

MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING  
New Jersey State Police Headquarters Complex  
Public Health, Environmental and Agricultural  
Laboratory Building  
3 Schwarzkopf Drive  
Ewing Township, New Jersey 08628

October 17, 2018  
10:12 A.M.

FINAL  
MEETING SUMMARY

**Members Present**

Deborah Spitalnik, Ph.D., Chair  
The Honorable Mary Pat Angelini  
Mary Coogan  
Theresa Edelstein  
Dot Libman  
Beverly Roberts  
Wayne Vivian

**Members Not Present**

Sherl Brand  
Chrissy Buteas  
Ryan Goodwin

**State Representative**

Meghan Davey, Director, NJ Division of Medical Assistance  
and Health Services

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Slide presentations conducted at Medical Assistance  
Advisory Council meetings are available for viewing at  
<http://www.state.nj.us/humanservices/dmahs/boards/maac/>.

**Meeting Attendees**

Cheryl Reid	Aetna Better Health of New Jersey
Cathy Chin	Alman Group
Lisa Torre-Jaissen	Allare Health Care
Brie Gallo	Allare Health Care
Stephanie Myers	AmeriHealth Caritas
Jennifer Black	Beacon Health Options
Tara Porcher	Centers for Medicare & Medicaid Services
Cheryl Golden	Cumberland County Welfare Agency
Susan Saidel	Disability Rights of New Jersey
Stacey Callahan	NJ Department of Human Services
Liza Gundell	Family Resource Network, Inc./Autism Family Services
NJ	
John Indyk	Health Care Association of New Jersey
Karen Brodsky	Health Management Associates
Lillie Evans	Horizon NJ Health
Chris Czvornyek	Hospital Alliance of New Jersey
Carol Katz	Katz Government Affairs
Gwen Orłowski	Legal Services of Central Jersey
Anne Weeks	Liberty Dental
Marlene Kalayilparampil	Medical Society of New Jersey
Paul Blaustein	NJ Council for Developmental Disabilities
Dennie Todd	NJ Council on Developmental Disabilities
Michele Schwartz	NJ Department of Children & Families
Stacey Callahan	NJ Department of Human Services
Robert Perkins	NJ Department of Human Services
Sarah Schmidt	NJ Office of Legislative Services
Lyudmila Domracheva	Parent of Ilya Domracheva
Mary Kay Roberts	Riker Danzig Scherer Hyland & Perretti, LLP
Kathleen Lockbaum	Salem County Board of Social Services
Kim Todd	The Innovations Collaborative
Zinke McGeady	Values Into Action New Jersey
Kathy Hall-Olsen	Weisman Children's Rehabilitation Hospital
Kristina Peterson	Weisman Children's Rehabilitation Hospital
Madeline Taggart	WellCare
Louise Rush	NJ Division of Aging Services
Elizabeth Brennan	NJ Division of Aging Services
Marie Snyder	NJ Division of Family Development
Joshua Lichtblau	NJ Medicaid Fraud Division
Kay Ehrenksantz	NJ Medicaid Fraud Division
Heidi Smith	NJ Division of Medical Assistance and Health Services
Roxanne Kennedy	NJ Division of Medical Assistance and Health Services
Joseph Vetrano	NJ Division of Medical Assistance and Health Services
Felicia Wu	NJ Division of Medical Assistance and Health Services
Brian Liep	NJ Division of Medical Assistance and Health Services
Phyllis Melendez	NJ Division of Medical Assistance and Health Services
Gwen Carrick	NJ Division of Medical Assistance and Health Services

DR. SPITALNIK: Good morning. I'm Deborah Spitalnik, the Chair of the Medical Assistance Advisory Council (MAAC). And it's my pleasure to welcome you to the October 17th Medical Assistance Advisory Council meeting.

Pursuant to New Jersey's Open Public Meetings Act, adequate notice of the scheduled quarterly meetings for calendar 2018 has been filed by the Department of Human Services.

I also need to tell you that as guests in this building that I need to share with you the emergency evacuation procedure. Upon hearing the fire alarm or evacuation announcement, please leave the building quickly via the nearest exit, go to lamppost 9 in the rear of the parking lot, and then report to the organizer, Phyllis Melendez.

Let me reiterate our procedure. And after introductions, I'll review the agenda. We ask that the members of the Medical Assistance Advisory Council introduce themselves. We then ask the members of the public to introduce yourselves. That's purely an introduction, not a time to raise issues, and I thank you for respecting that.

We have prided ourselves on this Council of our ability to have dialog and to really engage with the stakeholders who are present, but we put certain parameters on that. Those include that if there are questions or

comments, the MAAC has the first option to ask those. After that, members of the public. I will call on people. We ask that you limit your comments at that time. We have never had to resort, as many other public meetings do, to an isolated time for public comment independent of the discussion, and we really appreciate the richness of the discussion and honoring the spirit of the stakeholder input. But if we had to, we would have to move to that. So I thank you all for your understanding of that.

Let's have the MAAC introduce ourselves, and then we'll move to members of the public.

(Members of the MAAC introduce themselves.)

(Members of the public introduce themselves.)

DR. SPITALNIK: Let me review our agenda. We have an approval of minutes. Then we have a presentation on Behavioral Health Care. And that's an opportunity for people to ask questions. We have informational updates on Autism Services, Managed Long Term Services and Supports (MLTSS), NJ FamilyCare, NJ FamilyCare Data Dashboards.

So, again, with thanks to Lisa Bradley for her recording, I'm going to turn the minutes, but one of the things we ask the members of the public to do is if you're making comments or asking questions to please identify yourself by name so we can include that in the record.

So we have outstanding our minutes from

April 11, 2018.

Do I have any corrections or amendments? Or  
can I have a motion for approval?

MS. LIBMAN: Motion.

MS. ROBERTS: Second.

DR. SPITALNIK: So motion, Libman; Second,  
Roberts.

All those in favor?

MAAC MEMBERS: Aye.

DR. SPITALNIK: Any abstentions?

The April 11th minutes are approved.

And I'll now turn to the July 18th minutes.

Any additions or corrections?

If there are none, may I have a motion about  
that?

MS. ROBERTS: Motion.

MS. COOGAN: Second.

Motion, Roberts; second, Coogan.

All those in favor?

MAAC MEMBERS: Aye.

DR. SPITALNIK: Any abstentions?

MS. ANGELINI: I wasn't present.

DR. SPITALNIK: Thank you.

These are also approved.

So we will now move to our presentation on

Behavioral Health Care. And I'm delighted to welcome back Roxanne Kennedy, the Director of Behavioral Health Management for Medicaid.

And as Roxanne is getting set-up, let me remind everyone that our minutes are posted on the Division of Medical Assistance and Health Services website, as are all the presentations that are presented here. The presentations will go up this afternoon after our meeting.

Roxanne, welcome.

MS. KENNEDY: Thank you. I'm getting over a bad cold, so I will do my best to get through this presentation. Gwen's not able to be here today either.

I want to first review the benefits changes that took place on October 1 for the MLTSS, the Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP), and the Division of Developmental Disabilities (DDD) population.

(Slide presentation by Ms. Kennedy.)

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DR. SPITALNIK: Thank you so much.

Are there questions from members of the MAAC?

Beverly.

MS. ROBERTS: Thank you very much. That was a very comprehensive presentation.

I would like to go back to what you were talking about earlier with Behavioral Health and ask a couple of questions on the continuity of care piece when you talked about that briefly. Could you talk a little bit more about what that means?

MS. KENNEDY: Sure. I had it in another slide in another presentation, but I didn't add it to this one. Continuity of care is required in a contract for an individual who is either new to a plan or the service is new to the plan where they have to cover that service through the authorization at the provider regardless of whether or not that provider is in network. And also if the person is in that service when comes to that plan, we expect the plan to cover that until the next level of care or there's an evaluation for a different medical necessity criteria.

MS. ROBERTS: How would that connect to a person who was hospitalized? Is there a connection if somebody has a hospitalization short-term in a hospital for a psychiatric need and then there's a placement issue about where they're going to go afterward? Is that part of that or not?

MS. KENNEDY: No. That's why they have

administrative day rate. That was created in order for plans to be able to cover that where they're stable, no longer meet medical necessity, but waiting for the appropriate placement. The plans have a way to cover that admission for the additional days that the member is staying.

MS. ROBERTS: And then what would happen? So during that period, what would the person be doing while they're still in the hospital? Do you know what their day would look like?

MS. KENNEDY: I'm not sure what their day would look like. But it happens today, right?

MS. ROBERTS: So they're still going to get the services?

MS. KENNEDY: Right. They're still in the inpatient setting. They're going to get the services they need to remain stable until the placement. It doesn't mean that we pay the administrative day rate and the hospital doesn't do anything. They're going to continue what they need to do. The hospital still has requirements with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other certification that they'll have to be able to provide the same services but not to the intensity that they needed when there were in acute level care, like, have the higher acuity. They're still being stabilized.

MS. ROBERTS: So groups or whatever it is



that's going, whatever treatment --

MS. KENNEDY: We would still expect that to occur.

MS. ROBERTS: Thank you very much.

DR. SPITALNIK: Other questions?

Wayne.

MR. VIVIAN: Are there outcome measures attached to the Excellence and Premiere Centers to retain their statuses.

MS. KENNEDY: There will be. Yes, we're working on developing those. It's kind of like, what do we say, we're flying the plane while we're building it. But, yes, we do expect to have outcome measures for all these three types. We're working with our health plans because they already work with the primary care doctors and we may want them to provide the payment to the physicians. This also might be a time where they're value-based purchasing or some incentive-based payment for the premiere doctors or the doctors in the community who want to do this but don't really know that they can. And certainly, there may be a time to incentivize them to do it. But there will be. We just don't have them developed yet.

MR. VIVIAN: And if they don't meet them, they could lose those statuses?

MS. KENNEDY: We haven't decided that yet.

But I would think we would want our Centers of Excellence and our providers in the matrix model to meet basic evidence-based practices to make sure that they're in place. If they're not, they may lose their status, but we haven't gotten that far in our planning yet. I think we would have to take that under consideration if they were seriously not meeting the standards.

MR. VIVIAN: Thank you.

MS. KENNEDY: Sure.

DR. SPITALNIK: Mary.

MS. COOGAN: Just a follow-up to that. So the other states you looked at, like Virginia, did they have some outcome measures that you can look at?

MS. KENNEDY: Gwen's not here, but yes. Centers for Health care Strategies (CHCS) has been helping us look at what other major states have used. Rhode Island, their Center of Excellence is fairly comprehensive and developed. Pennsylvania had less outcomes. Rhode Island, I think we're looking theirs right now and really consider what they're using for Centers of Excellence to keep their status.

DR. SPITALNIK: Other questions from the MAAC?

Questions from the public?

Yes. Please stand, give us your name and project. Thank you.

SARAH: Hi, I'm Sarah from the Office of Legislative Services.

Do you have an idea of how much Medicated Assisted treatment (MAT) services currently cost under the Medicaid Program and how that might grow with the implementation of the MATrx model?

MS. KENNEDY: So we current base MAT use -- I mean, we have the data about who's being prescribed MAT now. So I'm sure we could get the cost. Our methadone clinics have been in existence for 20, 30 years, and we have about 30 across the state. So we have that utilization as well and cost. So, yes, we could get that cost and project how it's going to look over the course as the MAT grows. The hard thing with MAT is the individual has to be ready and it may or may not be something that they stick with. But we feel with the recovery supports, it's not just MAT, it's the supports around it to keep the individual engaged. So the total cost, I don't think -- we'll know the cost of the drug. We'll know the cost of the service. What we won't know is the cost over time. We have a projection, but the recovery supports and the case management will be brand-new in the system, so we don't have those costs. But we have the prescription and service costs to date.

SARAH: Is that something I can reach out to you about?

MS. KENNEDY: Yes. Just reach out to Meghan and we can work on that.

SARAH: Okay. Great. Thank you.

DR. SPITALNIK: Thank you.

Other questions?

Roxanne, thank you so much for such a comprehensive presentation, and it's wonderful to hear the progress that's being made.

We'll move from presentations to informational updates. And I want to introduce Michele Schwartz from the Children System of Care in the New Jersey Department of Children and Families.

Michele, we're appreciative of your presentation and the fact that you have another meeting right after this, so I know that you have to leave, but thank you for being here. And we have a PowerPoint and this will also be up on the website.

MS. SCHWARTZ: Thank you. Good morning. I just want to thank you all of you, including the Council, for allowing us this opportunity to provide this update on Autism Services for youth in New Jersey.

(Slide presentation by Ms. Schwartz.)

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DR. SPITALNIK: Thank you so much. I will take comments for the MAAC, but given where the process is, there won't be a response to comments or questions.

Any comments at this point? Any comments?

Michele, thank you so much. And please drive safely on the way to the next meeting. Thank you.

I'll now turn to Elizabeth Brennan to give us an update on Managed Long Term Services and Supports. Elizabeth is the Assistant Director of the New Jersey Division of Aging Services. Welcome.

THE WITNESS: Thank you. Good morning.

So I'll be presenting the Long-Term Services and Supports Dashboards. Just to review a couple of things, we provide these with a three-month lag. So at our last MAAC meeting, we presented statistics from April. And this month, we will be presenting statistics from June 2018.

(Slide presentation by Ms. Brennan.)

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DR. SPITALNIK: Thank you so much. You've

made the data so accessible to all of us. Thank you.

Are there questions or comments from the MAAC?

From the public?

Yes.

UNIDENTIFIED SPEAKER: So the people who are no longer enrolled, I know you said most of them are deceased? Do you have an idea, are 95 percent of them deceased? What is the estimation? Do you know?

MS. BRENNEN: I don't have that. We would have to research that and get back to you on that.

DR. SPITALNIK: Gwen.

MS. ORLOWSKI: Hi. Gwen Orłowski, Central Jersey Legal Services. Thank you very much for that presentation. I have a completely wonky question on the percentages that are in the MLTSS. You had a couple of different slides that showed these people are in MLTSS, these people are in Fee-for-Service (FFS). But I'm curious about the ACA, Affordable Care Act Medicaid folk. I find them very confusing. People usually don't know which program they're on. And sometimes it turns out that their entranceway was what I call Affordable Care Act (ACA) Medicaid expansion, Modified Adjusted Gross Income (MAGI), whatever you want to call it, that new adult population, which I understand has a long-term care benefit. So are they counted with the MLTSS people? Are they converted to MLTSS? What happens with

them? I'm confused by that.

MS. BRENNAN: Some are. Some are converted and enrolled into MLTSS, but not all of them.

MS. DAVEY: A 762 is a Medicaid expansion adult who would need long-term care. If they're in a nursing home, they would get the MLTSS indicator, but they'd still be on the expansion group until they avail themselves of all income and then they would go into the ABD side. If that helps.

MS. ORLOWSKI: Thank you. Yes, that does help.

DR. SPITALNIK: Thank you.

Any other questions, wonky or not?

Karen.

MS. BRODSKY: Karen Brodsky, Health Management Associates.

Is there any information about that overall rebalancing accomplishment in New Jersey that might be available?

MS. BRENNAN: We don't capture it in the slides because this is specific to long-term care in the MLTSS population.

MS. DAVEY: It's something we can run, but we don't have it as part of this.

DR. SPITALNIK: Other questions or comments?

Thank you so much.

I'll now turn to Meghan Davey, the Director of DMAHS for New Jersey FamilyCare update.

MS. DAVEY: Good morning. This is my quick update. The staff does way more work than I have to at these meetings.

(Slide presentation by Ms. Davey.)

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DR. SPITALNIK: Beverly.

MS. ROBERTS: This is, again, a tiny bit wonky.

MS. DAVEY: It's a wonky day.

MS. ROBERTS: When you give the Medicaid Aged, Blind and Disabled (ABD) individuals, would it or would it not include people who have Social Security Income (SSI) and Medicaid who don't have New Jersey Medicaid but they have it through SSI?

MS. DAVEY: Yes. They would be considered in ABD. They come on our roles. SSI determines their eligibility but they're automatically put on our roles. It's an automatic feed. So, yes, they would be included in that count.

MS. ROBERTS: Okay, great. So you know who



they are.

MS. DAVEY: Yes.

MS. ROBERTS: So if they lose their SSI, you know who they are.

MS. DAVEY: We know their name, their address. We have no idea about their income because it's an automatic feed. But we have their basic demographics, yes.

MS. ROBERTS: And if they were eligible for SSI because that's how you have them.

MS. DAVEY: Yes.

MS. ROBERTS: Because what happens is when they're losing it because a parent becomes disabled, retires, or passes away, the letter that they get is a letter that for a lot of families is confusing. So I just don't know if there's some way, since you do know that they had been eligible because they did have SSI, if there could be something that could more specifically --

MS. DAVEY: Yes, we're actually working on a systemic fix. We're hoping it will actually be completed at the end of this month. So we're going to be able to walk you through that by the next MAAC.

MS. ROBERTS: Okay.

MS. DAVEY: Because we're hearing this from Legal Services of New Jersey and Disabilities Rights New Jersey have been raising this as well, and we know that there

needed to be a more streamlined process, so that fix is going in. The four-month letter is not the ideal, but right now we do give them that four-month cushion to apply, but this will make it a little more streamlined.

MS. ROBERTS: Terrific. I look forward to the next meeting. Thank you.

MS. DAVEY: Sure.

DR. SPITALNIK: Other questions or comments?

Thank you for that.

Questions or comments?

Gwen.

MS. ORLOWSKI: Gwen Orłowski, Central Jersey Legal Services.

First of all, I had a question which had nothing to do with, but I'm very happy to hear. And as you know, we have appellate arguments that are going to be scheduled in one of those cases. It would be really great to be able to withdraw that because you're going to come up with something very soon. So I'm looking forward to that.

The question I had was back on the slide that talked about the cost, how much between 2014 and currently, how much is being expended. I'm wondering if you can address whether or not that's state dollars or that's a breakdown of state and federal dollars?

MS. DAVEY: That would be a total of state and

federal. And you know it's titrated down, right?

MS. ORLOWSKI: Yes, I do. That was my question. Thanks.

DR. SPITALNIK: Thank you.

Paul.

MR. BLAUSTEIN: Paul Blaustein, Developmental Disabilities (DD) Council.

I apologize for asking you this question, but there's nobody here from DDD to ask the question to and it does pertain to Medicaid. DDD has not admitted people to the developmental centers for quite a few years, maybe more than five years. I think it's probably about seven right now. We're wondering how many people who years ago would have gone into a developmental center are going into nursing homes. Would it be possible to identify the people who are developmentally disabled who are in nursing homes and give a numerical breakdown by their age?

MS. DAVEY: I'm looking at the business intelligence folks. That's doable, right?

UNIDENTIFIED SPEAKER: We do have certain indicators that would identify an individual as DD, so yeah, we could look into that.

MR. BLAUSTEIN: That would be great.

MS. DAVEY: So if you send me the e-mail, we can look into that.

MS. BLAUSTEIN: Thanks very much, Meghan.

DR. SPITALNIK: I'll also put that on the general for our next meeting for an update.

MS. DAVEY: Okay. Great.

DR. SPITALNIK: Other questions or comments?

Thank you so much, Meghan.

We'll now turn to the NJ FamilyCare Data Dashboard update. Felicia Wu, welcome.

MS. WU: Thank you, Dr. Spitalnik.

Good morning, everyone. And thank you again for allowing me to present to you and give you an update on our NJ FamilyCare Data Dashboards. I'm very pleased to announce on behalf of the Department and the Division that our Dashboards are now live online and available for the general public to use.

(Slide presentation by Ms. Davey.)

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DR. SPITALNIK: Thank you so much for this exciting presentation, and kudos to you and your colleagues and the Department for making this available.

Questions or comments from the MAAC?

Beverly.

MS. ROBERTS: This was incredible. You just really did a fabulous job with this.

Very quick question. So within the MLTSS population you're able to say about duals. Within the regular population, is there a way to determine or provide information on how many are duals?

MS. WU: Yes, there is. So in our eligibility dashboards, in the trend, this gives you the overall beneficiary account. Now, you can select from here dual status us or non-dual status. So if you wanted to look at just duals within the population, you would select dual.

MS. ROBERTS: So having nothing to do with MLTSS?

MS. WU: That's right. Just their dual status.

MS. ROBERTS: Thank you.

MS. COOGAN: Bravo.

(Applause.)

DR. SPITALNIK: Any questions from the public? Thank you. And our congratulations.

(Applause.)

DR. SPITALNIK: We've come to the end of our agenda. Was there anything else that the members of the MAAC would like to raise?

Let me let you know two things about our next meeting which is January 16, 2019, also at this location. The two agenda items that I have recorded from our conversation are the issue of the systemic adjustment for people losing SSI and, therefore, their Medicaid and then going into a different eligibility category.

MS. ROBERTS: Streamline the process, yes.

DR. SPITALNIK: And then the question that was raised about individuals with developmental disabilities in nursing homes. And I'll add to that children in nursing homes.

Was there anything else in addition to the updates that we traditionally do?

Beverly.

MS. ROBERTS: I've raised the issue about the DDD dual diagnosis pilot project for a while and still hoping to get some updated information on that.

DR. SPITALNIK: Okay. I will add that to the agenda.

Anything else?

MS. EDELSTEIN: I think it would be helpful in January if we can get a sense of how the Behavioral Health is going from a provider and patient perspective. And also, by then we will have implemented the Emergency Department Triage law. So I think it would benefit the Council to hear

more about that implementation.

DR. SPITALNIK: Thank you.

Anything else?

Gwen.

MS. ORLOWSKI: Hi. Gwen Orłowski, Central Jersey Legal Services.

So another issue that's been near and dear to my heart are Medicare Savings Programs which is a Medicaid statutory authority for those programs. And so in other states they do count those MSP people in all the numbers we've seen which are all excellent, but I'm pretty certain our MSP folks are not in those numbers. It would be really great to get some numbers. And I understand that the SLMB and QI people would be aging services. I am interested in those folks, but I'm really interested in the Qualified Medicare Beneficiaries, the Qualified Medicare Beneficiaries (QMBs). And I'm actually on a panel in DC next week. I'm going to get more information, but the Centers for Medicare and Medicaid Services (CMS) is doing something really great in their Explanation of Benefits (EOBs) for Medicare beneficiaries and the notices that go to providers for people who are coded as QMB by the State. There's going clear information on those notices about balance billing and you can't balance bill those folks. And so to the extent New Jersey isn't fully taking advantage of that QMB status, our

residents won't have that advantage in those Medicare notices. So it would be great to see some numbers on those folks, too.

DR. SPITALNIK: Thank you for that. I will also ask you to forward information to Meghan from the meeting that you're at and then we'll see what we can assemble.

MS. ORLOWSKI: I have before, but I will have some more stuff next week. I'm happy to update her on it.

DR. SPITALNIK: Thank you.

MS. ORLOWSKI: You're welcome.

DR. SPITALNIK: Others?

Okay. Let me share with you our meeting dates for 2019, and these will be the website. Wednesday, January 16th; Thursday, April 25th; Thursday, July 25th; and Thursday, October 24th. Those are all 2019.

Do I have a motion to adjourn?

MS. ANGELINI: So moved.

MS. EDELSTEIN: Second.

DR. SPITALNIK: Moved and seconded. We are adjourned in warp speed. Again, thank you to everyone for these wonderful presentations. And thank you, all of you, for attending.

(Meeting adjourned at 11:40 a.m.)



## CERTIFICATION

I, Lisa C. Bradley, the assigned transcriber, do hereby certify the foregoing transcript of the proceedings is prepared in full compliance with the current Transcript Format for Judicial Proceedings and is a true and accurate transcript of the proceedings as recorded.

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Lisa C. Bradley, CCR

The Scribe