

<  Mass text 3 ▾ ⋮

Wednesday, November 23

Hello Team RR,
It was brought to ABI
Resources' attention
that CCCI's plan is to
use ABI Resources'
service providers intill
December 31, 2022.
Inorder to provide
time for SLG to find
providers, at that time
ABI Resources will
be removed. Is this
correct?

9:32 AM

FW from Pam. Not to
be removed until SLG
has provided staff for
Ronald.

MMS

ABI Resources
resignation from
services is today.

MMS

9:36 AM



PAM sister PC

Meet and greet is

Close Previous Next

CCCI - **Steering** clients

A A.B.I. RESOURCES L.L.C. 860 942-0365

To: Amy Dumont
Cc: CHRISTINE G (ABI SUPPORT SUPERVISOR); ABI RESOURCES LLC www.CTbrainINJURY.com; legal@ctbraininjury.com

Wed 4/14/2021 12:31 PM

Hello Amy,

ABI Resources has been working with a family on MFP for over a year now on discharge planning, the client is [REDACTED] in Gales Ferry. Today at the discharge meeting it was brought to our attention that CCCI arranged a meeting with SLG for the client's family. CCCI expressed to everyone, that the family should go with a LARGE agency that can provide all services. ABI Resources is pursuing this legally as a result.

Would you please give me a call? 860 463-3638

All the best,
David Medeiros CBIS



A.B.I. RESOURCES
WEBSITE | [FACEBOOK](#) ([Meet Abi the Elephant](#))
Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591
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ABI RESOURCES | Request / Medicaid care management access agency complaint

A A.B.I. RESOURCES L.L.C. 860 942-0365

To: David.M@ctbraininjury.com; commis.dss@ct.gov; Cavallaro, Jennifer
Bcc: aabiwr@live.com

Mon 11/15/2021 11:55 AM

11/15/2021

Good afternoon Commissioner Gifford and Mrs Cavallaro,

ABI Resources has been informed that the new agency contacted ABI Resources employees who were working with the Gales Ferry MFP client and has hired them to work with the same exact Gales Ferry MFP client. This is a clear conflict of interest. What safeguards does the Department of Social Services have in place to stop what may appear to be inclusion, referral steering and **poaching**?

All the best,
David Medeiros CBIS



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Nothing in this communication is intended to constitute a waiver of any privilege or the confidentiality of this message. If you have received this in error, please notify ABI Resources by e-mail and/or telephone at 860-942-0365, delete the original message and any copy of it.

D David.M@ctbraininjury.com

To: commis.dss@ct.gov; Cavallaro, Jennifer
Bcc: aabiwr@live.com

Fri 11/12/2021 12:45 PM

11/12/2021

Good afternoon Commissioner Gifford, Mrs. Cavallaro, and the Department of Social Services,

Would the Department of Social Services please provide ABI Resources a detailed status update in regards to the reported complaint submitted to DSS in early October?

All the best,
David Medeiros CBIS



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David Medeiros

215 Mountain St.

Willimantic CT. 06226

David.M@ctbraininjury.com

860 463-3638

Would the Department please keep my personal information confidential to your agency only? I will speak with and aid the Department to provide more clarity. I may be a valuable resource as I have had the unique experience of being a provider for Connecticut Medicaid programs since they began in 1998 and as a survivor of TBI. I have significant concerns about whistleblower retaliation against me personally and the agency I am the founder of, ABI Resources LLC.

This information is based on my past and current experiences providing services for the brain-injured population of Connecticut. I am unsure if this is indeed fraudulent activity or if people are using loopholes to achieve personal financial gain; however, it does appear to be wrong for many reasons. The disclosure is based on a reasonable belief that the alleged wrongdoing has occurred.

November 28, 2022.

1. Who: What may appear to be;

- a. Medicaid Consumers, possibly hundreds of Medicaid Consumers.
- b. [The Connecticut Department of Social Services CT DSS,](#)
- c. Medicaid Care Management Agencies and
- d. [The Medicaid agency provider, The Supported Living Group LLC](#)

2. What: What may appear to be;

- a. Federal Medicaid Funded Programs. Multiple *Medicaid-Funded home-based community services* and *Medicaid Funded Cognitive Therapy* for each Brain Injury Program.
- b. [CT Acquired Brain Injury \(ABI\) Waiver \(0302.R05.00\),](#)
- c. [CT ABI Waiver II \(1085.R01.00\) and,](#)
- d. [The Money Follows the Person Program, MFP.](#)
- e. [Multiple Medicaid-funded home-based and community services.](#)

- f. *Medicaid-funded cognitive behavioral therapeutic services.*
 - g. The total number of agencies on the CT DSS Medicaid Approved Agency Provider List.
 - h. The total number of these Medicaid Consumers on the above brain injury programs.
 - i. The total number of these Medicaid Consumers currently with The Supported Living Group LLC.
 - j. The time period of bulk Medicaid Referrals to The Supported Living Group LLC.
 - k. CT DSS Care Management has and continues to make an astounding amount of Medicaid Referrals to The Supported Living Group LLC. There are hundreds of CT DSS Medicaid-approved providers.
 - l. For both The Supported Living Groups' *Medicaid Home-based services*, as well as,
 - m. The Supported Living Groups *Medicaid Cognitive Behavioral Therapy services*.
3. **How: What may appear to be;**
- a. Corruption of medical decision-making, patient steering, unfair competition, monopolization efforts, kickbacks, or inducements for Medicaid Referrals.
 - b. Violation of any law, rule, or regulation;
 - c. Gross mismanagement;
 - d. Gross waste of funds;
 - e. Abuse of authority; or
 - f. CT DSS care management appears to be funneling Medicaid Referrals to the Supported Living Group LLC exclusively and not using the CT DSS Medicaid approved agency provider list. Excluding hundreds of approved Medicaid Agencies, the Consumer's right to choose and use what may appear to be a referral kickback process.
 - g. Undocumented verbal authorizations, Using the Medicaid Consumer's disabilities to manipulate and mislead.
 - h. The Medicaid Consumers' urgent need for financial support to recover at home, the family's need to return to work, and the Medicaid Consumer's economic desperation.
 - i. CT DSS care management is making medical therapeutic Medicaid Referrals to The Supported Living Group LLC for Medicaid *home-based* services as well as *Cognitive Behavioral Therapy services*. The Supported Living Group LLC therapist dictates the amount of Medicaid funding services each Consumer requires then the Supported Living Group LLC provides these Medicaid-funded *home-based* services.

- j. The Supported Living Group LLC's Medicaid *home-based* service providers then provide the need for more Medicaid Therapeutic services in what appears to be a conflict of interests and kickback system.
 - k. **CT DSS** Medicaid approved provider list is intentionally biased, discriminatory, and corrupt. This corruption has been repeatedly reported to CT DSS for many years. CT DSS and the access agency that manages the Approved Provider Lists have a mutually beneficial relationship.
4. **Why: What may appear to be;**
- a. Consumers have the right to choose their Medicaid providers. Consumers can select multiple Medicaid providers for their *home-based* and community services. CT DSS care management is steering Medicaid-Funded program services and Medicaid Consumers to the Supported Living Group to reduce the CT DSS care management workload, violating the Medicaid Consumers' right to choose. These actions also place the individual into a significantly disadvantaged situation forcing the level of CT DSS care management to be reduced. Additionally, the relationship between CT DSS care management and the Supported Living Group is a significant conflict of interest for the Medicaid Consumer, and each agency works together for their agenda, not the Individuals' needs to support the kickback system.
 - b. CT DSS care management agencies benefit financially by reducing the number of Care Managers needed and reducing the operating costs of their time and effort. CT DSS's benefits include one place to contact and one location to have multiple required meetings on the same day. CT DSS care managers want to refrain from speaking with various agency providers.
 - c. The Supported Living Group LLC appears to receive payment from Medicaid Consumers for housing, Medicaid Funded *home-based* services, and Medicaid-funded Therapeutic services. This arrangement traps the Medicaid consumer into services and contractual relationships.
 - d. Some Medicaid Consumers may appear to be paid stipends from The Supported Living Group LLC to trap the Medicaid consumer into services and contractual relationships.
 - e. Monetary gain.
 - f. Time and ease of care management operations.
 - g. Reduced care management operating costs.

The Connecticut Department of Social Services may appear to be manipulating Medicaid Consumers recovering from brain injuries for financial gain. CT DSS may be using the Medicaid Consumer's disabilities against them. CT DSS may appear to be using a complete lack of knowledge, a crafted complex information system, desperation, time constraints, compromised communication skills, memory challenges, and cognition disabilities. CT DSS care management may appear to be fostering and praying on disabled Medicaid Consumers' lack of informed knowledge and awareness of the rights and policies of their personal Medicaid service programs. CT DSS care management has and continues to arrange and assign Medicaid Referrals to The Supported Living Group LLC to Medicaid Consumers forcing, misleading, and tricking the unaware into using the Medicaid services of the Supported Living Group LLC exclusively.

CT DSS care management first provides the Medicaid program Consumers Medicaid referral to the Supported Living Group LLC with the Medicaid Consumer's information. Secondly, CT DSS care management informs Medicaid Consumers when home Medicaid services will begin through The Supported Living Group LLC. The Medicaid referral process may appear to be completed verbally, mostly over phone calls, leaving the Medicaid Consumer at the will of CT DSS care management directives and conversation time constraints. During this process, the Medicaid Consumer may appear not to be made aware of the DSS-approved Medicaid agency provider list and that there are numerous Medicaid-approved agencies to select. In most cases, CT DSS care management specifies and dictates the Medicaid referral to The Supported living Group LLC to the Medicaid Consumer. Suppose by chance, during the Medicaid referral process; the Medicaid Consumer independently discovers they have more Medicaid agency options. In that case, CT DSS care management verbally explains that the DSS-approved Medicaid provider list may appear outdated.

The Connecticut Department of Social Services may appear to be violating the policies of the Medicaid MFP Money Follows the Person Program and the Medicaid ABI Waiver Programs I and II. Medicaid Consumers are told the Supported living Group LLC is the agency provider of *Medicaid home-based services* and *Medicaid Cognitive Behavioral Therapeutic services*.

- a) CT DSS fosters a complex online self-discovery method to confuse and frustrate Medicaid Consumers to follow their instructions.

- b) CT DSS and Medicaid care management agencies hide the CT DSS Medicaid-approved agency provider list and *Medicaid Cognitive Behavioral Therapist* list from Medicaid Consumers' awareness, using complex conversations and misleading website processes.
- c) CT DSS will not allow the approved Medicaid Provider List to be openly public.
- d) The CT DSS' Medicaid Approved provider list appears intentionally biased and manipulated to benefit CT DSS' care management operation costs and The Supported Living Group LLC, not the Medicaid Consumer.
- e) CT DSS uses a covert internet-based lock and key system to hinder disabled Medicaid Consumers from viewing the approved Medicaid agency provider list. What may appear to be using disability against the Medicaid Consumer and knowing that trusting Medicaid Consumers cannot ask for what they do not know exists. Medicaid consumers' ability to make informed decisions about their Medicaid service provider choices may appear hidden from them. This manipulation enforces the Kickback referral system.
- f) The CT DSS' approved Medicaid agency provider list may appear presented to confuse, frustrate, and manipulate Medicaid Consumers' decision-making process in a grooming-like effort to support and enforce the Medicaid kickback referral process.
- g) CT DSS care management actively lists and promotes the Supported living Group LLC's contact information more than four times on the Medicaid-approved agency provider list.
- h) It may appear that CT DSS care management is benefiting financially from a kickback system of Medicaid Referrals.
- i) CT DSS care management may appear to be masking Medicaid program information from Medicaid Consumers.
- j) CT DSS care management may appear to be misleading Medicaid Consumers and complicating their ability to make informed decisions.
- k) CT DSS care management may force Medicaid Consumers to make quick decisions before they can research, discover, and invoke their rights.
- l) CT DSS care management may appear to monopolize on time frames, expecting Medicaid Consumers to know and understand their rights under the Medicaid program and to advocate for their Medicaid services before individuals know what Medicaid services they have.
- m) CT DSS care management may appear to be the only Medicaid program information source permitted to communicate with Medicaid Consumers about their Medicaid services. Medicaid Agency-provided verbal information or communication about Medicaid services may not be

allowed. CT DSS refers to this communication as a manipulation of the care management process.

- n) CT DSS care management may appear to retaliate against Medicaid agency providers communicating with Medicaid Consumers about Medicaid services.
- o) CT DSS makes it clear to Medicaid agencies that any effort by a Medicaid agency provider to inform Medicaid Consumers of their rights or by showing Medicaid Consumers where to locate information about Medicaid services may result in the possible removal of that Medicaid agency from CT DSS Medicaid-managed programs as well as threats of DSS audits.
- p) CT DSS care management may appear to have and continues to be funneling directly to, promoting, and referring The Supported Living Group LLC's Medicaid services.
- q) Due to what appears to be a kickback system, the Supported Living Group LLC has swiftly become the largest and most dominating Medicaid MFP and ABI Waiver I and II agency provider in Connecticut.
- r) CT DSS care management gives little or no attention to reports of manipulations or kickbacks.
- s) CT DSS care management ignores reported concerns.
- t) CT DSS care management displays The Supported Living Groups' valuable artwork in their offices. This art is a promotional tool to consistently advertise to Medicaid Consumers within CT DSS care management offices. The Supported Living Group LLC provides the art.
- u) CT DSS care management uses The Supported living Group LLC's art for website advertising and internet-based social media sites promoting The Supported Living Group LLC's Medicaid Services and their Care Management services.
- v) CT DSS care management may appear to be using the Medicaid Consumers' disabilities against them to achieve the kickback agenda using verbal authorizations versus documented communication to hide their actions and avoid a paper trail.
- w) CT DSS care management quickly uses time constraints and overwhelm. To seal the deal, Medicaid Consumers must sign Medicaid program contracts quickly before careful review.
- x) CT DSS Care management agencies are pressuring Consumers verbally during quarterly Medicaid-required Team Meetings to switch Medicaid agencies to the Supported Living Group LLC for Medicaid *home-based* services as well as *Medicaid Funded Cognitive Behavioral Therapy Services*.

- y) CT DSS Care management agencies are pressuring Consumers verbally during quarterly Medicaid-required Team Meetings with Medicaid agencies to the Supported Living Group LLC for *Medicaid Funded Therapy services*.
- z) CT DSS uses requests and directives from people, not Medicaid Consumers or legal conservators, to their vantage.
- aa) CT DSS care management has and is making additional Medicaid Referrals forcing The Supported Living Group LLC LLCs' Medicaid Therapist on Medicaid Consumers.
- bb) The number of Consumers on the program versus the number of clients The Supported Living Group LLC serves may appear grossly disproportionate to the number of approved Medicaid agency service providers.
- cc) CT DSS may appear to be purposely not collecting or hiding Medicaid data to manipulate FOIA requests. Information such as the number of Medicaid Consumers who receive Medicaid services from The Supported Living Group LLC.
- dd) What is the total number of CT DSS-approved Medicaid agency providers on the CT DSS Approved Provider List?
- ee) What is the total number of Medicaid Consumers receiving MFP and ABI waiver services?
- ff) What number of Medicaid Referrals has The Supported Living Group LLC received from CT DSS care management? What number of Medicaid Referrals have been made to the Supported Living Group LLC?
- gg) What is the total number of Medicaid Consumers receiving Medicaid services from The Supported Living Group LLC?
- hh) What is the total number of CT DSS care management Medicaid Referrals from the Supported Living Group LLC?
- ii) What is the total amount of Medicaid funding billed between The Supported Living Group LLC and CT DSS care management agencies?
- jj) CT DSS care management is dictating Medicaid Referrals to the Supported Living Group LLC and excluding hundreds of approved Medicaid Agencies.
- kk) The Supported Living Group LLC or its owners may force Medicaid Consumers to live in apartments owned by the company president or people with mutual financial benefits. These Medicaid Consumers use Federal Social Security disability funds to pay the rent. If these Medicaid Consumers wish to change Medicaid agency providers, they may also lose their

apartments. These actions are a manipulated complex effort to force Medicaid Consumers to avoid terminating Medicaid relationships.

- ll) The Supported Living Group LLC may have a covert and active stipend system to pay Medicaid Consumers. This type of financial relationship with Medicaid Consumers forces the Medicaid Consumers to stay with The Supported Living Group LLC because they are paying them.
- mm) The Supported Living Group LLC Director of Clinical Services Doctor provides *Medicaid-Funded Cognitive Behavioral Therapy* to the same Medicaid Consumers receiving Medicaid *home-based* services from the same agency. The individual Medicaid consumer is trapped within a circle of Medicaid Funding, each feeding the other in a back-and-forth kickback system. The Therapist dictates the *home-based* Medicaid services needed. The Supported Living Groups' *home-based* providers report the need for more therapeutic services back to The Supported Living Groups' Therapist and vice versa. This back-and-forth process increases Medicaid-Funding services and traps the individual with The Supported Living Group. And CT DSS care management Medicaid services are needed and funded. The Supported Living Group LLC dictates the need for Medicaid service funding and receives the Medicaid services funding. This kickback system dictates the type of Medicaid Services and the number of Medicaid services the Medicaid Consumer must use.
- nn) Care managers have and continue to take verbal actions by consistently calling Medicaid Consumers, pressuring them to change agencies to the Supported Living Group LLC.
- oo) Care Managers are violating Medicaid program policies and intentionally not informing or investigating Medicaid agency providers about concerns.
- pp) CT DSS care management forces the individual to receive The Supported living Group LLC's *Medicaid-funded Cognitive Behavioral Therapy services*, knowing that the Consumer must attend these therapy sessions at The Supported living Group LLC's offices. This is a significant conflict of interest as Medicaid consumers, and other agency employees are poached at this location.
- qq) CT DSS forces Medicaid Agency Providers to be trained and certified by the Supported Living Group to provide the same Medicaid Services.

The Supported Living Group LLC.

Executive Office of Danielson: 113 School St, Danielson, CT 06239

Executive Office of Avon: 147 Simsbury Rd, Avon, CT 06001

Executive Office of Bethany: 23 Amity Rd, Bethany, CT 06524

Western Connecticut Satellite Office: 97A Whiting St, Plainville, CT 06062

(860) 774-3400

<https://www.supportedlivinggroup.org/>

Therapist <https://www.supportedlivinggroup.org/mbrisman>

A.B.I. RESOURCES

A.B.I. Resources LLC

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Gales Ferry CT, 06335

Phone: (860) 942-0365

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CT DSS FOIA request 11/07/2022.

Medicaid Programs.

To the Connecticut Department of Social Services, DSS Legal, and FOIA request departments. In reference to Medicaid funding of ABI Waiver programs I and II, and MFP, Money Follows the Person program.

Medicaid FOIA request: Current Medicaid funding service information pertaining to November 7, 2022.

1. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Connecticut Community Care Inc?
2. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and SWCAA Southwestern Connecticut Area on Ageing?
3. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and WCAA Western Connecticut Area on Aging?
4. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Area on Aging South Central Connecticut?

Best regards,

David Medeiros

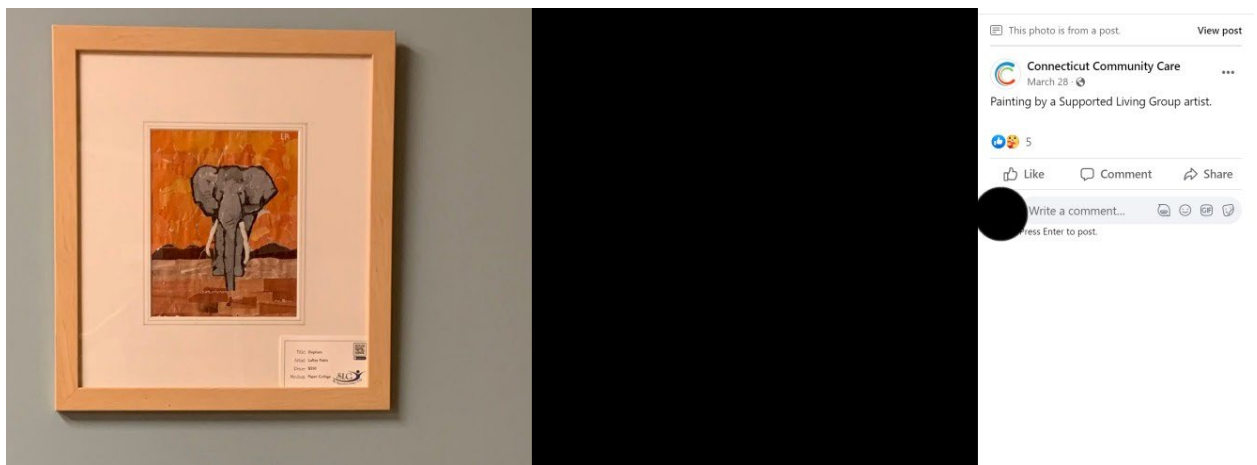
David Medeiros CBIS
Brain Injury Survivor and
Founder of
ABI Resources, LLC

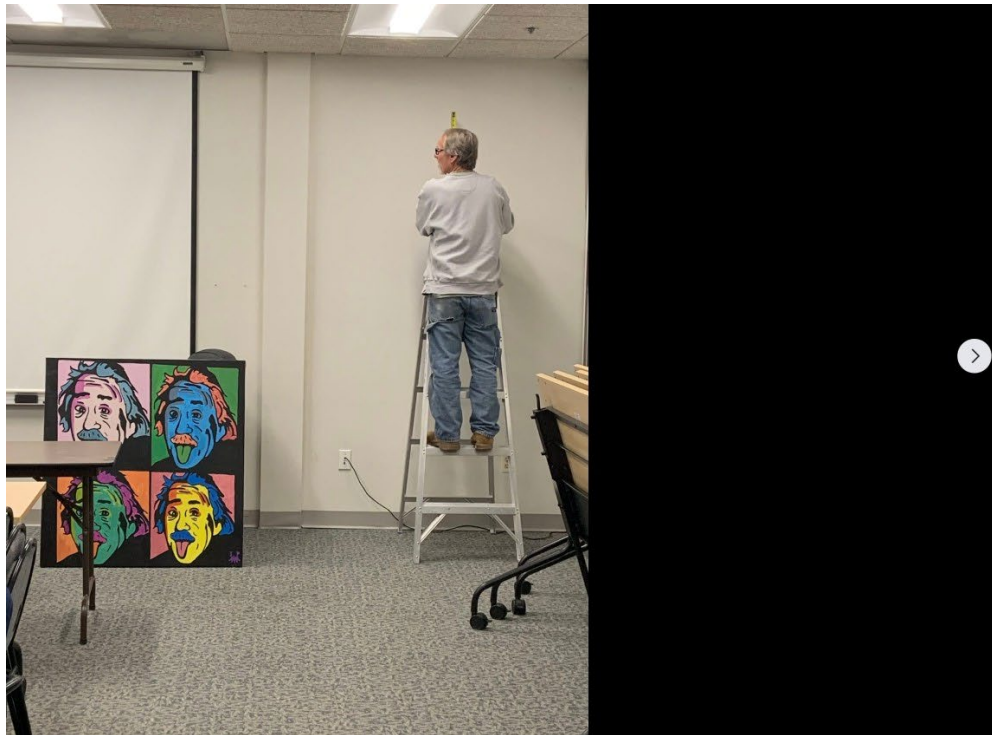


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7615









The Supported Living Group

Intro

The Supported Living Group is an organization dedicated to the rehabilitation, restoration, and renew

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The Supported Living Group

March 31 ·

The artists associated with SLG's vocational art program are thankful for the ongoing support that they have received from Connecticut Community Care in showcasing their work across their cooperate offices!

Thank you Ron Sturm, Amanda Gaipa, Sherry Ostrout, Michelle Moquin, Debbie Farslow and Karen Green for helping to make the collaboration happen! Interested in viewing the pieces for purchase? Email communications@ctcommunitycare.org

#ABI #TBI #Artist #CTBrainInjury #Vocrehab #CTABI #CTTBI #DisabilityArt #ART



Connecticut Community Care

March 28 ·

We have the honor of displaying and admiring artwork on loan from a talented group of artists, participating in the vocational art program through [The Supported...](#) [See more](#)

Carol DeJesus and others

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The Supported Living Group

March 15 ·



The Supported Living Group

Intro

The Supported Living Group is an organization dedicated to the rehabilitation, restoration, and renewal

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The Supported Living Group

January 7 ·

The Supported Living Group (SLG) is thrilled to announce a newly established link with Connecticut Community Care (CCC) <https://www.facebook.com/ctcommunitycare> which will work to promote art pieces produced by brain injury survivors!

The link established will enable art pieces created in SLG's ABI Waiver associated supported employment programs to be displayed at CCC offices throughout Connecticut. It is hoped, that this link will provide greater levels of exposure for SLG's talented artists from the brain injury community and open dialogue around the complex recovery process that they have faced.

To learn more about SLG's array of specialized brain injury support services contact us today at: 860-774-3400.

#braininjury #braininjurysurvivor #braininjuryawareness #braininjuryrecovery #ctbraininjury #artist #artwork #artrehab #vocrehab #CCCI #community



Kerri Lynn Foster and others



Michelle Brisman, Ph.D.

Director of Clinical Services

Dr. Michelle Brisman comes to us with a B.A. from Binghamton University and a Doctorate of Philosophy from Yeshiva University. She began her formal career as a clinical neuropsychologist at the United Cerebral Palsy Association in NY before undertaking her internship at the Kessler Institute for Rehabilitation in NJ, where she specialized in cognitive rehabilitation of various medical and neurologically compromised populations — a specialization she continued to pursue when she was offered the position of Director of Medical Rehabilitation Services at the Capital Region/Eastern Connecticut Easter Seals in 2001, working closely with neurologically affected groups, such as those with TBI/ABI, stroke, Multiple Sclerosis, seizure disorders, and brain tumors.



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To.

Connecticut Department of Social Services, DSS Legal. Formal FOIA request.

In reference to what may appear to be ABI Waiver program discriminatory and biased practices, challenges, and concerns. Additionally, these concerns also relate to the MFP program.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Case managers share with waiver consumers the provider listing, which is developed by a DSS contracted fiduciary. This listing identifies providers by service type and geographic coverage area who meet the qualifications as set forth by DSS to service waiver participants. The case managers facilitate opportunities for participants to speak with and/or interview prospective providers prior to selection. Program participants are able to contact the fiscal intermediary to get an updated and customized listing of the provider directory. For household employees, a background check is conducted by the fiscal intermediary and the results are shared with the consumer to aid in their selection.

The DSS contracted fiduciary listing may appear to be discriminatory to the disabled ABI Waiver population it serves and Medicaid providers:

- The listing is not accessible or viewable to the public.
- Locked and only accessible via an email address verification process, username and created password for consumers of the ABI Waiver Program.
- Much of the disabled ABI Waiver Program population cannot afford internet and the equipment needed to access the internet to navigate their listing.
- Much of the disabled ABI population are unable navigate and understand internet-based communication processes.
- The majority of the disabled ABI Waiver population live with communication, and memory challenges. Calling the DSS contracted fiduciary, waiting on hold, leaving voicemail requests for call backs or to request the listing be mailed to their home address is a very complicated process for most.
- Case Managers are providing verbal recommendations to ABI Waiver and MFP consumers of providers that they believe would be a good fit for the consumer without providing the complete DSS



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contracted fiduciary listing. This action is not ethical and biased as disabled ABI waiver consumers are not being afforded their complete options and possibly bias selection of providers that may provide a more beneficial Case Management relationship. ABI Waiver and MFP consumers may appear to be not completely informed and misled during the decision-making process and may be left completely out of the selection process. This may appear to be discriminating and misleading to consumers with disabilities and not providing them the same civil rights into their person-centered program decision process. An example of this would be a verbal phone conversation promoting a specific provider, leading or steering a client to meet with or arranging referral before a consumer is completely informed or provided their complete options by a Case Management selected provider.

- It may appear that DSS, Case Management providers and the contracted fiduciary listing provider are aware of these discriminatory processes and practices.
- How does DSS ensure the disabled population is not being discriminated against and provide the procedural validation system used to ensure civil rights are completely adhered to?
- Additionally, it may appear that the DSS contracted fiduciary listing is discriminatory and biased to intentionally confuse the disabled ABI Waiver consumer in this way as well. Below are the first 2 webpages of many, that DSS'S contracted fiduciary is listing, note that agency providers are listed biasedly and misleadingly, listing the same providers in duplicate, triplicate and more.

Juniper Homecare LLC	(860) 529-1818	West Hartford
Juniper Homecare LLC	(860) 529-1818	West Hartford
Absolute Independence LLC	(860) 347-3092	meffersons288@gmail.com
The Supported Living Group LLC	(950) 774-3400	kbrierson@slg-ct.com
The Supported Living Group LLC	(950) 774-3400	kbrierson@slg-ct.com
The Supported Living Group LLC	(950) 774-3400	kbrierson@slg-ct.com
Handz-On Inc.	(860) 560-7700	myra@handzon.org
Handz-On Inc.	(860) 560-7700	myra@handzon.org
Handz-On Inc.	(860) 560-7700	myra@handzon.org
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com
Lifeline Nursing LLC	(203) 691-6243	info@lifelinenursing.net
Lifeline Nursing LLC	(203) 691-6243	info@lifelinenursing.net
Change Inc.	(860) 346-0771	dyliba@changenonline.org
Change Inc.	(860) 346-0771	dyliba@changenonline.org
Change Inc.	(860) 346-0771	dyliba@changenonline.org
Home Healthcare Companions LLC	(860) 808-7670	enjoyee.commer@gmail.com
Simple Home Care Solutions LLC	(860) 944-2770	nancyhackberth@att.net
Simple Home Care Solutions LLC	(860) 944-2770	nancyhackberth@att.net
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	janoszo@carefinders.org
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	janoszo@carefinders.org
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	janoszo@carefinders.org
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	janoszo@carefinders.org

- Note ABI Resources is listed once.

Positive Outlooks			sherry@mccowan@positiveoutlooka.com	Waterbury
Positive Outlooks			sherry@mccowan@positiveoutlooka.com	Waterbury
ABI Resources LLC		(860) 942-0365	ABI@CTBRAININJURY.COM	Gales Ferry
24/7 Harmony Home Care Services LLC		(860) 646-4193	asumadu@247hcare.com	Manchester
24/7 Harmony Home Care Services LLC		(860) 646-4193	asumadu@247hcare.com	Manchester
Helping Others to Succeed Inc		(577) 695-6516	ahewman@hotosabi.com	Newington
Helping Others to Succeed Inc		(577) 695-6516	ahewman@hotosabi.com	Newington
Helping Others to Succeed Inc		(577) 695-6516	ahewman@hotosabi.com	Newington
Prestige Companion & Homemakers LLC		(203) 262-0046	Prestigehcare@gmail.com	Southbury
Prestige Companion & Homemakers LLC		(203) 262-0046	Prestigehcare@gmail.com	Southbury
CareGivers Connecticut LLC		(860) 436-2779	mmanes@caregivershpc.com	Manchester
CareGivers Connecticut LLC		(860) 436-2779	mmanes@caregivershpc.com	Manchester
CareGivers Connecticut LLC		(860) 436-2779	mmanes@caregivershpc.com	Manchester
Second Chance Home Care LLC		860-263-6289	info@secondchancehomecare.com	East Hartford
Advanced Cognitive Development LLC		(860) 478-1910	crystal_ardais@outlook.com	Mansfield Center
Angel Touch Care LLC		(860) 461-7123	odak@edglobal.net	West Hartford
Angel Touch Care LLC		(860) 461-7123	odak@edglobal.net	West Hartford
Angel Touch Care LLC		(860) 461-7123	odak@edglobal.net	West Hartford
Liberty Homecare Options LLC		(860) 357-4112	syvia@libertyhpc.com	New Britain
Liberty Homecare Options LLC		(860) 357-4112	syvia@libertyhpc.com	New Britain
Liberty Homecare Options LLC		(860) 357-4112	syvia@libertyhpc.com	New Britain
A&D Home Health Solutions Inc		(860) 667-2275	dshier@adhomehealthsolutions.com	Newington
A.L.L. Homemakers and Companions		(860) 507-6796	al216@att.net	Farmington
A.L.L. Homemakers and Companions		(860) 507-6796	al216@att.net	Farmington

- Note that disabled ABI Waiver consumers may have significant challenges with understanding the list of provider types.

ABI RESOURCES LLC

“Creating Opportunities for People”

[Home](#) [Directory](#)

Directory Report Criteria

Welcome to the Online Provider Directory. Here you can search for providers based on provider type, services provided, towns serviced, and languages spoken. By selecting the **Directory** button, you will be provided with detailed information for the providers that match your search criteria. By selecting the **List** button, you will be provided with a [call list](#) for providers that match your search criteria.

Program:

Provider Types:

☒ Agency
☐ Private-Household
☐ Private-SE & H
☐ Private-Self-Emp.

Regions:

Services:

☐ All ☒ Any

Additional Languages:

[Directory](#) [List](#)

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Font Size

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- Note the services do not list the services that the disabled ABI Waiver consumers understand and are familiar with such as Companion, ILST, homemaker RA and more. This may appear to be misleading and confusing.

The screenshot shows the 'Directory Report Criteria' page of the ABI Resources LLC website. The page has a blue header with the tagline 'Creating Opportunities for People'. Below the header, there are tabs for 'Portal' and 'Directory'. The main content area is titled 'Directory Report Criteria' and includes a welcome message and instructions on how to use the search filters. The filters include a 'Program' dropdown set to 'ABI', 'Provider Types', 'Regions', 'Services' (with 'Assisted Technology' and 'Environmental Accessibility Adapt' selected), 'Towns', and 'Additional Languages'. At the bottom of the filters are 'Directory' and 'List' buttons. The footer contains a navigation menu with links like 'HOME', 'ABOUT US', 'PROGRAMS & SERVICES', etc., and a copyright notice for 2022.

- CBT and or Behaviorist services are not listed on the DSS contracted fiduciary listing. This creates many questionable and concerning challenges that may promote a discriminatory and/or bias decision-making process. Case Managers are not providing the disabled ABI Waiver program listing to choose from and may be selecting, making proactive referrals, and promoting behaviorists that benefit Case management relationships more than the Disabled ABI Waiver consumer. This may appear to be a discriminatory and bias practice.

ABI Resources is formally requesting a Department of Social Services internal investigation of these practices and concerns as well as a FOIA request for the policies and practices of protecting the civil rights of the disabled under the ABI Waiver program guidelines.

Best regards,
 David Medeiros CBIS
 David Medeiros CBIS
 Brain Injury Survivor and
 Founder of
 ABI Resources, LLC



ABI Resources LLC 39 Kings Highway Suite C, Gales Ferry, CT, 06335
 www.CTbrainINJURY.com 860 942-0365

PH

Patricia Hinrichs

To: LAURA CLARK; HENRY C WINIARSKI JR ATTY (henrywiniarski@comcast.net); ABI RESOURCES L.L.C. CTbrainINJURY.com 860 942-0365
Cc: Guerreiro, John; Kyer, Danielle; Samantha Scott

Mon 10/10/2022 10:17 AM

Good morning,

I received notice that HFSC will no longer be able to provide services for JP, I have made a referral for CBT services with Ms. Brisman through SLG for 4 visits 1xmonth. I will keep the team update on this matter

Thank You,
Patricia A Hinrichs MS-HS-BCP
Lead ABI Care Manager
WCAAA
84 Progress Lane 2nd floor
Waterbury CT 06705
P-203-465-1000 ext 147
f-203-465-1030

A

A.B.I. RESOURCES L.L.C. 860 942-0365

To: Patricia Hinrichs; LAURA CLARK; HENRY C WINIARSKI JR ATTY (henrywiniarski@comcast.net)
Cc: Guerreiro, John; Kyer, Danielle; Samantha Scott

Mon 10/10/2022 11:04 AM

Hi Patty,

Would you please check with DSS on the CBT referral process in regards to the ABI wavier program?

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

This message is encrypted. What's encryption?

PH

Patricia Hinrichs

To: A.B.I. RESOURCES L.L.C. 860 942-0365; LAURA CLARK; HENRY C WINIARSKI JR ATTY (henrywiniarski@comcast.net)
Cc: Guerreiro, John; Kyer, Danielle; Samantha Scott

Mon 10/10/2022 11:51 AM

Dave,

I was notified by HFSC and in returned confirmed this with JP and offered the new agency which he accepted. I have to go with what JP agrees to as he is not conserved.

<  Mass text 2 ✓

Monday, October 24

MMS
9:33 AM

Hello Shannon,
apparently SLG is
going to the clients
today. Is ABI being
removed and should
Laura continue with
the new staff that has
been identified?

Index D: Participant-Centered Planning and Service Delivery
D-1: Service Plan Development (6 of 8)

Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting among qualified providers of the waiver services in the service plan.

Case managers share with waiver consumers the provider listing, which is developed by a DSS contracted fiduciary listing identifies providers by service type and geographic coverage area who meet the qualifications as set forth by to service waiver participants. The case managers facilitate opportunities for participants to speak with and/or interview prospective providers prior to selection. Program participants are able to contact the fiscal intermediary to get an up and customized listing of the provider directory. For household employees, a background check is conducted by the fiscal intermediary and the results are shared with the consumer to aid in their selection.

MMS 9:44 AM

Thursday, October 27

MMS
4:43 PM

Hello Shannon,
The SLG rep you sent
over has attempted to
poach ABI Resources
employee.



Monday



<  Mass text 3 ▾ ⋮

Wednesday, November 23

Hello Team RR,
It was brought to ABI
Resources' attention
that CCCI's plan is to
use ABI Resources'
service providers intill
December 31, 2022.
Inorder to provide
time for SLG to find
providers, at that time
ABI Resources will
be removed. Is this
correct?

9:32 AM

FW from Pam. Not to
be removed until SLG
has provided staff for
Ronald.

MMS

ABI Resources
resignation from
services is today.

MMS

9:36 AM



PAM sister PC

Meet and greet is

Close Previous Next

CCCI - **Steering** clients

A A.B.I. RESOURCES L.L.C. 860 942-0365

To: Amy Dumont
Cc: CHRISTINE G (ABI SUPPORT SUPERVISOR); ABI RESOURCES LLC www.CTbrainINJURY.com; legal@ctbraininjury.com

Wed 4/14/2021 12:31 PM

Hello Amy,

ABI Resources has been working with a family on MFP for over a year now on discharge planning, the client is [REDACTED] in Gales Ferry. Today at the discharge meeting it was brought to our attention that CCCI arranged a meeting with SLG for the client's family. CCCI expressed to everyone, that the family should go with a LARGE agency that can provide all services. ABI Resources is pursuing this legally as a result.

Would you please give me a call? 860 463-3638

All the best,
David Medeiros CBIS



A.B.I. RESOURCES
WEBSITE | [FACEBOOK](#) ([Meet Abi the Elephant](#))
Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591
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ABI RESOURCES | Request / Medicaid care management access agency complaint

A A.B.I. RESOURCES L.L.C. 860 942-0365

To: David.M@ctbraininjury.com; commis.dss@ct.gov; Cavallaro, Jennifer
Bcc: aabiwr@live.com

Mon 11/15/2021 11:55 AM

Good afternoon Commissioner Gifford and Mrs Cavallaro,

ABI Resources has been informed that the new agency contacted ABI Resources employees who were working with the Gales Ferry MFP client and has hired them to work with the same exact Gales Ferry MFP client. This is a clear conflict of interest. What safeguards does the Department of Social Services have in place to stop what may appear to be inclusion, referral steering and **poaching**?

All the best,
David Medeiros CBIS



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WEBSITE | [FACEBOOK](#)
Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591
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Nothing in this communication is intended to constitute a waiver of any privilege or the confidentiality of this message. If you have received this in error, please notify ABI Resources by e-mail and/or telephone at 860-942-0365, delete the original message and any copy of it.

D David.M@ctbraininjury.com

To: commis.dss@ct.gov; Cavallaro, Jennifer
Bcc: aabiwr@live.com

Fri 11/12/2021 12:45 PM

Good afternoon Commissioner Gifford, Mrs. Cavallaro, and the Department of Social Services,

Would the Department of Social Services please provide ABI Resources a detailed status update in regards to the reported complaint submitted to DSS in early October?

All the best,
David Medeiros CBIS



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Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591
An amazing opportunity to be a part of something much greater than ourselves, supporting people become the best version of themselves.

David Medeiros

215 Mountain St.

Willimantic CT. 06226

David.M@ctbraininjury.com

860 463-3638

Would the Department please keep my personal information confidential to your agency only? I will speak with and aid the Department to provide more clarity. I may be a valuable resource as I have had the unique experience of being a provider for Connecticut Medicaid programs since they began in 1998 and as a survivor of TBI. I have significant concerns about whistleblower retaliation against me personally and the agency I am the founder of, ABI Resources LLC.

This information is based on my past and current experiences providing services for the brain-injured population of Connecticut. I am unsure if this is indeed fraudulent activity or if people are using loopholes to achieve personal financial gain; however, it does appear to be wrong for many reasons. The disclosure is based on a reasonable belief that the alleged wrongdoing has occurred.

November 28, 2022.

1. Who: What may appear to be;

- a. Medicaid Consumers, possibly hundreds of Medicaid Consumers.
- b. [The Connecticut Department of Social Services CT DSS,](#)
- c. Medicaid Care Management Agencies and
- d. [The Medicaid agency provider, The Supported Living Group LLC](#)

2. What: What may appear to be;

- a. Federal Medicaid Funded Programs. Multiple *Medicaid-Funded home-based community services* and *Medicaid Funded Cognitive Therapy* for each Brain Injury Program.
- b. [CT Acquired Brain Injury \(ABI\) Waiver \(0302.R05.00\),](#)
- c. [CT ABI Waiver II \(1085.R01.00\) and,](#)
- d. [The Money Follows the Person Program, MFP.](#)
- e. [Multiple Medicaid-funded home-based and community services.](#)

- f. *Medicaid-funded cognitive behavioral therapeutic services.*
 - g. The total number of agencies on the CT DSS Medicaid Approved Agency Provider List.
 - h. The total number of these Medicaid Consumers on the above brain injury programs.
 - i. The total number of these Medicaid Consumers currently with The Supported Living Group LLC.
 - j. The time period of bulk Medicaid Referrals to The Supported Living Group LLC.
 - k. CT DSS Care Management has and continues to make an astounding amount of Medicaid Referrals to The Supported Living Group LLC. There are hundreds of CT DSS Medicaid-approved providers.
 - l. For both The Supported Living Groups' *Medicaid Home-based services*, as well as,
 - m. The Supported Living Groups *Medicaid Cognitive Behavioral Therapy services*.
3. **How: What may appear to be;**
- a. Corruption of medical decision-making, patient steering, unfair competition, monopolization efforts, kickbacks, or inducements for Medicaid Referrals.
 - b. Violation of any law, rule, or regulation;
 - c. Gross mismanagement;
 - d. Gross waste of funds;
 - e. Abuse of authority; or
 - f. CT DSS care management appears to be funneling Medicaid Referrals to the Supported Living Group LLC exclusively and not using the CT DSS Medicaid approved agency provider list. Excluding hundreds of approved Medicaid Agencies, the Consumer's right to choose and use what may appear to be a referral kickback process.
 - g. Undocumented verbal authorizations, Using the Medicaid Consumer's disabilities to manipulate and mislead.
 - h. The Medicaid Consumers' urgent need for financial support to recover at home, the family's need to return to work, and the Medicaid Consumer's economic desperation.
 - i. CT DSS care management is making medical therapeutic Medicaid Referrals to The Supported Living Group LLC for Medicaid *home-based* services as well as *Cognitive Behavioral Therapy services*. The Supported Living Group LLC therapist dictates the amount of Medicaid funding services each Consumer requires then the Supported Living Group LLC provides these Medicaid-funded *home-based* services.

- j. The Supported Living Group LLC's Medicaid *home-based* service providers then provide the need for more Medicaid Therapeutic services in what appears to be a conflict of interests and kickback system.
 - k. **CT DSS** Medicaid approved provider list is intentionally biased, discriminatory, and corrupt. This corruption has been repeatedly reported to CT DSS for many years. CT DSS and the access agency that manages the Approved Provider Lists have a mutually beneficial relationship.
4. **Why: What may appear to be;**
- a. Consumers have the right to choose their Medicaid providers. Consumers can select multiple Medicaid providers for their *home-based* and community services. CT DSS care management is steering Medicaid-Funded program services and Medicaid Consumers to the Supported Living Group to reduce the CT DSS care management workload, violating the Medicaid Consumers' right to choose. These actions also place the individual into a significantly disadvantaged situation forcing the level of CT DSS care management to be reduced. Additionally, the relationship between CT DSS care management and the Supported Living Group is a significant conflict of interest for the Medicaid Consumer, and each agency works together for their agenda, not the Individuals' needs to support the kickback system.
 - b. CT DSS care management agencies benefit financially by reducing the number of Care Managers needed and reducing the operating costs of their time and effort. CT DSS's benefits include one place to contact and one location to have multiple required meetings on the same day. CT DSS care managers want to refrain from speaking with various agency providers.
 - c. The Supported Living Group LLC appears to receive payment from Medicaid Consumers for housing, Medicaid Funded *home-based* services, and Medicaid-funded Therapeutic services. This arrangement traps the Medicaid consumer into services and contractual relationships.
 - d. Some Medicaid Consumers may appear to be paid stipends from The Supported Living Group LLC to trap the Medicaid consumer into services and contractual relationships.
 - e. Monetary gain.
 - f. Time and ease of care management operations.
 - g. Reduced care management operating costs.

The Connecticut Department of Social Services may appear to be manipulating Medicaid Consumers recovering from brain injuries for financial gain. CT DSS may be using the Medicaid Consumer's disabilities against them. CT DSS may appear to be using a complete lack of knowledge, a crafted complex information system, desperation, time constraints, compromised communication skills, memory challenges, and cognition disabilities. CT DSS care management may appear to be fostering and praying on disabled Medicaid Consumers' lack of informed knowledge and awareness of the rights and policies of their personal Medicaid service programs. CT DSS care management has and continues to arrange and assign Medicaid Referrals to The Supported Living Group LLC to Medicaid Consumers forcing, misleading, and tricking the unaware into using the Medicaid services of the Supported Living Group LLC exclusively.

CT DSS care management first provides the Medicaid program Consumers Medicaid referral to the Supported Living Group LLC with the Medicaid Consumer's information. Secondly, CT DSS care management informs Medicaid Consumers when home Medicaid services will begin through The Supported Living Group LLC. The Medicaid referral process may appear to be completed verbally, mostly over phone calls, leaving the Medicaid Consumer at the will of CT DSS care management directives and conversation time constraints. During this process, the Medicaid Consumer may appear not to be made aware of the DSS-approved Medicaid agency provider list and that there are numerous Medicaid-approved agencies to select. In most cases, CT DSS care management specifies and dictates the Medicaid referral to The Supported living Group LLC to the Medicaid Consumer. Suppose by chance, during the Medicaid referral process; the Medicaid Consumer independently discovers they have more Medicaid agency options. In that case, CT DSS care management verbally explains that the DSS-approved Medicaid provider list may appear outdated.

The Connecticut Department of Social Services may appear to be violating the policies of the Medicaid MFP Money Follows the Person Program and the Medicaid ABI Waiver Programs I and II. Medicaid Consumers are told the Supported living Group LLC is the agency provider of *Medicaid home-based services* and *Medicaid Cognitive Behavioral Therapeutic services*.

- a) CT DSS fosters a complex online self-discovery method to confuse and frustrate Medicaid Consumers to follow their instructions.

- b) CT DSS and Medicaid care management agencies hide the CT DSS Medicaid-approved agency provider list and *Medicaid Cognitive Behavioral Therapist* list from Medicaid Consumers' awareness, using complex conversations and misleading website processes.
- c) CT DSS will not allow the approved Medicaid Provider List to be openly public.
- d) The CT DSS' Medicaid Approved provider list appears intentionally biased and manipulated to benefit CT DSS' care management operation costs and The Supported Living Group LLC, not the Medicaid Consumer.
- e) CT DSS uses a covert internet-based lock and key system to hinder disabled Medicaid Consumers from viewing the approved Medicaid agency provider list. What may appear to be using disability against the Medicaid Consumer and knowing that trusting Medicaid Consumers cannot ask for what they do not know exists. Medicaid consumers' ability to make informed decisions about their Medicaid service provider choices may appear hidden from them. This manipulation enforces the Kickback referral system.
- f) The CT DSS' approved Medicaid agency provider list may appear presented to confuse, frustrate, and manipulate Medicaid Consumers' decision-making process in a grooming-like effort to support and enforce the Medicaid kickback referral process.
- g) CT DSS care management actively lists and promotes the Supported living Group LLC's contact information more than four times on the Medicaid-approved agency provider list.
- h) It may appear that CT DSS care management is benefiting financially from a kickback system of Medicaid Referrals.
- i) CT DSS care management may appear to be masking Medicaid program information from Medicaid Consumers.
- j) CT DSS care management may appear to be misleading Medicaid Consumers and complicating their ability to make informed decisions.
- k) CT DSS care management may force Medicaid Consumers to make quick decisions before they can research, discover, and invoke their rights.
- l) CT DSS care management may appear to monopolize on time frames, expecting Medicaid Consumers to know and understand their rights under the Medicaid program and to advocate for their Medicaid services before individuals know what Medicaid services they have.
- m) CT DSS care management may appear to be the only Medicaid program information source permitted to communicate with Medicaid Consumers about their Medicaid services. Medicaid Agency-provided verbal information or communication about Medicaid services may not be

allowed. CT DSS refers to this communication as a manipulation of the care management process.

- n) CT DSS care management may appear to retaliate against Medicaid agency providers communicating with Medicaid Consumers about Medicaid services.
- o) CT DSS makes it clear to Medicaid agencies that any effort by a Medicaid agency provider to inform Medicaid Consumers of their rights or by showing Medicaid Consumers where to locate information about Medicaid services may result in the possible removal of that Medicaid agency from CT DSS Medicaid-managed programs as well as threats of DSS audits.
- p) CT DSS care management may appear to have and continues to be funneling directly to, promoting, and referring The Supported Living Group LLC's Medicaid services.
- q) Due to what appears to be a kickback system, the Supported Living Group LLC has swiftly become the largest and most dominating Medicaid MFP and ABI Waiver I and II agency provider in Connecticut.
- r) CT DSS care management gives little or no attention to reports of manipulations or kickbacks.
- s) CT DSS care management ignores reported concerns.
- t) CT DSS care management displays The Supported Living Groups' valuable artwork in their offices. This art is a promotional tool to consistently advertise to Medicaid Consumers within CT DSS care management offices. The Supported Living Group LLC provides the art.
- u) CT DSS care management uses The Supported living Group LLC's art for website advertising and internet-based social media sites promoting The Supported Living Group LLC's Medicaid Services and their Care Management services.
- v) CT DSS care management may appear to be using the Medicaid Consumers' disabilities against them to achieve the kickback agenda using verbal authorizations versus documented communication to hide their actions and avoid a paper trail.
- w) CT DSS care management quickly uses time constraints and overwhelm. To seal the deal, Medicaid Consumers must sign Medicaid program contracts quickly before careful review.
- x) CT DSS Care management agencies are pressuring Consumers verbally during quarterly Medicaid-required Team Meetings to switch Medicaid agencies to the Supported Living Group LLC for Medicaid *home-based* services as well as *Medicaid Funded Cognitive Behavioral Therapy Services*.

- y) CT DSS Care management agencies are pressuring Consumers verbally during quarterly Medicaid-required Team Meetings with Medicaid agencies to the Supported Living Group LLC for *Medicaid Funded Therapy services*.
- z) CT DSS uses requests and directives from people, not Medicaid Consumers or legal conservators, to their vantage.
- aa) CT DSS care management has and is making additional Medicaid Referrals forcing The Supported Living Group LLC LLCs' Medicaid Therapist on Medicaid Consumers.
- bb) The number of Consumers on the program versus the number of clients The Supported Living Group LLC serves may appear grossly disproportionate to the number of approved Medicaid agency service providers.
- cc) CT DSS may appear to be purposely not collecting or hiding Medicaid data to manipulate FOIA requests. Information such as the number of Medicaid Consumers who receive Medicaid services from The Supported Living Group LLC.
- dd) What is the total number of CT DSS-approved Medicaid agency providers on the CT DSS Approved Provider List?
- ee) What is the total number of Medicaid Consumers receiving MFP and ABI waiver services?
- ff) What number of Medicaid Referrals has The Supported Living Group LLC received from CT DSS care management? What number of Medicaid Referrals have been made to the Supported Living Group LLC?
- gg) What is the total number of Medicaid Consumers receiving Medicaid services from The Supported Living Group LLC?
- hh) What is the total number of CT DSS care management Medicaid Referrals from the Supported Living Group LLC?
- ii) What is the total amount of Medicaid funding billed between The Supported Living Group LLC and CT DSS care management agencies?
- jj) CT DSS care management is dictating Medicaid Referrals to the Supported Living Group LLC and excluding hundreds of approved Medicaid Agencies.
- kk) The Supported Living Group LLC or its owners may force Medicaid Consumers to live in apartments owned by the company president or people with mutual financial benefits. These Medicaid Consumers use Federal Social Security disability funds to pay the rent. If these Medicaid Consumers wish to change Medicaid agency providers, they may also lose their

apartments. These actions are a manipulated complex effort to force Medicaid Consumers to avoid terminating Medicaid relationships.

- ll) The Supported Living Group LLC may have a covert and active stipend system to pay Medicaid Consumers. This type of financial relationship with Medicaid Consumers forces the Medicaid Consumers to stay with The Supported Living Group LLC because they are paying them.
- mm) The Supported Living Group LLC Director of Clinical Services Doctor provides *Medicaid-Funded Cognitive Behavioral Therapy* to the same Medicaid Consumers receiving Medicaid *home-based* services from the same agency. The individual Medicaid consumer is trapped within a circle of Medicaid Funding, each feeding the other in a back-and-forth kickback system. The Therapist dictates the *home-based* Medicaid services needed. The Supported Living Groups' *home-based* providers report the need for more therapeutic services back to The Supported Living Groups' Therapist and vice versa. This back-and-forth process increases Medicaid-Funding services and traps the individual with The Supported Living Group. And CT DSS care management Medicaid services are needed and funded. The Supported Living Group LLC dictates the need for Medicaid service funding and receives the Medicaid services funding. This kickback system dictates the type of Medicaid Services and the number of Medicaid services the Medicaid Consumer must use.
- nn) Care managers have and continue to take verbal actions by consistently calling Medicaid Consumers, pressuring them to change agencies to the Supported Living Group LLC.
- oo) Care Managers are violating Medicaid program policies and intentionally not informing or investigating Medicaid agency providers about concerns.
- pp) CT DSS care management forces the individual to receive The Supported living Group LLC's *Medicaid-funded Cognitive Behavioral Therapy services*, knowing that the Consumer must attend these therapy sessions at The Supported living Group LLC's offices. This is a significant conflict of interest as Medicaid consumers, and other agency employees are poached at this location.
- qq) CT DSS forces Medicaid Agency Providers to be trained and certified by the Supported Living Group to provide the same Medicaid Services.

The Supported Living Group LLC.

Executive Office of Danielson: 113 School St, Danielson, CT 06239

Executive Office of Avon: 147 Simsbury Rd, Avon, CT 06001

Executive Office of Bethany: 23 Amity Rd, Bethany, CT 06524

Western Connecticut Satellite Office: 97A Whiting St, Plainville, CT 06062

(860) 774-3400

<https://www.supportedlivinggroup.org/>

Therapist <https://www.supportedlivinggroup.org/mbrisman>

A.B.I. RESOURCES

A.B.I. Resources LLC

39 Kings Highway, Suite C

Gales Ferry CT, 06335

Phone: (860) 942-0365

Fax: (860) 465-9591

<https://www.CTbrainINJURY.com>

CT DSS FOIA request 11/07/2022.

Medicaid Programs.

To the Connecticut Department of Social Services, DSS Legal, and FOIA request departments. In reference to Medicaid funding of ABI Waiver programs I and II, and MFP, Money Follows the Person program.

Medicaid FOIA request: Current Medicaid funding service information pertaining to November 7, 2022.

1. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Connecticut Community Care Inc?
2. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and SWCAA Southwestern Connecticut Area on Ageing?
3. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and WCAA Western Connecticut Area on Aging?
4. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Area on Aging South Central Connecticut?

Best regards,

David Medeiros

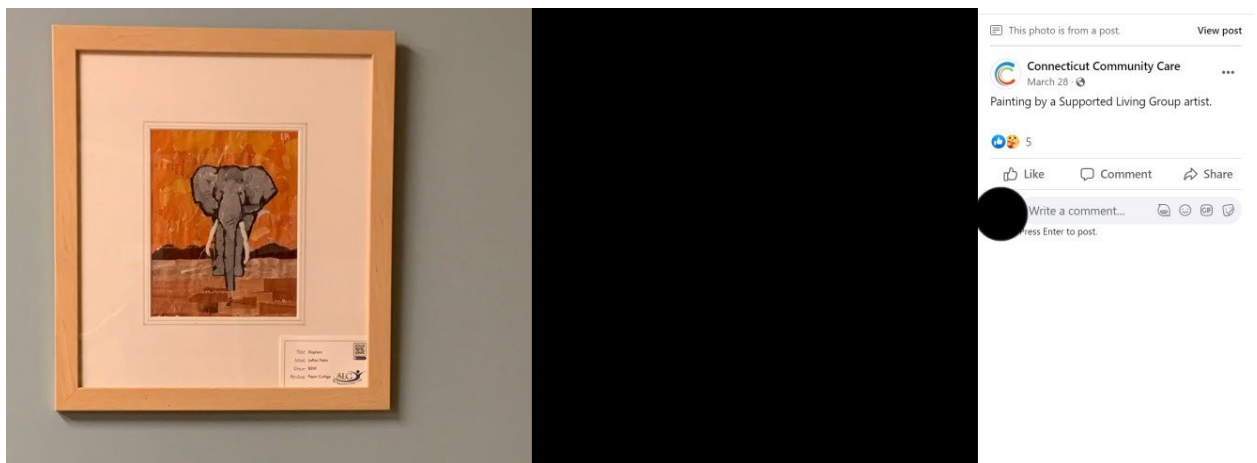
David Medeiros CBIS
Brain Injury Survivor and
Founder of
ABI Resources, LLC



ABI RESOURCES LLC
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GALES FERRY, CT 06335
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www.CTbrainINJURY.com



7615









The Supported Living Group

Intro

The Supported Living Group is an organization dedicated to the rehabilitation, restoration, and renew

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113 School Street, Danielson, CT, United States, Connecticut

(860) 774-3400

Cbrisson@slg-ct.com

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The Supported Living Group

March 31 ·

The artists associated with SLG's vocational art program are thankful for the ongoing support that they have received from Connecticut Community Care in showcasing their work across their cooperate offices!

Thank you Ron Sturm, Amanda Gaipa, Sherry Ostrout, Michelle Moquin, Debbie Farslow and Karen Green for helping to make the collaboration happen! Interested in viewing the pieces for purchase? Email communications@ctcommunitycare.org

#ABI #TBI #Artist #CTBraininjury #Vocrehab #CTABI #CTTBI #DisabilityArt #ART



Connecticut Community Care

March 28 ·

We have the honor of displaying and admiring artwork on loan from a talented group of artists, participating in the vocational art program through [The Supported...](#) [See more](#)

Carol DeJesus and others

Like

Comment

Share

Write a comment...



The Supported Living Group

March 15 ·



The Supported Living Group

Intro

The Supported Living Group is an organization dedicated to the rehabilitation, restoration, and renewal

Page · Home Health Care Service

113 School Street, Danielson, CT, United States, Connecticut

(860) 774-3400

Cbrisson@slg-ct.com

[supportedlivinggroup.org](https://www.supportedlivinggroup.org)

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Like

Comment

Share



The Supported Living Group

January 7 ·

The Supported Living Group (SLG) is thrilled to announce a newly established link with Connecticut Community Care (CCC) <https://www.facebook.com/ctcommunitycare> which will work to promote art pieces produced by brain injury survivors!

The link established will enable art pieces created in SLG's ABI Waiver associated supported employment programs to be displayed at CCC offices throughout Connecticut. It is hoped, that this link will provide greater levels of exposure for SLG's talented artists from the brain injury community and open dialogue around the complex recovery process that they have faced.

To learn more about SLG's array of specialized brain injury support services contact us today at: 860-774-3400.

#braininjury #braininjurysurvivor #braininjuryawareness #braininjuryrecovery #ctbraininjury #artist #artwork #artrehab #vocrehab #CCCI #community



Kerri Lynn Foster and others



Michelle Brisman, Ph.D.

Director of Clinical Services

Dr. Michelle Brisman comes to us with a B.A. from Binghamton University and a Doctorate of Philosophy from Yeshiva University. She began her formal career as a clinical neuropsychologist at the United Cerebral Palsy Association in NY before undertaking her internship at the Kessler Institute for Rehabilitation in NJ, where she specialized in cognitive rehabilitation of various medical and neurologically compromised populations — a specialization she continued to pursue when she was offered the position of Director of Medical Rehabilitation Services at the Capital Region/Eastern Connecticut Easter Seals in 2001, working closely with neurologically affected groups, such as those with TBI/ABI, stroke, Multiple Sclerosis, seizure disorders, and brain tumors.



A.B.I. Resources LLC

39 Kings Highway, Suite C

Gales Ferry CT, 06335

Phone: (860) 942-0365

Fax: (860) 465-9591

<https://www.CTbrainINJURY.com>

To.

Connecticut Department of Social Services, DSS Legal. Formal FOIA request.

In reference to what may appear to be ABI Waiver program discriminatory and biased practices, challenges, and concerns. Additionally, these concerns also relate to the MFP program.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Case managers share with waiver consumers the provider listing, which is developed by a DSS contracted fiduciary. This listing identifies providers by service type and geographic coverage area who meet the qualifications as set forth by DSS to service waiver participants. The case managers facilitate opportunities for participants to speak with and/or interview prospective providers prior to selection. Program participants are able to contact the fiscal intermediary to get an updated and customized listing of the provider directory. For household employees, a background check is conducted by the fiscal intermediary and the results are shared with the consumer to aid in their selection.

The DSS contracted fiduciary listing may appear to be discriminatory to the disabled ABI Waiver population it serves and Medicaid providers:

- The listing is not accessible or viewable to the public.
- Locked and only accessible via an email address verification process, username and created password for consumers of the ABI Waiver Program.
- Much of the disabled ABI Waiver Program population cannot afford internet and the equipment needed to access the internet to navigate their listing.
- Much of the disabled ABI population are unable navigate and understand internet-based communication processes.
- The majority of the disabled ABI Waiver population live with communication, and memory challenges. Calling the DSS contracted fiduciary, waiting on hold, leaving voicemail requests for call backs or to request the listing be mailed to their home address is a very complicated process for most.
- Case Managers are providing verbal recommendations to ABI Waiver and MFP consumers of providers that they believe would be a good fit for the consumer without providing the complete DSS



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contracted fiduciary listing. This action is not ethical and biased as disabled ABI waiver consumers are not being afforded their complete options and possibly bias selection of providers that may provide a more beneficial Case Management relationship. ABI Waiver and MFP consumers may appear to be not completely informed and misled during the decision-making process and may be left completely out of the selection process. This may appear to be discriminating and misleading to consumers with disabilities and not providing them the same civil rights into their person-centered program decision process. An example of this would be a verbal phone conversation promoting a specific provider, leading or steering a client to meet with or arranging referral before a consumer is completely informed or provided their complete options by a Case Management selected provider.

- It may appear that DSS, Case Management providers and the contracted fiduciary listing provider are aware of these discriminatory processes and practices.
- How does DSS ensure the disabled population is not being discriminated against and provide the procedural validation system used to ensure civil rights are completely adhered to?
- Additionally, it may appear that the DSS contracted fiduciary listing is discriminatory and biased to intentionally confuse the disabled ABI Waiver consumer in this way as well. Below are the first 2 webpages of many, that DSS'S contracted fiduciary is listing, note that agency providers are listed biasedly and misleadingly, listing the same providers in duplicate, triplicate and more.

Juniper Homecare LLC	(860) 529-1818	West Hartford
Juniper Homecare LLC	(860) 529-1818	West Hartford
Absolute Independence LLC	(860) 347-3092	meffersons288@gmail.com
The Supported Living Group LLC	(950) 774-3400	kbrierson@slg-ct.com
The Supported Living Group LLC	(950) 774-3400	kbrierson@slg-ct.com
The Supported Living Group LLC	(950) 774-3400	kbrierson@slg-ct.com
Handz-On Inc.	(860) 560-7700	myra@handzon.org
Handz-On Inc.	(860) 560-7700	myra@handzon.org
Handz-On Inc.	(860) 560-7700	myra@handzon.org
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com
Lifeline Nursing LLC	(203) 691-6243	info@lifenursing.net
Lifeline Nursing LLC	(203) 691-6243	info@lifenursing.net
Change Inc.	(860) 346-0771	dylibe@changenonline.org
Change Inc.	(860) 346-0771	dylibe@changenonline.org
Change Inc.	(860) 346-0771	dylibe@changenonline.org
Home Healthcare Companions LLC	(860) 808-7870	enjoyee.commer@gmail.com
Simple Home Care Solutions LLC	(860) 944-2770	nancyhackberth@att.net
Simple Home Care Solutions LLC	(860) 944-2770	nancyhackberth@att.net
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	janoszo@carefinders.org
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	janoszo@carefinders.org
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	janoszo@carefinders.org
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	janoszo@carefinders.org

- Note ABI Resources is listed once.

Positive Outlooks			sherry@mccowan@positiveoutlooka.com	Waterbury
Positive Outlooks			sherry@mccowan@positiveoutlooka.com	Waterbury
ABI Resources LLC		(860) 942-0365	ABI@CTBRAININJURY.COM	Gales Ferry
24/7 Harmony Home Care Services LLC		(860) 646-4193	asumadq@247hcare.com	Manchester
24/7 Harmony Home Care Services LLC		(860) 646-4193	asumadq@247hcare.com	Manchester
Helping Others to Succeed Inc		(577) 695-6516	ahewman@hotosabi.com	Newington
Helping Others to Succeed Inc		(577) 695-6516	ahewman@hotosabi.com	Newington
Helping Others to Succeed Inc		(577) 695-6516	ahewman@hotosabi.com	Newington
Prestige Companion & Homemakers LLC		(203) 262-0046	Prestigehcare@gmail.com	Southbury
Prestige Companion & Homemakers LLC		(203) 262-0046	Prestigehcare@gmail.com	Southbury
CareGivers Connecticut LLC		(860) 436-2779	mmanes@caregivershpc.com	Manchester
CareGivers Connecticut LLC		(860) 436-2779	mmanes@caregivershpc.com	Manchester
CareGivers Connecticut LLC		(860) 436-2779	mmanes@caregivershpc.com	Manchester
Second Chance Home Care LLC		860-263-6289	info@secondchancehomecare.com	East Hartford
Advanced Cognitive Development LLC		(860) 478-1910	crystal_ardais@outlook.com	Mansfield Center
Angel Touch Care LLC		(860) 461-7123	odak@edglobal.net	West Hartford
Angel Touch Care LLC		(860) 461-7123	odak@edglobal.net	West Hartford
Angel Touch Care LLC		(860) 461-7123	odak@edglobal.net	West Hartford
Liberty Homecare Options LLC		(860) 357-4112	syvia@libertyhpc.com	New Britain
Liberty Homecare Options LLC		(860) 357-4112	syvia@libertyhpc.com	New Britain
Liberty Homecare Options LLC		(860) 357-4112	syvia@libertyhpc.com	New Britain
A&D Home Health Solutions Inc		(860) 667-2275	dshier@adhomehealthsolutions.com	Newington
A.L.L. Homemakers and Companions		(860) 507-6796	al216@att.net	Farmington
A.L.L. Homemakers and Companions		(860) 507-6796	al216@att.net	Farmington

- Note that disabled ABI Waiver consumers may have significant challenges with understanding the list of provider types.

ABI RESOURCES LLC

“Creating Opportunities for People”

[Home](#) [Directory](#)

Directory Report Criteria

Welcome to the Online Provider Directory. Here you can search for providers based on provider type, services provided, towns serviced, and languages spoken. By selecting the **Directory** button, you will be provided with detailed information for the providers that match your search criteria. By selecting the **List** button, you will be provided with a [call list](#) for providers that match your search criteria.

Program:

Provider Types:

☒ Agency
☐ Private-Household
☐ Private-SE & H
☐ Private-Self-Emp.

Regions:

Services:

☐ All ☒ Any

Additional Languages:

[Directory](#) [List](#)

HOME ABOUT US PROGRAMS & SERVICES CUSTOMER SERVICE QUALITY SERVICE PROVIDER INFORMATION CONTACT US

Font Size

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[Home](#) [Log Out](#)

- Note the services do not list the services that the disabled ABI Waiver consumers understand and are familiar with such as Companion, ILST, homemaker RA and more. This may appear to be misleading and confusing.

The screenshot shows the 'Directory Report Criteria' page of the ABI Resources LLC website. The page has a blue header with the tagline 'Creating Opportunities for People'. Below the header, there are tabs for 'Portal' and 'Directory'. The main content area is titled 'Directory Report Criteria' and includes a welcome message and instructions on how to use the search filters. The filters include a 'Program' dropdown set to 'ABI', 'Provider Types', 'Regions', 'Services' (with 'Assisted Technology' and 'Environmental Accessibility Adapt' selected), 'Towns', and 'Additional Languages'. At the bottom of the filters are 'Directory' and 'List' buttons. The footer contains a navigation menu with links to Home, About Us, Programs & Services, Customer Service, Quality Service, Provider Information, and Contact Us. It also includes a 'Font Size' adjuster and a copyright notice for 2022.

- CBT and or Behaviorist services are not listed on the DSS contracted fiduciary listing. This creates many questionable and concerning challenges that may promote a discriminatory and/or bias decision-making process. Case Managers are not providing the disabled ABI Waiver program listing to choose from and may be selecting, making proactive referrals, and promoting behaviorists that benefit Case management relationships more than the Disabled ABI Waiver consumer. This may appear to be a discriminatory and bias practice.

ABI Resources is formally requesting a Department of Social Services internal investigation of these practices and concerns as well as a FOIA request for the policies and practices of protecting the civil rights of the disabled under the ABI Waiver program guidelines.

Best regards,
 David Medeiros CBIS
 David Medeiros CBIS
 Brain Injury Survivor and
 Founder of
 ABI Resources, LLC



ABI Resources LLC 39 Kings Highway Suite C, Gales Ferry, CT, 06335
 www.CTbrainINJURY.com 860 942-0365

PH

Patricia Hinrichs

To: LAURA CLARK; HENRY C WINIARSKI JR ATTY (henrywiniarski@comcast.net); ABI RESOURCES L.L.C. CTbrainINJURY.com 860 942-0365

Cc: Guerreiro, John; Kyer, Danielle; Samantha Scott

Mon 10/10/2022 10:17 AM

Good morning,

I received notice that HFSC will no longer be able to provide services for JP, I have made a referral for CBT services with Ms. Brisman through SLG for 4 visits 1xmonth. I will keep the team update on this matter

Thank You,
Patricia A Hinrichs MS-HS-BCP
Lead ABI Care Manager
WCAAA
84 Progress Lane 2nd floor
Waterbury CT 06705
P-203-465-1000 ext 147
f-203-465-1030

A

A.B.I. RESOURCES L.L.C. 860 942-0365

To: Patricia Hinrichs; LAURA CLARK; HENRY C WINIARSKI JR ATTY (henrywiniarski@comcast.net)

Cc: Guerreiro, John; Kyer, Danielle; Samantha Scott

Mon 10/10/2022 11:04 AM

Hi Patty,

Would you please check with DSS on the CBT referral process in regards to the ABI wavier program?

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

 This message is encrypted. What's encryption?

PH

Patricia Hinrichs

To: A.B.I. RESOURCES L.L.C. 860 942-0365; LAURA CLARK; HENRY C WINIARSKI JR ATTY (henrywiniarski@comcast.net)

Cc: Guerreiro, John; Kyer, Danielle; Samantha Scott

Mon 10/10/2022 11:51 AM

Dave,

I was notified by HFSC and in returned confirmed this with JP and offered the new agency which he accepted. I have to go with what JP agrees to as he is not conserved.

<  Mass text 2 ✓

Monday, October 24

MMS
9:33 AM

Hello Shannon,
apparently SLG is
going to the clients
today. Is ABI being
removed and should
Laura continue with
the new staff that has
been identified?

Index D: Participant-Centered Planning and Service Delivery
D-1: Service Plan Development (6 of 8)

Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting among qualified providers of the waiver services in the service plan.

Case managers share with waiver consumers the provider listing, which is developed by a DSS contracted fiduciary listing identifies providers by service type and geographic coverage area who meet the qualifications as set forth by to service waiver participants. The case managers facilitate opportunities for participants to speak with and/or interview prospective providers prior to selection. Program participants are able to contact the fiscal intermediary to get an up and customized listing of the provider directory. For household employees, a background check is conducted by the fiscal intermediary and the results are shared with the consumer to aid in their selection.

MMS 9:44 AM

Thursday, October 27

MMS
4:43 PM

Hello Shannon,
The SLG rep you sent
over has attempted to
poach ABI Resources
employee.



Monday



<  Mass text 3 ▾ ⋮

Wednesday, November 23

Hello Team RR,
It was brought to ABI
Resources' attention
that CCCI's plan is to
use ABI Resources'
service providers intill
December 31, 2022.
Inorder to provide
time for SLG to find
providers, at that time
ABI Resources will
be removed. Is this
correct?

9:32 AM

FW from Pam. Not to
be removed until SLG
has provided staff for
Ronald.

MMS

ABI Resources
resignation from
services is today.

MMS

9:36 AM



PAM sister PC

Meet and greet is

Close Previous Next

CCCI - **Steering** clients

A A.B.I. RESOURCES L.L.C. 860 942-0365

To: Amy Dumont
Cc: CHRISTINE G (ABI SUPPORT SUPERVISOR); ABI RESOURCES LLC www.CTbrainINJURY.com; legal@ctbraininjury.com

Wed 4/14/2021 12:31 PM

Hello Amy,

ABI Resources has been working with a family on MFP for over a year now on discharge planning, the client is [REDACTED] in Gales Ferry. Today at the discharge meeting it was brought to our attention that CCCI arranged a meeting with SLG for the client's family. CCCI expressed to everyone, that the family should go with a LARGE agency that can provide all services. ABI Resources is pursuing this legally as a result.

Would you please give me a call? 860 463-3638

All the best,
David Medeiros CBIS



A.B.I. RESOURCES
WEBSITE | [FACEBOOK](#) ([Meet Abi the Elephant](#))
Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591
An amazing opportunity to be a part of something much greater than ourselves, helping people become the best version of themselves.

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ABI RESOURCES | Request / Medicaid care management access agency complaint

A A.B.I. RESOURCES L.L.C. 860 942-0365

To: David.M@ctbraininjury.com; commis.dss@ct.gov; Cavallaro, Jennifer
Bcc: aabiwr@live.com

Mon 11/15/2021 11:55 AM

Good afternoon Commissioner Gifford and Mrs Cavallaro,

ABI Resources has been informed that the new agency contacted ABI Resources employees who were working with the Gales Ferry MFP client and has hired them to work with the same exact Gales Ferry MFP client. This is a clear conflict of interest. What safeguards does the Department of Social Services have in place to stop what may appear to be inclusion, referral steering and **poaching**?

All the best,
David Medeiros CBIS



A.B.I. RESOURCES
WEBSITE | [FACEBOOK](#)
Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591
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Nothing in this communication is intended to constitute a waiver of any privilege or the confidentiality of this message. If you have received this in error, please notify ABI Resources by e-mail and/or telephone at 860-942-0365, delete the original message and any copy of it.

D David.M@ctbraininjury.com

To: commis.dss@ct.gov; Cavallaro, Jennifer
Bcc: aabiwr@live.com

Fri 11/12/2021 12:45 PM

Good afternoon Commissioner Gifford, Mrs. Cavallaro, and the Department of Social Services,

Would the Department of Social Services please provide ABI Resources a detailed status update in regards to the reported complaint submitted to DSS in early October?

All the best,
David Medeiros CBIS



A.B.I. RESOURCES
WEBSITE | [FACEBOOK](#)
Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591
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ABI II Waiver Program

ABI II Program Service – Consultation Services Description:

Services provided to assist a team and individuals to address service-implementation issues that have presented a barrier to resolution. This service aids in the development of individual interventions designed to decrease an individual's severe maladaptive behaviors, which jeopardize the individual's ability to remain integrated in the community. Services may be provided in a team meeting at the individual's home or community location.

This service is only available to individuals on ABI II Waiver. This service may not be provided by the individual's conservator, power of attorney, or a family member of such conservator or power of attorney, or an agency provider owned by the individual's conservator or power of attorney.

Agency/Self-employed Individual Requirements:

Employ Professionals Licensed by the CT Department of Public Health who meet all applicable training, state licensure or certification requirements:

- Licensed Psychologist
- Clinical Social Worker
- Speech Pathologist
- Speech Therapist
- Occupational Therapist
- Physical Therapist
- Registered Nurse
- Dietician/Nutritionist
- Qualified Neuropsychologist
- Certified Rehabilitation Counselor
- Certified Substance Abuse Specialist

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Phone: (860) 942-0365

Fax: (860) 465-9591

<https://www.CTbrainINJURY.com>

CT DSS FOIA request 11/07/2022.

Medicaid Programs.

To the Connecticut Department of Social Services, DSS Legal, and FOIA request departments. In reference to Medicaid funding of ABI Waiver programs I and II, and MFP, Money Follows the Person program.

Medicaid FOIA request: Current Medicaid funding service information pertaining to November 7, 2022.

1. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Connecticut Community Care Inc?
2. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and SWCAA Southwestern Connecticut Area on Ageing?
3. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and WCAAA Western Connecticut Area on Aging?
4. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Area on Aging South Central Connecticut?

Best regards,

David Medeiros

David Medeiros CBIS
Brain Injury Survivor and
Founder of
ABI Resources, LLC



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Gales Ferry CT, 06335

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Best regards,

David Medeiros

David Medeiros CBIS
Brain Injury Survivor and
Founder of
ABI Resources, LLC



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Best regards,

David Medeiros

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Best regards,

David Medeiros

David Medeiros CBIS
Brain Injury Survivor and
Founder of
ABI Resources, LLC



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GALES FERRY, CT 06335
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WWW.CTBRAININJURY.COM



7613

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Connecticut

B. Waiver Title:

Home and Community Based Services Waiver for Elders
Personal Care Assistance Waiver
CT ABI Waiver
Home and Community Supports Waiver for Persons with Autism
CT ABI Waiver II
Mental Health Waiver
Katie Beckett Waiver

C. Control Number:

CT.0140.R07.03
CT.0301.R05.05
CT.0302.R05.01
CT.0993.R01.04
CT.1085.R01.04
CT.0653.R02.04
CT.4110.R08.01

D. Type of Emergency (The state may check more than one box):

☒	Pandemic or Epidemic
☐	Natural Disaster
☐	National Security Emergency
☐	Environmental
☐	Other (specify):

- E. Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID 19 pandemic.

Federal public health emergency continues to exist as a result of the Coronavirus Disease (COVID-19) pandemic.

This Appendix K is additive to the previously approved Appendix Ks and includes the following modifications:

1. Increased Provider Rates. Rate sufficiency is imperative to quickly build supply of HCBS workers needed.
 - a. A state minimum wage increase for agency-based personal care assistants (PCAs), chore/homemaker, and companion services, effective 8/1/2021. The 8/1/2021 increase in rates will be 6% for applicable services.
 - b. A 1.7% across-the-board rate increase, authorized under the biennial budget and incorporated in the ARPA reinvestment plan, effective 7/1/2021;
 - c. Supplemental rate funding beyond the 1.7% for a maximum 4.5% total rate increase (inclusive of the 1.7%) for waiver services, including a 3.5% base increase and up to a 1% value-based payment (VBP), both included under the ARPA reinvestment plan, effective 7/1/2021, with:
 - i. both rate components were contingent upon approval of Connecticut's ARPA reinvestment plan; and
 - ii. the VBP increase contingent on participation in race-equity training, connection to the state's health information exchange (HIE) and reporting of quality and financial data.
2. Effective 4/01/2021, Fund temporary workforce and provider stabilization. A one-time stabilization payment estimated at 5% of total SFY 2021 expenditures, included under the ARPA reinvestment plan, to be paid within the quarter ending 12/31/2021.

Acknowledging the payments listed in this Appendix K are time-limited payments which are not anticipated to extend beyond March 2024, the State understands that its ability to make payments under the Appendix K authority will end six months following the conclusion of the Federal public health emergency. The State will be responsible to seek other authority, such as amending the 1915(c) HCBS base waivers, for the continuation of these payments beyond the termination date of the Appendix K.

- F. Proposed Effective Date: Start Date: 3/16/2020 Anticipated End Date: Six months after the conclusion of the Federal public health emergency.**

- G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID 19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waivers to all individuals impacted by the COVID-19 pandemic.

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Not applicable.

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. ___ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. X Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

The following increases are based on a rate development method that is approved by CMS for these waivers:

3.5% increase in existing rates approved by CMS for all provider types covered under these 1915(c) waivers retroactive to July 1, 2021 and payable within 30 days of CMS approval.

Explanation of increase: This 3.5% increase is required for cost-of-living adjustments in order to recognize the significant cost increases experienced for service providers during the pandemic. Of the 3.5% increase, 1.8% is funded under ARPA and 1.7% is funded through the state general fund.

Service rates impacted by increase: This impacts all service rates other than those provider types and services specifically excluded. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services.*

6% minimum wage increase retroactive to August 1, 2021 for provider types where rates, as approved, are based on the state's minimum wage. This is payable upon approval from CMS.

Explanation of increase: This 6% minimum wage increase is pursuant to PA 19-4.

Service rates impacted by the increase in the minimum wage: agency-based personal care assistants (PCAs), chore/homemaker, companion services, assisted living services, adult day health, recovery assistant, community mentor, and agency-based respite services. Of the 6% increase, 4.8% is funded through the state general fund and 1.2% is funded under ARPA.

The following increases are based on a rate development method that is different from the methods previously approved by CMS for these waivers:

1% enhanced supplemental value-based payment (VBP)– performance based fully funded through ARPA

Nature of the payments that are made and the waiver services for which these payments are made: Payments are supplemental payments based on performance for all waiver services other than those specifically excluded. Performance requirements for the March 2022 performance payment must be met no later than February 1, 2022 and are as follows:

- 1) Participation in the Department of Social Services' racial equity training
- 2) Provider has a data sharing agreement executed with the state's Health Information Exchange (HIE)

Payment methodology: Payments are based on 1% of expenditures from July 1, 2021 through February 28, 2022 and are payable effective March 7, 2022

Performance requirements for the July 2022 performance payment must be met no later than June 1, 2022 and are as follows:

- 1) Participation in Department of Social Services' racial equity training

- 2) Signing, at a minimum, the Empanelment Use Case
- 3) Action plan detailing how the provider sends their client roster in an approved format to Connie, the state HIE

Payment methodology for quarterly ongoing performance payments: Payments are based on 1% of expenditures for the quarter that immediately precedes the payment. For the July 2022 payment, this is 1% of expenditures from March 1, 2022 through June 30, 2022.

The types of waiver providers that receive such payments: All provider types covered under these 1915(c) waivers active as of the issuance date of the respective payment are eligible for the 1% enhanced supplemental payment other than those provider types and services specifically excluded. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response System, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services*

Specify the source of the non-federal share of the supplemental or enhanced payments:

The source for this supplemental payment is Connecticut's American Rescue Plan Act Spending Plan and Narrative.

Specify that providers eligible to receive the supplemental or enhanced payment must be able to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS: All providers eligible to receive the supplemental or enhanced payment will be permitted to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS.

5% enhanced one-time supplemental payment fully funded through ARPA

Nature of the payments that are made and the waiver services for which these payments are made: Effective 4/01/2021, A one-time payment for recruitment and retention of staff estimated at 5% of total SFY 2021 expenditures for all providers other than those provider types and services specifically excluded.

Payment methodology: A one-time supplemental payment will be paid to eligible providers within 30 days of CMS' approval of this Appendix K. Supplemental payments are based on 5% of SFY 21 expenditures. Eligibility for the 5% supplemental payment is based on provider active enrollment at the time of the issuance of the payments.

The types of waiver providers that receive such payments: All provider types covered under these 1915(c) waivers who are enrolled as of the payment issuance date are eligible for the 5% enhanced supplemental payment other than those provider and service types listed as excluded. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services*

Specify the source of the non-federal share of the supplemental or enhanced payments:

The source for this supplemental payment is Connecticut's American Rescue Plan Act Spending Plan and Narrative.

Specify that providers eligible to receive the supplemental or enhanced payment must be able to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS: All providers eligible to receive the supplemental or enhanced payment

will be permitted to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS.

ARPA RATE SCHEDULE:

The rate increase implemented retroactively for July 1, 2021 includes a 3.5% increase for all waiver services as described below. Of the 3.5% increase, 1.8% is funded under ARPA and 1.7% is funded through the state general fund. An additional increase is scheduled for certain waiver providers retroactive to August 1, 2021. Providers receiving the additional increase are documented in the chart below, which explains the variance between the July rate and the August rate. The additional increase is attributed to adjustments in the state minimum wage and therefore targeted to those providers where existing, approved rate methodologies are dependent on minimum wage rates. The 6% August increase is in addition to the 3.5% July increase so that rates for providers impacted by the minimum wage increase a total of 9.5% in August (3.5 + 6%). Of the 6% minimum wage adjustment, 4.8% is funded through the state general fund and 1.2% is funded under ARPA. The funding associated with ARPA is properly documented within the ARPA spending plan and will be reported to CMS through the approved ARPA related 64 report. The 5% stabilization funds and 1% value-based payment are fully funded by ARPA and described in section K-2-f above. The chart below indicates that all providers eligible for rate increases are also eligible for the 5% stabilization funds and the 1% VBP.

Provider Type	Procedure Code	Mod1	Procedure description	7/1/21	8/1/21	Eligible for 5% stabilization & 1% VBP
PCA	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
PCA	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
PCA	1022Z		Personal Care Services: Overnight Agenc	191.25	202.34	Y
PCA	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
PCA	1200Z		Adult Day Health - Full Day (Non-Medical	72.91	77.14	Y
PCA	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.85	Y
PCA	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y
PCA	1218Z		Meal Service - Single Hot Meal/Meal Serv	5.62	5.62	Y
PCA	1220Z		Double Meal (One Hot - One Cold) Per Do	10.28	10.28	Y
PCA	1221Z		Kosher Meals Double	10.28	10.28	Y
PCA	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
PCA	1247Z		Mental Health Counseling-Individual-(Pro	57.85	57.85	Y
PCA	1256Z		Mental Health Counseling - Individual (	47.28	47.28	Y
PCA	1931Z		Home Delivered Meals	13.97	13.97	Y
PCA	3022Z		PCA Agency Overnight Prorated Hourly	15.94	16.86	Y
PCA	5140X		Foster Care Adult Per Diem 2	67.60	67.60	Y
PCA	5140Y		Foster Care Adult Per Diem 3	82.40	82.40	Y
PCA	5140Z		Foster Care Adult Per Diem 4	114.15	114.15	Y
PCA	S5140		Adult foster care per diem	45.41	45.41	Y
PCA	S5170		Homedelivered prepared meal	6.73	6.73	Y
ABI	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
ABI	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
ABI	1022Z		Personal Care Services: Overnight Agenc	191.25	202.34	Y
ABI	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
ABI	1200Z		Adult Day Health - Full Day (Non-Medical	72.91	77.14	Y
ABI	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.85	Y
ABI	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y
ABI	1211P		Recovery Assistant	6.23	6.59	Y
ABI	1211P	TU	Recovery Assistant	9.34	9.88	Y
ABI	1212P		Recovery Assistant II	5.70	6.03	Y
ABI	1212P	TU	Recovery Assistant II	8.57	9.07	Y
ABI	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
ABI	1232Z		Respite Care In The Home Per Hour-Other	12.77	13.51	Y
ABI	1448P		Cognitive Behavioral Services per 15 min	20.59	20.59	Y
ABI	1531P		Community Living Support Services	134.35	134.35	Y
ABI	1532P		Chore Services Per 1/4 Hour	4.49	4.75	Y
ABI	1534P		Community Living Support Services Per 1/	69.19	69.19	Y
ABI	1536P		Companion Services Per 1/4 Hour (18-Hour	4.37	4.62	Y
ABI	1536P	TU	Companion Services Per 1/4 Hour (18-Hour	6.56	6.94	Y
ABI	1542P		Homemaker Services Per 1/4 Hour	4.49	4.75	Y
ABI	1546P		Independent Living Skills Training	9.73	9.73	Y
ABI	1548P		Cognitive Behavioral SERVICES	27.72	27.72	Y
ABI	1549P		Consultation Services	2,665.64	2,665.64	Y
ABI	1550P		Home Delivered Meals Per Day (Single Mea	5.62	5.62	Y
ABI	1551P		Home Delivered Meals Per Day (Double Mea	10.28	10.28	Y
ABI	1560P		Pre-Vocational Services Per Hour (Max =	38.75	38.75	Y
ABI	1561P		ABI Group Day	17.06	17.06	Y
ABI	1566P		Substance Abuse Program Per Day (56 Days	53.31	53.31	Y
ABI	1567P		Substance Abuse Program Per Hour	45.26	45.26	Y
ABI	1572P		Supported Employment Per Hour (40 Hours/	38.75	38.75	Y
ABI	1574P		Transportation - One Way Trip Public	26.30	26.30	Y
ABI	1580P		Transitional Living Per Day (183 Days/Ye	209.95	209.95	Y

ABI	1931Z		Home Delivered Meals	13.97	13.97	Y
ABI	3022Z		PCA Agency Overnight Prorated Hourly	15.94	16.86	Y
ABI	H2035		A/d tx program per hour	45.26	45.26	Y
ABI	H2036		A/d tx program per diem	53.31	53.31	Y
ABI	S5170		Homedelivered prepared meal	6.73	6.73	Y
ABI	T1013		Sign lang/oral interpreter	15.99	15.99	Y
ABI	1575P		Transportation - Mileage	0.26	0.26	Y
Autism	T2030		Assisted living waiver; per month	692.16	732.29	Y
Autism	1302Z		Job Coach Agency Per 15 Minutes	12.24	12.24	Y
Autism	1304Z		Life Skills Coach Agency Per 15 Min	12.24	12.24	Y
Autism	1305Z		Social Skills Group Per 15 Min	8.16	8.16	Y
Autism	1306Z		Specialized Driving Assessment	639.13	639.13	Y
Autism	1396Z		Community Mentor agency per 15 minutes	7.33	7.75	Y
Autism	1402Z		Respite - Facility Based Out of Home Per Diem	355.59	376.20	Y
Autism	1404Z		Respite Agency In Home Individual Per 15 Minutes	6.79	7.18	Y
Autism	1406Z		Minutes	7.11	7.52	Y
Autism	5151D		Hospice; Per Diem	326.14	345.05	Y
Autism	H2019		Therapeutic behavioral services per 15 minutes	31.99	31.99	Y
Autism	S0215		Non-emergency transportation; mileage per mile	0.91	0.91	Y
Autism	T1013		minutes	14.14	14.14	Y
Autism	T2003		Non-emergency transportation; encounter/trip	11.89	11.89	Y
MH	1430Z		Occasional Personal Services-Per Day	26.21	27.73	Y
MH	1431Z		Limited Personal Services - Per Day	43.15	45.65	Y
MH	1432Z		Moderate Personal Services - Per Day	60.76	64.28	Y
MH	1433Z		Extensive Personal Services - Per Day	78.24	82.78	Y
MH	1434Z		Core Assisted Living Services - Per Day	4.81	5.09	Y
MH	1435Z		Demo Project / Occasional Personal Services - Per Day	29.81	31.54	Y
MH	1436Z		Demo Project / Limited Personal Services - Per Day	47.22	49.96	Y
MH	1437Z		Demo Project/Moderate Personal Services - Per Day	64.92	68.68	Y
MH	1438Z		Demo Project/Extensive Personal Services - Per Day	76.72	81.17	Y
MH	1439Z		Demo Project/Core Assisted Living Services - Per Day	13.98	14.79	Y
MH	1200Z		Provider)	72.91	77.14	Y
MH	1201Z		Adult Day Health - Full Day (Approved Medical Model Provider)	77.36	81.85	Y
MH	1202Z		Hrs)	49.08	51.93	Y
MH	1206Z		Chore Service Agency 1/4 Hour	4.49	4.75	Y
MH	1213M		Recovery Assistant Agency Per 15 Minutes	6.23	6.59	Y
MH	1213M	TU	Recovery Assistant Agency Per 15 Minutes	9.34	9.88	Y
MH	1214M		Recovery Assistant Group 2 Clients	4.67	4.94	Y
MH	1215M		Recovery Assistant Group 3 Clients	3.60	3.81	Y
MH	1216M		Recovery Assistant Group 4 Clients Per 15 Min	3.16	3.35	Y
MH	1217M		Recovery Assistant Overnight Per 15 Min	6.23	6.59	Y
MH	1218Z		Meal Service - Single Hot Meal/Meal Service - Single Meal- Hot/Cold	5.62	5.62	Y
MH	1220Z		Double Meal (One Hot - One Cold) Per Double Meal/Meal Service - Double (One Hot	10.28	10.28	Y
MH	1221Z		Kosher Meals Double	10.28	10.28	Y
MH	1229Z		Brief Episode Stabilization Per 1/4 Hour	11.44	11.44	Y
MH	1262Z		Social Transportation - Taxi - Per Trip	25.37	25.37	Y
MH	1931Z		Home Delivered Meals	13.97	13.97	Y
MH	G9012		Other specified case management service not elsewhere classified	17.09	17.09	Y
MH	H0038		Self-help/peer services per 15 minutes	13.02	13.02	Y

MH	H2015		Comprehensive community support services per 15 min	26.31	26.31	Y
MH	H2015	HQ	Comprehensive community support services per 15 min	6.51	6.51	Y
MH	H2023		Supported employment per 15 minutes	17.09	17.09	Y
MH	S0215		Non-emergency transportation; mileage per mile	0.46	0.46	Y
MH	S5170		Home delivered meals including preparation; per meal	6.73	6.73	Y
CHC	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
CHC	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
CHC	1022Z		Personal Care Services: Overnight Agenc	191.25	202.34	Y
CHC	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
CHC	1200Z		Adult Day Health - Full Day (Non-Medical	72.91	77.14	Y
CHC	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.85	Y
CHC	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y
CHC	1206Z		Chore Service Agency 1/4 Hour	4.49	4.75	Y
CHC	1210Z		Companion Service - Agency Per 1/4 Hour	4.37	4.62	Y
CHC	1210Z	TU	Companion Service - Agency Per 1/4 Hour	6.56	6.94	Y
CHC	1213M		Recovery Assistant AgencyPer 15 Minutes	6.10	6.45	Y
CHC	1213M	TU	Recovery Assistant AgencyPer 15 Minutes	9.15	9.68	Y
CHC	1214Z		Homemaker Service - Agency - Per 1/4 Hou	4.49	4.75	Y
CHC	1218Z		Meal Service - Single Hot Meal/Meal Serv	5.62	5.62	Y
CHC	1220Z		Double Meal (One Hot - One Cold) Per Do	10.28	10.28	Y
CHC	1221Z		Kosher Meals Double	10.28	10.28	Y
CHC	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
CHC	1226Z		Respite Care In The Home 1/4 Hour- Compa	4.37	4.62	Y
CHC	1226Z	TU	Respite Care In The Home 1/4 Hour- Compa	6.56	6.94	Y
CHC	1228Z		Respite Care In The Home 1/4 Hour - Home	4.49	4.75	Y
CHC	1230Z		Respite Care In The Home 1/4 Hour - Home	6.73	7.12	Y
CHC	1232Z		Respite Care In The Home Per Hour-Other	12.32	13.03	Y
CHC	1234Z		Respite Care- Rest Home With Nursing Sup	283.68	283.68	Y
CHC	1236Z		Respite Care- Chronic Convalescent Nursi	283.68	283.68	Y
CHC	1240Z		Respite Care Licensed Home For The Aged-	283.68	283.68	Y
CHC	1244Z		Respite Care Out Of The Home-Per Hour-Ot	12.32	13.03	Y
CHC	1247Z		Mental Health Counseling-Individual-(Pro	57.85	57.85	Y
CHC	1256Z		Mental Health Counseling - Individual (	47.28	47.28	Y
CHC	1262Z		Social Transportation - Taxi - Per Trip	93.35	93.35	Y
CHC	1264Z		Social Transportation - Livery - Per Tri	93.35	93.35	Y
CHC	1266Z		Social Transportation - Invalid Coach -	164.73	164.73	Y
CHC	1300Z		Reassessment	243.66	243.66	Y
CHC	1321Z		Care Transitions	150.21	150.21	Y
CHC	1322Z		Bill Payer	5.28	5.28	Y
CHC	1333Z		Chronic Disease Self Management	52.79	52.79	Y
CHC	1430Z		Occasional Personal Services-Per Day	26.21	27.73	Y
CHC	1431Z		Limited Personal Services - Per Day	43.15	45.65	Y
CHC	1432Z		Moderate Personal Services - Per Day	60.76	64.28	Y
CHC	1433Z		Extensive Personal Services - Per Day	78.24	82.78	Y
CHC	1434Z		Core Assisted Living Services - Per Day	4.81	5.09	Y
CHC	1931Z		Home Delivered Meals	13.97	13.97	Y
CHC	3022Z		PCA Agency Overnight Prorated Hourly	15.94	16.86	Y
CHC	3024Z		Respite Pca AgencyOvernight Prorated	15.94	16.86	Y
CHC	3025Z		Respite Pca Agency Per Diem Prorated	10.74	11.36	Y
CHC	3026Z		Respite Pca Agency Overnight	191.25	202.34	Y

CHC	3026Z		Respite Pca Agency Overnight	191.25	202.34	Y
CHC	3027Z		Respite Pca Agency Per 15 Minutes	5.21	5.51	Y
CHC	3027Z	TU	Respite Pca Agency Per 15 Minutes	7.81	8.26	Y
CHC	3028Z		Respite Pca Agency Per Diem	257.93	272.88	Y
CHC	5140X		Foster Care Adult Per Diem 2	67.60	67.60	Y
CHC	5140Y		Foster Care Adult Per Diem 3	82.40	82.40	Y
CHC	5140Z		Foster Care Adult Per Diem 4	114.15	114.15	Y
CHC	S5140		Adult foster care per diem	45.41	45.41	Y
CHC	S5170		Homedelivered prepared meal	6.73	6.73	Y
KB	T1016		Katie Beckett Waiver, Case Management, each 15 min	25.13	25.13	Y

Provider Type	Procedure Code	Mod1	New Services-COPE and Care for Caregiver Program	Rate		1% VBP
CHC	55110		Homecare Training - Family	129.00		Y
CHC	55116		Homecare Training - Non-Family	129.00		Y
ABI	55110		Homecare Training - Family	129.00		Y
ABI	55116		Homecare Training - Non-Family	129.00		Y
PCA	55110		Homecare Training - Family	129.00		Y
PCA	55116		Homecare Training - Non-Family	129.00		Y
Autism	55110		Homecare Training - Family	129.00		Y
Autism	55116		Homecare Training - Non-Family	129.00		Y
Provider Type	Procedure Code	Mod1	New Services - CAPABLE	Rate		1% VBP
CHC	G9006		Care Coordination	129.00		Y
CHC	55165		Environmental Modification	2,000.00		
ABI	G9006		Care Coordination	129.00		Y
ABI	55165		Environmental Modification	2,000.00		
PCA	G9006		Care Coordination	129.00		Y
PCA	55165		Environmental Modification	2,000.00		
Autism	G9006		Care Coordination	129.00		Y
Autism	55165		Environmental Modification	2,000.00		

Provider Type	Procedure Code	Mod1	Provider Specific Rates				Eligible for 5% stabilization & 1% VBP
			Procedure Description	Providers	7/1/21	8/1/21	
PCA/CHC	1286A		Tier A Case Management	Connecticut Community Care	4.78	4.78	Y
PCA/CHC	1286A		Tier A Case Management	Agency on Agining of South Central CT	4.78	4.78	Y
PCA/CHC	1286A		Tier A Case Management	Southwest CT Agency on Aging	4.93	4.93	Y
PCA/CHC	1286A		Tier A Case Management	Western CT Agency on Aging	3.97	3.97	Y
PCA/CHC	1286C		Tier C Case Management	Connecticut Community Care	5.38	5.38	Y
PCA/CHC	1286C		Tier C Case Management	Agency on Agining of South Central CT	5.38	5.38	Y
PCA/CHC	1286C		Tier C Case Management	Southwest CT Agency on Aging	5.33	5.33	Y
PCA/CHC	1286C		Tier C Case Management	Western CT Agency on Aging	4.57	4.57	Y
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	Connecticut Community Care	5.18	5.18	Y
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	Agency on Agining of South Central CT	5.10	5.10	Y
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	Southwest CT Agency on Aging	5.10	5.10	Y
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	Western CT Agency on Aging	4.36	4.36	Y
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	Connecticut Community Care	324.88	324.88	Y
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	Agency on Agining of South Central CT	324.88	324.88	Y
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	Southwest CT Agency on Aging	324.88	324.88	Y
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	Western CT Agency on Aging	296.35	296.35	Y
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	Connecticut Community Care	107.21	107.21	Y
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	Agency on Agining of South Central CT	107.21	107.21	Y
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	Southwest CT Agency on Aging	107.21	107.21	Y
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	Western CT Agency on Aging	97.80	97.80	Y

PCA/CHC	1292Z	In Hospital Status Review	Connecticut Community Care	107.21	107.21	Y
PCA/CHC	1292Z	In Hospital Status Review	Agency on Aging of South Central CT	107.21	107.21	Y
PCA/CHC	1292Z	In Hospital Status Review	Southwest CT Agency on Aging	107.21	107.21	Y
PCA/CHC	1292Z	In Hospital Status Review	Western CT Agency on Aging	97.80	97.80	Y
PCA/CHC	1293Z	Nursing Home Status Review	Connecticut Community Care	107.21	107.21	Y
PCA/CHC	1293Z	Nursing Home Status Review	Agency on Aging of South Central CT	107.21	107.21	Y
PCA/CHC	1293Z	Nursing Home Status Review	Southwest CT Agency on Aging	107.21	107.21	Y
PCA/CHC	1293Z	Nursing Home Status Review	Western CT Agency on Aging	97.80	97.80	Y
PCA/CHC	1300Z	Reassessment	Connecticut Community Care	243.66	243.66	Y
PCA/CHC	1300Z	Reassessment	Agency on Aging of South Central CT	238.88	238.88	Y
PCA/CHC	1300Z	Reassessment	Southwest CT Agency on Aging	238.88	238.88	Y
PCA/CHC	1300Z	Reassessment	Western CT Agency on Aging	222.28	222.28	Y
ABI	1530P	Case-Management PMPM	Connecticut Community Care	263.93	263.93	Y
ABI	1530P	Case-Management PMPM	Southwest CT Agency on Aging	263.93	263.93	Y
ABI	1530P	Case-Management PMPM	Western CT Agency on Aging	263.93	263.93	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	29.51	31.22	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	29.51	31.22	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	26.10	27.61	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	29.21	30.90	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Hearth Properties	28.00	29.62	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	47.22	49.96	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	47.22	49.96	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	44.66	47.25	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	46.74	49.45	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Hearth Properties	44.79	47.39	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	64.92	68.68	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	64.98	68.75	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	62.41	66.03	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	64.27	68.00	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Hearth Properties	61.59	65.16	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	76.72	81.17	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	76.72	81.17	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	73.75	78.03	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	75.96	80.36	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Hearth Properties	72.79	77.01	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	12.56	13.29	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	13.98	14.79	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	9.45	10.00	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	13.85	14.65	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Hearth Properties	13.27	14.04	Y

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ___ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Jennifer
Last Name Cavallaro
Title: Director, Community Options - Operations
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State Connecticut
Zip Code 06105
Telephone: 860-424-5743
E-mail jennifer.cavallaro@ct.gov
Fax Number 860-424-4963

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

/S/

State Medicaid Director or Designee

Date: 03/04/2022

First Name: William
Last Name Halsey
Title: Acting Medicaid Director
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State CT
Zip Code 06005
Telephone: 860-424-5077
E-mail William.Halsey@ct.gov
Fax Number 860-424-4963

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification					
Service Title:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Provider Specifications					
Provider Category(s) (check one or both):	☐	Individual. List types:		☐	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):		☐	Legally Responsible Person	☐	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Service Delivery Method					
Service Delivery Method (check each that applies):	☐	Participant-directed as specified in Appendix E		☐	Provider managed



ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

Dear Erin,

Thank you for your prompt and informative response to my inquiry about Connecticut Community Care's referral process. I appreciate the detailed explanation you provided and the clarification on the provider selection criteria.

I understand that Amy Dumont from DSS will be able to address my questions regarding documentation and eligibility. I look forward to her input on these matters.

In the meantime, I have some additional questions for you. Can you please elaborate on the electronic randomization process used for provider selection when a client does not indicate a preference? I am curious to learn more about how the system works to ensure a fair distribution of referrals. I have a few additional questions to help me better understand the referral system:

Provider List:

- a. Approximately how many agency providers are currently in the Connecticut Community Care referral system? Understanding the number of providers in the system will give me a better idea of the diversity and range of options available to clients.
- b. Who provides Connecticut Community Care with the list of agency providers included in the referral system? Is there a specific department or organization responsible for maintaining and updating the list of providers?
- c. How often is the list of agency providers updated? Is there a regular schedule or is it updated on an as-needed basis?
- d. How may we ensure that ABI Resources is listed within the system for all areas and services? May I see how ABI Resources is listed within your system?

Electronic System:

- a. What is the name of the electronic system used for randomizing provider selection when a client does not indicate a preference?
- b. Can you please elaborate on the electronic randomization process used for provider selection to ensure a fair distribution of referrals?
- c. Who is responsible for managing the referral system and ensuring its smooth operation? Is there a specific department or organization responsible for maintaining and updating the list of providers?

Regarding the role of care managers in the process:

- a. What is the care manager's role in presenting agency providers, such as ABI Resources, to clients during the referral process?

- b. How do they ensure that clients are well-informed and make the best choice based on their needs and preferences?

I want to take a moment to emphasize how much we value the information you have provided and will continue to provide about Connecticut Community Care's referral process. This knowledge not only helps ABI Resources better navigate and understand the system, but it also enables us to more effectively serve the brain injury population.

By comprehending the intricacies of the referral process, we can work closely with care managers, adapt our services to meet clients' specific needs, and ensure that clients are presented with the most accurate and relevant information about ABI Resources. This collaborative approach is essential in empowering clients to make informed decisions about their care, which ultimately contributes to better outcomes for those affected by brain injuries.

Once again, thank you for your ongoing assistance and dedication to helping us serve the brain injury community more effectively.

Understanding the involvement of care managers in the process will help us better collaborate with them and support clients effectively. Your insights are greatly appreciated, I look forward to your response and any additional insights you can provide on this topic.

Dear Erin,

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Once again, thank you for your ongoing assistance and dedication to helping us serve the brain injury community more effectively.

Understanding the involvement of care managers in the process will help us better collaborate with them and support clients effectively. Your insights are greatly appreciated, I look forward to your response and any additional insights you can provide on this topic.

Dear [Recipient's Name],

I am writing to you on behalf of ABI Resources to express our concerns about the email response from CCC Head of Quality and Performance Improvement and to seek your assistance in addressing these issues.

Why is CCC unwilling to engage in supportive communications, which may increase our ability to understand better and serve those in need?

As an organization dedicated to providing the highest quality support and care for individuals with brain injuries and other disabilities, we are troubled by certain ambiguities in CCC's processes.

We have noticed that these ambiguities have led to the referral of inquiries to the Department of Social Services, which may signal a lack of clarity and understanding in care management practices. These practices could potentially infringe upon the rights of the individuals served and create conflicts of interest. Consequently, we respectfully request that you bring these concerns to the attention of your Board of Directors. We trust that they will take appropriate action to address the issues raised.

As many of your staff are aware I am Traumatic Brain Injury (TBI) survivor and a recent stroke survivor, this cause is deeply important to ABI Resources and I. My life experiences have given me a profound understanding of the unique challenges and hardships faced by those who endure similar life-changing events. Through my own journey, I've developed a passionate commitment to raising awareness, promoting research, and advocating for better support and resources for fellow survivors and their families.

In the aftermath of my TBI and stroke, I have faced numerous physical, cognitive, and emotional obstacles that have significantly impacted my life. These experiences have taught me the value of resilience, the importance of empathy, and the strength that can be found in a supportive community. I am dedicated to using my voice and experiences to inspire others and to help create a world where survivors have access to the care, resources, and support they need to rebuild their lives and thrive.

At ABI Resources, we are committed to working collaboratively with your organization to ensure the highest quality care for our community members. We strive to deepen our understanding of the diverse needs of those we serve, adapt, and evolve. We wish to have a great relationship with your organization and create a mutually supportive system of care. Our mission is to continually enhance the quality of care we provide, ensuring that we deliver the most effective and compassionate support to those who depend on us.

We appreciate your attention to this matter and look forward to your prompt response. We are confident that by working together, we can achieve the best possible outcomes for the individuals we serve. Thank you for your time and consideration, and we look forward to continuing our partnership in enhancing the quality of care for our community members.

Sincerely,

Who:

- Medicaid Consumers,
- The Connecticut Department of Social Services CT DSS,
- Medicaid Care Management Agencies and,
- The Medicaid agency provider The Supported Living Group LLC.

What: Federal Medicaid Programs.

- ABI Waiver Program I and II and,
- The Money Follows the Person Program, MFP.

How:

- Corruption of medical decision-making, patient steering, and unfair competition monopolization efforts.
- CT DSS care management is providing Medicaid Referrals to the Supported Living Group LLC exclusively, excluding hundreds of approved Medicaid Agencies and using what may appear to be a referral kickback process.
- Undocumented verbal authorizations, Using the Medicaid Consumer's disabilities to manipulate and mislead.
- The Medicaid Consumers' urgent need for financial support to recover at home, the family's need to return to work, and the Medicaid Consumer's economic desperation.
- Some Medicaid consumers appear to be forced to use housing dictated by the Supported Living Group.
- Some Medicaid Consumers appear to be paid stipends from The Supported Living Group.
- CT DSS care management is making medical therapeutic Medicaid Referrals to The Supported Living Group for Medicaid home-based services as well as Cognitive Behavioral Therapy services. The agency, in return, dictates the amount of Medicaid Funding services needed and provided by the Supported Living Group.

Why:

- Monetary gain.

The Connecticut Department of Social Services may appear to be manipulating Medicaid Consumers recovering from brain injuries for financial gain. CT DSS may be using the Medicaid Consumer's disabilities against them. CT DSS may appear to be using a complete lack of knowledge, a crafted complex information system, desperation, time constraints, compromised communication skills, memory challenges, and cognition disabilities. CT DSS care management may appear to be fostering and praying on disabled Medicaid consumers' lack of informed knowledge and awareness of the rights and policies of their personal Medicaid service programs. CT DSS care management has and continues to arrange and assign Medicaid referrals to The Supported Living Group LLC to Medicaid consumers forcing, misleading, and tricking the unaware into using the Medicaid services of the Supported Living Group LLC exclusively.

CT DSS care management first provides the Medicaid program consumers Medicaid referral to the Supported Living Group LLC with the Medicaid consumer's information. Secondly, CT DSS care

management informs Medicaid consumers when home Medicaid services will begin through The Supported Living Group LLC. The Medicaid referral process may appear to be completed verbally, mostly over phone calls, leaving the Medicaid Consumer at the will of CT DSS care management directives and conversation time constraints. During this process, the Medicaid Consumer may appear not to be made aware of the DSS-approved Medicaid agency provider list and that there are numerous Medicaid-approved agencies to select. In most cases, CT DSS care management specifies and dictates the Medicaid referral to The Supported living group LLC to the Medicaid Consumer. Suppose by chance, during the Medicaid referral process; the Medicaid Consumer independently discovers they have more Medicaid agency options. In that case, CT DSS care management verbally explains that the DSS-approved Medicaid provider list may appear outdated.

The Connecticut Department of Social Services may appear to be violating the policies of the Medicaid MFP Money Follows the Person Program and the Medicaid ABI Waiver Programs I and II. Medicaid consumers are told the Supported living Group LLC is the agency provider of Medicaid Services.

- a) It may appear that CT DSS care management is benefiting financially from a kickback system of Medicaid referrals.
- b) CT DSS care management may appear to be masking Medicaid program information from Medicaid consumers.
- c) CT DSS care management may appear to be misleading Medicaid consumers and complicating their ability to make informed decisions.
- d) CT DSS care management may force Medicaid consumers to make quick decisions before they can research, discover, and invoke their rights.
- e) CT DSS care management may appear to monopolize on time frames, expecting Medicaid consumers to know and understand their rights under the Medicaid program and to advocate for their Medicaid services.
- f) CT DSS care management may appear to be the only Medicaid program information source permitted to communicate with Medicaid consumers about their Medicaid services. Medicaid Agency-provided verbal information or communication about Medicaid services may not be allowed. CT DSS refers to this communication as a manipulation of the care management process.
- g) CT DSS care management may appear to retaliate against Medicaid agency providers communicating with Medicaid consumers about Medicaid services.
- h) CT DSS makes it clear to Medicaid agencies that any effort by a Medicaid agency provider to inform Medicaid consumers of their rights or by showing Medicaid Consumers where to locate information about Medicaid services may result in the possible removal of that Medicaid agency from CT DSS Medicaid-managed programs as well as threats of DSS audits.
- i) CT DSS care management may appear to have and continues to be funneling directly to, promoting, and referring The Supported Living Group LLC's Medicaid services.
- j) CT DSS care management directly provides Medicaid Consumer program referrals to the Supported Living Group LLC. Due to what appears to be a kickback system, the Supported Living Group LLC has swiftly become the largest Medicaid MFP and ABI Waiver I and II agency provider in Connecticut.
- k) CT DSS care management gives little or no attention to reports of manipulations or kickbacks.
- l) CT DSS care management ignores reported concerns.

- m) CT DSS and Medicaid care management agencies hide the Medicaid-approved agency provider list from Medicaid consumers' awareness, using complex conversations and misleading website processes.
- n) The CT DSS' Medicaid Approved provider list appears intentionally biased and manipulated to benefit CT DSS' care management operation costs and The Supported Living Group LLC, not the Medicaid consumer.
- o) CT DSS fosters a complex online self-discovery method to confuse and frustrate Medicaid consumers to follow their instructions.
- p) CT DSS uses a covert internet-based lock and key system to hinder disabled Medicaid consumers from viewing the approved Medicaid agency provider list. What may appear to be using disability against the Medicaid consumer and knowing that trusting Medicaid Consumers cannot ask for what they do not know exists. The ability of Medicaid consumers to make informed decisions about their Medicaid service provider choices may appear hidden from them. This manipulation enforces the Kickback referral system.
- q) CT DSS will not allow the approved Medicaid Provider List to be openly public.
- r) CT DSS care management may appear to be using the Medicaid Consumers' disabilities against them to achieve the kickback agenda using verbal authorizations versus documented communication to hide their actions and avoid a paper trail. To seal the deal, Medicaid consumers must sign Medicaid program contracts quickly before careful review.
- s) The CT DSS' approved Medicaid agency provider list may appear presented to confuse, frustrate, and manipulate Medicaid consumers' decision-making process in a grooming-like effort to support and enforce the Medicaid kickback referral process.
- t) CT DSS care management actively lists and promotes the Supported living Group LLC's contact information more than four times on the Medicaid-approved agency provider list.
- u) CT DSS care management displays valuable artwork in their offices. This art is a promotional tool to advertise to Medicaid consumers within their offices consistently. The Supported Living Group LLC provides the art.
- v) CT DSS care management uses The Supported living Group LLC's art for website advertising and internet-based social media sites promoting The Supported Living Group LLC's Medicaid Services and their Care Management services.
- w) CT DSS care management agencies benefit financially by reducing the number of Care Managers needed and reducing the operating costs of their time and effort. CT DSS's benefits include one place to contact and one location to have multiple required meetings on the same day. CT DSS care managers want to refrain from speaking with various agency providers.
- x) CT DSS uses requests and directives from people, not Medicaid consumers or legal conservators, to their vantage.
- y) CT DSS care management has and is making additional Medicaid referrals forcing The Supported Living Groups' Medicaid Therapist on Medicaid consumers.
- z) The number of consumers on the program versus the number of clients The Supported Living Group serves may appear grossly disproportionate to the number of approved Medicaid agency service providers.
- aa) CT DSS may appear to be purposely not collecting or hiding Medicaid data to manipulate FOIA requests. Information such as the number of Medicaid Consumers who receive Medicaid services from The Supported Living Group LLC.

- bb) What is the total number of CT DSS-approved Medicaid agency providers on the CT DSS Approved Provider List?
- cc) What is the total number of Medicaid consumers receiving MFP and ABI waiver services?
- dd) What number of Medicaid referrals has The Supported Living Group received from CT DSS care management? What number of Medicaid Referrals have been made to the Supported Living Group LLC?
- ee) What is the total number of Medicaid consumers receiving Medicaid services from The Supported Living Group LLC?
- ff) What is the total number of CT DSS care management Medicaid referrals from the Supported Living Group LLC?
- gg) What is the total amount of Medicaid funding billed between The Supported Living Group LLC and CT DSS care management agencies?
- hh) CT DSS care management is dictating Medicaid Referrals to the Supported Living Group LLC and excluding hundreds of approved Medicaid Agencies.
- ii) The Supported Living Group or its owners may force Medicaid consumers to live in apartments owned by the company president or people with mutual financial benefits. These Medicaid consumers use Federal Social Security disability funds to pay the rent. If these Medicaid Consumers wish to change Medicaid agency providers, they may also lose their apartments. This is a manipulated complex effort to force Medicaid consumers to avoid terminating Medicaid relationships.
- jj) The Supported Living Group LLC may have a covert and active stipend system to pay Medicaid consumers. This type of financial relationship with Medicaid Consumers forces the Medicaid consumer to stay with a Medicaid provider that is paying them.
- kk) The Supported Living Group LLC Director of Clinical Services Doctor provides Medicaid-paid Cognitive Behavioral Therapy to the same Medicaid Consumers receiving Medicaid home-based services from the same agency. The Therapist dictates the home-based Medicaid services needed. The Medicaid home-based providers report the need for more Medicaid CBT services. This back-and-forth process increasingly provides more Medicaid-paid services and CT DSS care management Medicaid services needed and paid. The Supported Living Group dictates the need for Medicaid service funding and receives the Medicaid services funding. This kickback system dictates the type of Medicaid Services and the amount of Medicaid services that must be used by the Medicaid Consumer.

ABI Resources
39 Kings Hwy STE C
Gales Ferry, CT. 06335
Email AabiWR@live.com

12/06/2021

Medicaid Programs / Connecticut Department of Social Services Freedom of Information Act FOIA request.

Would the department please provide the price for the processing of this data in a digital pdf format?

Please provide Medicaid Program specific data for each of the following Medicaid Programs:

- ABI Waiver Program 1
- ABI Waiver Program 2
- MFP Money Follows the Person Program
- PCA Waiver program

For years:

- 2018
- 2019
- 2020
- 2021

For services:

- ILST
- COMPANION
- RA1
- RA2
- PCA

For counties:

- Fairfield
- Hartford
- Litchfield
- Middlesex
- New Haven
- New London
- Tolland
- Windham

County Name	Per county, What number of people have <u>applied</u> for each Medicaid program per year?															
	ABI WAIVER 1				ABI WAIVER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield	0	0	0	0												
Hartford	0	0	0	0												
Litchfield	0	0	0	0												
Middlesex	0	0	0	0												
New Haven	0	0	0	0												
New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

County Name	Per county, what number of people have been <u>approved</u> for each Medicaid programs per year?															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield	0	0	0	0												
Hartford	0	0	0	0												
Litchfield	0	0	0	0												
Middlesex	0	0	0	0												
New Haven	0	0	0	0												
New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

What is the average Medicaid program consumer's wait list period to start Medicaid program services for each program?

When approved for the MFP, what is the average time period for home-based services to actively start?

County Name	Per county, what number of people received services for each Medicaid program per year?															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield																
Hartford																
Litchfield																
Middlesex																
New Haven																
New London																
Tolland																
Windham																

County Name	Per county, what is the total number of Medicaid program consumers on each Medicaid program?															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield																
Hartford																
Litchfield																
Middlesex																
New Haven																
New London																
Tolland																
Windham																

Since 2018, What number of Medicaid program consumers transitioned from Medicaid Programs ABI Waiver 1 too ABI Waiver 2?

County Name	What is the total number Medicaid program service <u>hours</u> billed per year, for each Medicaid program, for the following services?															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
ILST																
COMPANION																
RA1																
RA2																
PCA																

What is the total number of Medicaid approved agency providers?

What are the names of the ten largest Medicaid approved agency providers providing ILST, companion, RA1, RA2 and or PCA services for each of the 4 Medicaid programs?

Ten Largest Approved Agency Provider Names	What is the total number of Medicaid program consumers served per Agency / Program / Year?															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Ten Largest Approved Agency Provider Names	What is the total number of Medicaid program consumer referrals received per Agency / Program / Year? What number of Medicaid program referrals went to each of the ten largest agency providers individually?															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Care management access agencies.

What are the names of the care management access agencies for each of the 4 Medicaid programs?

What care management access agencies make Medicaid program service referrals, for each program?

What are the care management access agencies Medicaid program approved agency provider referral protocols for each program?

What is the title and qualification requirements for care management access agency employees assigned to the Medicaid approved agency provider referral process for each program?

What is the total number of specific Medicaid program referrals made by each care management access agency employee individually?

Example:

- Employee A
- Number of Referrals
- Per Year
- What Medicaid program approved agency provider received the referral?

Do any care management access agencies use software generated Medicaid program agency provider referral systems? If so, please provide the name of the access agency and the software referral system used.

Does Connecticut permit care management access agency's use of software that generates Medicaid agency provider referrals for Medicaid programs?

How does Connecticut ensure Medicaid program referral protocols are adhered to?