

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

\*\*\*\*\*

Via Videoconference  
February 15, 2024  
Commencing at 3:02 p.m.

Shana W. Spencer, RPR, CRR  
Court Reporter

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**APPEARANCES**

**BOARD MEMBERS:**

Lisa Lockhart, Chair

Dolores (Dee) Polito

April Hester

Jennifer Wiseman

Dr. Eva Stone



1 MS. POLITO: I can't see them. And  
2 did we have a quorum, then, even to have a  
3 meeting?

4 MS. BICKERS: You can have a  
5 meeting without a quorum. You just can't  
6 vote. It looks like the meetings -- minute  
7 meetings, excuse me, went out on 1/8.

8 MS. POLITO: Okay. Thank you.

9 MS. BICKERS: You're welcome.

10 MS. POLITO: It might be quicker if  
11 somebody just sent them to me again.

12 MS. BICKERS: Give me one second,  
13 Dee, and I'll send it right there to you.

14 MS. POLITO: Thank you.

15 MS. BICKERS: My notes do show that  
16 there was not a quorum last meeting, so you  
17 did not approve the October minutes.

18 CHAIR LOCKHART: Oh, okay.

19 MS. BICKERS: So if we want to  
20 approve both of those while you have a quorum  
21 today.

22 CHAIR LOCKHART: Well, we probably  
23 should. Now I'll need to go back and --

24 MS. BICKERS: If you would like, in  
25 interest of time, we can move forward. And

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

I'll go ahead and forward you the October minutes for a quick review as well and then we can approve those later.

Does that work for the TAC?

CHAIR LOCKHART: That sounds great.

MS. BICKERS: Perfect.

MS. POLITO: Yeah. That's fine.

CHAIR LOCKHART: Because I didn't go back and look at that, and hopefully we all remember. Of course, the minutes will help us remember so...

Okay. Since that's going on -- and thank you very much for keeping us on track and for going back and re-sending those items to us. We're all appreciative of that. If everybody is all right, we'll go ahead and move into our old business. Heads nodding. Okay. Great.

So old business. Update from CMS on the updated school-based Medicaid Technical Assistance Guide and plans to get updated document to the schools. Where are we with that? Does anybody know the answer to that?

MS. JONES: Hi. This is Erica with Kentucky Medicaid. We have already sent out

1 the Technical Assistance Guide, and so that  
2 should be available to all of the school  
3 districts now.

4 CHAIR LOCKHART: Wonderful.  
5 Thank you.

6 MS. JONES: You're welcome.

7 CHAIR LOCKHART: Any questions for  
8 Erica, guys, on that? Was that it?

9 (No response.)

10 CHAIR LOCKHART: Okay. All right.  
11 Just making sure before we move on.  
12 School-based Medicaid. Eva? Did I lose --  
13 oh, no. There she is.

14 MS. BICKERS: I think she froze on  
15 us for a moment.

16 DR. STONE: Can you hear me?

17 CHAIR LOCKHART: Oh, yeah. Barely.  
18 It's like you're in a tunnel.

19 DR. STONE: I don't -- I don't know  
20 what's going on. Do I need to yell?

21 CHAIR LOCKHART: No. We --  
22 actually, you sound a little bit better.

23 DR. STONE: I don't -- I'm not sure  
24 what that was. School-based Medicaid is a  
25 bullet by itself. I don't remember other

1 than the -- just the questions about the  
2 Technical Assistance Guide and the data  
3 request that we had.

4 CHAIR LOCKHART: Okay. Okay. So  
5 for that, we can go ahead and move on to the  
6 data request, then, and I know that you were  
7 a big part of that. 2022 data on expanded  
8 Medicaid billing in schools to include by  
9 all -- to include by all school districts the  
10 number and types of services that were  
11 provided by quarter for expanded Medicaid  
12 billing in Kentucky.

13 MS. BICKERS: I can tell you the  
14 data is still being reviewed by upper  
15 management, but I believe Erica Jones has  
16 someone on to kind of give you a brief  
17 overview.

18 CHAIR LOCKHART: Okay.

19 MS. JONES: Hi. Annette Newsome is  
20 our school-based services coordinator. And  
21 she did pull some data together, and she has  
22 a presentation. She can show how things were  
23 last year.

24 CHAIR LOCKHART: Wonderful. Thank  
25 you.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MS. NEWSOME: All right. Can you hear me? Okay. Perfect.

All right. We have 171 school districts. However, 168 are school-based services. But only -- there's only 58 that has expanded access and free care. On -- the billed quantity for the first quarter was 8,550. For the second quarter, it was 13,563. The third quarter was 18,340.

(PowerPoint placed on screen.)

MS. NEWSOME: I'm sorry. I couldn't get mine to come up.

MS. BICKERS: I got you. Teamwork.

MS. NEWSOME: Thank you.

CHAIR LOCKHART: Yeah. Now we see it. I did this yesterday. I couldn't find anything.

MS. NEWSOME: I couldn't get it to come up. I apologize.

CHAIR LOCKHART: I understand.

MS. NEWSOME: For the third quarter, there was 18,340. And then for the fourth quarter, 7,569. With that being said, only 49 districts actually billed for the fiscal year 2023.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

So I did go in to verify, you know, what services that was being done and ranked them. So in our first place is nursing services. Second place is behavioral health, which is substantially lower than the nursing services.

Therapy was third. However, in the first and second quarter, it was -- medical was fourth, and speech was fifth. However, that fluctuated in the third and fourth quarter.

For lab work and test, it was sixth place. The only reason was because we actually had only four for the entire year. And then for vaccines, there was absolutely none.

So that kind of gives you a little rundown of what you're looking at. And if you ever need anything, please feel free to reach out to me or Erica, either one.

CHAIR LOCKHART: I'm thanking you, and I'm on mute. I'm sorry. Thank you very much for your presentation.

MS. NEWSOME: You're fine.  
Thank you.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CHAIR LOCKHART: Dr. Stone, do you have any questions?

DR. STONE: So I just wanted to ask about what kind of revenue. Was there any averages that that generated for the districts?

MS. NEWSOME: No. I didn't do that, but if -- I can definitely get it back to you.

DR. STONE: I'm just curious, by the services that were ranked, if it creates any model for sustainability of health services of all kinds, not just nursing but other -- other kinds as well. Thank you.

MS. NEWSOME: Oh, you're welcome.

CHAIR LOCKHART: Thank you.

MS. POLITO: Do you want to go back to the October and December minutes, Lisa?

CHAIR LOCKHART: Okay.

MS. POLITO: I would like to make a motion to approve the minutes from the October Nursing TAC and the December Nursing TAC meetings.

CHAIR LOCKHART: Wonderful. Eva?

DR. STONE: And I'll second. I'll

1 second with an eye.

2 CHAIR LOCKHART: Okay. So motion  
3 is approved. I'll make the third. That's  
4 good, a little housekeeping there. Great.

5 Erin, thank you for doing that for us.

6 MS. BICKERS: You're very welcome.

7 CHAIR LOCKHART: Okay. Great. So  
8 we'll move on to the next point of our old  
9 business, our last one. MCO data request,  
10 five lowest counties utilizing value-added  
11 benefits.

12 MS. PAGE: Hi. This is --

13 MS. BICKERS: I should have -- oh,  
14 I'm sorry.

15 MS. PAGE: Oh, sorry. I'm sorry.  
16 Go ahead.

17 MS. BICKERS: No. I was just going  
18 to let the TAC know that all of those -- all  
19 that data from the MCOs should have sent --  
20 hit your all's inbox earlier this week.  
21 Sorry. I'm having a problem talking today,  
22 so I'm stuttering over my words. So you  
23 should have received that data. If you  
24 didn't, let me know, and I'm happy to re-send  
25 it back to you guys.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

And, Page, I'm sorry. I didn't mean to cut you off if you want to go ahead.

MS. PAGE: Oh, no. That's fine. I was just going to say this is Anna with Passport. I have that data, but if it's already been sent, then I'm -- I can share or not share.

CHAIR LOCKHART: Oh, yes. Go ahead and share. That would be fine. I'm looking -- because I'm sitting here looking for it.

MS. PAGE: Yeah.

CHAIR LOCKHART: If you've got it right on hand, that would be great.

MS. PAGE: Yeah. So I just put -- yeah. I put together --

CHAIR LOCKHART: Okay. Yeah. Go ahead.

MS. PAGE: -- just a few data points, not a lot of interesting information or really nothing to share in the form of a PowerPoint or presentation. But our five lowest counties for members that utilize incentives, or we call them value-added benefits, were Boone County, Breathitt,

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Pendleton, Pulaski, and Trigg. They had -- not an impressive number -- a total of five rewards requested and received.

But the value-based benefits members have up to 60 -- or excuse me, 90 days to request. So, actually, they have until March of 2024 to request those. So it was very low utilization of the value-added benefits in those five counties. But, also, those five counties make up less than one percent of our overall membership for Medicaid.

So that was our data on the lowest utilizers by county.

CHAIR LOCKHART: Okay. Any questions, guys?

(No response.)

CHAIR LOCKHART: No.

MS. BICKERS: And I forwarded that to you guys again, so it's right there in front of you --

CHAIR LOCKHART: Did you? All right. Thank you.

MS. BICKERS: -- if you wanted to look at it real quick and see if you had questions. You're welcome.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CHAIR LOCKHART: All right.

MS. BICKERS: I didn't know -- if your email looks anything like mine, things get lost and buried very quickly.

CHAIR LOCKHART: Yes. I do have a nice file that I put all my TAC things into, but even that gets quite crowded after a while. So we get a lot of very good information from you all and a lot of good data shares, and I also share all of that with the Kentucky Nurses Association.

So things that are pertinent or appropriate to share with the entire -- everything is shared with the entire Board of Directors. But from there, they also share it with the chapters if it's, you know, applicable.

So your information gets utilized and is appreciated. So thank you all for all of that, and you're very good communicators. Again, that's very appreciated.

So moving on. Is there anything else on old business that -- whether it's listed or not? Is there anything --

MS. WILSON: Yes. This is Carrie

1 Wilson with Humana Healthy Horizons. I do  
2 have something to present. We sent the  
3 PowerPoint over, I think it was yesterday,  
4 just of our value-added benefits. Do you  
5 mind if I share my screen?

6 CHAIR LOCKHART: No. Absolutely  
7 not. Go right ahead. Thank you.

8 MS. BICKERS: Give me just a  
9 minute, Carrie, to make you a co-host.

10 MS. WILSON: Okay. Just let me  
11 know when you can see it. Can you see it  
12 now? Okay. Good. All right.

13 Does that not make you hungry? Look at  
14 the nice, fresh fruit. And so our bottom --

15 CHAIR LOCKHART: Especially this  
16 time of day.

17 MS. WILSON: Our bottom five  
18 counties by utilization. We just did a  
19 little PowerPoint of: What's our bottom five  
20 counties? Of course, this is just of all  
21 counties, so we broke it down off -- on the  
22 next slide of the bottom five counties'  
23 utilization by a thousand, greater or equal  
24 to a thousand. Sorry.

25 So these are -- so Grayson, Oldham -- I

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

won't read through it, but these are our bottom five by membership greater than a thousand.

And that's all I have. It's not much but short and sweet. But if you want to look at this a little bit more, just let me know.

CHAIR LOCKHART: Yeah. I'm going to tell you, I was -- I'm surprised Oldham County was on there. That surprised me.

MS. WILSON: Yeah. Yeah. All right. Do you have any questions?

DR. STONE: I just want to ask to anybody who may know. Are the value-added benefits anything that Family Resource Center coordinators are educated on at their conferences or any way on a state level?

MR. OWEN: This is Stuart Owen with WellCare, and I know we absolutely do. We work -- we share that with the FRYSCs or whatever, educate them on that. We absolutely do that.

MS. BICKERS: Eva, I can also say we do have some FRYSC members that are on other TACs as well, and value-added benefits is something that all the TACs discuss.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CHAIR LOCKHART: Are having conversations about.

DR. STONE: Okay. Thank you.

CHAIR LOCKHART: Okay. Anything else? Good question.

(No response.)

CHAIR LOCKHART: Okay. With that said, we'll move on to new business. Discussion on November 2022 MAC about the DMS response.

MS. POLITO: Well, I'm bringing this back to the Nursing TAC to make a recommendation to the MAC that DMS reconsider its position on the recognition of LCPMs as providers for reimbursement by Kentucky Medicaid.

We did have a DMS response to the MAC's recommendation back in 2022. And it essentially -- essentially, DMS stated that there would be an additional strain on EMS services, ambulance transportation services, if Medicaid were to recognize LCPMs as providers for Medicaid reimbursement.

And many supporters of LCPM care in Kentucky as well as home birth in Kentucky

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

find that that's not a realistic statement. We don't find that, given the small number of home births that are occurring in Kentucky, that by having Medicaid recognize those providers for reimbursement, that that would strain the system for transport.

Because -- I mean, there are several reasons that I've brought to the Nursing TAC, which we can discuss in greater detail, but it boils down to most transfers from a home to a hospital in case of an emergency are for nonemergent reasons such as failure to progress, need for pain medication. And they're not transported by ambulance.

So if the small number of home births that are occurring currently -- and you can look at the statistics of, in other states, what home birth transports happen in emergent situations. The number is pretty small. And we don't see a correlation between recognition of LCPMs as providers for Medicaid reimbursement and an increase in ambulance utilization.

So for that reason, I think we should make another recommendation to the MAC to

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

have that LCPM provider be recognized by Medicaid for reimbursement purposes.

CHAIR LOCKHART: I -- I don't disagree. I will say that I know that even looking at the news, it's -- access to care and some of the struggles with midwives and different programs has been in the news again along with the struggles in rural communities to find maternal child care.

It's really difficult. We have people -- amazing that in 2024, people would struggle that much to find safe maternal child care is shocking. It really is shocking.

I'm in favor of that. Eva, how do you feel about that?

DR. STONE: I would absolutely agree. You know, there's just not data to support the rationale for not including them as that provider.

CHAIR LOCKHART: Right. Right. Well --

MS. POLITO: So I'd like to make a motion that the Nursing TAC make another recommendation to the MAC, and that would be

1 to urge DMS to recognize that LCPMs are  
2 eligible providers for Medicaid reimbursement  
3 for their services. They're licensed.  
4 They're regulated by the State. They're  
5 licensed by the Kentucky Board of Nursing.

6 And we did have that support from the  
7 MAC in 2022, so I'll make that recommendation  
8 that the MAC brings that back to DMS.

9 CHAIR LOCKHART: I'm in favor.

10 DR. STONE: I'll second it.

11 CHAIR LOCKHART: Yep. There we go.  
12 Sorry. You got a first and a second all at  
13 the same time.

14 So let's plan ahead because when the  
15 next MAC comes around, I'll need you to be  
16 there; okay?

17 MS. POLITO: I believe it's in  
18 March; correct?

19 CHAIR LOCKHART: Yes. Erin, am  
20 I -- that is correct, isn't it?

21 MS. BICKERS: Yes, ma'am. The  
22 28th.

23 CHAIR LOCKHART: We just met --  
24 okay.

25 MS. BICKERS: And make sure to

1 just -- when the TAC votes on that, to make  
2 sure to follow that up in writing. So that  
3 way, I have exactly word for word what it is  
4 that the TAC is requesting. I do my best to  
5 capture it, but I don't always catch it all.

6 MS. POLITO: I'll go ahead and make  
7 a recommendation in writing.

8 CHAIR LOCKHART: Okay.

9 MS. POLITO: I'll forward it to  
10 Lisa, to Eva, and to the other members of the  
11 Nursing TAC. And we'll loop you in as well,  
12 Erin, so that -- I don't know that you need  
13 an official signature, just something in  
14 writing; is that correct?

15 MS. BICKERS: Yes, ma'am. I just  
16 like to have it in writing. I try -- with 17  
17 of you guys, I try to be subject experts with  
18 all of you, but I'm not. So I just don't  
19 want to get any wording incorrectly, so I  
20 like to always follow that up in writing to  
21 make sure I don't miss anything.

22 CHAIR LOCKHART: Perfect.  
23 Thank you.

24 And, Dee, thank you. Thank you for  
25 bringing this forward.

1 MS. POLITO: You're welcome, Lisa.  
2 And what I'll likely do is just condense the  
3 sort of write-up that I sent to the Nursing  
4 TAC earlier this month and sort of condense  
5 it to give something a little less verbose to  
6 the MAC to review.

7 DR. THERIOT: Hi. This is  
8 Dr. Theriot. There is a bill going through  
9 right now that will legislate that Medicaid  
10 cover midwives, and so I just want to say  
11 that we're watching that closely because your  
12 recommendation may not need to go anywhere.

13 MS. POLITO: That would be ideal,  
14 yes.

15 CHAIR LOCKHART: And I know you'll  
16 be there at MAC to cheer us on; right?

17 DR. THERIOT: Oh, yeah. It's  
18 always fun.

19 CHAIR LOCKHART: Because you have  
20 definitely been a cheerleader all along and  
21 so appreciated, so thank you.

22 Yeah. Best case scenario, this resolves  
23 itself very soon so...

24 Okay. Is that our shortest meeting in  
25 history? No. Is there anything else we need

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

to talk about, guys?

DR. STONE: I do have one thing really just to ask. It would probably be a question for the next meeting. But just in getting feedback from some of the nurses or people doing -- clinicians doing school health around the state, there was a clinic, a school-based clinic, so not billing through expanded Medicaid but billing through traditional with the MCOs, that says that any claims they submit to a particular MCO are denied because they don't recognize the school as a place of service.

And I just want to ask -- and, again, the next meeting can be a question -- I mean, can be on that agenda. But I just want to ask the question: Are schools -- are clinics -- is there a reason that school-based clinics would be limited by a Managed Care Organization as a place of service for reimbursement? And if so, why would that be?

Because there's lots of school-based clinics around the state that are reimbursed, and so I was just curious if that is just a

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

standard or if there could be a particular issue with just a clinic.

MR. OWEN: Dr. Stone, this is Stuart Owen of WellCare, and I'm -- you know, big qualifier. Don't quote me on this. But one thing maybe -- I know there are school-based services that are carved out from DMS fee-for-service. That may be what's going on here.

Certain services -- I know, like, if the child has an IED, like, essentially, a disability or something like that, there are certain services that are carved out from managed care. Perhaps that's it. I don't know. I know you're talking about next meeting but just thought I'd throw that out there.

DR. STONE: Yeah. Well, I appreciate that. That is -- I mean, I know that is one service. This is a clinic, though. This is a clinic that's just housed in the school. So it's an advanced practice nurse that's having claims denied for services.

So, anyway, it was just a question

1 because I didn't know if there was something  
2 that would allow an MCO to -- to deny claims  
3 for clinic services.

4 MS. BICKERS: Justin Dearinger has  
5 his hand raised.

6 MR. DEARINGER: Thank you. Hi.  
7 This is Justin Dearinger. I wanted to say  
8 that there's no specific policy in place that  
9 prohibits that. So we would have to see the  
10 exact situation and, you know, we'd have to  
11 look into it. It's probably something  
12 specific to the clinic or the way they're  
13 billing or --

14 DR. STONE: Okay.

15 MR. DEARINGER: -- something in  
16 their MCO contract or something like that.  
17 But, you know, as far as, is that a  
18 broad-based policy, the answer is no.

19 DR. STONE: Okay. Thank you.

20 I don't have anything else, Lisa.  
21 You're on mute.

22 CHAIR LOCKHART: I was going to  
23 say, I was talking with my mute on.

24 Okay. To our MCO partners, do you have  
25 anything for us, anything you want to bring

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

forward?

MS. PAGE: From Passport, this is Anna. Nothing new to bring forward.

CHAIR LOCKHART: Okay.

MR. OWEN: Stuart from WellCare. You know, nothing -- just, you know, I mean, one thing that we're all really promoting, the immunizations. There's some core measures like that that we're all really trying to promote and encourage right now, a couple of immunizations. So I know you all are involved with that, but that's ongoing. That'll be ongoing, but nothing else really.

CHAIR LOCKHART: Okay. Great. I'm glad you're doing that. That's great, great. Thank you.

Anyone else?

MS. KUNTZ: This is Stephanie with Anthem. We're good. Thank you for the opportunity.

CHAIR LOCKHART: Oh, thank you.

Anybody else?

(No response.)

CHAIR LOCKHART: Okay. Well, everyone, I think that -- I think that covers

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

us for today.

So Dee has got some homework to do, and she's going to pull that together and get it sent to the members of the Nursing TAC and including, Erin, of course, on that communication so that we have something official as we move forward to looking at bringing this forward again in March.

And I believe with that, we're going to have an early closure today unless there's an objection.

MS. POLITO: I'll make a motion to adjourn.

MS. WISEMAN: This is Jen Wiseman. I'll second.

CHAIR LOCKHART: Oh, Jen. We didn't know you'd joined us. I'm so glad that you --

MS. WISEMAN: I didn't want to interrupt.

CHAIR LOCKHART: Oh, that's okay. That's okay.

MS. WISEMAN: So I've just been listening quietly.

CHAIR LOCKHART: Yeah. No. I'm

1 glad --

2 MS. HESTER: I also came to the  
3 meeting late, but I'm here, too.

4 CHAIR LOCKHART: Oh, and April  
5 Hester. Hi. Thank you both for making it.  
6 I'm glad you all were able to join. That's  
7 wonderful.

8 MS. WISEMAN: Thank you.

9 CHAIR LOCKHART: We are -- it was  
10 kind of quick today, but I'm grateful that  
11 you were able to join in.

12 Do you have any questions for us, or  
13 you're okay with us adjourning?

14 MS. WISEMAN: I'm okay.

15 CHAIR LOCKHART: Okay. All right.  
16 All right. With that, then I'll go ahead and  
17 adjourn the meeting and wish you all well.

18 We will reconvene on May 16th, and we  
19 will be at MAC on March -- is it 24th again?  
20 Tell me again.

21 MS. BICKERS: 28th.

22 CHAIR LOCKHART: 28th. Okay.  
23 All right. Great. All right. Until then.  
24 Have a good day, everyone.

25 (Meeting concluded at 3:33 p.m.)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

\* \* \* \* \*

C E R T I F I C A T E

I, SHANA SPENCER, Certified  
Realtime 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 21st day of February, 2024.

/s/ Shana W. Spencer  
Shana Spencer, RPR, CRR