of each category for DMH staff to take.*

- **5 A) Head of Service (HOS) License**
- **5 B) Most Recent Staff Roster** *(for each program if applicable)*
- **5 C) MD:** DCA License Verification, DEA registration, **AND** one of the following to demonstrate eligibility:
  - Board Certification in Psychiatry *or*
  - ACGME (Accredited Council for Graduate Medical Education) Residency Program in Psychiatry *or*
  - ABPN (American Board of Psychiatry and Neurology) Residency Program in Psychiatry
- **5 D) Licensed and Registered Staff:** DCA License Verification, Waivers
- **5 E) Unlicensed staff (i.e. Case Worker, MHRS, etc.):** updated resume, job description, and degree

**Category 7: MEDICATION SUPPORT SERVICES** *Please provide DMH staff with an extra copy.*

**Full Scope MSS Policy:** Provide a detailed description of how medications are stored, dispensed, and/or administered. Include information for handling samples, expired, or discarded medications & medication room key control. Please refer to DMH Policy 306.03 as a guide, but not to be used as a MSS Policy.

**Prescription Only MSS Policy:** Provide a detailed description of how MSS are prescription only, and that psychotropic medications are not stored, dispensed, and/or administered.
LIST OF LAC-DMH POLICIES

Provide the below LAC-DMH Policies in a separate binder

1. (100) Departmental Administration/Operations
   - 100.01 Service Delivery Definition Policy (10/15/02)
   - 104.01 Access to Public Records (10/01/89)

2. (106) Compliance and Ethics
   - 106.01 Compliance Program Communication (12/03/12)
   - 106.02 Compliance Program, Code of Organizational Conduct, Ethics and Compliance
     Document Distribution to Employees and Attestation (12/03/12)
   - 106.03 Employee Ability to Provide Goods and services under Federally Funded Health Care
     Programs (11/28/12)
   - 106.04 Contractors Eligibility to Provide to Goods & Services under Federally Funded Health
     Care Programs and to Secure Federally Funded Contracts (03/08/12)
   - 106.05 Fraud, Waste & Abuse Prevention (01/01/07)
   - 106.06 The False Claims Act & Related Laws (11/10/11)
   - 106.08 Graded Sanctions (12/31/12)
   - 106.09 Removing Names of Sanctioned Individuals from the Rendering Provider List (8/01/11)
   - 106.10 Compliance Training for LAC-DMH Workforce (12/06/12)
   - 106.13 Reporting Possible Criminal Activity (10/23/17)
   - 106.14 National Provider Identifier (NPI) Requirements (09/01/08)
   - 106.15 Updating & Maintaining National Provider Identifier (NPI) Application Data (06/01/08)

4. (200) Client Services/Patients’ Rights
   - 200.01 Advanced Health Care Directive (06/01/04)
   - 200.02 Hearing Impaired MH Access (04/07/10)
   - 200.03 Language Translation and Interpretation Service (02/01/16)
   - 200.04 Beneficiary Problem Resolution Process (08/01/16)
   - 200.05 Request for Change of Provider (08/29/16)
   - 200.08 Procedures for Screening, Treating and Referring Veterans to Ensure Appropriate
     Services (10/06/08)
   - 201.01 Beneficiary Rights & Responsibilities (08/15/16)
   - 201.02 Non-Discrimination of Beneficiaries (02/27/17)

5. (300) Clinic Operations
   - 300.01 Client Identification and Address Verification (10/11/11)
   - 300.03 Clinical Correspondence Concerning Clients (03/15/15)
   - 300.04 Recommendations to Private pay Mental Health Service Providers/Practitioners
     (02/09/15)
   - 300.06 Non-Open Protected Health Information (PHI) File (10/08/10)
   - 300.07 Use of Client Information for Publication (03/09/15)
   - 301.01 Personal Searches of Individuals Admitted to LPS Designated Facilities (01/24/14)
   - 301.03 Management of Aggressive Client Behavior in Settings without LPS Designation
     (08/02/12)
   - 302.01 Compliance with DMH Practice Parameters (01/28/14)
   - 302.02 Crisis & Emergency Evaluation by Outpatient Mental Health Facilities (08/15/01)
   - 302.03 Roles & Responsibilities in the Care of Clients (06/10/11)
   - 302.04 Triage (10/15/10)
   - 302.05 Reporting Alleged Sexual Behavior with Clients (03/01/15)
### List of LAC-DMH Policies (Continued)

- **302.06** Requirements for Registered Nurses in Order to Conduct a Psychiatric Diagnostic Interview (7/11/16)
- **302.07** Access to Care (5/02/16)
- **302.08** Child Wellness-Nutrition and Physical Activity (2/02/15)
- **302.12** Provision of Services Without a Scheduled Appointment (2/17/17)
- **302.13** Suicide Risk Assessment and Mitigation (See Interim Policy Modification Memo; 7/11/16)
- **303.01** Duty to Warn & Protect Third Parties in Response to a Threat (2/09/15)
- **303.02** Reporting Suspected Child Abuse & Neglect (3/08/12)
- **303.03** Reporting Suspected Elder/Dependent Adult Abuse and Neglect (10/01/03)
- **303.04** Reporting Prescription Forgery, Stolen Controlled Substances or Prescription Forms & Illegal Use of DEA Numbers (8/22/11)
- **303.05** Reporting Clinical Events Involving Active Clients (9/12/16)
- **303.06** Reporting Unusual Occurrences to the State Department of Mental Health (5/01/01)
- **303.07** Reporting Named or Alleged Licensees to Licensing Boards (5/16/16)
- **305.02** Onsite Testing of Clients’ Bodily Substances for Evidence of Substance Use (2/28/17)
- **306.02** Standards of Prescribing & Furnishing of Psychoactive Medications (2/28/11)
- **306.03** Storing, Administering, Disposing & Accountability of Medications (10/3/16)
- **306.04** Furnishing Supervision (6/22/15)
- **306.05** Prescribed Drugs for Clients of Contractors (3/01/03)
- **307.01** Persons Authorized to Initiate Involuntary LPS Detention (9/19/16)
- **307.02** LPS Detention-Contracted & Directly Operated LAC-DMH Programs (9/12/16)
- **307.03** LAC Conditional LPS Authorization (Inter-County; 7/11/16)
- **307.04** Telemental Health Service Provided by LPS Authorized Clinicians (8/29/16)
- **308.01** The Use of Telepsychiatry (7/07/10)
- **309.01** Provision of Off-Site MH Services (12/10/12)
- **310.01** HIV & AIDS Clinical Documentation & Confidentiality (8/01/00)
- **311.01** Integration of Spiritual Interests of Clients in the Provision of MH Services & Support (7/13/12)
- **312.01** Mutual & Unilateral Termination of MH Services (1/24/14)
- **312.02** Closing of Service Episodes (8/22/11)

### 6. (400) Quality of Care/Quality Assurance/Clinical Documentation

- **400.02** Clinical Supervision (6/19/15)
- **401.01** Legal Responsibility for Uniform Clinical Records (5/01/91)
- **401.02** Clinical Records Maintenance, Organization & Contents (8/31/15)
- **401.03** Clinical Documentation for All Payer Sources (11/27/17)

### 7. (500) HIPAA

- **500.01** Use & Disclosure of PHI Requiring Authorization (12/15/03)
- **500.02** Uses & Disclosures of PHI Not Requiring an Authorization (5/30/17)
- **500.03** Minimum Necessary Requirements for Using & Disclosing PHI (12/15/03)
- **500.04** De-Identification of PHI & Use of Limited Data Sets 04/14/03)
- **500.05** Use & Disclosure of PHI for Research (4/14/03)
- **500.06** Verification of Individuals Requesting PHI (4/14/03)
- **500.07** Incidental Use of Disclosures (4/14/03)
- **500.08** Uses & Disclosures of PHI of Deceased Clients, Adults, & Minors Requiring an Authorization from Personal Representatives (4/17/17)
- **501.01** Client Rights to Access PHI (3/09/15)
List of LAC-DMH Policies (Continued)

- 501.02 Designated Record Set (4/14/03)
- 501.03 Accounting of Disclosures of PHI (4/14/03)
- 501.05 Refraining from Retaliatory or Intimidating Acts against Individuals that Assert Rights Under HIPPA (4/14/03)
- 501.06 Client Rights to Amend Mental Health Information (4/14/03)
- 501.07 Client Rights to Request Restrictions to Use & Disclosure (4/14/03)
- 501.09 Prohibiting Offer of Treatment on the Condition of Waiver of Rights under HIPAA (4/14/03)
- 501.10 Inclusion of Third Parties in Client Sessions (8/29/16)
- 502.01 Privacy Practices Notices (2/15/06)
- 503.01 Amendment of Privacy Practices and Policies (4/14/03)
- 504.01 HIPAA PRIVACY COMPLAINTS (8/01/04)
- 506.01 Mitigation of Harm (4/14/03)
- 506.02 Privacy Sanctions (5/01/06)
- 506.03 Responding to Breach of Protected Health Information (5/03/11)
- 507.01 HIPAA Business Associates (4/14/03)
- 508.01 Safeguards for PHI (7/11/16)
- 508.02 Confidentiality (9/17/15)
- 509.01 Whistleblowers (4/14/03)
- 510.01 Interdepartmental MOU (4/14/03)
- 557.02 Appropriate Use of Email for Transmitting PHI &/or Confidential Data (08/15/12)

8. (600) Human Resources
- 600.08 Professional Licenses (12/01/03)

9. (700) Risk Management
- 701.01 Reporting Health & Safety Hazards (5/02/16)

10. (1100) Program Support
- 1100.01 Quality Improvement Program (3/16/15)
COUNTY OWNED AND DIRECTLY OPERATED PROVIDER

PHYSICAL PLANT INSPECTION CHECKLIST

All items must be available for Medi-Cal beneficiaries view, review and procure in a designated location: view (Head of Service information, Patients’ Rights poster, DMH HIPPA poster, etc.), review (Resource Directory, Directory of Providers, etc.), and take (pamphlets, Grievance forms, Change of Provider forms, Guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.

☐ Posted Head of Service sign with name, phone number and agency hours of operation.
☐ The LAC-DMH LOCAL MENTAL HEALTH PLAN poster (new version with 12 languages).
☐ LAC-DMH Notice of Privacy Practices Poster
☐ ADA [Americans with Disabilities Act] notice (Federal mandate compliance).
☐ Emergency Disaster Evacuation diagram indicating location of First Aid Kit(s) & fire extinguishers.
☐ Suggestion box with paper and pencil available for consumers.
☐ ★ DMH Directory of Providers (must be in lobby area and accessible to clients).
☐ ★ GUIDE TO Medi-Cal Mental Health Services booklets.
☐ ★ GRIEVANCE & APPEAL PROCEDURES A CONSUMER’S GUIDE Pamphlet.
☐ ★ BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM.
☐ ★ Self-addressed envelopes to LAC-DMH Patients’ Rights Office.
☐ ★ Copies of REQUEST FOR CHANGE OF PROVIDER (DMH policy #200.05 – Attachment I).

★ Provide LAC-DMH Patients’ Rights informing materials in the agency’s threshold languages only.
★ Field based providers must have a workable procedure to offer these items/information to Medi-Cal beneficiaries.

General Safety & Security Procedures

☐ Safety, security and confidentiality of Medical Records (electronic/hard copies).
☐ Method for disposal and transportation of confidential files (paper shredder/bin/locked box).
☐ Agency (facility) is clean, sanitary and in good repair (e.g., no frayed electrical cords, no dangling/missing ceiling tiles, no holes in carpet/walls, no uneven flooring, no leaks in bathroom plumbing/hot & cold water, etc.). In children areas, all electrical outlets are covered.
☐ Agency’s parking lot, building entrance & bathroom is wheelchair accessible.
☐ All offices/rooms are free from clutter.
☐ Fire Extinguisher(s) tags are present and up to date.
☐ First Aid Kits- (if available, not required).
☐ Consumers’ storage area/refrigerator for food items must have a thermostat with temperature log (if applicable).

Medication Room (if applicable)

☐ Medication key accessible only to authorized medical personnel.
☐ A copy of provider’s site-specific and LAC-DMH medication policies & procedures must be kept in the medication room.
☐ Internal/external use-only medications are stored separately.
☐ All medications are clearly labeled and stored in a locked area accessible to authorized medical personnel only.
☐ Opened IM multi-dose vials (must be clearly dated and initialed).
☐ Refrigerator temperature is between 36º-46ºF with daily temperature documented on log.
☐ Ambient temperature in Medication Room is between 86ºF with weekly temperature documented on log.
☐ Follow pharmaceutical samples procedures as per LAC-DMH policy #306.03.
☐ Logs documenting administered/dispensed/ medications to clients.
☐ Logs documenting disposed/expired/unused medications and method of disposal.
Field based providers must have a workable procedure to offer the below items/information to clients.

Designate one specific location in clients’ waiting area to display informing material listed below in English, including agency’s threshold languages for targeted population served:

- The LAC-DMH Local Mental Health Plan Poster (newest version: 12 threshold languages)
- Guide to Medi-Cal Mental Health Services Booklet (MH630)
- Grievance & Appeal Procedures/A Consumer's Guide Pamphlet (MH638)
- Beneficiary/Client Grievance or Appeal and Authorization Form (MH558)
- Self-addressed envelopes to LAC-DMH Patients’ Rights Office
- Provider Directory by Service Areas (see [http://psbqi.dmh.lacounty.gov/data.htm](http://psbqi.dmh.lacounty.gov/data.htm))
- Request for Change of Provider forms (see LAC-DMH policy #200.05 - attachment I)

For the above materials go to: [http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_info?1dmy&page=dept.lac.dmh.home.admin_tools.admin_detail.hidden&urlre=wcm%3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/patients_rights_office](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_info?1dmy&page=dept.lac.dmh.home.admin_tools.admin_detail.hidden&urlre=wcm%3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/patients_rights_office)

For further questions, contact: Patients’ Rights Office – Beneficiary Program (213) 738-2524 or (213) 738-4949.

Please note:

All items must be available in a designated location for the Medi-Cal beneficiaries to review (Resource directory, Directory of Providers, etc.) and to take (pamphlets, Grievance forms, Change of Provider forms, guide to Medi-Cal services booklets, etc.) without having to ask a provider staff member.

To access Policies and Procedures online, go to DMH website: [http://lacdmh.lacounty.gov/policy/Contractors/index.htm](http://lacdmh.lacounty.gov/policy/Contractors/index.htm)

For any questions please contact the Certification Liaison or Supervisor assigned to your service area:

**SPA 1 & 6:** Iling Wang, MHC- RN  (213) 251-6805  Email: llwang@dmh.lacounty.gov

**SPA 2:** Elizabeth Pak, LCSW  (213) 251-6813  Email: epak@dmh.lacounty.gov

**SPA 3:** Renee Lee, MHC II  (213) 480-3469  Email: rmlee@dmh.lacounty.gov

**SPA 4:** Stacy Ray, MHC- RN  (213) 251-6820  Email: sray@dmh.lacounty.gov

**SPA 5:** Elizabeth Pak, LCSW  (213) 251-6813  Email: epak@dmh.lacounty.gov

**SPA 7 & 8:** Joel Solis, MHC- RN  (213) 251-6883  Email: jsolis@dmh.lacounty.gov

**Supervisors:**

SPA 1,6,7 & 8: Thang Nguyen, Sr. MHC-RN  (213) 251-6846  Email: tdnguyen@dmh.lacounty.gov

SPA 2,3,4 & 5: Elizabeth Pak, LCSW  (213) 251-6813  Email: epak@dmh.lacounty.gov

**Certification Program Head:**

Norma Cano, Psy.D.  (213) 251-6886  Email: ncano@dmh.lacounty.gov

PFAR Mailbox: psbmcocertification@dmh.lacounty.gov

Certification Questions: QA@dmh.lacounty.gov
Staff Roster

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<th>EMPLOYEE NAME</th>
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<th>DISCIPLINE</th>
<th>LICENSE/DEA # &amp; EXP DATE</th>
<th>DEGREE</th>
<th>DAYS &amp; HOURS WORK SCHEDULE</th>
<th>NAME OF SUPERVISOR &amp; DISCIPLINE</th>
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