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

\*\*\*\*\*

Via Videoconference  
July 9, 2024  
Commencing at 8:32 a.m.

Shana W. Spencer, RPR, CRR  
Court Reporter

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**APPEARANCES**

**BOARD MEMBERS:**

Dale Lynn, Chair

Linda Derossett

Kresta Wilson

Emily Sacca (not present)

Renea Sageser

Elise Kearns (not present)



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MS. SAGESER: Yeah. I'm still dropping off kids. But I was like, oh, it is already 8:30. I apologize, guys.

CHAIRMAN LYNN: No problem. I guess we can review and approve the May 14th minutes. I've read them. And do we have a motion to approve those?

MS. SAGESER: I'll make a motion.

CHAIRMAN LYNN: Do we have a vote on approving those, Kresta and Renea and Linda?

(Yes.)

CHAIRMAN LYNN: Okay. Welcome, everyone. It's a rainy day where I'm at and probably where you're at as well.

We have one item on old business, and it's been on there for several meetings. Do we have any information on the study findings to increase the PT, OT, and speech fee schedule?

Do we have Justin on here? Do you have anything to add to that?

MR. DEARINGER: Good morning. No. We don't have any update on that at this time.

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CHAIRMAN LYNN: Okay. On to new business. This first concern is with the UnitedHealthcare issue that Kresta brought to my attention.

Would you like to address that, Kresta?

MS. WILSON: Yeah. So we got, sort of, it figured out, but I don't know if anybody else is having this issue or not. But when you submit the claim, there was, I guess -- normally, we would choose the option to put the provider's name on the claim.

But then when we asked, you know, UnitedHealthcare about it -- because they were getting kicked back if it was a different provider than what was on the auth. So, like, if a therapist was out on vacation or whatever, sick, what have you, another therapist was seeing the kid. But because that therapist wasn't on the auth, they were kicking them back.

So they said we could actually put the clinic name on the claim instead. So I guess so far, that's been working okay. But I think maybe there's sometimes when that's not an option to put a clinic name and then, I

1           guess -- then it's like, then, what do we do?  
2           So I don't know if there's a solution. I was  
3           just kind of wondering if that was happening  
4           to other people and kind of go from there.

5                   CHAIRMAN LYNN: Has anyone  
6           experienced that?

7                   (No response.)

8                   CHAIRMAN LYNN: Pam Marshall, have  
9           you seen anything like that?

10                  MS. DEROSSETT: We haven't, but  
11           we're a facility.

12                  MS. MARSHALL: No. I haven't seen  
13           anything, Dale.

14                  MS. WILSON: Yeah. So we'll just  
15           keep on keeping on and then hopefully it  
16           won't be an issue and -- yeah. And I think I  
17           already got the answer to No. 2, so we're  
18           good.

19                  MR. IRBY: This is Greg from  
20           UnitedHealthcare. I just wanted to make sure  
21           you have my contact information in case you  
22           have other issues. So I'll put it in the  
23           chat just to make sure you have a point of  
24           contact.

25                  MS. WILSON: Perfect. Thank you so

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much.

MR. IRBY: For sure.

CHAIRMAN LYNN: Thank you, Greg.

MS. MARSHALL: Dale, what I can comment about UHC for us is the problem -- and this has been happening for years because anytime a clinic that has behavioral health, they can't keep our providers in network. They keep getting kicked out of network. So we have this constant problem of claims processing out of network.

And it's a little confusing because it is mixed up with commercial and Medicaid. You know what I mean? It's both. And so it's a chronic problem, that they cannot keep the providers in network because they keep clicking over to the behavioral health side and then they'll say, oh, those people are not in network.

MR. IRBY: Do you have some examples of that one?

MS. MARSHALL: Oh, we -- we've got plenty. We've gone up the chain. I can get that to you if you want to put your email in the chat.

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MR. IRBY: For sure.

CHAIRMAN LYNN: All right. The next thing on the agenda is also an issue with Optum, and Kresta brought this to my attention as well.

MS. WILSON: I think -- yeah. I think we got that resolved, Dale, or I got an answer. So it's fine. Thank you.

CHAIRMAN LYNN: Okay. And the third item on new business is the therapy diagnosis codes that will bypass prior authorization that the Cabinet is suggesting. I received those about a month ago and sent them all out to the TAC for any contributions that they would like to request, on maybe other diagnosis codes or these ones in particular. I think it's a good idea to have these codes bypass prior authorization.

MS. WILSON: Dale, is that for all payers, or that's only the fee-for-service?

CHAIRMAN LYNN: I believe it would be for all payers.

MS. WILSON: Okay. Who is overseeing that, I guess? Is that somebody from DMS or --



1 MR. DEARINGER: It is. This is  
2 Justin Dearing, so we're -- this is a  
3 proposal that we put forth. And it would be  
4 for all payers, but we wanted the TAC's input  
5 and review before we move forward with  
6 implementing such policies.

7 MS. WILSON: Okay. I appreciate  
8 you asking for our input.

9 CHAIRMAN LYNN: Were there any  
10 codes that the TAC would like to add to  
11 these, to this list?

12 MS. MARSHALL: Dale, it's Pam. We  
13 might need time just to look at that and see  
14 if there -- you know, is it possible to  
15 submit them by a certain date, like, in a  
16 week or ten days?

17 MR. DEARINGER: Yeah. We don't --  
18 we don't have -- you know, if you all need a  
19 couple of weeks to review that, that's no  
20 problem. We don't have a set timeline, so we  
21 wanted to work with you all on this list.  
22 And we're still working with other  
23 stakeholders on the list as well. So we  
24 don't have a firm timeline. We want to make  
25 sure we get it right before we implement this

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policy change.

CHAIRMAN LYNN: Okay. That was the last item on new business.

I think Pam had a couple of questions. Pam Marshall had a couple of questions about OT and PT students billing under their supervisor. Do you want to address that?

MS. MARSHALL: Yeah. I'm here. Yes. The question -- and, Justin, this may be -- if you can get a written answer for us because I was speaking to the policy division and was told that OT and PT could not -- you know, I brought up the question about a temporary license because both OT and PT, when they're in school as students, before they walk across the stage and get their diploma, you know, they have student experiences.

When an OT goes -- after they graduate, they have about -- they have two three-month or 12-week rotations that they have to do. And, typically, it's one on one, so the supervisor is always with them. And they gradually take over, you know, treating that supervisor's caseload with the supervisor

1           there signing off on all their documentation.

2                   And the whole state does this. You  
3 know, we had it in writing from Medicaid a  
4 while ago that yes, you can bill students  
5 under their supervisor because the supervisor  
6 is really the one responsible for that  
7 treatment. It's not like a CoDa or a PTA  
8 that is off treating by their -- you know,  
9 treating on their own.

10                   And so we were getting clarity then.  
11 When an OT and PT has graduated -- and OTs  
12 now have the option to take their exams prior  
13 to graduation. PT is not. They have to  
14 graduate and wait, and their exams are only  
15 given -- it's something like every other  
16 month, you know.

17                   So it's not -- the timing doesn't even  
18 work out. They have to wait a couple months  
19 until they can take their exam and then they  
20 have to submit -- once they get that passing,  
21 they have to submit to the board and get  
22 their full license.

23                   Well, during that time period -- and  
24 there's -- each provider -- like, it would be  
25 great if Medicaid would do it for every

1 provider type because even on the behavioral  
2 health side, there's supervision that needs  
3 to happen before that person can be fully  
4 licensed; that there should be a provision --  
5 Medicaid should allow for a provision for  
6 students to go all the way through their  
7 education and become a fully licensed  
8 provider. There should be a way to allow  
9 that person to transition to a fully  
10 licensed provider without having to not stop  
11 seeing Medicaid patients.

12 Does that make sense? It's kind of what  
13 we did for CF, how -- there's a five-year-old  
14 regulation that would not allow a speech  
15 language pathologist -- when they graduated  
16 from their master's program, they had nine  
17 months or ten months, however long it took,  
18 to get through all of the requirements to  
19 become fully licensed, but they operated like  
20 a full therapist. They just have supervision  
21 and have things they have to complete during  
22 that period to get their national -- to get  
23 their Cs, is what we call it.

24 But -- and in the state of Kentucky,  
25 that wasn't allowed. And we worked on that

1 and worked on that, you know, that --  
2 otherwise, what happens is if you don't allow  
3 it, all these higher -- all the Kentucky  
4 higher education programs that we love and  
5 support that are producing these licensed  
6 clinicians, you know, they'll have to leave  
7 our state. And if they leave our state to go  
8 work, we're probably not going to get them  
9 back. Like, that's a very bad thing. We  
10 have to be able to align the policy so that  
11 these students can become fully licensed and  
12 treat along that journey. Does that make  
13 sense?

14 So we were asking the policy question --  
15 how this came up -- can a temporary licensed  
16 PT -- because they're, you know, waiting to  
17 become fully licensed. Can they be billed  
18 under their supervisor as -- as is a student?  
19 Because, technically, they're still a  
20 student. They're not fully licensed.

21 And, you know, we were verbally told,  
22 no. You can't do that. That's not in  
23 regulation. And I said, what? The whole  
24 state is out of compliance because we all  
25 take students. And, you know, I realized we

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don't normally take temporary licensed. We normally just take students that aren't licensed at all that are billed.

So we just need that clarified and need that -- I mean, the whole state needs that direction. And if anyone would like to add to that, any of the other therapy --

MS. DEROSSETT: Are you talking about a temporary permit, or are you talking about an actual student doing their level 2s?

MS. MARSHALL: I'm talking about both. We're wanting clarity on both because -- because I was verbally told that we couldn't -- now we can't have students billing under their supervisor. And I just said, that is new news to me. I've not heard that.

MS. DEROSSETT: I know DMS -- I said, for Medicare, I said, you know, a student can treat, but it's almost like the therapist cannot be doing anything else. They have to be, like, guiding everything in the treatment session. They can't do any independently. It sounds like you are with them anyway, so it should be okay.

1 MS. MARSHALL: Yes. Yes. But if  
2 you hire -- see, here's the problem. When a  
3 PT is finished with school, most of them have  
4 big school loans. So if they cannot be  
5 employed -- if Medicaid is saying you have a  
6 temporary license, you can't bill Medicaid.  
7 So now you're limiting all these students  
8 that just got done. Cannot work any -- they  
9 have to only work at a facility like a  
10 hospital or a home health agency.

11 So now a majority of the jobs are not  
12 available to them if they cannot come work,  
13 like, in an outpatient setting and be billed  
14 under their supervisor, you know, have  
15 supervision. But they would have to begin to  
16 have their own caseload, meaning that  
17 supervisor is supervising with them and  
18 working with them. But there's times they're  
19 not in line of sight. They're in the same  
20 building, but they might not be in line of  
21 sight for everything. So that's the clarity  
22 we want.

23 And for the profession -- because, you  
24 know, higher education, we've demanded bigger  
25 and bigger degrees, so they're coming out

1 with very large student loans. And those  
2 student loans kick in immediately. So these  
3 students have to work. They can't --  
4 although nationally, they can't -- you know,  
5 it might take them three or four months.

6 So just like the CF, there's kind of a  
7 limit of how long you can -- right? You can  
8 bill that person as a CF. They can't forever  
9 be billed that way. They have to eventually  
10 get their full license. That we're asking  
11 for clarity on that, and will Medicaid make  
12 allowances when -- like OT and PT?

13 We've also asked about behavioral  
14 analysts because they have the same problem.  
15 We have -- there is provision for mental  
16 health therapists. When they come out,  
17 they're considered an A, like an LPCA or a  
18 LM -- or an M -- I'm saying that wrong,  
19 LMFTA. No. I'm not saying that right, but a  
20 licensed marriage family therapist is also  
21 an A. And it takes them one to two years to  
22 get all that supervision requirement to  
23 become a fully licensed, stand-alone  
24 therapist and take their boards and pass  
25 them.



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So we're asking for Medicaid to look at a provision for this transitional period. It's a typical transitional period that we're asking for clarity on.

MS. DEROSSETT: And they have actually obtained the temporary permit from the state licensure board; correct?

MS. WILSON: Yes. That's my understanding.

MS. MARSHALL: Yes. Yes. They have obtained the temporary licensure.

DR. THERIOT: How do other states do it?

MS. SAGESER: They bill under their supervisor.

MS. MARSHALL: Yeah. They allow it.

MS. WILSON: You mentioned the -- I'm sorry. Go ahead.

MS. DEROSSETT: I was going to say because all their notes are co-signed by the supervising therapist. That's part of the temporary permit regulations.

MS. WILSON: Right.

MS. MARSHALL: Yes. That's

1 correct. So that supervisor is taking on --  
2 not the liability, but it is sort of lia- --  
3 they're saying, I'm reading what they're  
4 doing. I'm looking. I'm helping them  
5 understand what they're doing, and I'm saying  
6 this is correct, you know, essentially. But  
7 the auth and the billing, what has to be on  
8 the claim, is the fully licensed supervisor.

9 And this is common prac- -- you know, on  
10 the commercial side, they allow it. It's the  
11 Medicaid side that isn't set up clearly. The  
12 rules are not clear. There are people doing  
13 it.

14 Like, for example -- I know this is the  
15 Therapy TAC, so we're not talking about  
16 behavioral health. But on the behavioral  
17 health side, there's lots of people  
18 advertising for temporary licensed behavior  
19 analysts because there are so few of them.  
20 So they'll hire the TLBAs, they're called, or  
21 temporary licensed behavior analysts.

22 But Medicaid is saying, no, that's not  
23 allowed. You can't bill Medicaid for that.  
24 But yet there's a slew of people out of  
25 compliance because they're hiring those

1 people because it takes them so long to get  
2 their required supervision hours. They have  
3 to work under a supervisor while they're  
4 working in order to get to the fully licensed  
5 status.

6 Do you see what I mean? That's what the  
7 requirement is, but the Medicaid regulations  
8 don't align with it. So it's an alignment  
9 problem. We have to align policy to what the  
10 education and licensure requirements are for  
11 each of these types of therapists.

12 MS. SAGESER: Is that a -- Linda,  
13 is that a -- or, Justin, is that legislation,  
14 or is that under this?

15 MR. DEARINGER: Yeah. So it's not  
16 legislation. It's regulation, and we can  
17 definitely take a look at that. I think it's  
18 something good for us to look at. It is  
19 correct that they cannot -- a student or a  
20 temporary license cannot review or bill work  
21 themselves at this point. So they would have  
22 to -- you would have to be actually with them  
23 performing the work while they watched or  
24 something kind of like that in order to bill  
25 currently.

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So to do what you're asking would be a change to administrative regulation and policy, and we can definitely look into that. So if you will --

MS. SAGESER: And just to clarify, I don't think Pam -- with the two things, there's a student and then a temporary. I think the students, we agree, need to be under and at all times with their supervisor if we're billing, you know.

MR. DEARINGER: Sure. Yeah.

MS. SAGESER: We agree with that. It's the temporary license.

MS. MARSHALL: Correct.

MR. DEARINGER: Yep. So we -- yeah. We can open a study and take care of that. And if you want to put that as an item on the next TAC agenda, we can give you an update, let you know where we're at, and how that's coming along if you want to do that.

MS. MARSHALL: The -- Justin, another question about this. So is there a way at least to send Dale an email that says, we confirm that OT and PT students can be billed under their supervisor? You know,

1 simply because I was just told that verbally,  
2 that no, you can't. And, you know, we've all  
3 done this. We all take students. We all  
4 bill them under the supervisor. They are  
5 being supervised.

6 It's not -- it's not like the student  
7 has their own caseload, and the supervisor  
8 has their own caseload. They only have one  
9 caseload. They only have the supervisor's  
10 caseload, and the student has a process of  
11 coming in and slowly taking over some of  
12 those cases with the supervisor in the  
13 session or in line of sight, you know.  
14 They're with them during this process.

15 DR. THERIOT: So you keep saying  
16 student. So is this a student, or is it,  
17 like, a PT that has graduated and is just --

18 MS. MARSHALL: No. This is a  
19 student that hasn't graduated. So I was  
20 verbally told that the student could not be  
21 billed under their supervisor, and I just  
22 said, what? So I -- I want to see that in  
23 writing because we are rule followers.

24 MR. DEARINGER: So, Pam, I'm a  
25 little confused, I guess. So maybe we can --

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MS. MARSHALL: Yeah.

MR. DEARINGER: I may need some more clarification. So maybe we can set up a meeting offline and discuss a little --

MS. MARSHALL: It is basically two issues. One, a student --

MR. DEARINGER: Sure. One is temporary; one is student.

MS. MARSHALL: Yes.

MR. DEARINGER: And I guess my confusion is you're wanting to bill for the student. But if they're under a -- I mean, if there's a licensed clinician that's actually doing the work there with the student, that's who you'd bill for.

MS. MARSHALL: Exactly.

MR. DEARINGER: So I'm not sure how you would bill for the student, but we can talk about it more.

MS. MARSHALL: We don't -- yeah. We don't bill for the students. It's under the supervisor. But I was verbally told you can't do that, and that's why I'm saying, what? We want clarity. We've all been billing under the supervisor, and we just

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want clarity in writing that, yes, that's the correct way to do it.

When you have a student, you bill under the supervisor. And, you know, we know all the line of sight and, you know, being -- the supervisor is with them. But the student may be the one treating with the supervisor with them. Does that make sense? Because the whole goal is they're learning how to treat.

And then the second issue is the temporary license. So when they're done, can we not hire these temporary licensed therapists for a certain amount of time to be billed under -- again, under a supervisor?

But this -- but the temporary license would be like the CF where they have their own caseload, and they're allowed to get started working. But it's only for a period of time. Then they need to be fully licensed. You know, you can't go on forever like that. You have to pass your boards and get fully licensed.

MS. WILSON: So we're still seeing the issue -- that No. 2 issue I mentioned. Optum is still following, I guess, Pam, what

1           you mentioned had been fixed a couple years  
2           ago with speech. So they're still treating  
3           the speech with an interim license, I think,  
4           similar to what you're saying, Pam, for OT  
5           and PT for the temporary license.

6                     Now, the difference -- not to make  
7           things complicated. But the difference  
8           between OT, PT, and speech is that the speech  
9           therapists have graduated. They have passed  
10          their boards.

11                    MS. MARSHALL: Correct.

12                    MS. WILSON: They have done  
13          everything they need to do to function fully  
14          on their own. The only reason it's called an  
15          interim license is because the State requires  
16          them to have a supervisor during that time  
17          period essentially for, like, mentorship.  
18          It's, like, a built-in mentorship. But we  
19          don't have to -- the state license doesn't  
20          require us to do any direct supervision  
21          activities. Their Cs from ASHA are totally  
22          different. That's different. It's a  
23          separate thing.

24                    So I think there's just confusion  
25          because the different disciplines are



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different, and that's frustrating for everybody.

So I think Optum is following -- thinking, oh, the speech therapists have a temporary license, when that's not true either. So I don't know that that issue for speech has been fully fixed either.

MR. DEARINGER: We can clarify each one when we send out some more clarification on these issues.

MS. WILSON: Okay. Sounds good.

CHAIRMAN LYNN: Yeah. We met with the Cabinet a few years back because they wanted to pay the CF a lower rate than the individual -- than the speech therapist that had their Cs. And they changed their mind on that, and they pay them the same -- the same reimbursement rate because they are different than the temporary OT and PT.

MS. WILSON: Yeah. And the Cs are, like, extra really. I mean, they're not -- you don't have to have your Cs to practice. That's the thing. I mean, some facilities require it, you know. But as far as the State goes, you can just have a license, and

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that's what you have to have to practice.

So it's just a lot of letters, and it is confusing for everybody. So -- and the processes are all different for the different disciplines. But yeah, we need clarification for sure.

CHAIRMAN LYNN: Yeah. Maybe we can have a -- Justin, we can have a meeting sometime between now and our next TAC meeting that --

MR. DEARINGER: Yeah. Absolutely. We can have a meeting, and we can, you know, maybe have a draft -- a draft clarification, policy clarification for you guys on the -- the student issue. I think the -- you know, and to clarify a little bit of what we currently do for temporary and interim licensure.

Now, the temporary licensure question is going to have to -- we're going to have to research that and see if that's something that we can change. So that's not going to be immediate, and it's going to be -- you know, we're going to take some time with that one. But we can get you all some

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clarification on policy quickly.

So we'll set up a meeting in between TACs and have something in draft for you all to look at and talk about.

CHAIRMAN LYNN: Sounds good.

And it's not on the agenda, but it's been brought to my attention that Kentucky Medicaid is often still requiring a physician's signature on a plan of care to get an authorization. And I know, Justin, we talked about you were going to educate them, the reviewers on that.

MR. DEARINGER: Yeah. We've done that. So if you have specific cases, if you could send those to us, that would be great. So we can -- it's hard to -- I'm not sure where we're missing -- where somebody has been misinformed or what we're missing. So if you can send us cases, specific cases, we can reach out to those individuals and do some education there.

CHAIRMAN LYNN: So what our practice has been doing is we send the policy letter that you wrote along with the authorization request, and so --

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MS. MARSHALL: Oh, that's a good idea, Dale, because we're definitely experiencing it. Is anyone else experiencing that they're saying they need a signed plan of care to get the PA?

CHAIRMAN LYNN: Right. So since we've been sending those -- that policy letter with them, we haven't had any problem.

So is there any other issues for the TAC members or the public you'd like to discuss?

(No response.)

CHAIRMAN LYNN: If not, do we have -- it doesn't look like we have any recommendations for the MAC, and so we can adjourn this meeting. And our next meeting is on Tuesday, September the 10th, unless anyone has some other things they need to discuss.

MS. SAGESER: Make a motion to adjourn, Dale.

CHAIRMAN LYNN: Okay. Thank you, Renea. We will see you in September.

(Meeting concluded at 9:05 a.m.)

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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 11th day of July, 2024.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR