| 1  | AN ACT  |                 |
|----|---|-----------------|
| 2  | RELATING TO PROTECTION OF VULNERABLE PERSONS; PROVIDING       |                 |
| 3  | POWERS AND DUTIES TO REGISTER, PERMIT AND REPORT ON BOARD AND |                 |
| 4  | CARE FACILITIES; AUTHORIZING THE MEDICAID FRAUD CONTROL UNIT  |                 |
| 5  | IN THE OFFICE OF THE ATTORNEY GENERAL TO INVESTIGATE AND      |                 |
| 6  | PROSECUTE ABUSE, NEGLECT AND MISAPPROPRIATION OF FUNDS IN     |                 |
| 7  | BOARD AND CARE FACILITIES.                                    |                 |
| 8  |   |                 |
| 9  | BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:  |                 |
| 10 | SECTION 1. Section 24-1-2 NMSA 1978 (being Laws 1973,         |                 |
| 11 | Chapter 359, Section 2, as amended by Laws 2015, Chapter 61,  |                 |
| 12 | Section 1 and by Laws 2015, Chapter 153, Section 1) is        |                 |
| 13 | amended to read:  |                 |
| 14 | "24-1-2. DEFINITIONSAs used in the Public Health              |                 |
| 15 | Act:  |                 |
| 16 | A. "board and care facility" means a residential              |                 |
| 17 | establishment that:   |                 |
| 18 | (1) receives payment from or on behalf of                     |                 |
| 19 | two or more adults who reside in such facility and who are    |                 |
| 20 | unrelated to the owner or operator of such facility; and      |                 |
| 21 | (2) provides personal care services;                          |                 |
| 22 | B. "crisis triage center" means a health facility             |                 |
| 23 | that:   |                 |
| 24 | (1) is licensed by the department of health;                  |                 |
| 25 | (2) is not physically part of an inpatient                    | HB 85<br>Page l |
|    |   | I age I         |

hospital or included in a hospital's license; and
(3) provides stabilization of behavioral
health crises, including short-term residential
stabilization;

5 C. "department" or "division" means the children, 6 youth and families department as to child care centers, residential treatment centers that serve persons up to 7 twenty-one years of age, community mental health centers that 8 serve only persons up to twenty-one years of age, day 9 10 treatment centers that serve persons up to twenty-one years of age, shelter care homes and those outpatient facilities 11 that are also community-based behavioral health facilities 12 serving only persons up to twenty-one years of age and the 13 department of health as to all other health facilities, 14 15 unless otherwise designated;

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D. "director" means the secretary;

Ε. "health facility" means a public hospital, 17 profit or nonprofit private hospital, general or special 18 hospital, outpatient facility, crisis triage center, 19 20 maternity home or shelter, freestanding birth center, adult daycare facility, nursing home, intermediate care facility, 21 assisted living, child care center, shelter care home, 22 diagnostic and treatment center, rehabilitation center, 23 infirmary, community mental health center that serves both 24 children and adults or adults only, residential treatment 25

1 center that serves persons up to twenty-one years of age, 2 community mental health center that serves only persons up to 3 twenty-one years of age and day treatment center that serves 4 persons up to twenty-one years of age or a health service 5 organization operating as a freestanding hospice or a home 6 health agency. The designation of these entities as health facilities is only for the purposes of definition in the 7 Public Health Act and does not imply that a freestanding 8 hospice or a home health agency is considered a health 9 facility for the purposes of other provisions of state or 10 federal laws. "Health facility" also includes those 11 facilities that, by federal regulation, must be licensed by 12 the state to obtain or maintain full or partial, permanent or 13 temporary federal funding. It does not include the offices 14 15 and treatment rooms of licensed private practitioners;

"person", when used without further F. qualification, means an individual or any other form of entity recognized by law; 18

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"personal care services" means prompting with 19 G. 20 personal hygiene and body care or assistance with selfadministration of medication, travel to medical services, 21 essential shopping, meal preparation, laundry or housework; 22 and 23

"secretary" means the secretary of children, 24 Η. youth and families as to child care centers, residential 25

1 treatment centers that serve persons up to twenty-one years 2 of age; community mental health centers that serve only 3 persons up to twenty-one years of age; day treatment centers that serve persons up to twenty-one years of age; shelter 4 5 care homes; and those outpatient facilities that are also community-based behavioral health facilities serving only 6 persons up to twenty-one years of age and the secretary of 7 health as to all other health facilities." 8 SECTION 2. A new section of the Public Health Act is 9 10 enacted to read: "BOARD AND CARE FACILITY--REGISTRATION--DEPARTMENT 11 DUTIES--MODEL STANDARDS. 12 The department of health shall register any 13 Α. board and care facility that: 14 15 (1) provides the owner or operator's name, the number of residents, the address of the facility and an 16 indication as to whether the facility provides assistance 17 with self-administration of medication; 18 (2) provides proof that it holds a valid 19 20 custodial drug permit from the board of pharmacy if the board and care facility provides assistance with self-21 administration of medication; and 22 (3) meets any other criterion for 23 registration that the department of health establishes by 24 rule. 25

1 A board and care facility shall not be operated Β. 2 unless it has registered with the department. If a board and 3 care facility is found to be operating without having registered with the department, in order to protect human 4 5 health or safety, the secretary may issue a cease-and-desist order and may impose an intermediate sanction and a civil 6 monetary penalty as provided in Section 24-1-5.2 NMSA 1978. 7 The board and care facility may request a hearing that shall 8 9 be held in the same manner as provided in Section 24-1-5 NMSA 10 1978. C. By July 1, 2018, the department of health shall 11

11 C. By July 1, 2018, the department of health shall 12 adopt and promulgate rules establishing board and care 13 facility standards that local governments that opt to 14 regulate board and care facilities shall adopt."

15 SECTION 3. A new section of the Public Health Act is 16 enacted to read:

"BOARD AND CARE FACILITY--LOCAL PERMITTING--INSPECTIONS--REPORTING.--

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A. A county or municipality may elect to regulate
board and care facilities in its jurisdiction and, if it
elects to regulate board and care facilities, it shall adopt
the board and care facility standards that the department has
established by rule pursuant to Section 2 of this 2017 act.

B. A county or municipality may inspect, survey or
investigate a board and care facility as it deems necessary HB 85

and may enter the premises of a board and care facility at reasonable times. A county or municipality shall have access to the books, records and other documents maintained by or on behalf of a board and care facility to the extent necessary to enforce board and care facility model standards adopted by the county or municipality.

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7 C. Two or more counties or municipalities that
8 have adopted board and care facility model standards by
9 ordinance may enter into a joint powers agreement to permit
10 and inspect board and care facilities.

D. No later than August 30 of each year following the establishment of a county or municipal permitting requirement for board and care facilities pursuant to this section, each county or municipality shall submit a report to the secretary of health and the secretary of aging and longterm services that includes:

17 (1) the number of board and care facility
18 permits approved and the number of permits denied, in the
19 preceding fiscal year;

20 (2) the reason for denial of each permit;
21 (3) the number of board and care facilities
22 with active permits as of the end of the preceding fiscal
23 year;

 (4) the address for each permitted board and
 care facility within the county's or municipality's
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jurisdiction;

(5) the number of residents that each permitted board and care facility is allowed to house at any one time;

(6) the number of inspections conducted ateach permitted board and care facility; and

7 (7) a list of each board and care facility 8 that had its permit suspended or revoked in the preceding 9 fiscal year and a summary that explains the outcome for 10 residents displaced by such suspension or revocation; provided that the summary shall not disclose personal 11 identifying information of a displaced resident; and provided 12 further that for purposes of this paragraph, "personal 13 identifying information" means the name, current address, 14 15 telephone number, social security number or other similar identifying information about a displaced resident. 16

E. The provisions of this section do not apply toa:

(1) hotel;

| 20 | (2) continuing care retirement community;                   |
|----|---|
| 21 | (3) domestic violence safe house or shelter;                |
| 22 | (4) residence owned or operated by a church                 |
| 23 | or religious organization that qualifies for tax-exempt     |
| 24 | status under Section 501(c)(3) of the Internal Revenue Code |
| 25 | of 1986;  |

(5) a health facility, other than a board and care facility, licensed by the department."

SECTION 4. CUSTODIAL DRUG PERMITS.--

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A. A board and care facility shall not provide assistance with self-administration of medication without a valid custodial drug permit from the board of pharmacy.

B. The board of pharmacy shall require a board and care facility to have a custodial drug permit if it provides assistance with self-administration of medication.

C. By September 1 of each year, the board of pharmacy shall provide a list with the names and addresses of every board and care facility with an active custodial drug permit as of June 30 of the preceding fiscal year to the department of the health, the aging and long-term services department and the legislative council service library.

D. For purposes of this section:

18 (1) "assistance with self-administration of 19 medication" means:

(a) reminding a resident to takemedication;

(b) opening a container, removing medication from the container and placing the medication in the resident's hand, on a clean surface or in a pill cup or medication reminder box for a resident's self-administration; HB 85

1 or 2 reminding a resident when a (c) 3 prescription needs to be refilled; and 4 "board and care facility" means a (2) 5 residential establishment that: receives payment from or on behalf 6 (a) of two or more adults who reside in such facility and who are 7 8 unrelated to the owner or operator of such facility; and provides personal care services. 9 (b) 10 SECTION 5. A new section of the Adult Protective Services Act is enacted to read: 11 "BOARD AND CARE FACILITIES--DUTIES OF THE DEPARTMENT--12 ANNUAL REPORTS .--13 A. By July 1, 2018, the department shall provide a 14 15 mechanism for counties and municipalities that adopt the board and care facility model standards to submit annual 16 reports to the department as required by this 2017 act. 17 Beginning in 2018, by October 30 of each year, Β. 18 the department shall submit a written report to the 19 20 legislative finance committee and the legislative health and human services committee compiled from the annual board and 21 care facility reports the department has received from 22 counties and municipalities." 23 SECTION 6. Section 28-17-3 NMSA 1978 (being Laws 1989, 24 Chapter 208, Section 3, as amended) is amended to read: 25 HB 85

1 "28-17-3. DEFINITIONS.--As used in the Long-Term Care 2 Ombudsman Act: A. "care" means assistance with the activities of 3 4 daily living, including eating, dressing, oral hygiene, 5 bathing, mobility, toileting, grooming, taking medications, 6 transferring from a bed or chair and walking; "department" means the aging and long-term 7 Β. 8 services department; C. "director" or "secretary" means the secretary 9 10 of aging and long-term services; "licensing and certification" means the D. 11 licensing and certification division of the department of 12 health; 13 "long-term care facility" means a residential Ε. 14 15 facility that provides care to one or more persons unrelated to the owner or operator of the facility, including: 16 (1) a skilled nursing facility; 17 (2) an intermediate care nursing facility, 18 including an intermediate care facility for the 19 20 intellectually disabled; (3) a nursing facility; 21 (4) an adult residential shelter care home; 22 (5) a board and care facility; 23 (6) any other adult care home or adult 24 residential care facility; 25 HB 85 Page 10

1 (7) a continuing care retirement community; 2 any swing bed in an acute care facility (8) 3 or extended care facility; and any adult daycare facility; 4 (9) 5 F. "office" means the office of the state long-term care ombudsman; 6 G. "Older Americans Act" means the federal Older 7 Americans Act of 1965; 8 H. "ombudsman" means an individual trained and 9 certified to act as a representative of the office of the 10 state long-term care ombudsman; 11 "ombudsman coordinator" means the coordinator 12 I. of a regional or local ombudsman program designated by the 13 office of the state ombudsman; 14 15 J. "program" means the New Mexico long-term care ombudsman program; 16 "resident" means any patient, client or person K. 17 residing in and receiving care in a long-term care facility; 18 L. "state ombudsman" means the state long-term 19 20 care ombudsman; and "surrogate decision maker" means a legally М. 21 appointed agent, guardian or surrogate who is authorized to 22 act on behalf of a resident." 23 SECTION 7. Section 30-44-2 NMSA 1978 (being Laws 1989, 24 Chapter 286, Section 2, as amended) is amended to read: 25

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1 "30-44-2. DEFINITIONS.--As used in the Medicaid Fraud 2 Act: 3 Α. "benefit" means money, treatment, services, 4 goods or anything of value authorized under the program; 5 Β. "board and care facility" means a residential establishment that: 6 receives payment from or on behalf of 7 (1)two or more adults who reside in such facility and who are 8 unrelated to the owner or operator of such facility; and 9 10 (2) provides personal care services; "claim" means a communication, whether oral, C. 11 written, electronic or magnetic, that identifies a treatment, 12 good or service as reimbursable under the program; 13 D. "cost document" means a cost report or similar 14 15 document that states income or expenses and is used to determine a cost reimbursement-based rate of payment for a 16 17 provider under the program; "covered person" means an individual who is Ε. 18 entitled to receive health care benefits from a managed 19 20 health care plan; "department" means the human services F. 21 department; 22 G. "entity" means a person other than an 23 individual and includes corporations; partnerships; 24 associations; joint-stock companies; unions; trusts; pension 25 HB 85

funds; unincorporated organizations; governments and their political subdivisions; and nonprofit organizations;

H. "great physical harm" means physical harm of a type that causes physical loss of a bodily member or organ or functional loss of a bodily member or organ for a prolonged period of time;

I. "great psychological harm" means psychological 7 8 harm that causes mental or emotional incapacitation for a prolonged period of time; that causes extreme behavioral 9 10 change or severe physical symptoms; or that requires psychological or psychiatric care; 11

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"health care official" means: J.

an administrator, officer, trustee, 13 (1) fiduciary, custodian, counsel, agent or employee of a managed health care plan;

16 (2) an officer, counsel, agent or employee of an organization that provides or proposes to or contracts to provide services to a managed health care plan; or 18

an official, employee or agent of a 19 (3) 20 state or federal agency with regulatory or administrative authority over a managed health care plan; 21

Κ. "managed health care plan" means a government-22 sponsored health benefit plan that requires a covered person 23 to use, or creates incentives, including financial 24 incentives, for a covered person to use, health care 25

1 providers managed, owned, under contract with or employed by 2 a health care insurer or provider service network. A 3 "managed health care plan" includes the health care services 4 offered by a health maintenance organization, preferred 5 provider organization, health care insurer, provider service 6 network, entity or person that contracts to provide or provides goods or services that are reimbursed by or are a 7 required benefit of a state or federally funded health 8 benefit program, or a person or entity who contracts to 9 10 provide goods or services to the program;

L. "person" includes individuals, corporations, 11 partnerships and other associations; 12

"personal care services" means prompting with 13 Μ. personal hygiene and body care or assistance with self-14 15 administration of medication, travel to medical services, 16 essential shopping, meal preparation, laundry or housework;

"physical harm" means an injury to the body N. that causes pain or incapacitation;

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"program" means the medical assistance program 0. authorized under Title 19 of the federal Social Security Act, 42 U.S.C. 1396, et seq. and implemented under Section 27-2-12 NMSA 1978; 22

P. "provider" means a person who has applied to 23 participate or who participates in the program as a supplier 24 of treatment, services or goods; 25

Q. "psychological harm" means emotional or
 psychological damage of such a nature as to cause fear,
 humiliation or distress or to impair a person's ability to
 enjoy the normal process of life;

R. "recipient" means an individual who receives or requests benefits under the program;

7 S. "records" means medical or business
8 documentation, however recorded, relating to the treatment or
9 care of a recipient, to services or goods provided to a
10 recipient or to reimbursement for treatment, services or
11 goods, including documentation required to be retained by
12 regulations of the program; and

T. "unit" means the medicaid fraud control unit or
any other agency with power to investigate or prosecute fraud
and abuse of the program."

SECTION 8. Section 30-44-3 NMSA 1978 (being Laws 1989, Chapter 286, Section 3, as amended) is amended to read:

18 "30-44-3. POWER TO INVESTIGATE AND ENFORCE CIVIL
19 REMEDIES AND PROSECUTE CRIMINAL ACTIONS--DUTIES.--

A. The attorney general, the district attorneys, the unit and the department have the power and authority to investigate violations of the Medicaid Fraud Act and bring actions to enforce the civil remedies established in the Medicaid Fraud Act.

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B. The attorney general, the district attorneys HB 85

1 and those attorneys who are employees of the unit to whom the 2 attorney general or a district attorney has, by appointment 3 made through a joint powers agreement or other agreement for that purpose, delegated criminal prosecutorial responsibility 4 5 shall have the power and authority to prosecute persons for the violation of criminal provisions of the Medicaid Fraud 6 Act and for criminal offenses that are not defined in the 7 Medicaid Fraud Act, but that involve or are directly related 8 to the use of medicaid program funds or services provided 9 10 through medicaid programs. C. The unit shall review complaints alleging: 11 abuse or neglect of residents of board 12 (1)and care facilities, regardless of whether payment to such 13 facilities is made under medicaid; and 14 15 (2) misappropriation of funds of residents of board and care facilities, regardless of whether payment 16 to such facilities is made under medicaid." 17 SECTION 9. Section 30-47-3 NMSA 1978 (being Laws 1990, 18 Chapter 55, Section 3, as amended) is amended to read: 19 "30-47-3. DEFINITIONS.--As used in the Resident Abuse 20 and Neglect Act: 21 Α. "abuse" means any act or failure to act 22 performed intentionally, knowingly or recklessly that causes 23 or is likely to cause harm to a resident, including: 24 (1) physical contact that harms or is likely 25 HB 85

1 to harm a resident of a care facility; 2 inappropriate use of a physical (2) 3 restraint, isolation or medication that harms or is likely to 4 harm a resident; 5 (3) inappropriate use of a physical or chemical restraint, medication or isolation as punishment or 6 in conflict with a physician's order; 7 (4) medically inappropriate conduct that 8 causes or is likely to cause physical harm to a resident; 9 10 (5) medically inappropriate conduct that causes or is likely to cause great psychological harm to a 11 resident; or 12 (6) an unlawful act, a threat or menacing 13 conduct directed toward a resident that results and might 14 15 reasonably be expected to result in fear or emotional or mental distress to a resident; 16 "activities of daily living" means dressing, 17 Β. bathing, eating, toileting, walking and transferring from a 18 bed or chair; 19 C. "assistance with self-administration of 20 medication" means, with respect to a resident of a board and 21 care facility: 22 (1) reminding the resident to take 23 medication; 24 (2) opening a container, removing medication 25 HB 85 Page 17

1 from the container and placing the medication in the 2 resident's hand, on a clean surface or in a pill cup or 3 medication reminder box for the resident's selfadministration; or 4 5 (3) reminding the resident when a prescription needs to be refilled; 6 "board and care facility" means a residential 7 D. establishment that: 8 receives payment from or on behalf of 9 (1) 10 two or more adults who reside in such facility and who are unrelated to the owner or operator of such facility; and 11 (2) provides personal care services and may 12 assist residents with one or more activities of daily living; 13 E. "care facility" means a hospital; skilled 14 15 nursing facility; intermediate care facility; care facility for the intellectually disabled; psychiatric facility; 16 rehabilitation facility; kidney disease treatment center; 17 home health agency; ambulatory surgical or outpatient 18 facility; home for the aged or disabled; group home; adult 19 20 foster care home; private residence that provides personal care, sheltered care or nursing care for one or more persons; 21 a resident's or care provider's home in which personal care, 22 sheltered care or nursing care is provided; adult day care 23 center; board and care facility; adult residential shelter 24 care home; and any other health or resident care related 25

1 facility or home, but does not include a care facility
2 located at or performing services for any correctional
3 facility;

F. "department" means the human services department or its successor, contractor, employee or designee;

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G. "great psychological harm" means psychological
harm that causes mental or emotional incapacitation for a
prolonged period of time or that causes extreme behavioral
change or severe physical symptoms that require psychological
or psychiatric care;

H. "great physical harm" means physical harm of a type that causes physical loss of a bodily member or organ or functional loss of a bodily member or organ for a prolonged period of time;

I. "neglect" means, subject to the resident's right to refuse treatment and subject to the caregiver's right to exercise sound medical discretion, the grossly negligent:

20 (1) failure to provide any treatment, 21 service, care, medication or item that is necessary to 22 maintain the health or safety of a resident;

(2) failure to take any reasonable
precaution that is necessary to prevent damage to the health
or safety of a resident; or

1 (3) failure to carry out a duty to supervise 2 properly or control the provision of any treatment, care, 3 good, service or medication necessary to maintain the health or safety of a resident; 4 5 J. "person" means any individual, corporation, partnership, unincorporated association or other governmental 6 7 or business entity; K. "personal care services" means prompting with 8 personal hygiene and body care or assistance with self-9 administration of medication, travel to medical services, 10 essential shopping, meal preparation, laundry or housework; 11 L. "physical harm" means an injury to the body 12 that causes substantial pain or incapacitation; and 13 "resident" means any person who resides in a 14 Μ. 15 care facility or who receives treatment from a care facility." 16 SECTION 10. Section 43-1-9 NMSA 1978 (being Laws 1977, 17 Chapter 279, Section 8, as amended) is amended to read: 18 "43-1-9. INDIVIDUALIZED TREATMENT OR HABILITATION 19 PLANS--DISCHARGE PLANNING.--20 Α. An individualized treatment or habilitation 21 plan shall be prepared within fourteen days of a client's 22 admission to residential treatment or services. 23 Β. Each client shall, to the maximum extent 24 possible, be involved in the preparation of an individualized 25

1 treatment or habilitation plan. Each individualized treatment or habilitation 2 C. 3 plan shall include: (1) a statement of the nature of the 4 5 specific problem and the specific needs of the client; (2) a statement of the least restrictive 6 conditions necessary to achieve the purposes of treatment or 7 habilitation; 8 a description of intermediate and long-9 (3) 10 range goals, with the projected timetable for their attainment; 11 (4) a statement and rationale for the plan 12 of treatment or habilitation for achieving these intermediate 13 and long-range goals; 14 15 (5) specification of staff responsibility 16 and a description of the proposed staff involvement with the client in order to attain these goals; and 17 criteria for release to less restrictive (6) 18 settings for treatment or habilitation, criteria for 19 20 discharge and a projected date for discharge. D. A treatment or habilitation plan for resident 21 clients shall include: 22 (1) mental status examination; 23 (2) intellectual function assessment; 24 (3) psychological assessment, which may 25 HB 85 Page 21

| 1  | include the use of psychological testing;                    |
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| 2  | (4) educational assessment;                                  |
| 3  | (5) vocational assessment;                                   |
| 4  | (6) social assessment;                                       |
| 5  | (7) medication assessment; and                               |
| 6  | (8) physical assessment.                                     |
| 7  | E. The individualized treatment or habilitation              |
| 8  | plan shall be available upon request to the following        |
| 9  | persons: the client; the client's attorney; a mental health  |
| 10 | or developmental disabilities professional designated by the |
| 11 | client; and the client's guardian or treatment guardian if   |
| 12 | one has been appointed. The client's progress in attaining   |
| 13 | the goals and objectives set forth in the individualized     |
| 14 | treatment or habilitation plan shall be monitored and noted  |
| 15 | in the client's records, and revisions in the plan may be    |
| 16 | made as circumstances require; provided that the persons     |
| 17 | authorized by this subsection to have access to the          |
| 18 | individualized plan shall be informed of major changes and   |
| 19 | shall have the opportunity to participate in such decision.  |
| 20 | Nothing in this subsection shall require disclosure of       |
| 21 | information to a client or to the client's parent when the   |
| 22 | attending physician or certified psychologist believes that  |
| 23 | disclosure of that particular information would be damaging  |
| 24 | to the client and so records in the client's medical record. |
| 25 | F. When discharge planning for a client includes             |

| 1                          | or suggests placement in or referral to a board and care      |         |
|----------------------------|---|---------|
| 2                          | facility, the residential treatment or habilitation program   |         |
| 3                          | shall take reasonable steps to verify that such board and     |         |
| 4                          | care facility:  |         |
| 5                          | (1) is registered and is in good standing                     |         |
| 6                          | with the department of health; and                            |         |
| 7                          | (2) a valid permit from, and is in good                       |         |
| 8                          | standing with, the county or municipality where the board and |         |
| 9                          | care facility is located, if the county or municipality has   |         |
| 10                         | adopted the board and care facility model standards           |         |
| 11                         | promulgated by the department of health."                     | HB 85   |
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