

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
EMERGENCY MEDICAL SERVICES
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
January 27, 2025
Commencing at 2 p.m.

Tiffany Felts, CVR
Court Reporter

1 APPEARANCES

2
3 BOARD MEMBERS:

4 Keith Smith, TAC Chair

5 Joshua Brand (Not present).

6 Linda Basham

7 Dana Evans

8 Troy Walker

9 Steven Eubanks

10 Jacob Carroll

1 MS. BICKERS: Good afternoon. This
2 is Erin with the Department of Medicaid.
3 It's not quite 2 o'clock so we'll give it
4 just a few minutes before we get started
5 while we're still clearing the waiting room.

6 It is now 2:00 o'clock and your
7 waiting room is cleared. Keith, I have you,
8 Linda, Dana, Troy, Steven, and Jacob logged
9 in. So you do have a quorum.

10 MR. SMITH: Very good. Thank you
11 very much. Just a reminder to the members
12 of the TAC, if we do need to take a call,
13 you'll have to come up on screen in order to
14 do so. Since we do have a quorum, I'd like
15 to ask for approval for the minutes from the
16 November TAC meeting. If someone would like
17 to introduce a motion to accept or
18 otherwise.

19 MR. WALKER: Motion to accept the
20 minutes.

21 MR. SMITH: Got a motion to accept.
22 Do we have a second?

23 MS. EVANS: Second.

24 MR. SMITH: We have a motion and a
25 second. Any discussion?

1 (No response).

2 MR. SMITH: With no discussion, call
3 for the question all those in favor of
4 approving the minutes as written, please
5 signify by saying aye.

6 (Aye).

7 MR. SMITH: Any opposed?

8 (No response).

9 MR. SMITH: Any abstentions?

10 (No response).

11 MR. SMITH: Very good. Minutes are
12 approved. All right, under old business:
13 Discussion on Medicaid report from LRC. I
14 did have an opportunity to meet with
15 Ms. Stephanie Bates several weeks ago at the
16 capitol to discuss Medicaid status for EMS
17 and was just curious if anybody from the
18 Medicaid office has had any discussions or
19 know a timeframe of when the report is due
20 to go to the legislators and then to
21 Medicaid regarding the status of Medicaid
22 claims in Kentucky.

23 (No response).

24 MR. SMITH: Okay. Hearing none, I'm
25 going to take it that that report is still

1 not out yet. Is there any potential update
2 from Medicaid office about possible
3 increases of reimbursement for EMS? From
4 our last meeting, we had discussed that
5 there was some monies that were allocated by
6 the General Assembly for this fiscal year
7 that was basically a rainy day fund for a
8 lack of better words. And was just curious
9 if there's been any discussion about
10 distributing those dollars to any particular
11 profession or service that is eligible for
12 Medicaid dollars.

13 (No response).

14 MR. SMITH: Justin, if you're
15 speaking, you're on mute.

16 MR. DEARINGER: Thank you, sir,
17 appreciate that. This is Justin Dearing
18 with the Department for Medicaid Services.
19 So we had -- we don't have any update for an
20 increase for reimbursement at this time.

21 As you all may know, there was a --
22 in the budget, they did not increase any
23 funding for payment schedule increases.
24 However, they did give a small amount of
25 money, I believe it was 25 million total.

1 And the stipulation in that budget bill was
2 that the Legislative Research Commission was
3 the one that was supposed to come back and
4 tell us exactly where they wanted that to
5 go. So we are still waiting on the
6 Legislative Research Commission to let us
7 know exactly how they want to allocate that
8 25 million.

9 MR. SMITH: Okay. Was there any kind
10 of timeframe that they were putting on that
11 or is it wide open?

12 MR. DEARINGER: We didn't get a
13 timeframe back. We anticipated that we
14 would hear back from the Legislative
15 Research Commission around May or June. It
16 seemed like that's when, you know, state
17 fiscal year ends June 30th. So we
18 anticipated hearing back from them sometime
19 closer to that date.

20 MR. SMITH: Okay. Any questions or
21 comments from the TAC committee members?

22 MR. WALKER: Would it help for us to
23 do an official letter or anything requesting
24 or just making sure they're aware of our
25 needs, Keith?

1 MR. SMITH: Yeah. You know, my
2 philosophy on it is it never hurts to make
3 sure everybody knows what's going on with
4 our funding situation. As far as trying to
5 get any of this funding for this fiscal
6 year, I would think that since the
7 legislature hasn't answered back to Medicaid
8 Services yet, that it would behoove all of
9 us to basically get in touch with as many
10 legislators as we possibly can regarding the
11 status of a low reimbursement for EMS
12 Medicaid transports.

13 MR. WALKER: You think a letter from
14 the TAC committee to them would help?

15 MR. SMITH: It certainly couldn't
16 hurt anything. I'll open it up or,
17 Mr. Dearing, if you don't mind me asking
18 from your experience with working with the
19 government on this, is this something that
20 the legislators want to hear about? Is this
21 something we should be directing the letters
22 to somebody other than legislators since,
23 you know, Medicaid is such a large office
24 within state government? Is there somebody
25 other than legislators we should be reaching

1 out to?

2 MR. DEARINGER: No, I think that's
3 who, you know, the Legislative Research
4 Commission answers to is the legislators, so
5 it's always a good idea to reach out and let
6 them know. I know that many other provider
7 types are probably reaching out and doing
8 the same thing about rates. So it's always
9 a good idea.

10 MR. SMITH: Okay. Thank you. So,
11 Troy, if you'd like we can meet offline and
12 discuss, or if the committee wants to bring
13 it up now and discuss now about drafting a
14 letter to send on behalf of the TAC, I'm
15 more than willing to bring it up and let
16 everybody bring it up now.

17 MR. WALKER: I don't care to make a
18 motion for the TAC to send a letter on
19 behalf, but if that's what we need to do.
20 Or we can talk about it offline. It doesn't
21 matter.

22 MR. SMITH: Yeah. I think you're
23 going down the right road about authorizing
24 a letter to be sent. So since you said you
25 wanted -- you were going to make a motion on

1 it, I would say that's probably the best way
2 to go. As long as we also get a second and
3 then vote on it, I think that's the smartest
4 way of doing this.

5 MR. WALKER: I'd like to make a
6 motion on behalf of the TAC committee to
7 draft a letter to send to LRC or legislators
8 to ask for an increase for EMS providers
9 across the state for Medicaid reimbursement.

10 MS. BASHAM: I'll second that motion.
11 This is Linda.

12 MR. SMITH: All right. We've got a
13 motion on the floor; we've got a second by
14 Linda. Any discussion?

15 (No response).

16 MR. SMITH: Okay. Hearing no further
17 discussion, all those in favor of
18 authorizing the motion for the EMS TAC to
19 draft a letter to send to the legislature --
20 yes, Mr. Dearing?

21 MR. DEARINGER: Real quick, I know
22 this is not on the agenda, but we're going
23 to have a brief report the next TAC meeting
24 about the treat not transport, and how many
25 times that's been used, and the amount of

1 money that's went out, and that -- that was
2 an endeavor to help raise funds also. So
3 we'll have that report, just wanted to let
4 you all know, next TAC meeting.

5 MR. SMITH: Okay, thank you.

6 Okay, all those in favor of sending a
7 letter, please signify by saying aye.

8 (Aye).

9 MR. SMITH: Any opposed?

10 (No response).

11 MR. SMITH: Any abstentions?

12 (No response).

13 MR. SMITH: Very good. What I would
14 recommend is we get a group together to
15 draft it and to be able to send it around
16 for the TAC to basically give a yay/nay on
17 the wording that we have in it, and to get
18 signatures as well. If everybody's happy
19 with that, then that's what we'll press on
20 with.

21 All right. Under new business:
22 House Bill 61, expansion of nonemergency
23 medical transport. This one is a little
24 tricky in that I know that questions have
25 been sent to the representative who

1 introduced this particular bill as to define
2 the term "broker." And whether or not does
3 the designation of broker change the status
4 of reimbursement by Medicaid? And I'm going
5 to have to lean on the Medicaid folks again
6 on this because we've -- in the EMS
7 industry, we've never dealt with the term
8 "broker" before on our end. And on the DOT
9 end it gets used, and my personal concern is
10 if we start getting called "broker," we are
11 then going to be expected to accept the
12 rates that are generated for nonemergency
13 transport and all the things that go with
14 it. So if anybody from Medicaid Services
15 has any information on House Bill 61 or the
16 definition of "broker," we would love to get
17 some input from you.

18 MS. BASHAM: Keith?

19 MR. WALKER: Oh, I'm sorry.

20 MR. SMITH: Yeah?

21 MR. WALKER: Keith, I asked again at
22 our last capitol meeting last week, and
23 they're still saying this is for wheelchair
24 services and not ambulance. But I know
25 we've discussed this bill and looked at it.

1 It sure looks to me like it includes
2 ambulance service. So I know there's still
3 a lot of confusion and I'm not able to
4 answer that question either.

5 MS. BASHAM: Keith?

6 MR. SMITH: Yes, ma'am.

7 MS. BASHAM: This is Linda. In the
8 past, when you're talking about nonemergency
9 medical transport and you're talking about a
10 broker, it has always applied to the
11 wheelchair services. It has never applied
12 to ambulance service. And I know that the
13 name, "nonemergency medical transport" can
14 sound very confusing to us because that's
15 what we refer to as the AO428 AO426, but I'm
16 -- if they're telling you this applies to
17 wheelchair and knowing the history that
18 that's what he has always applied to, I
19 would accept that as being probably
20 accurate.

21 MR. SMITH: Yeah, there's a provision
22 in this particular bill that specifically
23 calls out emergency medical services
24 becoming brokers. That's the part that is
25 generating concern is that it specifically

1 calls out EMS and becoming brokers, and
2 that's where there's a lot of, I wouldn't
3 say consternation, but there's a lot of
4 concern that if that were to actually go
5 through, how would that affect our
6 reimbursements quite honestly since we would
7 be using ambulances -- potentially using?
8 It would all come up to whether or not any
9 EMS service would even want to become a
10 broker. Or would we be expected to become a
11 broker?

12 I think the intent of this reg is to
13 enable more transport for nonemergency
14 purposes, and I completely understand that.
15 It's just that EMS is not the specialty to
16 be doing that, I don't believe. And it
17 would be nice for us to be able to get what
18 that definition is and what the expectation
19 would be that comes with that if that rule
20 were to pass. And basically, what would be
21 the ramifications to it?

22 The sponsor who introduced this bill
23 is apparently on active duty with military
24 service right now and can't be contacted for
25 an answer.

1 MS. BASHAM: Yeah, brokers in the
2 past always had to contract with Medicaid to
3 make sure that the recipients would have
4 services. And they were under contract, and
5 it is quite lengthy, but it was always for
6 wheelchair.

7 MR. SMITH: Okay. All right, so I
8 guess we'll see whether or not
9 Representative Bratcher is able to get back
10 with us and let us know what his intent was
11 behind that. We have reached out to the
12 co-sponsors on that bill, and they can't
13 answer the question.

14 All right. House Bill 152:
15 Establish supplemental Medicaid payment
16 program for public ground ambulance
17 providers. This particular bill there's
18 been discussion about it that if it passes
19 it's only for public EMS providers. It will
20 not allow privates or hospital-based
21 services in order to have any benefit from
22 the increase in reimbursement. I'm just
23 curious if anybody online had any
24 information about House Bill 152.

25 MR. EUBANKS: It's not been assigned

1 to committee yet. So I'm not sure if it's
2 going to move or not.

3 MR. SMITH: Okay. Steve, do you know
4 if the public part of this was intentional,
5 or do you think that was an oversight, or is
6 there any way that can be made for all EMS
7 providers to participate in it?

8 MR. EUBANKS: The federal regulation
9 that this is roped under only allows for
10 government agencies.

11 MR. SMITH: All right.

12 MR. WALKER: Yeah, we started this --

13 MR. EUBANKS: So we --

14 MR. WALKER: -- Keith, when I was
15 president at Kappa, we started this five or
16 six years ago from northern Kentucky, and
17 it's just for public. He's correct.

18 MR. SMITH: Okay. And, Steve, can
19 you -- since you've got a little bit of --
20 or you've got some knowledge on this, is the
21 supplemental payment, would that only be
22 coming from the public services, or would
23 all Medicaid recipients or services be
24 required to pay into the supplemental fee
25 portion?

1 MR. EUBANKS: I think if -- it's only
2 for eligible entities. I don't think that
3 it would be a bill upon the ones that's not
4 eligible.

5 MR. SMITH: All right. All right,
6 very good. If you all wouldn't mind, if you
7 all see or hear any movement on that, if you
8 wouldn't mind letting us know so I could
9 pass that on at the KBEMS meeting -- the
10 next KBEMS meeting we have in a few weeks.
11 That would be greatly appreciated.

12 All right, any other comments about
13 either House Bill 61 or House Bill 152?

14 (No response).

15 MR. SMITH: All right, we are flat
16 going through the agenda today. Going to
17 general discussion: Does anybody from the
18 TAC have any discussion they would like to
19 bring up?

20 MS. BASHAM: I do. I have one
21 problem that we've been encountering.

22 MR. SMITH: Okay. Go ahead.

23 MS. BASHAM: Okay, so WellCare and I
24 think it was UHC are requiring us to appeal
25 not accepting the PCS form that we put with

1 the non-emergency trips as prior-auths on
2 initial billing.

3 MR. OWEN: Hello, Linda, this is
4 Stuart Owen with WellCare. So I think the
5 way that was set up and I thought we agreed
6 it wouldn't be a PA. It would be filed as
7 an attachment to the claim after the fact.

8 MS. BASHAM: Yeah. That's what we're
9 doing. We're attaching the PCS form --

10 MR. OWEN: Mm-hmm.

11 MS. BASHAM: -- to the claim, sending
12 it into WellCare, they're denying it for no
13 prior-auth. They're not accepting that --

14 MR. OWEN: Oh, okay.

15 MS. BASHAM: -- PCS on the initial
16 billing. And --

17 MR. OWEN: Okay. I'll put my email
18 in the chat. Could you send me some -- a
19 couple of examples?

20 MS. BASHAM: Okay. And UHC is doing
21 the same thing.

22 MR. SMITH: Is anybody from UHC on
23 the call by chance?

24 MS. LEWIS: Hi, this is Suzanne. I'm
25 on, my apologies.

1 MR. SMITH: Were you able to hear
2 what Linda's --

3 MS. LEWIS: I didn't. No, I did not.
4 Can you repeat?

5 MR. SMITH: Yeah, essentially what's
6 happening is we had an agreement that we
7 were going to be able to submit the PCS in
8 with the claims and no longer have to do the
9 prior authorization. And 911 billing is
10 receiving denials because no
11 preauthorization was obtained before the
12 transport was done. And we're --

13 MS. LEWIS: Okay.

14 MR. SMITH: -- wondering why that's
15 happening.

16 MS. LEWIS: Okay. Do you have an
17 example that you can send over to me from
18 United Healthcare?

19 MS. BASHAM: I do. I can get you
20 some samples sent, yes.

21 MS. LEWIS: Yeah, okay. That would
22 be great if you would just send that over to
23 me, we can then kind of reverse and research
24 and see what's going on with that.

25 MS. BASHAM: Okay, can you send me --

1 post, in the chat, your email?

2 MS. LEWIS: Yes. Yes, will do.

3 MS. BASHAM: Thank you.

4 MR. SMITH: All right.

5 MS. BICKERS: And, Keith, this is
6 Erin.

7 MR. SMITH: Yes?

8 MS. BICKERS: I wanted to let you
9 know I sent a Teams message to our
10 regulations guru.

11 MR. SMITH: Okay.

12 MS. BICKERS: And he said if we're
13 still going in about ten minutes, he can be
14 able to join. So he might be able to answer
15 some of your house bill questions.

16 MR. SMITH: That is --

17 MS. BICKERS: He's currently in a
18 meeting discussing another house bill, so --

19 MR. SMITH: Okay.

20 MS. BICKERS: -- I'd say he's very
21 busy right now from one meeting to the
22 other.

23 MR. SMITH: Oh, I bet. Okay, sure.
24 Sure, and I know this is a little -- these
25 regulations are tough on a short

1 session because short sessions -- say that
2 three times fast -- typically don't get into
3 any kind of funding issues because of the
4 fact that it is a short session. But
5 obviously, if there's a way that we can
6 build a concrete foundation and move
7 forward, we definitely want to do that.

8 All right, since we've got a few
9 minutes here, is there any other items that
10 either the MCOs would like to discuss? Any
11 other items that any of the TAC members
12 would like to discuss?

13 (No response).

14 MR. SMITH: I figure we're going to
15 have some dead airtime between now and ten
16 minutes for that other person to jump on the
17 call.

18 MR. OWEN: Hey, Keith, let me just
19 for the sake of conversation, I'm curious
20 about all of the bad weather, you know,
21 earlier in the month.

22 MR. SMITH: Mm-hmm.

23 MR. OWEN: What was that like? What
24 were the challenges? What do you all do in
25 that kind of situation?

1 MR. SMITH: From our perspective -- I
2 definitely want to get Jacob's say on it as
3 a 911 provider, but from the hospital
4 provider perspective it made things
5 obviously challenging because when we are
6 taking patients back home, it's not so much
7 just is the roads okay, but is the driveway
8 okay? Are the steps cleaned off? Is the
9 sidewalks cleaned off? And what we've found
10 in about 90 percent of our cases was that
11 wasn't the case. So we would obligate two
12 and three crews sometimes to be able to get
13 a patient inside the house because it simply
14 wasn't safe for one crew to be able to do
15 it.

16 That was on our end. So, Jacob, if
17 you're on and you can comment about the 911
18 side, that would be good. Jacob Carroll.

19 MR. CARROLL: Yeah, so for us, I
20 mean, it's much the same, you know, but in
21 responding to those runs, you know, the
22 roads being cleared is one of the
23 situations. But oftentimes, we divert
24 people to closest appropriate facilities
25 instead of just patient choice at that

1 point. We call it operation snow/operation
2 weather here in the Louisville area, but it
3 also has to look at, you know, the
4 preparation of that. So for fire and EMS
5 apparatus, you know, making sure they have
6 four-wheel-drive or do they have snow
7 chains, stuff like that.

8 MR. OWEN: Were you all like --
9 because, I mean, it was pretty bad. I mean,
10 I have to think it's probably one of the --
11 you know, with the ice as well, you know,
12 dealing with the ice and the snow, is it one
13 of the worst situations you've had as EMS
14 providers, or?

15 MR. SMITH: In my case, I've been
16 doing this since '86 and the worst I've ever
17 dealt with was '94, 1994, with the snow that
18 came in then, but -- and then the ice storm
19 that occurred back in 2009.

20 But with that being said, Steve
21 Eubanks, I believe you and Troy, where you
22 all are located, you all may have had more
23 of the ice that you had to deal with. What
24 kind of issues did you all deal with?

25 MR. EUBANKS: We worked with our EOC,

1 and we had a rescue squad in county roads,
2 and they would respond with us on some of
3 the sketchier areas we had to go to. This
4 is kind of the same thing. What you can
5 normally do with two people, you had to send
6 four or six, utilizing four-wheel-drives and
7 four-wheel-drive ambulances and then
8 following snowplows in, ice trucks and such.

9 MR. SMITH: That's provided -- and
10 you all are lucky enough that you've got the
11 four-wheel-drive ambulances. So that our
12 MCO friends know, an ambulance nowadays
13 after COVID can cost upwards to \$300,000 a
14 piece, and that's not four-wheel-drive. You
15 figure in four-wheel-drive, you're adding
16 more cost on to it, or if you get a system
17 that's called on-spot chains added on to it,
18 that's an additional 6 to \$8,000 per truck
19 that has to be added on.

20 So it's expensive, there's no doubt
21 about it. And every time we have foul
22 weather like this there's usually something
23 that gets broken or is in a wreck,
24 unfortunately, that ends up taking a truck
25 out of service for a period of time as well.

1 So it can definitely get tricky, no doubt
2 about it.

3 MR. WALKER: Yeah, we had to also
4 look at these interfacility transfers
5 because we all know the problems with all
6 the interfacility transfers. And it didn't
7 get as bad here in Western Kentucky I guess,
8 but we did a couple of nights have to limit
9 our interfacility transfers, you know? It
10 had to be a dire emergency situation for us
11 to try it and not just sending people to
12 other hospitals for not a very justified
13 reason, so.

14 MR. EUBANKS: We did the same, Troy.

15 MR. SMITH: Yeah, for back to cell
16 track, I can tell you when we got the
17 forecast of what it was and it actually
18 started snowing, all of our hospitals went
19 into overdrive to try to clean out as many
20 patients as they could before the storm
21 hits. Because once we get to a certain
22 amount, we do the same as the public
23 services, which is we'll go on snow divert
24 where we stop all nonemergency transports
25 and we'll only transport emergency patients

1 at that time.

2 The good thing is it keeps our people
3 safe. The bad thing is it backs up the
4 hospitals because there's always still
5 patients that find a way to come into the
6 hospital during those storms, but we can't
7 get them out. Which then leads us to doing
8 the hallway beds, which nobody likes it.
9 EMS doesn't like it. The hospitals don't
10 like it. It becomes a gosh awful mess when
11 that happens.

12 MR. OWEN: All right. I appreciate
13 the information. You know, anybody -- I
14 mean, you all are kind of like heroes at a
15 moment like that, the ones out there dealing
16 with it and saving lives literally. So I
17 appreciate the information.

18 MR. SMITH: Mm-hmm. And thank you.
19 The one thing we had a watch with our
20 employees too was frostbite.

21 MR. OWEN: Mm-hmm.

22 MR. SMITH: They were out there any
23 length of time at all if they didn't -- you
24 figure with BSI or body substance isolation
25 you're wearing very thin gloves, but then if

1 you don't have over gloves on top of that
2 dealing with the metal structures, it
3 doesn't take any time at all for you to
4 start losing the feeling in your fingers and
5 your hands. So that can be a challenging
6 endeavor as well.

7 All right. While we're still waiting
8 a little bit longer to see if the gentleman
9 can join us, I'm assuming we don't have any
10 recommendations for the overall MAC. But if
11 anybody did have something you want brought
12 up if you wouldn't mind letting me know that
13 that would fantastic.

14 And also on that line, the MAC
15 meetings occur more frequently than the TAC
16 meetings do. If you do not receive the
17 email about when the MAC meetings take place
18 and you would like to get that meeting
19 notice, by all means, letting either myself
20 or Erin know so that we can get you the
21 email of when those meetings are taking
22 place. It is a good opportunity for you to
23 be able to hear about all of the different
24 Medicaid providers across the state. To
25 hear some of the challenges that they've

1 gotten, and some of the recommendations that
2 they have all the way around regarding
3 Medicaid services.

4 Plus, there's been the last two MAC
5 meetings I've not been able to get on
6 because of operational issues that I've had
7 with my employer. I just haven't had time
8 to jump on, so if any of the TAC members
9 especially would like to get that email
10 address to be able to jump on, it would be
11 helpful to have a backup in case I can't
12 jump on those meetings.

13 The next item is our next official
14 TAC meeting is April 28th, 2025 from 2 to
15 4 p.m.

16 We still waiting, Erin?

17 MS. BICKERS: Yeah, I don't see he's
18 come on yet, but if you want, I can always
19 take the questions back and get the answers
20 to the TAC --

21 MR. SMITH: Yeah, if you wouldn't --

22 MS. BICKERS: -- so we don't have to
23 just sit.

24 MR. SMITH: Yeah, if you wouldn't
25 mind doing that --

1 MS. BICKERS: Sure.

2 MR. SMITH: -- because I hate to
3 obligate everybody's day while we wait. So
4 if you wouldn't mind taking the questions
5 that we have from the minutes and getting
6 answers on those, that would be great. And
7 then if you send them out to the TAC
8 committee, that would be fantastic. And the
9 MCOs, that way we all know what's being
10 said.

11 Also, going back, Stuart and Suzanne,
12 if you wouldn't mind when you get that
13 information from Linda, see what you can do
14 about getting that expedited. We're
15 being -- there's a lot of folks on the EMS
16 side that are watching everything we're
17 doing right now to ensure that we're getting
18 maximum return if you will on our Medicaid
19 runs. And we'd like to be able to give them
20 stories of successes, and this would be a
21 perfect opportunity for us to show a success
22 of the TAC working with the MCOs to get this
23 kind of stuff worked out when it comes up.
24 So that would be fantastic.

25 MS. LEWIS: Yeah, absolutely be happy

1 to do that.

2 MR. OWEN: Yeah, definitely will.

3 MR. SMITH: Awesome. All right, with
4 that in mind, if we have a motion to
5 adjourn, we'll entertain that motion.

6 MS. BASHAM: I'll make a motion we
7 adjourn.

8 MR. WALKER: Second.

9 MR. SMITH: Got a motion and a second
10 to adjourn. All those in favor, please
11 signify by saying aye.

12 (Aye).

13 MR. SMITH: Any opposed?

14 (No response).

15 MR. SMITH: Very good. We stand
16 adjourned. Thank you all very much.

17 MR. OWEN: Have a great rest of the
18 day.

19 MR. SMITH: You too.

20

21 (Meeting adjourned at 2:33 p.m.)

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23

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* * * * *

CERTIFICATE

I, Tiffany Felts, CVR,
Certified Verbatim Reporter and Registered
Professional Reporter, do hereby certify that the
foregoing typewritten pages are a true and accurate
transcript of the proceedings to the best of my
ability.

I further certify that I am not
employed by, related to, nor of counsel for any of
the parties herein, nor otherwise interested in the
outcome of this action.

Dated this 30th day of January, 2025

A handwritten signature in black ink that reads "Tiffany Felts, CVR". The signature is written in a cursive, flowing style. Below the signature is a horizontal line.

Tiffany Felts, CVR