

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
PERSONS RETURNING TO SOCIETY FROM INCARCERATION
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
March 9, 2023
Commencing at 9:00 a.m.

Tiffany Felts, CVR
Court Reporter

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1 APPEARANCES

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3 BOARD MEMBERS:

4 Steve Shannon, TAC Chair

5 James A. Daley (Not present.)

6 Shawn A. Ryan (Not present.)

7 Dr. Shannon Smith-Stephens (Not present.)

8 Brandon Harley

9 Adrienne Bush

10 Van Ingram

11 Casey Michalovic (Not present.)

12 Kristin Porter

13 Kevin Sharkey

14 Angela Darcy (Not present.)

15 Brandon Thomas (Not present.)

16 Evan Smith
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1 MS. SHEETS: Good morning. This is
2 Kelli Sheets with DMS. I will be your host
3 for today's meeting. I am still admitting
4 people into the waiting room -- out of the
5 waiting room into the meeting. It looks
6 like we currently have five members -- five
7 members on, and I'm admitting the sixth now,
8 Evan Smith. So unless I've missed someone,
9 we do not currently have a quorum.

10 MR. SHANNON: No, six is not a
11 quorum.

12 MS. SHEETS: We need one more.

13 MR. SHANNON: Right.

14 MR. SMITH: The first thing that I
15 heard was, "We need one more." Can I maybe
16 be that one more?

17 MS. SHEETS: No, you were No. 6; I'm
18 sorry.

19 (Laughter.)

20 MR. SHANNON: We tried.

21 MS. SHEETS: Unless I've missed
22 someone, but I don't believe I have.

23 MR. SHANNON: Yeah.

24 MS. SHEETS: And it looks like the
25 waiting room is clear, so if you want to

1 move along down the agenda and maybe come
2 back to the minutes later, that's totally up
3 to you, but I'm going to turn it over to
4 you.

5 MR. SHANNON: Okay. All right.
6 Welcome, folks. This is Steve Shannon.
7 Just making sure you're all at the right
8 place, this is the Persons Returning to
9 Society from Incarceration TAC. We are the
10 TAC with the longest name, I think.

11 Roll call and introductions: Let's
12 just confirm who we have on. At least
13 Courtney liked my joke. So Brandon Harley's
14 on, Adrienne Bush, Van Ingram, Evan Smith,
15 and Kristin Porter are all on, and I'm on.
16 And if you're a TAC member, you have to have
17 your camera on, right, Kelli?

18 MS. SHEETS: While you're voting,
19 yes.

20 MR. SHANNON: While you're voting.

21 MS. SHEETS: In order to follow the
22 open meeting laws, while you're voting.

23 MR. SHANNON: Lack of quorum, we will
24 not vote. So we will postpone that until
25 No. 7 shows up.

1 All right. So on the agenda, we're
2 down to DMS update. Leslie Hoffman, any
3 news on our dear 1115?

4 MS. HOFFMANN: Good morning. Yeah,
5 so I'll give you what -- I've written it
6 down because I don't want to leave anything
7 out this morning. We've been kind of busy,
8 and I have a couple of things to give you,
9 Steve.

10 So the incarceration amendment: CMS
11 reached out to us, and I think there were 12
12 other states that they reached out to, and
13 we met just with those 12 states and CMS to
14 discuss incarceration amendment. Of course,
15 we have a pending application.

16 After CMS -- I'm sorry, after
17 California's approval, they wanted to make
18 states aware that they are sending out
19 another state director -- state director
20 letter -- Medicaid director letter. I'll
21 get the acronym correct it a minute.
22 They're sending that out for us to have
23 additional guidance. They did say they had
24 over 50-some 1115 amendments. They're not
25 going to get through them through the end of

1 the year. They said it would be pretty much
2 a first-come, first-serve. We believe we
3 may still be the first one that submitted
4 that 1115.

5 Just real quick, California's
6 includes adults and juveniles. It includes
7 only the 30 days prior to release. If you
8 remember, we did pretrial incarceration --
9 during incarceration, and then 30-day post
10 -- before leaving the incarceration. So
11 ours is a little bit different. Also, ours
12 is specific to SUD, and California's is not.
13 So we have a unique opportunity here in
14 Kentucky to partner with our folks at DOC.

15 So I just wanted to say it is moving
16 just a tad. We are waiting for additional
17 guidance. They said that it's probably
18 better not to change your amendment with any
19 substantive changes right now. Get it
20 approved, and then you can move forward with
21 additional changes. So we're real hopeful
22 on the incarceration amendment soon.

23 MR. INGRAM: Leslie, I thought
24 California's was 90 days before.

25 MS. HOFFMANN: It was, I'm sorry.

1 Ours is 30; theirs is 90. I like the 90-day
2 idea. I've said a couple times we probably
3 need to boost ours up from 30 to maybe a
4 little bit higher, but you're right, Van.
5 I'm sorry.

6 So California's was 90, and then ours
7 is pretrial, during incarceration, and then
8 30 days post-release to hook up with the MCO
9 of their choice.

10 MR. SHANNON: But CMS, Leslie, has
11 advised us not to make changes at this
12 point?

13 MS. HOFFMANN: Substantive changes is
14 what they said, which that usually means
15 don't change like your main direction.
16 Like, don't change the direction we're
17 working in right now on it being SUD and
18 working with DOC. Like if we were to change
19 the population or something, that would
20 change the budget totally differently. They
21 said that they would prefer us not to do
22 that right now.

23 So I am hopeful though, that we could
24 at least get started there. And then when
25 we get the letter, then we'll probably go

1 back and look at more of some additional
2 populations. As you're aware, DJJ --

3 MR. SHANNON: Yeah, I was going to
4 ask.

5 MS. HOFFMANN: -- lots of
6 information. I've got -- there's two bills
7 and the Omnibus Act that also includes
8 juveniles can be covered by 2025. So we've
9 got like two bills and an act that are all
10 kind of in the mix of our timelines right
11 now.

12 Our team Kentucky waiver --

13 MR. SHANNON: Wait a minute, those
14 two bills, are they Kentucky bills?

15 MS. HOFFMANN: Yes --

16 MR. SHANNON: Okay.

17 MS. HOFFMANN: -- one is an 11 --

18 MR. SHANNON: Just checking. I can
19 get the numbers.

20 MS. HOFFMANN: Yeah, okay.

21 MR. SHANNON: Now, would 90-days be a
22 substantive change?

23 MS. HOFFMANN: So I asked that the
24 other day. We do think that would be a
25 substantive change because of the money.

1 MR. SHANNON: Okay.

2 MS. HOFFMANN: I did ask the other
3 day because that's one thing -- Leigh Ann's
4 on here with me. We -- Leigh Ann and I
5 started talking about that -- right after we
6 submitted, we were thinking that 30 days is
7 all that they would approve, and so we were
8 -- we started talking about that after
9 talking to other states, like immediately
10 thinking maybe we want to do more than 30
11 days. So that's nothing in stone, but we
12 are taking -- going to take a look at that.

13 Let's see. I was just going to let
14 you know that the Team Kentucky we're still
15 waiting for additional feedback from CMS.
16 So you know that that kind of kicks off the
17 whole process of hoping that the
18 incarceration amendment would be within that
19 renewal, or even before.

20 And I've asked -- Leigh Ann, are you
21 on? Can you go over the numbers for Steve
22 today?

23 MS. FITZPATRICK: Yes. Let me -- so
24 this is -- the numbers are, as of this past
25 Monday, 1.7 million Medicaid population, and

1 that has increased each TAC that I have
2 presented. And I apologize if you hear my
3 dog barking. I'm not sure what's going on.
4 Total incarceration Medicaid population is
5 20,273, and I will put this in the chat
6 after I give the numbers. And within our
7 KSR and KCIW, we are seeing that benefits
8 have been turned on within four days of
9 release.

10 MS. HOFFMANN: So it's still not
11 perfect, but we're definitely doing better,
12 Steve, on the --

13 MR. SHANNON: Yeah.

14 MS. HOFFMANN: -- days.

15 MR. SHANNON: Yeah. I haven't heard
16 many questions recently.

17 MS. HOFFMANN: Yeah.

18 MR. SHANNON: Can you talk about the
19 folks who are going through -- 'cause
20 doesn't all Medicaid eligibles -- Medicaid
21 beneficiaries, I guess, have to be reviewed
22 in the next 12 months or something?

23 MS. HOFFMANN: Yeah. I could send
24 you that information if you want me to,
25 Steve. It's what they call the unwinding.

1 MR. SHANNON: Yeah.

2 MS. HOFFMANN: And you know, check
3 your current status. Make sure all your
4 information's up-to-date, your application,
5 you know, your e-mail address, your home
6 address, your telephone numbers, all those
7 kinds of things, and then it gives more
8 links. If that's okay, I'll send that to
9 you, and you could send it out to the team.

10 MR. SHANNON: Yeah. That'd be good.
11 I think people are probably hearing about
12 that are interested in knowing --

13 MS. HOFFMANN: Mm-hmm.

14 MR. SHANNON: -- the ramifications.

15 MS. HOFFMANN: Yeah.

16 MR. SHANNON: But briefly, as I
17 understand it, help me with this, Leslie,
18 it's going to be about -- it's over the next
19 year starting in April?

20 MS. HOFFMANN: Mm-hmm. Yes.

21 MR. SHANNON: So it won't be
22 everybody in April. It will probably be a
23 twelfth or so in April, right?

24 MS. HOFFMANN: Yeah. Let me -- I'll
25 get the information. I think Veronica

1 actually spoke on that yesterday, but I can
2 get the information for you. But public
3 health emergency, according to the federal
4 government, right now is May the 11th, I
5 believe.

6 MR. SHANNON: Right.

7 MS. HOFFMANN: The end-date.

8 MR. SHANNON: Okay. Does anybody
9 have any questions for Medicaid or questions
10 about the unwinding? Or have you heard
11 other things you want clarified?

12 MS. HOFFMANN: Steve, I would mention
13 that you've heard me say this many times,
14 the number of participants on Medicaid
15 continues to increase. As you can
16 see, Leigh Ann just put that in the chat.
17 There's a little less than 4.5 million in
18 Kentucky, and we're at 1.7. It was growing
19 about 3,000 a week. It's slowed down just a
20 tad, but it's amazing to me the number of
21 folks that are on Medicaid. So just wanted
22 to let you know we do -- we are seeing that
23 increase.

24 The number of children in SKY are
25 continuing to increase. I think

1 incarceration, Leigh Ann, has been hanging
2 around about the same amount, or maybe even
3 went down just a tad in the last couple of
4 months.

5 MS. FITZPATRICK: It's actually grown
6 by 200 --

7 MS. HOFFMANN: Oh, is it 200?

8 MS. FITZPATRICK: -- since January.

9 MS. HOFFMANN: Okay. I knew it wasn't
10 much.

11 MS. FITZPATRICK: I'm sorry. Yeah,
12 it's --

13 MS. HOFFMANN: That's okay.

14 MS. FITZPATRICK: 230. Yeah, it's --

15 MR. SHANNON: Yeah, 20,000
16 incarcerated --

17 MR. HADLEY: Jeff Hadley from Humana.
18 I just wanted to add there is -- there are a
19 couple different categories for that. On
20 some of those folks, passive re-enrollment
21 or -- that's the best term I can think of.
22 But those are the folks that are basically
23 just going to be pushed through the system
24 because they obviously are eligible.

25 MR. SHANNON: Right.

1 MR. HADLEY: And then they'll have a
2 group that's called the active, and those
3 are the folks where they'll really have to
4 provide proof of eligibility.

5 MR. SHANNON: Thanks. And Leigh Ann,
6 the 20,000 incarcerated, those are Medicaid
7 eligibles?

8 MS. FITZPATRICK: That's the total
9 incarcerated Medicaid population, yes.

10 MR. SHANNON: Okay.

11 MS. HAM: I guess, Leigh Ann, is that
12 the -- those are people that are active on
13 Medicaid, or those are the people that are
14 suspended, or what?

15 MS. FITZPATRICK: All of the above.

16 MS. HAM: Okay, so active and
17 suspended.

18 MS. FITZPATRICK: Yes.

19 MS. HAM: Okay.

20 MS. FITZPATRICK: I guess, was it
21 three or four years ago, all of the
22 incarcerated individuals were given a
23 Medicaid application to complete. And then,
24 after we were caught up with everyone, then
25 upon booking, everybody gets a Medicaid

1 application. So everyone should be at least
2 applying, and then, you know, before they're
3 released, if they're still doing those
4 pre-release classes, they're working with
5 the -- kynectors -- thank you -- sorry, to
6 get enrolled and MCOs chosen.

7 MS. HAM: Okay, thank you. I guess I
8 just feel like -- and I knew I should've
9 asked that question to Kristin about how
10 many were incarcerated. And she's asking --
11 she's saying state inmates, but that I
12 assume, Kristin, that's not jails, right?
13 So I guess -- I guess I'm still like in this
14 like nebulous --

15 MS. PORTER: Yeah.

16 MS. HAM: -- population.

17 MS. PORTER: Oh, no, no, no.

18 Absolutely.

19 MS. HAM: Thank you, so --

20 MS. PORTER: Yeah. Kentucky's one of
21 two states where we do house state inmates
22 in jails, as well. So that 18,000, it does
23 count the people in the jails and the people
24 in the prisons. So --

25 MS. HAM: Okay.

1 MS. PORTER: -- the other people in
2 the jails -- I mean, some of the jails have
3 county inmates, of course, and then federal
4 inmates, as well. So there are other
5 inmates at county jails that aren't state
6 inmates, too, but that's the approximate for
7 our state inmate population.

8 MS. HAM: Okay. Sorry, everyone. I
9 just wanted to make sure I understood the
10 numbers.

11 MS. PORTER: Absolutely.

12 MR. SHANNON: And Adrienne had a
13 question about the SMI waiver. Can you
14 touch on that, Leslie? Where we're
15 at, resulting in Senate joint resolution, I
16 guess it was 72?

17 MS. HOFFMANN: Seventy-two. So we've
18 got two SMI initiatives going on right now.
19 An 1115 amendment, and there should be some
20 public comment going out in spring. We did
21 send a draft to CMS, and I think I've
22 announced that before -- December, like the
23 last couple days of December. We wanted to
24 do it before the end of the year. We're
25 still working on that.

1 Based on Senate joint resolution 72
2 and the need for Kentucky also wanting
3 something that looks like different levels
4 -- for different levels that members might
5 be at. Maybe at the lower end of the HCBS
6 arena all the way up to maybe just needing
7 some tenancy support and things like that.
8 So we're trying to come up in our new
9 waiver, or another waiver. This is the
10 second waiver. It's a 1950(i), and it's
11 really more about behavioral health, too.
12 Like, I'm going to try to encompass a few
13 things on the higher end related to
14 homelessness, so that's -- it's all very
15 exciting. That one, we're looking at having
16 some public comments scheduled late summer
17 of '23.

18 I think they've started scheduling.
19 Steve, I believe you and Dr. Schuster were
20 able to meet with our contractor the other
21 day, and those interviews are going fairly
22 well. And so, in all hopes, we'll end up
23 with a 1915(i) waiver that will have a
24 variety of levels to help with housing and
25 employment. And then we'll have an 1115, as

1 well.

2 So more to come on that, but we are
3 proceeding on that fairly -- fairly -- I
4 don't know how to explain it. It's every
5 week. We work on it every week.

6 MR. SHANNON: Thanks for that
7 question, Adrienne. Does anyone know how
8 many total people are incarcerated?

9 MS. HAM: That was my question,
10 Steve. Thank you.

11 MS. PORTER: So we -- I can say from
12 the Department of Corrections, of course, we
13 track state inmates.

14 MR. SHANNON: Right. Right.

15 MS. PORTER: I can't say -- I don't
16 have statistics on, like if you include
17 county and federal inmates, you know, all
18 that. I don't have that, unfortunately.

19 MR. SHANNON: Does anyone collect the
20 county number?

21 MS. PORTER: I mean, I know that
22 someone probably does. I'll tell you what I
23 can do, I'll -- while we're in the middle of
24 this meeting, I'm going to text our director
25 of local facilities --

1 MR. SHANNON: Yeah.

2 MS. PORTER: -- who deals with the
3 jails and see if I can get an answer from
4 her or if she knows --

5 MR. SHANNON: Yeah.

6 MS. SHEETS: -- how we figure that
7 out. Because yes, Casey, we do a weekly
8 jail population report on the DOC website,
9 but like I'm saying, that's only state
10 inmates. There are other inmates at those
11 jails. So that is not inclusive of those
12 other inmates, too.

13 MR. SHANNON: And that's the 18,000
14 number, more or less.

15 MS. PORTER: Yeah, yeah. Let me text
16 her real quick and see if I could get that.

17 MR. SHANNON: Good. Just curious --

18 MS. PORTER: Yeah.

19 MR. SHANNON: -- to see where we're
20 at.

21 MS. HAM: Yeah. I think what I was
22 asking was the pretrial population, right?
23 And so what I put in the chat is it's not
24 current to now, but that's the quickest
25 thing I could find that says 41,000 people

1 are behind bars according to this policy and
2 advocacy group. No, it looks like it might
3 be in 2020 or 2021. So that would be double
4 the population that, you know, isn't in the
5 state.

6 MR. SHANNON: And it looks like half
7 of those we believe are Medicaid eligible.
8 I bet it's more than that, ultimately. Once
9 we do -- right? The other ones we know
10 about.

11 All right. Anything else from
12 Medicaid?

13 (No response.)

14 MR. SHANNON: There's another thing
15 from Casey in the chat. It looks pretty
16 recent, doesn't it, Casey?

17 (No response.)

18 MR. SHANNON: All right. We now have
19 a quorum. Thank you, Mr. Sharkey. Kevin
20 joined us, so if we could do the minutes
21 real quick. Can I have a motion to adopt
22 those?

23 MR. INGRAM: So moved.

24 MR. SHANNON: Van Ingram. Do we have
25 a second?

1 MR. HARLEY: Second. Brandon Harley.

2 MR. SHANNON: Thank you. I was a
3 little worried there.

4 (Laughter)

5 MR. SHANNON: All in favor, signify
6 by saying aye.

7 (Aye.)

8 MR. SHANNON: Opposed and
9 abstentions?

10 (No response.)

11 MR. SHANNON: Adopted. Very good.
12 All right. Thank you, all. We can proudly
13 report that at the MAC meeting in two weeks.

14 Next, we have MCO updates. Anything
15 going on specifically any MCO wants to add
16 related to this population? And let's start
17 with Anthem.

18 MR. CROWLEY: Hey, Steve. Good
19 morning. This is David Crowley with Anthem.

20 MR. SHANNON: Yeah.

21 MR. CROWLEY: We did have a great
22 meeting with DOC in February to kind of
23 discuss how we can further collaborate and
24 also discuss any barriers that we're seeing
25 in engaging members returning to society

1 from incarceration. I think those meetings
2 will probably be kind of ongoing and as
3 needed, but it was a great discussion, and
4 we appreciate it.

5 We -- Anthem continues to have fairly
6 low numbers as far as volume goes. Around
7 three to five persons per month that we're
8 notified of returning to society. We
9 continue to have a dedicated case manager
10 that's reaching out to engage those folks.
11 So appreciate all the collaboration.

12 MR. SHANNON: Thanks, David. What
13 about Aetna?

14 MS. HAM: Hey. Good morning,
15 everyone. I just wanted to report back that
16 we did meet with DOC, and I think that
17 meeting was -- let me pull up my notes. It
18 was a couple weeks ago where they met with
19 us, a case manager from Start Strong, and
20 talked about the resources for reentry. So
21 they had just a really nice meeting to talk
22 about those resources and who to reach out
23 to, and how they can get in touch. And so
24 we just really appreciate being able to have
25 those connections.

1 I think, honestly, when I talk to
2 anyone from another state like, these kinds
3 of collaborations are not as easy to come
4 by. So I just really appreciate that kind
5 of collaboration and appreciate people being
6 willing to meet with our MCOs to talk about
7 this population. So thanks. Thanks for
8 that meeting.

9 MR. INGRAM: Well, Steve, I think
10 that shows the value of this TAC. You know,
11 we learned at our last meeting there was a
12 miscommunication between DOC and the MCOs,
13 and appreciate everybody's willingness to
14 work together and get that straightened out.
15 And if you're an MCO that hasn't met with
16 DOC recently, I would encourage you to reach
17 out to Kristin and get that set up.

18 MR. SHANNON: All right. Very good.
19 Thanks for that, Van. What about Humana?

20 MS. BENDORF: Good morning, everyone.
21 Yes, the same. I just want to say I want to
22 give some big thank yous to Christi Sorrell,
23 Kristin Porter, Erica Hargis, and Sarah
24 Johnson. There were a lot of e-mails going
25 back and forth after this last TAC. Because

1 after discussing about some of those
2 barriers, and breakdown in communication.
3 And, you know, after all the e-mails and
4 meeting a couple times, we kind of figured
5 out it was simply a really simple issue
6 where, you know, we just didn't have
7 up-to-date contact information on, you know,
8 the reentry coordinators due to staffing
9 changes. So once we got pointed in the
10 right direction, we know how to access that
11 information now. I think communication's
12 going to be much smoother moving forward.
13 So I just want to say I really appreciate
14 all of that collaboration with you all.
15 Just like all the other MCOs, it's been
16 really appreciated.

17 I know after the last TAC, we also
18 discussed a little bit about our expungement
19 benefit, and, you know, we all discussed how
20 that's still a barrier. So we went back,
21 and there was a lot of research that was
22 done, and I'm actually going to turn it over
23 to Jeff Hadley because he did a lot of
24 research on this on how to do some ongoing
25 assistance for our members. Obviously, we

1 understand that this is still a barrier for
2 a lot of individuals, and we want to make
3 sure that we're able to help them meet those
4 needs. So Jeff, are you on here still?

5 MR. HADLEY: Yes, I am. Can you hear
6 me?

7 MS. BENDORF: Yep.

8 MR. SHANNON: Yes.

9 MR. HADLEY: Yes. Yeah, there was a
10 question raised, or I guess, a concern about
11 our value-added benefit related to the
12 reimbursement of the fees for criminal
13 expungement. And basically, the concern
14 was, you know, we would reimburse up to
15 \$340, but someone had raised the issue that
16 coming up with \$340 for some of our members
17 is quite a fee, and if we can look back at
18 the way that we structure that benefit. We
19 are looking at that internally.

20 But in addition to that, there was a
21 Supreme Court ruling on the waiver of
22 criminal expungement fees. And the -- and
23 basically, we've been trying to nail down
24 exactly the process so that we can provide,
25 you know, good information to our members on

1 how to go about having those fees waived.
2 The best that we came up with is they -- the
3 courts kind of direct a person that's making
4 that application to contact the office of
5 the courts. And so what I've done is gone
6 ahead and contacted the office of the courts
7 to try to see if they can provide us with
8 instructions or directions that would make
9 that process a little bit more
10 user-friendly, and lay that out for our
11 members.

12 So we're in the process of trying to
13 collect any additional information that we
14 can use to make that more accessible to
15 folks seeking that waiver. And we'll
16 provide that to the TAC when we get it
17 compiled.

18 MR. SMITH: Jeff --

19 MS. BENDORF: I just want to say does
20 anyone on the TAC actually have more
21 information on this that we can share with
22 our members?

23 MR. SMITH: Yeah, this is Evan Smith
24 from AppalReD Legal Aid. So we and the
25 other legal aid organizations have been

1 pretty involved with this question of when
2 the statute providing for fee waivers should
3 and should not apply in the expungement
4 context. And I think we have a very broad
5 statute about fee waivers that we think
6 should apply really across the board,
7 including everything from the initial
8 background checks, which the Supreme Court
9 case that Jeff's talking about didn't
10 directly address, as well as the, you know,
11 more direct fees that apply even for people
12 that are going to be eligible for
13 expungements, which the Court did address.

14 And so, you know, I won't kind of
15 necessarily going into all those weeds right
16 here, although I'm happy to kind of walk
17 people through the process, but what I can
18 say is that we are also very interested in
19 making the process as intuitive and
20 user-friendly as possible. There's a real
21 patchwork across the state of how different
22 judges handle these fee waivers and what
23 they think they apply to in the expungement
24 context. And I can say that when, you know,
25 whether they're someone on Medicaid or

1 someone that comes through one of Goodwill's
2 expungement clinics or someone that comes
3 through our intake more generally if they're
4 able to get connected with us, we can
5 generally kind of help people navigate the
6 process, but for people that are trying to
7 do it on their own I would not expect them
8 to be successful. And again, some judges, I
9 think, are good at shepherding people and
10 doing it the right way, but I would say that
11 is not the general experience that people
12 have in Kentucky.

13 So yeah, we'd love to have a
14 conversation and be involved with AOC and
15 KSP and everybody else that's involved with
16 that process to make sure that the statute
17 is applied in the correct way and also that
18 it's just as simple for both the state
19 employees that have to be involved, and then
20 most directly the people who should be
21 eligible to get their records expunged.

22 MS. BENDORF: Well, thank you for
23 that information -- very much.

24 MR. SHANNON: Yeah. Thanks, Evan.

25 MS. BENDORF: Well, that's it from

1 Humana.

2 MR. SHANNON: Thanks. I'm trying to
3 track comments. They're kind of going
4 pretty fast. We'll get back to those in a
5 minute when the MCOs are done.

6 All right. United?

7 MS. KOENIG: Hi. This is Stephanie

8 --

9 MR. SHANNON: I skipped Passport. I
10 skipped one. My bad.

11 MS. KOENIG: Okay.

12 MR. SHANNON: Passport by Molina?

13 MR. ZAKEM: Yeah, like everyone else,
14 we had a great meeting on February 21st. We
15 discussed some successes and the barriers,
16 which also was largely being able to get a
17 hold of the reentry coordinators.

18 After the meeting, Kristie sent out
19 -- sent us a list of the regional
20 coordinators and their supervisors. We also
21 discussed some future considerations for
22 using our statewide offices that we have for
23 recently incarcerated individuals to provide
24 services out of those offices.

25 And I think that's about it.

1 MS. HEUGLIN: Mark, it's Michele
2 Heuglin --

3 MR. ZAKEM: Yeah.

4 MS. HEUGLIN: -- with Passport. We
5 have reached out to those reentry
6 coordinators that Kristie provided us for
7 each of the regions, and we have already
8 scheduling some expungement and reentry
9 clinics at our five one-stop help centers
10 across the state.

11 MR. ZAKEM: Thanks, Michele.

12 MS. HEUGLIN: You're welcome.

13 MR. SHANNON: Yeah. Good job. Thank
14 you for that. All right. Now United.

15 MS. KOENIG: Hi. Good morning,
16 Steve. It's Stephanie.

17 MR. SHANNON: Hey.

18 MS. KOENIG: Similar to all the other
19 MCOs, we did, as well participate in a
20 meeting with DOC on February 28th and to
21 everybody's kind of comments, it was
22 collaborative and extremely helpful. Many
23 of the similar barriers I think all the
24 other MCOs were challenged with was
25 obviously contact information, so Kristie

1 did provide that information.

2 There were a few different takeaways
3 that I'm still waiting on follow-up and
4 responses to, plus some additional
5 challenges with the eligibility file. I
6 don't know if -- I'm sure other MCOs see
7 this is defaulting back to their address as
8 the prison system and trying to -- we have a
9 lot of barriers of getting release of
10 information to be able to talk to them
11 post-release. So I think with the corrected
12 contact information we hope that we're going
13 to be able to have more successful
14 outreaches when we do receive new referrals.

15 Since November of 2022, we've only
16 received three new referrals. One of the
17 referrals was reincarcerated, one was unable
18 to contact, and then the last enrollment, we
19 were able to enroll them in our intensive
20 opportunity program and provide some
21 medication assistance, as well as employment
22 and food resources. So at this point, we
23 continue to remain low on referrals, as
24 well, I think, similar to the other MCOs.

25 MR. SHANNON: Okay, thank you.

1 WellCare.

2 MS. MCFALL: Hey there. It's Paula
3 McFall.

4 MR. SHANNON: Hey.

5 MS. MCFALL: And very much similar to
6 what everybody else has said, we met with
7 Kristie last Tuesday on the 28th. We did
8 receive the reentry coordinators. We talked
9 a lot about access to information related to
10 contact. Not just the member but family or
11 support systems.

12 WellCare does -- has been working on
13 a new phone -- access to phones. It had
14 taken like a couple weeks to get a member a
15 phone, and we now have case managers who
16 have access to phones more readily. So
17 hopefully, that might help in this
18 situation, although with the four-day lag in
19 becoming a member of a health plan, that's
20 just something to work through, but maybe we
21 can provide the phone to the member even if
22 they're not quite enrolled yet.

23 MR. SHANNON: Great. Thank you,
24 Paula.

25 MS. MCFALL: Mm-hmm.

1 MR. SHANNON: And Evan's offered to
2 talk to any of the MCOs about the fee waiver
3 process for expungement. And there's his
4 e-mail address. Thank you, Evan.

5 MS. BENDORF: Thanks so much, Evan.
6 Really appreciate it.

7 MR. SMITH: No, thank you, all.

8 MR. SHANNON: Kristie Porter, can you
9 explain what you learned about the inmate
10 count?

11 (No response.)

12 MR. SHANNON: Kristin Porter, are you
13 still there?

14 MS. PORTER: I am. Steve --

15 MR. SHANNON: Okay.

16 MS. PORTER: What is your question?
17 The inmate account?

18 MR. SHANNON: Yeah -- well, no, the
19 count. You put it in the comment.

20 MS. PORTER: Oh, inmate count.
21 Sorry, sorry. I was like, I don't
22 understand.

23 MR. SHANNON: Right.

24 MS. PORTER: Yes, absolutely. So
25 Kirsty said that within the past time, I

1 don't -- she didn't tell me a timeframe, but
2 what we have done because DOC would actually
3 get this question a lot, we have started
4 asking the jails to report their total
5 counts to us. So on the one report -- so
6 Casey put it in the chat, if anybody wants
7 to click on that and see the link, they
8 update that every Friday she said, and that
9 is inclusive of all inmates at the jails.

10 The numbers, of course, DOC only
11 verifies our own state inmates. So we don't
12 go -- you know, don't go in and actually
13 verify county inmates or anything like that,
14 but that's what the jailers report to us.
15 So if you look on that link that Casey had
16 put in the chat, as of February 16th, there
17 were almost 32,000 inmates in the state
18 collectively.

19 MR. SHANNON: Okay.

20 MR. SMITH: And then again, I don't
21 think this is -- generally, probably the
22 federal inmates wouldn't particularly be
23 eligible for the Medicaid that we're talking
24 about, but that 32,000 does not include the
25 federal inmates, right?

1 MS. PORTER: It includes the federal
2 inmates that are at a county jail. So it
3 does include that, but there are federal
4 prisons in the state, as well.

5 MR. SMITH: Yeah.

6 MS. PORTER: But, yes, if you look on
7 the report, it has the column there that
8 says federal, and so it would be easy just
9 to take those numbers out of the 32,000, of
10 course.

11 MR. SHANNON: Okay. So about
12 two-thirds of those are Medicaid-eligible,
13 that we know of. Thanks for that, Kristin.

14 MS. PORTER: Absolutely.

15 MR. SHANNON: Let's see where we're
16 at. All right. Appreciate the MCO updates,
17 as well. That's good information. I'm glad
18 you all got together with DOC. Maybe we can
19 kind of do some upstream work, right?

20 Round robin: I'll start off with
21 House Bill 248. This is actually a recovery
22 housing legislation that creates some
23 standards. There's a national association,
24 recovery residence that has standards, and
25 then follow-up on those, apply those. I

1 agree, Courtney; it is a great bill. There
2 needs to be some structure to these.

3 Language was added that if it's a
4 religious -- affiliated with the church in
5 the county or, you know, nearby, they will
6 not have to meet those standards. I think,
7 ultimately they will move towards meeting
8 those standards because everyone else will.
9 Our experience that the rationale for this
10 bill really came out of Elizabethtown, and
11 the chief of police and the mayor both said,
12 you know, we have some -- how they perceive
13 as maybe not doing a great job with their
14 recovery residences.

15 So this is an opportunity.
16 Obviously, this is a key step for a lot of
17 folks as a return, whether in recovery, some
18 people go from treatment to recovery housing
19 -- thanks for that link, Courtney. Other,
20 you know, could easily end up, you know,
21 going to a halfway house and recovery house
22 from, you know, returning to society from
23 incarceration.

24 So I think this set some standards.
25 You know, I would say that you know, some

1 recovery houses are doing a great job, and
2 others are aspiring to. I don't always know
3 if they're aspiring to, so I think this is a
4 big first step.

5 Anybody else? Adrienne, what about
6 your ID bill?

7 MS. BUSH: So glad you asked, Steve.
8 House Bill 21, as mentioned last meeting,
9 was filed. It has passed the House, 94 to
10 0, and it is in the Senate; it is awaiting
11 Senate committee assignment. We believe it
12 will be assigned to Senate transportation
13 since it went through House transportation.
14 And, yeah, literally nobody has a problem
15 with this bill. It's just making sure it
16 doesn't get lost in the shuffle.

17 MR. SHANNON: Amen.

18 MS. BUSH: Yes.

19 MR. SHANNON: Sometimes bills with no
20 problems are challenging.

21 MS. BUSH: Yes. So anyway, that's
22 the status on that, but, yeah, it should
23 pass.

24 MR. SHANNON: Yeah.

25 MS. BUSH: It's just --

1 MR. SHANNON: Remind us again what it
2 does.

3 MS. BUSH: -- I wanted it done like,
4 you know, back in February because I'm
5 impatient, so --

6 MR. SHANNON: Give us a brief
7 summary, yeah.

8 MS. BUSH: -- yeah. So briefly, it
9 streamlines the process to obtain a
10 state-issued ID for people experiencing
11 homelessness. We do have a way right now to
12 obtain that ID, but this bill would make
13 some key reforms. One being reducing the
14 cost from \$10 to \$5 for a one-year ID. And
15 allowing agencies who work with this
16 population to enter into billing
17 arrangements with the department -- with the
18 cabinet -- Transportation Cabinet. Because,
19 you know, when we're thinking about like
20 particularly homeless shelters in higher
21 population areas like St John Center, you
22 know, they're issuing a \$10 check here, a
23 \$10 check there, and they can -- it's just
24 -- it would be more efficient, right?

25 Another key provision is that it

1 would allow 16 and 17-year-old unaccompanied
2 minors meeting the federal definition of
3 homelessness, and that includes kids who are
4 doubled up, couch surfing, etc., to obtain a
5 state-issued ID, even though they are
6 technically, you know, under 18.

7 And then lastly, it would allow
8 people who had a driver's license and
9 operator's license, if their date of renewal
10 falls while they're experiencing
11 homelessness, to be able to renew that
12 driver's license instead of driving
13 illegally or having to get a state-issued ID
14 without the ability to drive legally. So,
15 and since, you know, there's a common
16 perception that you know, all people
17 experiencing homelessness are not working,
18 don't need to get places, that's where we
19 think -- we know that isn't true.

20 So anyway, those are the things it
21 would do.

22 MR. SHANNON: All right. Stuart Owen
23 says, "bravo" for House Bill 21.

24 MS. BUSH: Thanks, Stuart Owen.

25 MR. OWEN: Absolutely. I was not --

1 I've been tracking other bills -- was not
2 aware of this. This is an awesome, awesome
3 bill. Good luck getting it over the finish
4 line.

5 MS. BUSH: Yeah. I think we'll get
6 there.

7 MR. SHANNON: It's a good bill.

8 MR. INGRAM: Yeah, Steve, you
9 mentioned 248.

10 MR. SHANNON: Yeah.

11 MR. INGRAM: When you talk about a
12 bill that's actually gone through the
13 process.

14 MR. SHANNON: Yeah.

15 MR. INGRAM: The original draft was
16 not good. I talked to Gene Detherage, the
17 Kentucky Recovery Housing Network that
18 really worked on a lot of compromise and got
19 this down the road.

20 MR. SHANNON: Yeah.

21 MR. INGRAM: House Bill 353 passed
22 down in the House 93 to 0 yesterday. That's
23 the bill that takes fentanyl test strips out
24 of the definition of drug paraphernalia. It
25 also creates an exemption that if trace

1 amounts are found on a fentanyl test strip,
2 that does not meet the standard for
3 possession of fentanyl. Also, it requires
4 the state's FS and my cabinet, the Justice
5 Cabinet, to do a fentanyl education and
6 awareness campaign.

7 So it's a good bill. Hopefully,
8 we'll get it heard in the Senate next week
9 and can get it passed. It's not every day
10 that you have the ACLU and the Kentucky
11 Chiefs Association at the table together.
12 So that --

13 MR. SHANNON: Correct.

14 MR. INGRAM: -- was fun to see.

15 MR. SHANNON: Yeah. Thank you, Van.
16 Anybody else?

17 MS. PORTER: I just wanted to add,
18 Steve, you know, from DOC's perspective, we
19 were very happy with how all of the MCO
20 meetings went, as well over the past couple
21 of weeks, and really appreciate everyone,
22 you know, kind of voicing what was going on
23 and sharing that with us. You know, this as
24 we all I think know and kind of remember,
25 you know, this original collaboration, it

1 was a good five years old, and like any good
2 original collaboration, you have staff
3 turnover that happens and everything. So I
4 think it was a very needed kind of
5 eye-opener for us at DOC to say, "Oh, wait.
6 Some of this has dropped off." So I really
7 wanted to just say thank you, in really kind
8 of letting us know everything that was
9 happening so we can kind of look into things
10 on our end, as well. So I appreciated that.

11 MR. SHANNON: Yeah. Great, it was a
12 good thing, it sounds like.

13 MS. PORTER: Absolutely.

14 MR. SHANNON: So, any other
15 round-robin updates?

16 (No response.)

17 MR. SHANNON: Mr. Ingram, can you
18 give us a Senate Bill 90 from last session
19 update, maybe?

20 MR. INGRAM: Well, really --

21 MR. SHANNON: I think it matters what
22 we do here, right Van?

23 MR. INGRAM: Yeah, we have a Senate
24 Bill 274 that's kind of a cleanup to last
25 year's Senate Bill 90. The definition that

1 we came up with, the requirements for
2 providers, kind of leaves out FQHCs and
3 leaves out some other key providers that
4 would fit in this program. So 274 is a
5 cleanup to that. It's awful late in the
6 session, so we're going to be looking for
7 another vehicle to attach that to, but we do
8 need that help with that language.

9 Right now, without that change, we
10 don't have enough providers to implement
11 this bill the way it should be. So we
12 really need to get that done, especially in
13 Letcher County, where they have a very
14 active FQHC doing SUD treatment.

15 We do have a contract in place with
16 The Fletcher Group to do some data
17 collection and some other things related to
18 Senate Bill 90. And we'll come back
19 together after the session in April and
20 start the process of trying to add more
21 counties. Right now, we just have Letcher
22 and Kenton, but we didn't get -- the funds
23 that were promised to us, we didn't get
24 those until late January, so it was really
25 hard to move forward with the checks in the

1 mail.

2 MR. SHANNON: Mm-hmm.

3 MR. INGRAM: I've been around this
4 town a long time. Sometimes you think you
5 have money, and then it doesn't show up. So
6 we really weren't going to proceed forward
7 with much of anything until we had those
8 dollars in hand.

9 MR. SHANNON: All right. Thank you,
10 Van. Anybody else?

11 MS. HAM: I have a question, but I
12 don't know if this is the right place to ask
13 it.

14 MR. SHANNON: Well, let's find out.

15 MS. HAM: Okay. So I guess we
16 mentioned, well, DMS -- I think it was Leigh
17 Ann that mentioned the SKY population
18 earlier. And so Aetna is in charge of the
19 SKY population, so I was wondering if --
20 does DJJ need to be in this TAC? I was just
21 wondering if this is -- if it's specific to
22 adults, great. You know, adult starts at
23 18, right? We have 18 to 26, we also have
24 that group in our transition to DJJ, but I
25 was just wondering because we're not

1 including DJJ in any of our numbers and
2 things like that. And I know the Medicaid
3 eligibility for DJJ is very, for lack of a
4 better term, messy. So I just didn't know
5 if that was something we needed to talk
6 about or something that had already been
7 discussed since I don't know if I've been to
8 every TAC.

9 MR. SHANNON: One, Courtney, that has
10 not been discussed, I don't think. Not
11 that, you know, we haven't discussed it
12 here. When this TAC was created,
13 legislation probably in 2020, if I remember
14 correctly, DJJ was not included at that
15 point, but it does raise an interesting
16 question, you know? Does it make sense to
17 include DJJ?

18 And we'd have to figure out -- it's
19 kind of late in the session if we could find
20 a bill to do that. One, are they interested
21 in participating? One, I think we need to
22 do, you know, and maybe the answer -- I
23 suspect maybe Van can help us with a
24 connection there at DJJ.

25 MR. INGRAM: I think it might be good

1 to invite them, get them participating
2 anyway --

3 MR. SHANNON: Yes.

4 MR. INGRAM: -- even if we can't get
5 anybody to the TAC.

6 MR. SHANNON: Right. Right, you
7 know, I mean, we're trying to keep it as
8 loose as we can in kind of an open
9 discussion, so I think that would make sense
10 to have, you know, obviously, DJJ is getting
11 a lot of attention right now. But I think
12 --

13 MR. INGRAM: You can say that, yeah.

14 MR. SHANNON: -- this is a piece --
15 just a little bit, right, Van? It's just,
16 you know, I think it's a good suggestion,
17 Courtney. So, Van, if you could do that?

18 MR. INGRAM: I will. I will get us
19 the right contact.

20 MR. SHANNON: Okay.

21 MS. HOFFMANN: Steve, this is Leslie.
22 If I could just mention --

23 MR. SHANNON: Yeah.

24 MS. HOFFMANN: -- once we got the
25 incarceration amendment submitted to CMS,

1 and I know that's been almost two years ago,
2 or it has been two years ago, we immediately
3 started working with DJJ because the
4 incarceration amendment was kind of going to
5 be the starting point to the next step was
6 going to be to work with DJJ and that was
7 prior to all the bills and the Omnibus Act.
8 But I just wanted to mention that at some
9 point, it might be a good idea to pull them
10 in. Just like you all feel, I think it
11 would probably be a good idea.

12 MR. INGRAM: Leslie, who do you work
13 with over there?

14 MS. HOFFMANN: Stacy and Veronica --
15 is it Coonce?

16 MR. INGRAM: Yeah.

17 MS. HOFFMANN: When we started, there
18 was a different commissioner there --

19 MR. INGRAM: Yeah.

20 MS. HOFFMANN: -- and they left. And
21 one of the reasons that we held off just a
22 short period of time is we were looking at
23 SUD with that the incarceration amendment,
24 and so DJJ was in the middle of trying to
25 revamp their curriculum for the children

1 that would receive services during
2 confinement. And I think they had reached
3 out to a evidence-based practice group in
4 Cincinnati. But again, that's all -- I just
5 wanted to say, we actually worked for months
6 working with them until we decided to put it
7 on hold just for a little while until we
8 could see if CMS was going to approve the
9 incarceration amendment. That's it.

10 MR. SHANNON: Okay. But I think if
11 we could just reach out, I think it'd be
12 good to invite and have them involved in the
13 conversation. And, you know, if they're
14 interested in being a member, we'll figure
15 out how to make that happen, whatever the
16 next step would be. But they're obviously
17 welcome to join.

18 MS. HAM: Thank you.

19 MR. SHANNON: That's a good
20 recommendation, Courtney. Now, we talked
21 earlier, you know, the TACs can make
22 recommendations to the MAC. And, you know,
23 we've been meeting a while now, and we
24 haven't gone to that place yet. Other TACs
25 make recommendations to the MAC, and the MAC

1 sends those on up, Leslie, right, to
2 Medicaid, and Medicaid responds to them,
3 right? So I don't know if it would make
4 sense, and you could advise us, Leslie. A
5 good recommendation might be that if we can,
6 we change it from 30 days to 90 days. You
7 know, just to go on record that we would
8 support that change. And, you know, this
9 will probably shock people, the ACMA
10 advisory, I would anticipate the response
11 might be, you know, further -- pending
12 further discussions with CMS, we will pursue
13 this what will be considered a substantive
14 change, but just let us go on record as
15 saying we think the 90-day timeframe is more
16 effective than 30 days, and go on from
17 there. Does that make sense to folks?

18 MS. HOFFMANN: Yes. I will ask you,
19 Steve, just to give us a little bit of
20 flexibility 'cause Leigh Ann and I were and
21 kind of in the middle of that, and what -- I
22 kind of wanted it to be more than 30 days
23 for sure. We don't know if we need 90, so
24 we were just kind of figuring, like Leigh
25 Ann and I had talked to some other states

1 that were looking at 60 at the time. So
2 just give us a little bit of flexibility
3 there, but whatever you need to do. I'll
4 address anything that you want me to.

5 MR. SHANNON: Right.

6 MS. HOFFMANN: If you don't want to
7 send it to the MAC.

8 MR. SHANNON: How about a
9 recommendation, and we need a motion and a
10 second from TAC members, but just thinking
11 about this, it would -- along the lines of,
12 you know, the 1115 incarceration waiver --
13 does that work for you? Does that give you
14 enough information, Leslie? You know, look
15 at the timeframe for initiating Medicaid
16 coverage --

17 MS. HOFFMANN: Mm-hmm.

18 MR. SHANNON: -- to occur greater
19 than prior to 30 days of release date. So
20 that allows you to at least look at it if
21 it's 60 or 90.

22 MS. HOFFMANN: Yeah, we could revisit
23 it for sure.

24 MR. SHANNON: You know, greater than
25 30 days, but less than 90, or you know, up

1 to 90 days, you know, if that's a window. I
2 would feel better having the 90-day in there
3 just so we could at least, you know, we
4 think that 90 days is a better number,
5 right? But just as some conversation, so
6 essentially, and we'll draft this motion and
7 send it in, and I'll report that at the MAC
8 in two weeks.

9 MS. HOFFMANN: Mm-hmm.

10 MR. SHANNON: That's how the process
11 is, but the motion will be that pending --
12 that the -- through the waiver process for
13 the, you know, persons returning to society
14 from incarceration, that the timeframe for
15 Medicaid benefits being turned on occurs
16 greater than but less than 90 days prior to
17 release date. Does that make sense to
18 folks?

19 MS. HOFFMANN: Yeah. The only --
20 don't put a timeframe because I have no idea
21 when they're going to approve it. So if --

22 MR. SHANNON: No, no, I'm not saying
23 that.

24 MS. HOFFMANN: -- you know that.
25 Sometimes I get bills that say do it in 30

1 days.

2 MR. SHANNON: I'm saying -- yeah.
3 The -- yeah, because I don't want to make a
4 recommendation --

5 MS. HOFFMANN: Yes.

6 MR. SHANNON: -- that we'd have to
7 come back and revisit.

8 MS. HOFFMANN: Okay.

9 MR. SHANNON: But this recommend --

10 MS. HOFFMANN: We lost him.

11 MS. PORTER: He froze.

12 MR. SHANNON: -- there's is back,
13 right? Essentially --

14 MR. INGRAM: You need to go back and
15 repeat that, Steve. You froze up there for
16 a minute.

17 MR. SHANNON: Oh, I froze up. Okay.
18 My internet connection is unstable. Sorry.
19 Can you hear me now?

20 MR. INGRAM: Yes.

21 MR. SHANNON: Am I stable? The
22 recommendation would be that Medicaid
23 benefits for people currently incarcerated
24 would be turned on at least 30 days prior,
25 but no more -- not greater than 90 days

1 prior to release date. Does that work for
2 folks?

3 (No response.)

4 MR. SHANNON: Can you all hear me?

5 MR. INGRAM: Yeah, I'll make that
6 motion.

7 MS. PORTER: Yes.

8 MR. SHANNON: So Van makes the
9 motion.

10 MS. PORTER: I'll second.

11 MR. SHANNON: And who was that?

12 MS. PORTER: Kristin Porter.

13 MR. SHANNON: Kristin Porter. Thank
14 you. Just making sure. All right. All in
15 favor, signify by saying aye.

16 (Aye.)

17 MR. SHANNON: Opposed?

18 (No response.)

19 MR. SHANNON: Motion carries. All
20 right. That is our first motion. I think
21 we'll have a certificate, maybe a plaque --

22 (Laughter.)

23 MR. SHANNON: -- and go on from
24 there. All right, folks. Well, I
25 appreciate that. Any other topics you want

1 to talk about today?

2 (No response.)

3 MR. SHANNON: All right. Thank you,
4 all. We'll see you on May 11th. Now
5 hopefully, by then maybe we'll have DJJ join
6 us.

7 MR. INGRAM: Okay.

8 MR. SHANNON: Thank you, all. Take
9 care, we'll see you. Bye-bye.

10 (Meeting adjourned at 9:52 a.m.)

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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 16th day of April, 2023.

Tiffany Felts, CVR
Tiffany Felts, CVR