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

****

Via Videoconference
April 14, 2026
8:34 a.m. - 9:15 a.m.

Theresa Prokop
Certified Voicewriter

A P P E A R A N C E S

TAC MEMBERS:

Dale Lynn, TAC Chair
Emily Sacca
Katie Maddy
Linda Derossett

MR. LYNN: Okay. The first thing that we have on the -- good morning, everyone, by the way. Welcome to the Kentucky Medicaid Therapy TAC meeting.

We have a couple items on old business, and the first item is the long-standing problem with retro-deactivations. They continue to be a problem, and they require a provider to spend a lot of time and money to recoup these funds that are being taken away from from the MCOs. And this has been going on a couple years.

And Medicaid was supposed to have an easy system to work through this problem, but it's really not working out so easy for all the providers that have contacted me. They're saying they are getting money taken back from two years ago. Large sums of money.

And I just wonder if, Pam, would you -- would you like to speak about that?

MS. MARSHALL: Sure. I can. I looked back. We've actually been talking about this for about five years. And, you know, back when it was under Justin from policy division, he was working on it. And

then I believe it's been transitioned under another division, I think, is what I understand. But they have put some things in place - somebody's phone is going off.

Hold on just a second. Did you -- was a phone going off?

So, what has happened is there's a process where the problem really stems from the prior authorization and the rebilling. So everything that's been paid by the MCO, now the MCO recoups that money, and even though we've gone through all the hoops to get the prior authorization, or perhaps there are different, you know, rules that the MCO is using as compared with straight Medicaid, we have to then go get a prior authorization number from the MCO.

And where it gets tricky is, that MCO usually hires -- many of them have third party companies that are managing prior auths. And they just -- it's a -- it's a struggle to, you know, now that it's the kid has switched to straight Medicaid, then we have to submit a spreadsheet, and get a straight Medicaid prior auth, and then be able to bill that.

So it's just -- it's a lot of steps. Our practice alone, I know I've heard reports from other people same thing. You know, we have 600, 800 claims at a time involved in this. And it's an immense amount of time, administrative time, immense amount of money to do it. And it often, for us, results in a loss.

And it just seems so unnecessary, you know, because we're not involved in this process. This is a Medicaid decision, you know, that when someone -- and we get the request for records.

So when a child is being considered for disability, we'll get the records request, and then we know that potentially that child is going to be a retro-deactivation situation, because you get the records request, and then it could be a year, two years later you are getting a recoupment.

So it just seems like it's a Medicaid process problem that they're not able to manage, and it should be an exchange. I think it should be a financial exchange between the MCO and Medicaid rather than this

whole claims recoupment, rebilling, you know, having to do it all over again.

And there are small practices in town. I talk to owners all the time, that are really struggling with this because, you know, their recoupment percentagewise is -- is a significant amount of money, and it is a significant amount of time trying to manage it.

So we've been talking about this problem for five years, and, you know, I've been told it's not just our profession, it's across-the-board everyone's experiencing this. And it just seems like there's got to be an easier way to manage it.

MR. LYNN: Yes, it would be much better if they -- if Kentucky Medicaid would just reimburse the MCO through the takebacks and leave the provider out of it, because it's really not -- the provider didn't cause this problem, but they're the ones that are suffering because of results of it.

MS. MARSHALL: Right. And most providers, we don't have really high-end EMRs, but we could do a manual takeback, like

showing in our system the accounting of the MCO minusing out that amount of money and putting it under Kentucky Medicaid or whatever.

You know, you can do that manually, but it -- there's always, always fallout and claims to babysit that don't get paid. You know, it seems theoretically like, oh, well, it's no problem. You just get this prior auth and rebill it to Medicaid.

But you have stubborn claims that don't go through, and you end up having to fight to get them paid. So you've done that twice now. The whole process twice, and it just requires a lot of work to get it to completion.

MR. LYNN: Is there anyone from Medicaid who would like to comment?

MS. WASH: I think we have Chelsea Agee on. Chelsea, I don't know. Can you speak for this for the MCOs?

MS. DAVIS: Edith Sloane is also here as well.

MS. WASH: Okay.

MS. AGEE: Yeah, good morning.

Thank you so much for kind of explaining, you know, the scenario, and I'm very familiar, you know, with what you're describing, Pam.

And I understand and acknowledge that the process of recoupments and eligibility changes is extremely administratively burdensome. So I just want to acknowledge that. You know, we definitely understand that it -- that it's -- that it's challenging.

And I can just say from a contractual perspective, you know, which is kind of my scope, that recoupments related to member eligibility, you know, there's Medicaid federal laws and state laws, and there's obviously our MCO contract as well, that states that they are legally obligated to recover payments for those services if they were provided to members who were, you know, later determined to either be ineligible or switched from one MCO to another or were deemed SSI eligible.

So it's really not discretionary. It's just a compliance mechanism. You know, it really just kind of gathers the MCO's

financial integrity, and I definitely understand that, you know, the process you're suggesting, there's something that the state could have directly with the MCOs, but that's kind of how that works.

If there's an overpayment that has to be recovered and it's over $500, they have to get permission from the state to recover those funds. So once they recover those funds, they do return that money back to the state.

And so there is that way of transaction, but it is just, again, I acknowledge it's challenging, but for me, from my perspective just from contract compliance, it's based on regulatory, you know, regulations and federal laws. And so I get the process is the problem, but --

MS. MARSHALL: Yeah, Chelsea, we don't argue with that. There should be recoupments. It's the amount. It's the volume. It's the children who receive multiple services going back for two years of claims. Like hundreds and hundreds. It's the volume. Like why can't it be managed sooner

than two years of claims? That's -- that's what we're -- we're challenged with, is it's the volume and it's how far back it's going.

You know, we thought '22, '23, '24 that it was cleaning up all the stuff from COVID, but literally nothing has changed. We've continued the last two years to get high volume -- you know, it's the amount, I guess, we're saying. Why can't it be managed quicker?

We know, two years ago, that we got a records request to send documentation in for patient A, and, you know, continued seeing them. Continued, and sure enough, two years later there is now a retro-deactivation. Like why is that taking so long?

MS. AGEE: That part of it I really can't speak to as far as the eligibility part. I don't know if we have anyone from our eligibility and enrollment team on that could explain a little bit more about, you know, why the eligibility would change with that great of a gap.

There are circumstances, as of last year, you know, when we had the SSI issues and

we developed -- or excuse me, we put a system change into effect in November of last year to prevent the members being switched, you know, when they were deemed eligible for SSI.

So that, you know, there's one system fix that we've tried to put in place to prevent that from happening, but there are other instances that we're finding.

You know, for example, if a -- we had one case recently where a member was Medicare-eligible due to parents who had passed away, but she didn't get that eligibility until she turned 19. So then it went all the way back two years, right, because she got those Medicare benefits.

And so it's like instances like that that are also challenging, because the MCOs are just getting an 834 file that says this person's eligibility has switched, and you need to go and, you know, rereconcile for those payments.

So I don't want to say it's, you know, anything the MCOs could control at that juncture.

Now, as far as the methods of how

they're recouping and the volumes and the process, yes, maybe there are improvements there.

MS. MARSHALL: Yeah. I think I wonder if we're asking the wrong division of Medicaid. Like I wonder if there's something that can be done in eligibility. I don't quite understand in the age of technology why that seems to be such a difficult process.

You know, why -- why is it two years from the time we're getting medical records request for somebody that's being assessed for eligibility, you know, disability, why is it taking that two years? I guess that's the question that maybe Medicaid could research and come back to us with is why is it taking so long? And is there anything about their process that can improve?

MS. AGEE: Yeah. And I will say, recently I appointed a new branch manager for the eligibility and enrollment team, and so she is, you know, getting into her role. Starting to, you know, kind of get her feet wet, if you will, in that realm. And so I don't know if she's on here today, but I can

certainly connect with her after this call and see if we can get together and discuss these questions and provide some responses.

MS. MARSHALL: Yeah. Because three months' of claims would be much easier to deal with than 24 months of claims.

MS. AGEE: Absolutely. Yeah. Yeah, and like I said, I acknowledge that this is a challenge. You know, it is -- it is difficult for providers. You know, it's -- you know, we definitely don't want that. And so, you know, we can try and work together with our eligibility team to see where some of these issues stem from, because maybe if we deal with the root cause, you know, we're not just putting Band-Aids on it, right?

MS. MARSHALL: Yeah.

MS. AGEE: We're actually dealing with the actual root of the issue.

MS. MARSHALL: Mm-hmm. And I think the Therapy TAC, our view is, it's not that this should never happen. I mean, we do expect recoupment. It is, like you said, part of state, federal regulation. You know, there will be recoupments for things. We understand

that. We're not, you know, unaware of that, so, I think we're just -

MR. DEARINGER: Can you all hear me?

MR. LYNN: Yeah, I can hear you Justin.

MS. MARSHALL: Yes.

MR. DEARINGER: I've been talking a lot, but my microphone was messed up. So I didn't mean to interrupt. I was just making sure it worked.

So Miss Marshall, we've -- this is a kind of a three-pronged issue. We have two of those on our end, and that's why I asked Chelsea to be here today. She has it from the MCO side.

And Chelsea, correct me if I'm wrong, we did give the MCOs some guidance not that long ago on this issue, if I remember correct. And so I think Chelsea will probably be checking on that guidance that we gave the MCOs. That's one way we're trying to attack this, address this issue.

And the other way was from our eligibility side of it. And I think there was somebody from eligibility on.

MS. SLOANE: So, Justin, I just called Tyler onto this call. He should be joining us in a minute.

MR. DEARINGER: Okay. So Tyler will join and go over it.

Now the third part, which, Miss Marshall, I think you had talked about, is a totally different department. And matter fact, it's in a different cabinet. So that cabinet is, I think they're an education cabinet now. It's the Department for Income Support, which is where these cases are done.

And, you know, the federal guidelines on why they go back to that time frame and why they do that, I'm just not sure, but, you know, we don't have a say in when -- how far they go back and what they do when they give that retro eligibility.

That comes from the department -- or the -- I think it's Department for Education now, Division of Income Support I think is the division or maybe it's Department for Income Support in the education and economic cabinet I think is what it is.

But -- and I think the federal rule

says that if you are eligible for -- if you're determined eligible, then they go back to the date you applied, or in the case of someone passes or something it's that date. So that's why sometimes it goes back, you know, a year or two years, because those people have been waiting on a Medicaid -- or not Medicaid, but like an SSI ruling for that long.

And especially if it goes to court, like if you're denied, if you apply for disability, you're denied disability and you appeal that and you take it through, you know, the appeals process, the hearings process, the court system, when all of that's finished, and if you're approved, it goes back to the very first date you applied. So.

But I do know that on our end we are trying to make some things better. So, Chelsea can talk and probably did. I was jumping on and off because I couldn't get the mic to work. But we are trying to work the MCOs to -- to not do those recoupments, you know, during certain times, and we're trying to get them to not do that.

And then on Chelsea's side, and then

when Tyler gets on, he can go over what we're doing on that side, on the eligibility side. So I guess as soon as he hops on, maybe Danni will let us know, and we can go back to this topic.

MS. MARSHALL: Well, Justin, I appreciate your explanation. I have to hop off here, because I'm at EKU and it's about to start, but anyway, I wonder if we could, you know, have a Medicaid advocate. Like Chelsea, we continue to advocate with the eligibility.

And I wonder what the data -- data tells the story, right? So going back and looking at some of these examples and finding out, did this person really, was it because of a court situation or was it -- is there nothing that could have been done on this retro eligibility?

I -- I just wonder what the data says. Are they really difficult cases and this is just the percentage we're going to have, or is there something missing on the eligibility side that they're taking a really long time to process information.

MS. DAVIS: If you do have a moment

longer, I apologize for interrupting, Tyler has just now joined.

MR. DEARINGER: Well, and before Tyler talks, I did want to state that we had this explosion due to -- and we weren't notified. And I don't think anybody was notified, but the Department for Income Support had a backlog. There were apparently people had applied for disability and so there were a massive amount of people that had applied for disability and that had been waiting a year or two years, sometimes three years. And it really wasn't these difficult cases; it was just their backlog. And so what happened was, I think the federal --

MS. MARSHALL: Okay, that makes sense then.

MR. DEARINGER: The federal government jumped all over them and kind of gave them a mandate, and they hired a ton -- a ton of contract workers to get these cases done. And so that's why we had this massive amount of these that came through last year. And I think we're still kind of catching the back end of it. But I'll let Tyler talk about

how we are attacking it from the --

MS. MARSHALL: Well, that -- that sure would have been helpful to give the providers a heads-up, you know, in some kind of Medicaid letter or something. Expect this, because, you know --

MR. DEARINGER: Well, and the only way we found out was when we found out from you all. Right? When we found out --

MS. MARSHALL: Yeah.

MR. DEARINGER: Yeah. That's when we learned.

MR. LYNN: Yeah, I think it was the WellCare that first brought it to our attention.

MR. DEARINGER: Tyler, are you on?

MS. DAVIS: He is here. I'm not sure if he's having issues with audio.

MR. DEARINGER: I was. I had to take my headset out of my junction box there and put it into my actual laptop. So I don't know why, but.

MS. BRAY: Tyler said he's having trouble with his audio. He can't hear, but I'm also here.

MR. DEARINGER: So if you could maybe go over like some of the ways we're attacking this issue.

MS. BRAY: Could you refresh me? I just joined, so I'm not quite sure.

MR. DEARINGER: Sure, it's the retro eligibility issue that we've been working on for quite some time, if you'll remember.

MS. BRAY: Okay, yeah.

MR. DEARINGER: Okay.

MS. SLOANE: So, currently, my team, we receive listings from the MCOs occasionally. And when we've received those, we've reviewed them, and if we are able to, we reissue the coverage with MCO.

Currently, we can only reissue MCO coverage back 24 months. So I'm currently working a listing right now. And the earliest that I can reissue eligibility is 5/1 of 2024.

And so I think the listing that I'm currently working on has a couple hundred. Maybe 500 individuals where we're reviewing the eligibility back to that date and reissuing it as we can.

MR. DEARINGER: So, can you talk

anymore? I know we did a system change in November that we thought was going to fix it, and it didn't.

MS. BRAY: Yes.

MR. DEARINGER: So are we working on maybe some additional system changes that would help?

MS. BRAY: That I have not explored just yet.

MR. LITTLE: We -- I got audio working. I can -- can I help you with that, Destiny?

We're working with the -- our system integrator to see what those -- because we had submitted those changes like Justin was talking about with the retro eligibility, but it seems to have not went exactly how we wanted that to, so we've went back to them and they are reviewing it. So we should have some updates on that once they get back to us on that. Just from a system perspective try to get this resolved as well. So it's a work in progress, but we're working on it, yes.

MR. DEARINGER: And switching those members back to the MCO will help them not to

recoup. And then again, with, I know, Chelsea, we sent out some information in certain cases to the MCOs not to recoup as well. Am I correct? On certain cases we told them not to do that?

MS. AGEE: Yes, so we actually have a process, so the MCOs are supposed to follow where if they have a recoupment, you know, that comes in their system, they are supposed to be checking with the eligibility team to determine if it was related to SSI or if it was, you know, related to that system issue, and sending those member information to the eligibility team so that they can review the file.

And if they find that needs to be corrected, the eligibility team is correcting that and then informing the MCO, and then the MCO is not supposed to recoup after that point.

So if MCOs are not doing that, you know, that is something that we definitely would want to know if you have some examples of where that's not -- where you've had a recoupment and, you know, think it was related

to SSI. We're happy to look at those and do a little bit of research (indistinct). But that is the process that they are supposed to be following.

MR. DEARINGER: Yes, thank you all. So again, we've hit this two different ways. One with the letter to the MCOs that are requiring them to submit those to the eligibility branch.

And then the eligibility branch changing those back to the MCO so the MCO doesn't recoup, and then also working on trying to get the system change that we thought was going to fix it and didn't, and trying to figure out why it didn't and what we can do to correct that.

So, I know it's been going on for a long time. We do have two different divisions working on a solution. And like Chelsea said, if you get a lot of these now, please let us know if they are related to SSI, because maybe we have an MCO that's not participating in that process and we can get that corrected for you all.

Any other questions about this

topic? And it's been way too long.

MR. LYNN: Yeah, it has been. It's been a struggle.

I guess we do have a quorum now, so I guess we should go back and approve the minutes from the January 13th meeting.

MS. DAVIS: Yes, and you will also need to approve the meeting minutes from September 9th as well.

MR. LYNN: Okay. Any of the TAC committee members want to motion to approve those minutes?

MS. SACCA: Dale, I'll move to approve those.

MR. LYNN: Okay. And I'll second that. And we are short two TAC members because we don't have a physical therapist. We have two physical therapists on this committee and we only have one.

And then Renea, one of the speech therapists that has been on the TAC for several years, has done great work for the TAC. She's stepped down this past month. And we'll miss her. So I'm going to ask the Speech Hearing Association to recommend

someone and Physical Therapy Association to recommend someone for that post also.

So, the next thing on old business is what is the status for approving RTM codes? Justin, can you give us an update on that?

MR. DEARINGER: Well, they're still being -- they're still in the consideration process.

MR. LYNN: Any time frame?

MR. DEARINGER: I don't have a time frame for that. No.

MR. LYNN: Okay. New business. In the last month or month-and-a-half I've received a lot of concerns from providers about Aetna Better Health is denying the CPT code 97533 sensory integrative techniques. That is listed by Kentucky Medicaid's fee for service as a reimbursable service. And I -- And I think that maybe -- maybe Aetna's thinking that, you know, they have a commercial plan plus then they have an MCO plan and maybe they think that should apply to the MCO part of it, but it does not. They are required to pay that fee.

Is anyone from Aetna Better Health

on here that may --

MS. DAVIS: There is a Megan Johnson here. I'm not sure if she will be able to speak to that.

DR. FRIEDMAN: Hi, I'm Dr. Friedman. I'm the Chief Medical Officer of the SKY program for Aetna. So I can speak a little bit about that. And I do have Megan Johnson and JoAnn Marston also here.

So, we do understand that this is a covered code and that it has a fee schedule. We understand there have been complaints about this code. And first of all, to preface some of the requests that were initial requests that required prior auth in April will be re-reviewed because our policy to have this code prior authed will actually begin in May. But our process got a little switched there.

We are currently reviewing the ones that are more than 20, which is our review process for all the physical therapy and speech therapy. We are working and have reached out to the state to look for criteria for this code, because our guidelines do show that this code is considered investigational

and experimental. And we are reviewing every --every case we get for it.

MR. LYNN: Anyone from the Cabinet like to speak to that, because, you know, that sounds like they have some -- Aetna has some confusion about that. They still need to pay to that code, and --

MR. DEARINGER: Chelsea, can you set up a meeting with Aetna? We can go over this particular case with them.

MS. AGEE: Yes. Certainly.

MR. DEARINGER: Thank you.

MR. LYNN: And I would be more than happy to participate in that meeting, Justin, if you would like for me to.

MS. AGEE: This is regarding the 97533, correct?

MR. LYNN: That is correct. Yes, that's correct.

MR. ARMSTRONG: This is Jeremy with DMS. We do have an Aetna operations call, so we will bring it up in discussion today.

MR. DEARINGER: Perfect. Thank you, Jeremy.

MR. LYNN: Thank you.

MS. MARSTON: Hey, Dale, it's JoAnn Marston. I'm the Lead Director of Provider Engagement for Aetna. And I just want to reiterate what Dr. Friedman had said.

So any claim for the month of April that has denied this far, we are reviewing. So we're working with those providers to get those claims reprocessed, assuming that they're under the 20, right?

And then the review for prior authorization will begin in May. So there was a notice that was sent out. So, it doesn't typically happen, but the system got updated before the notice got put out, so there was a little bit of confusion there.

So we have talked to any providers that have reached out to my team, we've scooped up those claims and are working with those specific providers.

And then we will obviously work with Jeremy and Justin on the go forward in having that discussion. But I did want to let you know that we are reviewing the claims from the last couple weeks and we are working with those providers.

MR. LYNN: Okay. Are there any providers on here that have had this issue, and did they -- maybe give us some insight as far as how far back you started getting these denials. Is it just April or?

I guess there's no providers on here that this is occurring with.

MS. MARSTON: I was going to say, it should have started April the 1st is when I would suspect. If anyone has something, you know, anything older than that or if fell like something, you know, I'm missing something, please reach out and let me know. I'm happy to put my email in the chat.

MS. FOWLER: Can you hear me?

MS. MARSTON: Yes, ma'am.

MR. LYNN: We can't hear you. Who is this?

(no audio)

MR. LYNN: Well, I guess we lost that individual.

MS. DAVIS: She's working on connecting to the audio now. Can you speak now, Jennifer, to see if we can hear you?

Jennifer? Can you hear us? Would

you want to try hopping off the meeting and then maybe coming back? Okay. There you go. That's what we're going to do.

All right; she is back. Let's see if she can speak.

We may still be having issues. Jennifer, are you there?

MS. FOWLER: Yes. Can you hear me?

MS. DAVIS: Yes.

MS. FOWLER: Okay. Sorry. My mic was -- I'm in the car, so my mic was kinda going in and out.

I am an occupational therapist from Hogg Therapy Pediatrics, and I was just going to comment on Dale's.

We first started seeing the denial of 97533 about mid-March and immediately reached out to our provider rep from Aetna Better Health and got a response within a week or two. And then about a week later we received a letter from Aetna saying that it would go into effect for the prior authorization May 1st.

So, it's been about a month now. We still have not received any of those payments

for that particular code.

MR. LYNN: Thank you, Jennifer. So this didn't just start in April.

MS. FOWLER: That's correct.

MR. LYNN: Okay. Thanks.

Well, Justin, I hope we can get this straightened out pretty soon. And like I said, I'd be more than happy to participate in a meeting with them and the Cabinet.

The next item on new business is the status of the Kentucky Medicaid fee schedule for speech, OT, and PT.

MR. DEARINGER: So, that is still in the review process. I anticipate -- I was hoping to have it done. My goal was always April 1st, but it is obviously the middle of April, so I'm going to extend that out to May 1st. I think we can have it done by May 1st. That's the goal anyway.

It's complete, it's done, it's just up for review. So it's been -- there were a lot of options this time that we placed before executive management. And so it went up the ladder quite a bit because of all the different options we've given. So hopefully

we'll have that done by May 1st. That's my goal.

MR. LYNN: Okay. And we're going to get an increase on all CPT codes, right?

MR. DEARINGER: Yeah, like 100%. It's crazy.

MR. LYNN: That'd be great.

MR. DEARINGER: You know, I mean, we've got -- we've got, again, like I said, we sent up a lot of options. So we'll just -- we'll see.

MR. LYNN: All right. Thank you, Justin.

This third item on new business is an item that the Cabinet actually requested that I put on here, and it's clarification on physician signatures on a plan of care.

And I guess everybody can just read that clarification there that -- this is a subject that came up I believe at the last meeting.

MR. DEARINGER: Yeah, we, you know, this -- we change these administrative regulations. It's been a while back now. But one of our collaborative efforts was

undertaken where we worked with you all at the Therapy TAC, we worked with our Physician's TAC, and we worked with our -- our own medical director to make these changes. And so -- and I still find some providers that aren't aware of the change, so I just kind of wanted to highlight it and make sure that everybody was aware of it. And if you have any issues with this particular requirement with Medicaid member, please -- please reach out and let us know.

MR. LYNN: Well, I appreciate that clarification.

Are there any other issues from TAC members or anyone from the public that's on this meeting?

MS. LYNN: Is the Aetna Better Health rep going to put their e-mail in the chat? Because we were having issues with that code too. Thank you.

MS. MARSTON: Yeah, I did. I typed it in and just didn't hit the send button. Sorry. It's in there now.

MR. LYNN: Thank you. Okay. Are there any items that TAC members feel that we

should take to the next MAC meeting? Emily, Linda, or Catherine?

(No response.)

MR. LYNN: I guess there isn't anything that we need to take to the MAC meeting.

The next therapy TAC meeting is Tuesday, July 7th. And the Cabinet has asked me to meet with them in a short meeting once a month to go over items that can possibly be on the next agenda. So they would have time to address those concerns. And so we met last month for a short meeting and then we meet again, I guess, this month or May rather. 1st week of May.

So, anyway, our next meeting is Tuesday, July 7th. And I appreciate everybody attending this meeting. Thank you all.

And I suggest we adjourn. Have a good day, everybody.

(Meeting adjourned at 9:15 a.m.)

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C E R T I F I C A T E

I, THERESA PROKOP, Certified Voicewriter, hereby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 18th day of April, 2026.

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Theresa Prokop, Certified Voicewriter