

- Denials and delays are inconsistent with federal mandates, including:
 - **Executive Order 13392**, requiring improved FOIA processing.
 - **Supremacy Clause (Article VI, Clause 2)**, prioritizing federal ADA and FOIA laws over conflicting agency practices.

8. Escalating Impact:

- Repeated non-compliance has exacerbated harm to vulnerable populations, including individuals with disabilities, while fostering systemic failures in government operations.

Summary

These facts demonstrate systemic gross mismanagement, legal non-compliance, and an urgent need for independent oversight to address these ongoing issues. The evidence provided is detailed, substantiated, and indicative of the broader failures within and between the responsible agencies.



Abuse of authority.

Who Took the Action?

1. Primary Individual(s) Responsible:

o Douglas R. Hibbard

- **Title:** Chief, Initial Request Staff
- **Position in Chain of Command:** Oversight of FOIA initial request responses, responsible for ensuring compliance with FOIA obligations under the Office of Information Policy (OIP), Department of Justice.
- **Allegation:** Directly failed to ensure timely, transparent, and lawful processing of FOIA requests, including implementing ADA accommodations and providing legally mandated justifications for denials.

2. Supervisory Individual(s) Responsible:

o Sean R. O'Neill

- **Title:** Director, Office of Information Policy (OIP)
- **Position in Chain of Command:** Responsible for overseeing all FOIA operations within OIP, including compliance with ADA obligations and transparency mandates.
- **Allegation:** Oversaw systemic delays and failures to provide substantive responses to FOIA requests. Did not ensure accountability for subordinate staff.

3. Agency-Wide Responsibility:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Merrick B. Garland**

- **Title:** Attorney General of the United States
- **Position in Chain of Command:** Ultimate authority over the Department of Justice, including ensuring compliance with FOIA, ADA, and whistleblower protections.
- **Allegation:** Failed to address systemic failures, non-compliance, and repeated violations of transparency and accessibility obligations under federal law.

4. **Supporting Individuals/Offices:**

- **Valeree Villanueva**

- **Title:** FOIA Public Liaison, Office of Information Policy
- **Position in Chain of Command:** Provides assistance with FOIA disputes and inquiries.
- **Allegation:** Did not ensure resolution of disputes or adequate explanations for procedural failures.

- **Kristen Clarke**

- **Title:** Assistant Attorney General, Civil Rights Division
- **Position in Chain of Command:** Responsible for ADA enforcement and ensuring civil rights compliance within the DOJ.
- **Allegation:** Did not intervene or address documented ADA violations in FOIA processing despite the Civil Rights Division's mandate.



5. Independent Oversight Negligence:

○ Michael E. Horowitz

- **Title:** Inspector General, DOJ
- **Position in Chain of Command:** Monitors misconduct, inefficiency, and legal compliance within DOJ operations.
- **Allegation:** Did not ensure adequate oversight of FOIA and ADA compliance processes.

6. State Agency Coordination Failures:

○ William Tong

- **Title:** Attorney General, State of Connecticut
- **Position in Chain of Command:** Coordinates with federal agencies, including DOJ, on matters involving state programs like Medicaid.
- **Allegation:** Failed to ensure compliance with federal ADA and Medicaid obligations within Connecticut's state agencies.

○ Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services
- **Position in Chain of Command:** Oversees state Medicaid programs, including the Acquired Brain Injury Waiver.
- **Allegation:** Mismanagement and lack of coordination with DOJ led to systemic non-compliance with ADA and Medicaid requirements.



1. Office of Government Information Services (OGIS)

○ Alina M. Semo

- **Title:** Director, Office of Government Information Services (OGIS)
 - **Position in Chain of Command:** Mediates FOIA disputes under the National Archives and Records Administration.
 - **Allegation:** Failed to mediate and resolve systemic issues related to FOIA transparency and ADA compliance when engaged for oversight.
-

2. Centers for Medicare & Medicaid Services (CMS)

○ Chiquita Brooks-LaSure

- **Title:** Administrator, CMS
 - **Position in Chain of Command:** Oversight of Medicaid programs, including state compliance with federal laws and ADA standards.
 - **Allegation:** Did not adequately enforce Medicaid compliance in Connecticut, allowing ongoing violations of ADA and whistleblower protections.
-

3. State of Connecticut Oversight Officials

○ Manisha Juthani, MD

- **Title:** Commissioner, Connecticut Department of Public Health



- **Position in Chain of Command:** Responsible for ensuring accessibility and health equity under state programs.
 - **Allegation:** Failed to address systemic health and accessibility issues within state-run Medicaid programs.
 - **Jeffrey Beckham**
 - **Title:** Secretary, Connecticut Office of Policy and Management
 - **Position in Chain of Command:** Supervises funding and compliance across state programs, including Medicaid.
 - **Allegation:** Did not ensure state adherence to federal ADA and Medicaid requirements.
-

4. Judicial and Legal Accountability Entities

- **Xavier Becerra**
 - **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
 - **Position in Chain of Command:** Responsible for oversight of federal health programs and enforcing compliance with federal laws such as the ADA and Medicaid regulations.
 - **Allegation:** Did not adequately monitor or enforce federal oversight mechanisms.
- **Gene L. Dodaro**



- **Title:** Comptroller General, U.S. Government Accountability Office (GAO)
 - **Position in Chain of Command:** Oversees investigations into government inefficiency, waste, and non-compliance.
 - **Allegation:** Did not investigate or hold accountable agencies failing to meet federal legal obligations.
-

5. Congressional Oversight Committees

○ James Comer

- **Title:** Chair, House Committee on Oversight and Accountability
- **Position in Chain of Command:** Leads investigations into federal agency compliance and misconduct.
- **Allegation:** Did not pursue adequate oversight of systemic transparency and ADA violations.

○ Gary Peters

- **Title:** Chair, Senate Committee on Homeland Security and Governmental Affairs
- **Position in Chain of Command:** Ensures government accountability and civil rights enforcement.
- **Allegation:** Did not initiate inquiries into systemic failures impacting vulnerable populations.



- **Jamie Raskin**

- **Title:** Chair, House Subcommittee on Civil Rights and Civil Liberties
- **Position in Chain of Command:** Focuses on civil rights violations and whistleblower protections.
- **Allegation:** Did not address documented issues of systemic civil rights and ADA violations.

- **Dick Durbin**

- **Title:** Chair, Senate Judiciary Committee
- **Position in Chain of Command:** Supervises federal judicial compliance with civil and constitutional rights protections.
- **Allegation:** Did not enforce oversight mechanisms related to DOJ and other federal agencies.

Rationale for Inclusion:

Each of these individuals or entities holds critical oversight or operational responsibility, and their failure to act or enforce compliance contributes to the systemic issues outlined. Including these entities ensures comprehensive accountability across both federal and state levels.



2. What action did they take?

The identified individuals and entities engaged in the following actions that constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability:

1. Failed to Enforce ADA and FOIA Compliance:

- Neglected to uphold mandatory accommodations under the **Americans with Disabilities Act (ADA)**, Title II, **42 U.S.C. § 12132**, and Section 504 of the **Rehabilitation Act (29 U.S.C. § 794)**, by disregarding explicit and reasonable requests for:
 - Communication exclusively via the MuckRock platform.
 - Accessible, screen-reader-compatible formats for all documents.
 - Summarized records to ensure equitable access.
- Violated procedural requirements of the **Freedom of Information Act (5 U.S.C. § 552)** by failing to:
 - Conduct comprehensive searches across relevant offices.
 - Provide statutory justifications for withheld or redacted information.
 - Identify responsible personnel handling the requests.

2. Obstructed Access to Critical Records:

- Impeded access to records of significant public interest concerning **Medicaid oversight**, ADA enforcement, and whistleblower disclosures. This obstruction includes:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Refusal to provide inter-agency communications detailing systemic failures in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.
- Incomplete or inaccurate responses to FOIA requests, undermining transparency and due process protections under the **Fifth and Fourteenth Amendments**.

3. **Neglected Oversight Responsibilities:**

- Allowed systemic mismanagement by failing to investigate or rectify documented violations involving Medicaid compliance and taxpayer fund misuse.
- Ignored whistleblower disclosures regarding agency misconduct, in violation of **5 U.S.C. § 2302(b)(8)** (Whistleblower Protection Act), fostering an environment of retaliation and suppression of critical information.

4. **Failed to Ensure Inter-Agency Coordination:**

- Did not facilitate effective communication and enforcement between federal (DOJ, CMS, HHS) and state (Connecticut DSS, OPM, DPH) agencies, leading to fragmented oversight and non-compliance with **Supremacy Clause (Article VI, Clause 2)** mandates.
- Neglected Executive Order **13392** obligations to improve agency disclosure of information.

5. **Created Systemic Barriers:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Introduced procedural and systemic barriers that disproportionately harm vulnerable populations, including those requiring ADA accommodations. These actions undermined the principles of equity and justice outlined in **Tennessee v. Lane (2004)** and **Alexander v. Choate (1985)**.

6. Facilitated Gross Mismanagement and Waste:

- Allowed taxpayer funds to be misallocated or wasted through inadequate oversight and systemic mismanagement of Medicaid programs and ADA enforcement responsibilities, violating fiduciary duties.

7. Failed to Protect Whistleblowers:

- Suppressed or retaliated against whistleblower disclosures by failing to address claims of non-compliance, waste, and abuse of authority. This failure jeopardizes public accountability and violates federal whistleblower protection statutes.

Rationale for Escalation:

The combination of these actions reflects systemic abuse of authority, gross mismanagement, and a disregard for constitutional and statutory obligations. These failures undermine public trust, waste taxpayer funds, and perpetuate harm against vulnerable populations reliant on Medicaid and ADA protections. Escalating these allegations ensures accountability and safeguards transparency, equity, and justice.



3. When did this occur?

The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include:

1. **Initial Actions:** Beginning in **2016**, the Connecticut Department of Social Services (DSS) and associated state and federal entities demonstrated negligence in adhering to Americans with Disabilities Act (ADA) accommodations and transparency obligations under the Freedom of Information Act (FOIA). This includes refusal to process ADA-compliant requests via MuckRock and ongoing barriers to access.
2. **Escalations:** From **2021–2024**, documented complaints—such as DOJ complaints #534659-XGL and #539298-RJM—were filed to highlight systemic violations. Despite repeated follow-ups and legal notifications, the responsible agencies ignored statutory requirements, further solidifying a pattern of misconduct.
3. **Ongoing Impact:** As of **December 5, 2024**, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation needs. Records requested through FOIA remain incomplete or improperly withheld under non-compliant justifications, with no sufficient explanation provided under 5 U.S.C. § 552(b).
4. **Recent Evidence:**
 - The DOJ’s December 4, 2024 response to FOIA-2025-01052 fails to address legally mandated ADA accommodations and includes procedural deficiencies that exacerbate accessibility barriers.



- The State Department, in a related appeal, confirmed on December 5, 2024, that no substantive steps were taken to meet transparency obligations concerning Medicaid oversight or whistleblower protections.

Pattern of Harm

The timeline reflects a **prolonged and escalating failure** to uphold constitutional rights and statutory obligations, resulting in compounded harm to whistleblowers, taxpayers, and



How Did You Discover This Action?

The actions were uncovered through a combination of personal experience, detailed record review, and systematic communication with involved agencies over a sustained period.

Specifically:

1. Personal Experience:

- As the founder of ABI Resources and an advocate for Medicaid transparency and ADA compliance, I observed firsthand the systemic failures in agency operations, including prolonged delays, inadequate responses, and discriminatory practices against individuals requiring ADA accommodations.

2. Documented Correspondence:

- Review of agency correspondence, including responses from DOJ, DSS, CMS, and related entities, revealed clear patterns of non-compliance with FOIA and ADA mandates. Notable examples include failure to provide accessible records, refusal to adhere to explicitly stated accommodations, and lack of accountability in handling FOIA and ADA complaints.

3. Reports and Disclosures:

- Analysis of publicly available audits, investigative reports, and whistleblower disclosures highlighted systemic issues within these agencies, such as gross mismanagement of taxpayer funds, suppression of Medicaid-related complaints, and systemic denial of ADA-mandated accommodations.

4. Inter-agency Failures:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Communications between federal and state agencies, as documented through FOIA responses and legal proceedings, demonstrated a lack of coordination, transparency, and adherence to statutory obligations under federal law.

5. Pattern of Retaliation and Discrimination:

- Through prolonged interactions and advocacy efforts, a pattern emerged showing discriminatory practices against whistleblowers and individuals with disabilities, particularly in denying reasonable accommodations and failing to process FOIA requests within statutory timelines.

6. Escalation Attempts:

- Despite multiple escalations to oversight entities, such as OGIS and the Office of Inspector General, the issues persisted, reinforcing the conclusion of systemic abuse and deliberate non-compliance.



Additional Facts Supporting the Allegation

The following additional facts substantiate the claims of wrongdoing and systemic failure, reinforcing the necessity for immediate investigation and corrective action:

1. Historical Evidence of Non-Compliance:

- **FOIA Failures:** A documented pattern of FOIA non-compliance, including delayed responses, incomplete disclosures, and failure to provide legally mandated accommodations under 5 U.S.C. § 552. Specific instances include records requests dated [provide dates], which were ignored or inadequately addressed.
- **ADA Violations:** Repeated failure to comply with ADA requirements for accessible communication and reasonable accommodations under Title II, including non-compliance in formatting documents, communication exclusivity (e.g., MuckRock platform), and denial of simplified summaries for complex documents.

2. Systemic Failures in Oversight:

- Multiple government agencies involved, including the DOJ, CMS, and Connecticut state agencies, exhibit a coordinated lack of accountability and transparency. This includes failure to share information, cooperate in investigations, or address critical whistleblower complaints.



- Specific reports and audits from [cite relevant sources] highlight widespread mismanagement of Medicaid programs, misuse of taxpayer funds, and inadequate enforcement of civil rights protections.

3. Documented Retaliation Against Whistleblowers:

- Evidence of retaliation against whistleblowers who reported systemic issues in Medicaid oversight, ADA compliance, and FOIA processes. Retaliation has included delayed responses, exclusion from critical communications, and the withholding of key documents.

4. Impact on Vulnerable Populations:

- Gross mismanagement of Medicaid's Acquired Brain Injury Waiver Program disproportionately harms individuals with disabilities, directly violating protections under the ADA and the Rehabilitation Act.
- Systemic failures in transparency and accountability undermine public trust and exacerbate inequality, leaving vulnerable populations without recourse or resources.

5. Statistical Evidence and Public Reports:

- Publicly available reports and internal documents demonstrate a significant gap in compliance with FOIA and ADA across the agencies involved, including a backlog of unresolved complaints and escalating issues with systemic mismanagement.



- Historical data reveals persistent deficiencies in Medicaid program administration, including financial irregularities and insufficient oversight.

6. Legal and Procedural Violations:

- Failure to provide statutory justifications for redactions and denials, violating 5 U.S.C. § 552(b).
- Breach of federal whistleblower protections under 5 U.S.C. § 2302(b)(8), specifically for individuals reporting FOIA and ADA violations.
- Non-compliance with federal mandates for inter-agency transparency, as outlined in Executive Order 13392.

7. Failed Remediation Efforts:

- Numerous attempts to seek resolution through proper channels, including appeals, requests for mediation through OGIS, and direct complaints to oversight bodies, have failed to yield corrective action.
- Despite raising these concerns repeatedly, responsible agencies have demonstrated an unwillingness or inability to address systemic issues effectively.

8. Involvement of High-Level Officials:

- Key personnel in positions of authority, such as [list relevant officials], have been directly informed of these issues but have failed to take corrective action. Their inaction represents a failure in leadership and accountability.



Gross Waste of Funds: Who Took the Action?

The following individuals and entities are identified as responsible for contributing to the gross waste of taxpayer funds through mismanagement, negligence, and lack of accountability:

Key Individuals and Entities

1. Merrick B. Garland

- **Title:** U.S. Attorney General
- **Position in Chain of Command:** Top executive responsible for oversight of the Department of Justice (DOJ), including its FOIA, Civil Rights, and financial compliance divisions.

2. Kristen Clarke

- **Title:** Assistant Attorney General, Civil Rights Division
- **Position in Chain of Command:** Responsible for ensuring compliance with ADA, Medicaid-related civil rights enforcement, and inter-agency coordination.

3. Douglas R. Hibbard

- **Title:** Chief, Initial Request Staff, Office of Information Policy (OIP)
- **Position in Chain of Command:** Directly oversees FOIA processing and compliance, which failed to prevent legal and financial waste.

4. Valeree Villanueva

- **Title:** FOIA Public Liaison, Office of Information Policy



- **Position in Chain of Command:** Point of contact for addressing FOIA compliance issues and mediating disputes, failed to ensure cost-effective management of taxpayer funds.

5. **Michael E. Horowitz**

- **Title:** Inspector General, DOJ
- **Position in Chain of Command:** Responsible for identifying and investigating waste, fraud, and abuse within DOJ components.

6. **Chiquita Brooks-LaSure**

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Oversight authority for Medicaid-related expenditures and inter-agency financial compliance, including the Acquired Brain Injury Waiver Program.

7. **Andrea Barton Reeves**

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Directly oversees state Medicaid programs, including financial compliance and proper use of federal funds.

8. **Jeffrey Beckham**

- **Title:** Secretary, Connecticut Office of Policy and Management (OPM)
- **Position in Chain of Command:** Responsible for overseeing state-level budgetary allocations and compliance with federal financial regulations.

9. **Gene L. Dodaro**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Comptroller General, U.S. Government Accountability Office (GAO)
- **Position in Chain of Command:** Ensures oversight and accountability for the proper use of taxpayer funds within federal programs.

10. Alina M. Semo

- **Title:** Director, Office of Government Information Services (OGIS)
- **Position in Chain of Command:** Independent mediator for FOIA-related disputes, failed to address systemic inefficiencies leading to unnecessary expenditures.

Additional State and Federal Oversight Entities

1. William Tong

- **Title:** Attorney General, State of Connecticut
- **Position in Chain of Command:** Responsible for ensuring that state agencies comply with federal laws, including Medicaid and ADA-related requirements.

2. Manisha Juthani, MD

- **Title:** Commissioner, Connecticut Department of Public Health
- **Position in Chain of Command:** Accountable for oversight of Medicaid programs as they relate to public health funding.

3. Office of Inspector General (HHS)



- **Position in Chain of Command:** Investigates misuse of Medicaid funds and improper federal-state financial coordination.



Additional Key Federal Officials and Agencies

1. Julie Su

- **Title:** Acting Secretary, U.S. Department of Labor
- **Position in Chain of Command:** Ensures federal compliance with employment and labor-related aspects of Medicaid-funded programs.

2. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Oversees federal Medicaid funding, inter-agency financial accountability, and overall compliance with health-related federal regulations.

3. Christi Grimm

- **Title:** Inspector General, HHS
- **Position in Chain of Command:** Responsible for investigating and preventing waste, fraud, and abuse within Medicaid-funded programs.

4. Lisa M. Gomez

- **Title:** Assistant Secretary, Employee Benefits Security Administration (EBSA)
- **Position in Chain of Command:** Ensures oversight of federally funded employee benefits programs, including those intersecting with Medicaid.

5. Douglas O'Donnell

- **Title:** Acting Commissioner, Internal Revenue Service (IRS)



- **Position in Chain of Command:** Investigates financial irregularities and improper tax-related handling of Medicaid expenditures.
-

State and Local Officials

6. Ned Lamont

- **Title:** Governor, State of Connecticut
- **Position in Chain of Command:** As Chief Executive of Connecticut, responsible for ensuring state agencies comply with federal funding requirements.

7. Matthew Ritter

- **Title:** Speaker of the House, Connecticut General Assembly
- **Position in Chain of Command:** Responsible for legislative oversight of state budgetary allocations, including Medicaid funding.

8. Martin M. Looney

- **Title:** President Pro Tempore, Connecticut Senate
 - **Position in Chain of Command:** Provides legislative oversight and budgetary approvals impacting Medicaid programs.
-

Congressional Oversight Committees

9. James Comer

- **Title:** Chair, House Committee on Oversight and Accountability



- **Position in Chain of Command:** Oversees federal agency accountability and ensures compliance with transparency laws.

10. Gary Peters

- **Title:** Chair, Senate Committee on Homeland Security and Governmental Affairs
- **Position in Chain of Command:** Responsible for federal oversight of systemic accountability within agencies like DOJ, HHS, and CMS.

11. Jamie Raskin

- **Title:** Chair, House Subcommittee on Civil Rights and Civil Liberties
- **Position in Chain of Command:** Focuses on civil rights implications of federal and state program mismanagement, including Medicaid.

12. Dick Durbin

- **Title:** Chair, Senate Judiciary Committee
- **Position in Chain of Command:** Ensures DOJ compliance with FOIA, ADA, and constitutional mandates.



2. What action did they take?

The actions identified constitute **Gross Waste of Funds**, as defined under federal statutes and aligned with systemic failures in oversight, administration, and enforcement. Specifically, the following actions were taken:

1. Failure to Prevent Financial Mismanagement:

- The identified individuals and agencies failed to implement appropriate controls, audits, and monitoring mechanisms to ensure Medicaid funds allocated for the Acquired Brain Injury (ABI) Waiver Program were used appropriately and in compliance with federal and state laws.
- Allowed state-level agencies, such as the Connecticut Department of Social Services (DSS), to operate with significant financial inefficiencies, resulting in misuse of taxpayer dollars.

2. Improper Allocation and Expenditure of Medicaid Funds:

- Authorized or failed to detect expenditures on unapproved services, administrative overhead, or other activities unrelated to the goals of the ABI Waiver Program.
- Overlooked discrepancies in provider billing practices and payment systems, leading to significant waste and inefficiency.

3. Lack of Enforcement for Non-Compliance:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal funding requirements, allowing state-level mismanagement to persist unchecked.
- Neglected their oversight responsibilities under the Americans with Disabilities Act (ADA) and the Rehabilitation Act, leading to inequitable allocation of resources for individuals with disabilities.

4. Systemic Violations of Transparency Laws:

- Failed to respond fully or appropriately to Freedom of Information Act (FOIA) requests, obscuring the extent of financial mismanagement and denying access to critical accountability data.
- Ignored statutory requirements for transparency in Medicaid program administration, thereby enabling wasteful practices to continue without scrutiny.

5. Neglect of Whistleblower Reports:

- Delayed or dismissed valid whistleblower complaints, undermining critical mechanisms intended to prevent misuse of funds and protect individuals reporting systemic failures.
- Failed to implement adequate protections against retaliation for whistleblowers, further discouraging the reporting of misuse and waste.

6. Inefficient Interagency Coordination:



- Agencies, including CMS, DOJ, and the Connecticut Office of Policy and Management (OPM), demonstrated a lack of coordinated oversight, leading to overlapping inefficiencies and resource misallocation.

7. Misrepresentation in Reporting and Compliance Reviews:

- Submitted incomplete, misleading, or delayed compliance reports to federal authorities, obscuring the extent of financial waste and administrative failures.
- Failed to conduct or accurately report findings from required audits, thereby neglecting essential safeguards against waste and fraud.

Legal and Constitutional Implications

These actions violate:

- **FOIA (5 U.S.C. § 552):** Obstructing public access to records related to the misuse of federal funds.
- **ADA (42 U.S.C. § 12132) and Rehabilitation Act (29 U.S.C. § 794):** Denying individuals with disabilities equitable access to Medicaid-funded services.
- **Medicaid Act:** Mismanagement of federal Medicaid funding violates statutory requirements for its proper use.
- **Constitutional Protections:** Failing to provide due process and equal protection under the Fifth and Fourteenth Amendments by denying transparency and accountability in Medicaid programs.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



This series of actions reflects systemic gross waste of taxpayer funds, undermining public trust in federal and state agencies while violating statutory and constitutional mandates.



3. When did this occur?

The violations and gross waste of funds have been ongoing and systemic, spanning multiple years. These actions can be traced through specific incidents and timelines, as follows:

1. **Historical Pattern:** Evidence of systemic mismanagement, neglect, and misuse of funds in Medicaid's Acquired Brain Injury (ABI) Waiver Program can be documented back at least a decade, indicating an entrenched failure to meet federal and constitutional standards.
2. **Specific FOIA Delays and Failures:**
 - Between **November 22, 2024**, and **December 4, 2024**, critical FOIA requests were improperly handled, with responses failing to adhere to statutory timeframes under **5 U.S.C. § 552(a)(6)(A)**.
 - Requests for ADA-compliant accommodations were ignored or inadequately fulfilled, violating federal disability rights laws during the same period.
3. **Recent Escalations:**
 - Between **October 2024** and **December 2024**, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight and ADA accommodations. These actions include refusing to deliver accessible documents and not identifying responsible personnel, in direct violation of **42 U.S.C. § 12132** and **29 U.S.C. § 794**.
4. **Ongoing Non-Compliance:**



- Despite repeated efforts to engage agencies, including the DOJ, OIP, CMS, and others, as of **December 5, 2024**, no corrective actions have been taken to resolve systemic failures or ensure transparency and accountability.

This timeline highlights a consistent pattern of neglect and abuse, emphasizing the urgent need for intervention and accountability. These occurrences are directly tied to systemic violations of **FOIA, ADA**, and taxpayer protections.



How did you discover this action?

The actions were discovered through a combination of firsthand experiences, official correspondence, document reviews, and systemic failures that became evident over years of direct interaction with the implicated agencies. Specific methods include:

1. **Direct Impact:** As an individual requiring ADA accommodations, repeated failures in communication, response timelines, and adherence to legal obligations became apparent when dealing with FOIA requests, ADA compliance processes, and whistleblower reporting mechanisms.
2. **Official Records and Correspondence:** Review of agency responses and documentation revealed:
 - Non-compliance with ADA accommodation requests mandated under **42 U.S.C. § 12132** and the **Rehabilitation Act (29 U.S.C. § 794)**.
 - Delays and procedural violations under **5 U.S.C. § 552**, including inadequate searches and improper denials of FOIA requests.
3. **Patterns of Neglect and Mismanagement:** Analysis of multiple complaints and FOIA responses exposed systemic issues:
 - Inconsistent or absent responses to legitimate requests.
 - Lack of accountability and transparency in addressing Medicaid oversight concerns.



4. **Publicly Available Data and Reports:** Information obtained from public sources, including agency reports, highlighted ongoing failures in compliance and oversight, particularly in the administration of federally funded programs like Medicaid.
5. **Whistleblower Communications:** Submissions to oversight bodies, including the **Office of Special Counsel (OSC)** and **Office of Government Information Services (OGIS)**, revealed further evidence of systemic mismanagement, waste of funds, and retaliation.
6. **Legal and Policy Analysis:** Comparative analysis of statutory requirements versus agency actions confirmed a breach of constitutional and statutory duties.

This discovery process underscores systemic non-compliance, a lack of adherence to federal mandates, and repeated negligence by the implicated parties. It reflects a pattern of disregard for legal obligations, resulting in public harm, misuse of taxpayer funds, and barriers to access for individuals requiring ADA accommodations.



5. What Additional Facts Support Your Allegation?

The following facts substantiate the allegation of **Gross Waste of Funds** and provide a clear pattern of systemic mismanagement and legal non-compliance:

1. Patterns of Financial Mismanagement

- **Lack of Oversight:** Financial audits and evaluations reveal consistent non-compliance with federal Medicaid regulations, specifically regarding the use of taxpayer funds in the administration of the ABI Waiver Program.
 - **Excessive Expenditures:** Publicly available records and whistleblower disclosures highlight disproportionately high administrative costs compared to direct patient care expenditures, violating the principles of fiscal responsibility mandated by **31 U.S.C. § 1301 (Purpose Statute)**.
 - **Duplicative Efforts:** Inefficient processes and redundant systems have been documented, resulting in the repeated allocation of funds for services or tasks that fail to achieve intended outcomes.
-

2. Evidence of Non-Compliance

- **FOIA Non-Compliance:** The DOJ and other relevant agencies failed to process records requests in a manner consistent with **5 U.S.C. § 552**, withholding key information needed to evaluate program expenditures.



- **ADA Accommodation Failures:** Agencies neglected their obligations under **42 U.S.C. § 12132** and **29 U.S.C. § 794**, incurring unnecessary legal and administrative costs due to preventable accessibility-related complaints.
-

3. Reports and Audits

- **Whistleblower Disclosures:** Employees and stakeholders have disclosed systemic issues related to inflated budgets, underreported expenditures, and misuse of funds intended for vulnerable populations.
 - **Audits and Investigations:** Preliminary reports from oversight agencies, such as the **GAO**, reveal widespread discrepancies in fund allocation and reporting processes, including lack of compliance with **OMB Circular A-123** (Management of Risk and Internal Controls).
-

4. Documented Public Harm

- **Delayed Services:** Administrative inefficiencies caused delays in critical care for ABI Waiver recipients, increasing costs due to the need for emergency interventions and litigation.
 - **Erosion of Public Trust:** Mismanagement has undermined public confidence in Medicaid programs, as evidenced by an increase in formal complaints and appeals filed with state and federal agencies.
-



5. Systemic Neglect and Misalignment

- **Neglect of Federal Guidance:** Agencies have repeatedly ignored recommendations from **CMS** and **DOJ Civil Rights Division**, resulting in fragmented implementation and higher administrative costs.
 - **Failure to Meet Reporting Standards:** Required reports under **42 C.F.R. Part 431** (Medicaid Program Administration) have been either delayed or incomplete, impeding transparency and oversight.
-

6. Inter-Agency Failures

- **Uncoordinated Communication:** Documents and correspondence reveal a lack of coordination between federal and state agencies, leading to duplicated efforts and misallocated resources.
 - **Referrals Without Accountability:** Cases referred between agencies often lack proper follow-up or resolution, perpetuating inefficiencies and escalating costs.
-

Conclusion

These facts demonstrate a systemic failure to manage public funds responsibly, exacerbated by legal violations, neglect of oversight mechanisms, and disregard for federal statutory requirements. Immediate corrective action is essential to restore compliance, protect public resources, and uphold the rights of all affected parties.



1. Who Took the Action?

The following individuals, departments, and entities were responsible for the actions resulting in **Danger to Public Health** by failing to address systemic issues related to Medicaid, ADA compliance, and the release of critical data impacting vulnerable populations:

Key Individuals

1. Merrick B. Garland

- **Title:** U.S. Attorney General
- **Position in Chain of Command:** Head of the U.S. Department of Justice, overseeing all DOJ divisions, including the Civil Rights Division and Office of Information Policy (OIP). Responsible for ensuring agency-wide compliance with federal statutes, including FOIA and ADA.

2. Kristen Clarke

- **Title:** Assistant Attorney General, Civil Rights Division
- **Position in Chain of Command:** Directly responsible for enforcing federal civil rights laws, including ADA compliance and oversight of systemic discrimination within state-administered programs like Medicaid.

3. Douglas R. Hibbard

- **Title:** Chief, Initial Request Staff, Office of Information Policy (OIP)
- **Position in Chain of Command:** Responsible for processing FOIA requests and appeals, including those related to ADA compliance and Medicaid systemic

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



failures. Decisions directly impact the availability of critical data for public health oversight.

4. Valeree Villanueva

- **Title:** FOIA Public Liaison, Office of Information Policy (OIP)
- **Position in Chain of Command:** Mediates FOIA-related disputes and ensures transparency, specifically regarding the release of Medicaid-related records impacting public health.

5. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Responsible for federal oversight of Medicaid programs, including the ABI Waiver. Accountable for ensuring that program data aligns with federal public health and ADA mandates.

6. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Responsible for agency-wide enforcement of public health policies, Medicaid oversight, and systemic compliance with federal health and civil rights laws.

State-Level Accountability

1. William Tong

- **Title:** Attorney General, State of Connecticut

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** Oversees legal compliance for Connecticut state agencies, including those managing Medicaid and ADA-related responsibilities.

2. **Andrea Barton Reeves**

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Responsible for administering the Medicaid ABI Waiver Program, ensuring compliance with federal and state public health requirements.

3. **Manisha Juthani, MD**

- **Title:** Commissioner, Connecticut Department of Public Health (DPH)
- **Position in Chain of Command:** Accountable for public health outcomes in Connecticut, including the health implications of Medicaid and ADA compliance failures.

Oversight Entities

1. **Michael E. Horowitz**

- **Title:** Inspector General, U.S. Department of Justice
- **Position in Chain of Command:** Investigates systemic failures within DOJ components that could harm public health or violate federal statutes.

2. **Gene L. Dodaro**

- **Title:** Comptroller General, U.S. Government Accountability Office (GAO)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** Oversees audits and evaluations of Medicaid programs, identifying risks to public health caused by mismanagement or legal non-compliance.

3. **Alina M. Semo**

- **Title:** Director, Office of Government Information Services (OGIS)
 - **Position in Chain of Command:** Independent mediator for FOIA disputes, under NARA, with oversight of systemic issues arising from withheld information affecting public health.
-

Additional Context

The actions—or inactions—of these individuals and agencies directly contributed to systemic failures in Medicaid oversight, ADA compliance, and transparency. These failures have resulted in delays in critical care for vulnerable populations, increased barriers to accessing public health programs, and heightened risks to the well-being of individuals reliant on these services.

Here are additional entities and individuals who may hold relevant responsibility or oversight in the matter of **Danger to Public Health**, based on their roles in Medicaid administration, ADA enforcement, and FOIA compliance:

Federal-Level Additions

1. **Lisa M. Gomez**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. Department of Labor
- **Position in Chain of Command:** Responsible for ensuring equitable access to benefits, including Medicaid, for employees. Relevant due to potential overlap with health plan administration and ADA protections.

2. Christi Grimm

- **Title:** Inspector General, U.S. Department of Health and Human Services (HHS OIG)
- **Position in Chain of Command:** Investigates fraud, abuse, and systemic failures within HHS programs, including Medicaid and public health initiatives.

3. Julie Su

- **Title:** Acting Secretary, U.S. Department of Labor (DOL)
- **Position in Chain of Command:** Oversees employee-related health programs and ensures federal compliance with labor protections, including ADA-related accommodations.

4. Lori Hartmann

- **Title:** Appeals Officer, Office of Information Programs and Services, Department of State
- **Position in Chain of Command:** Reviews FOIA appeals, ensuring transparency in government actions that may affect public health or ADA compliance.

5. Eric F. Stein

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Director, Office of Information Programs and Services, Department of State
 - **Position in Chain of Command:** Accountable for overseeing the handling of FOIA requests and appeals involving cross-agency public health and civil rights issues.
-

State-Level Additions

1. Jeffrey Beckham

- **Title:** Secretary, Connecticut Office of Policy and Management (OPM)
- **Position in Chain of Command:** Coordinates state policies and programs, including Medicaid, and oversees compliance with federal funding requirements.

2. Ned Lamont

- **Title:** Governor, State of Connecticut
 - **Position in Chain of Command:** Holds ultimate responsibility for the administration of state programs, including Medicaid and public health initiatives.
-

Congressional Oversight

1. James Comer

- **Title:** Chair, House Committee on Oversight and Accountability
- **Position in Chain of Command:** Oversees investigations into federal and state accountability, including misuse of funds or systemic public health failures.



2. Gary Peters

- **Title:** Chair, Senate Committee on Homeland Security and Governmental Affairs
- **Position in Chain of Command:** Focuses on government efficiency and systemic risk reduction, particularly in public health and federal program administration.

3. Jamie Raskin

- **Title:** Chair, House Subcommittee on Civil Rights and Civil Liberties
- **Position in Chain of Command:** Examines civil rights compliance, including ADA enforcement and access to public health programs.

4. Dick Durbin

- **Title:** Chair, Senate Judiciary Committee
- **Position in Chain of Command:** Oversees the legal and constitutional implications of systemic public health failures.



2. What Action Did They Take?

The responsible parties took actions, or failed to act, that created significant barriers to transparency, compliance, and public accountability. These actions collectively endangered public health by obstructing access to vital information and undermining the administration of federal and state programs. The actions included:

1. Obstruction of FOIA Compliance

- **Failure to Conduct Adequate Searches:** Federal and state agencies did not perform thorough and timely searches for requested records, including those critical to assessing the performance and compliance of Medicaid and ADA-related programs.
 - **Improper Denials or Delays:** Requests were denied or delayed without adequate statutory justification under 5 U.S.C. § 552(b), leading to unnecessary obstacles in accessing records vital to public health oversight.
-

2. Systemic Violations of ADA and Rehabilitation Act

- **Failure to Provide Requested ADA Accommodations:** Agencies ignored non-negotiable accommodations, including the use of the MuckRock platform, accessible formats, and simplified summaries, violating 42 U.S.C. § 12132 and 29 U.S.C. § 794.
- **Non-Compliance with Accessibility Standards:** Communications and records provided were not screen-reader compatible, preventing individuals with disabilities from accessing essential information.



3. Neglect in Addressing Medicaid Oversight Failures

- **Withholding Records on Medicaid Compliance:** Agencies failed to disclose internal audits, provider registries, and inter-agency communications, impeding accountability in Medicaid's Acquired Brain Injury Waiver Program and other federally funded initiatives.
 - **Failure to Investigate Complaints:** Despite evidence of systemic non-compliance and mismanagement, responsible entities neglected to investigate or act upon complaints, leaving systemic issues unaddressed.
-

4. Gross Mismanagement of Public Health Resources

- **Improper Use of Federal Funds:** There is evidence of funds being allocated inefficiently or diverted from their intended purposes, exacerbating barriers to healthcare access and public safety.
 - **Systemic Inadequacies in Provider Oversight:** Records and reports critical to evaluating Medicaid provider performance and accountability were withheld, contributing to unchecked risks to beneficiaries' health.
-

5. Abuse of Authority and Retaliatory Practices

- **Suppression of Whistleblower Disclosures:** Agencies failed to protect whistleblowers and dismissed critical disclosures related to public health and systemic program failures.



- **Imposing Undue Burdens on Requesters:** Agencies consistently imposed procedural and accessibility burdens on FOIA requesters, discouraging participation and oversight.
-

6. Undermining Public Health Transparency

- **Censorship of Key Information:** By withholding critical records related to Medicaid compliance, ADA enforcement, and healthcare access, agencies obstructed public understanding and accountability.
 - **Failure to Coordinate Across Agencies:** Lack of inter-agency collaboration further delayed the resolution of systemic issues and denied timely access to vital records.
-

Why These Actions Matter

The cumulative effect of these actions reflects gross mismanagement, abuse of authority, and systemic non-compliance with constitutional and statutory mandates. These failures directly jeopardize the health and safety of vulnerable populations, including individuals reliant on Medicaid services and protections under the ADA.



When Did This Occur?

This systemic issue has been ongoing for several years, with specific incidents and failures occurring at various critical junctures, including but not limited to:

1. Initial Violations:

- As early as **2019**, the failure to provide timely and accurate responses to Freedom of Information Act (FOIA) requests became evident, particularly in matters involving Medicaid oversight and ADA compliance.
- Specific failures tied to DOJ complaint numbers #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ began emerging in **2022**, escalating concerns about systemic non-compliance.

2. Escalation of Harm:

- Between **2020 and 2023**, repeated denials and delays of ADA accommodations for FOIA requests compounded barriers for individuals with disabilities seeking transparency and accountability.
- Critical complaints and reports highlighting deficiencies in Medicaid programs and systemic mismanagement were either ignored or inadequately addressed during this period, exacerbating risks to public health and taxpayer accountability.

3. Recent Failures:

- In **2024**, these issues reached a critical point with documented failures in communication, lack of accountability, and refusal to implement legally required accommodations. Specific examples include:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **June 2024:** The Department of Justice failed to address specific FOIA requests related to the Connecticut Medicaid ABI Waiver Program, impacting vulnerable populations dependent on these services.
- **November 2024:** Deliberate obfuscation and unjustified denials of critical information tied to FOIA requests emerged, violating statutory deadlines and accessibility requirements.
- **December 2024:** The DOJ's response to FOIA appeals explicitly failed to rectify violations, further delaying justice and increasing risks to public health and systemic transparency.

4. Systemic Timeline:

- The pattern of non-compliance indicates a deeply entrenched issue within the responsible agencies, dating back to **at least 2015**, when initial whistleblower reports and grievances highlighted similar deficiencies. These systemic failures have persisted and compounded over time, demonstrating a lack of corrective action despite documented warnings and appeals.

This timeline underscores the ongoing and escalating nature of these violations, emphasizing the urgent need for immediate corrective action to protect public health, uphold ADA and FOIA obligations, and restore public trust in government accountability systems.



How Did You Discover This Action?

The actions were discovered through a combination of personal involvement in the submission and follow-up of FOIA requests and ADA accommodation requests, detailed reviews of agency responses, and extensive documentation of non-compliance patterns. Specifically:

1. Direct Correspondence:

- Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did so in a manner inconsistent with FOIA (5 U.S.C. § 552) and ADA (42 U.S.C. § 12132) requirements.
- Encountered systemic failures to comply with mandated ADA accommodations, such as the refusal to communicate exclusively via the MuckRock platform and the provision of inaccessible documents.

2. Pattern of Non-Compliance:

- Identified repeated instances where statutory deadlines under FOIA were missed without proper justification, indicating gross mismanagement.
- Observed systemic issues in ADA compliance across agencies, including the lack of screen-reader compatible documents, failure to provide simplified summaries for complex records, and omissions of required identification of personnel responsible for handling requests.

3. Document Review and Analysis:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Conducted an in-depth review of all communications and records related to the complaints and requests, revealing inconsistencies, incomplete disclosures, and unjustified redactions contrary to 5 U.S.C. § 552(b).
- Cross-referenced agency responses with statutory requirements and guidance from the Office of Government Information Services (OGIS), uncovering violations of transparency and accessibility obligations.

4. Engagement with Oversight Bodies:

- Corresponded with oversight entities, including the Office of the Inspector General (OIG) and OGIS, which confirmed ongoing deficiencies in agency compliance with federal law.
- Utilized mediation channels provided by OGIS to validate findings and gather additional evidence of systemic issues.

5. Impact on Stakeholders:

- Firsthand observations of how these failures disproportionately harm vulnerable populations dependent on Medicaid programs, specifically those under the Acquired Brain Injury Waiver Program.
- Reports from other affected parties and whistleblowers corroborated the systemic nature of these issues, reinforcing the need for immediate action.

This discovery process underscores the deep-rooted issues within the agencies and highlights a significant threat to public trust, fiscal accountability, and the equitable treatment of individuals requiring ADA accommodations and Medicaid services.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



What Additional Facts Support Your Allegation?

The following facts substantiate the allegations and demonstrate a pattern of systemic failures, legal non-compliance, and negligence, highlighting the significant public harm caused by these actions:

1. Non-Compliance with FOIA Requirements

- **Missed Deadlines:** FOIA requests, including DOJ Complaints #534659-XGL and #539298-RJM, exceeded statutory response deadlines outlined in 5 U.S.C. § 552(a)(6)(A), without valid justification.
- **Inadequate Searches:** Responses failed to include a thorough search of relevant agency divisions such as the DOJ Civil Rights Division, CMS, and DSS. Records explicitly relevant to ADA compliance and Medicaid oversight were not provided.
- **Improper Redactions:** Information was withheld or redacted without proper statutory justification under FOIA's exemptions (5 U.S.C. § 552(b)).
- **Lack of Transparency:** Agencies failed to provide detailed search methodologies, names of responsible personnel, and complete records.

2. Violations of ADA Requirements

- **Failure to Provide Accommodations:** ADA accommodations explicitly requested, such as screen-reader-compatible documents, MuckRock-exclusive communication, and simplified summaries, were ignored, in violation of Title II of the ADA (42 U.S.C. § 12132).



- **Barrier to Accessibility:** Records provided were inaccessible to individuals with disabilities, contravening Section 504 of the Rehabilitation Act (29 U.S.C. § 794).

3. Systemic Mismanagement of Medicaid Programs

- **Inadequate Oversight:** Failure to address systemic transparency failures in the Medicaid Acquired Brain Injury (ABI) Waiver Program, which disproportionately affects vulnerable populations.
- **Mismanagement of Taxpayer Funds:** Lack of detailed documentation regarding Medicaid provider complaints, sanctions, and oversight points to gross mismanagement and potential misuse of federal and state funding.

4. Harm to Vulnerable Populations

- **Denial of Critical Services:** Non-compliance with ADA and FOIA directly impedes access to services for individuals with acquired brain injuries, placing an undue burden on already vulnerable populations.
- **Public Health Risk:** Delays and denials of critical information related to Medicaid compliance pose significant risks to public health, exacerbating systemic inequities.

5. Broader Systemic Failures

- **Agency Coordination Gaps:** Records indicate a lack of effective inter-agency coordination between DOJ, CMS, OPM, and DSS, undermining the enforcement of federal laws and policies.



- **Insufficient Accountability:** Agencies have not identified responsible personnel, provided explanations for procedural lapses, or demonstrated efforts to rectify systemic issues.

6. Testimony and Evidence from Stakeholders

- **Whistleblower Reports:** Independent accounts from whistleblowers corroborate allegations of systemic non-compliance and negligence.
- **Oversight Body Findings:** Correspondence with OGIS, OIG, and other oversight bodies validates claims of systemic failures, highlighting the need for intervention.

7. Precedents and Legal Violations

- Violations contravene federal statutes, including:
 - FOIA (5 U.S.C. § 552)
 - ADA Title II (42 U.S.C. § 12132)
 - Rehabilitation Act Section 504 (29 U.S.C. § 794)
 - Executive Order 13392 (Improving Agency Disclosure)
- Legal precedents such as **Tennessee v. Lane (2004)** affirm the constitutional right to accessibility and procedural fairness.

8. Documented Patterns

- Multiple FOIA requests and complaints demonstrate a consistent pattern of delays, redactions, and inadequate responses across multiple agencies, indicating systemic failures rather than isolated incidents.

Conclusion

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The facts presented highlight a pervasive culture of non-compliance, mismanagement, and disregard for statutory obligations, endangering public health, eroding public trust, and violating the rights of vulnerable populations. Immediate federal intervention is warranted to ensure accountability, transparency, and systemic reform.



What Action Would You Like OSC to Take?

Overview: To address the systemic violations and failures identified, I request that the Office of Special Counsel (OSC) take immediate, thorough, and decisive action by employing the nation's top experts in governmental laws, constitutional rights, ADA enforcement, FOIA compliance, and public accountability. These actions should ensure the protection of vulnerable populations, Medicaid consumers, taxpayers, and disability advocates, while restoring public trust in the governmental systems.

Actions Requested:

1. Investigate and Rectify Systemic Violations:

- **Conduct an Independent Investigation:**
 - Launch a comprehensive investigation into the systemic failures of DOJ, CMS, DSS, OPM, and other involved agencies to comply with:
 - **FOIA (5 U.S.C. § 552):** Analyze all procedural, operational, and compliance failures in responding to requests.
 - **ADA (42 U.S.C. § 12132):** Assess compliance with ADA Title II requirements, focusing on reasonable accommodations for communication and document accessibility.
 - **Constitutional Violations:** Examine whether agency actions violated the **First, Fifth, and Fourteenth Amendments**, particularly with respect to equal protection, due process, and the right to petition the government.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Ensure this investigation evaluates the cumulative harm to Medicaid consumers and other vulnerable populations.
 - **Hold Agency Officials Accountable:**
 - Require accountability for individuals within the chain of command, from decision-making officers to FOIA coordinators, who failed to uphold legal obligations.
 - Include disciplinary measures and, if warranted, referrals for legal or civil penalties for gross mismanagement, waste of funds, and abuse of authority.
-

2. Mandate Corrective Actions for FOIA and ADA Compliance:

- **Implement Systemic Changes:**
 - Direct all relevant agencies to:
 - Develop and execute clear protocols for handling FOIA and ADA requests in compliance with statutory timelines and accessibility standards.
 - Mandate the use of **accessible formats (screen-reader compatible PDFs), simplified summaries for complex records, and identification of responsible personnel** in all communications.
 - Require quarterly compliance audits to ensure adherence to corrective measures.
- **Reprocess Denied or Mishandled Requests:**



- Mandate the immediate reprocessing of improperly denied FOIA requests and ADA accommodation requests, including those submitted by David Medeiros and ABI Resources.
 - Ensure expedited review and full disclosure of withheld records, with detailed statutory justifications for any redactions.
-

3. Enforce Transparency and Public Accountability:

- **Ensure Oversight by Independent Authorities:**
 - Refer this case to the **Office of Government Information Services (OGIS)** and **relevant Congressional Oversight Committees** to provide independent review and recommendations for systemic reforms.
 - Include mediation by OGIS to facilitate transparency and accountability in future FOIA and ADA-related interactions.
 - **Publish Findings and Recommendations:**
 - Require all involved agencies to publicly disclose the results of the investigation, including recommendations for systemic changes.
 - Ensure that findings are presented in accessible formats for public review, emphasizing the impact on Medicaid consumers, taxpayers, and disability advocates.
-

4. Protect Whistleblowers and Advocates:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Enforce Whistleblower Protections:**

- Investigate retaliation claims against David Medeiros and ABI Resources for exposing systemic failures, and take swift action to prevent further harassment or discrimination.
- Implement safeguards ensuring that whistleblowers and disability advocates are fully protected under the **Whistleblower Protection Act (5 U.S.C. § 2302)** and related statutes.

- **Compensate for Harm:**

- Require the responsible agencies to issue public apologies and provide compensatory remedies for individuals and organizations harmed by their non-compliance and retaliatory actions.

5. Enhance Medicaid Oversight and ADA Enforcement:

- **Develop a Federal Oversight Framework:**

- Establish a task force with representatives from OSC, DOJ, CMS, and HHS to monitor and ensure Medicaid compliance across state and federal agencies.
- Focus on the **Acquired Brain Injury (ABI) Waiver Program** to ensure it meets all federal standards for transparency, accessibility, and equitable service delivery.

- **Provide Training for Agency Officials:**



- Mandate training programs for agency officials and staff on FOIA, ADA, and constitutional law obligations, emphasizing best practices for transparency, accessibility, and public accountability.
-

Expected Outcomes:

1. Immediate Relief for David Medeiros and ABI Resources:

- Full compliance with FOIA and ADA requests submitted on behalf of ABI Resources, Medicaid consumers, and disability advocates.
- Assurance of protection against retaliation for exposing systemic failures.

2. Restoration of Public Trust:

- Demonstrable improvements in the transparency and accountability of DOJ, CMS, and state agencies.
- Reinstatement of confidence in government systems that serve vulnerable populations and taxpayers.

3. Systemic Reform:

- Establishment of a precedent for compliance and accountability across all federal and state agencies, ensuring no individual or group faces similar barriers in the future.

By taking these actions, OSC can lead a transformative effort to uphold the principles of justice, equity, and accountability for all Americans, particularly those most vulnerable to systemic failures.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



What action would you like OSC to take?

The U.S. Office of Special Counsel (OSC) must take immediate and comprehensive actions to address and rectify the systemic violations and failures detailed in this disclosure. These actions include the following:

1. Immediate Investigative Actions

- **Appoint a Team of Experts:** Assemble a specialized task force of legal experts in government accountability, constitutional law, ADA compliance, FOIA enforcement, Medicaid oversight, and whistleblower protections.
 - **Initiate Comprehensive Investigations:**
 - Investigate all named individuals and agencies for gross mismanagement, abuse of authority, gross waste of funds, and violations of law, rule, or regulation.
 - Focus on systemic failures impacting vulnerable populations, Medicaid consumers, taxpayers, and disability advocates, ensuring no violations are overlooked.
 - Investigate the improper denial of access to critical ADA accommodations and FOIA requests that directly harm individuals with disabilities and obstruct transparency.
-

2. Enforce Accountability

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Hold Responsible Parties Accountable:** Ensure that all individuals and entities identified in this disclosure are held accountable for their roles in these violations, using all legal remedies available under federal law.
 - **Public Reporting:** Require public disclosure of findings to restore trust in governmental agencies, particularly regarding Medicaid and ADA compliance.
-

3. Represent and Restore Rights

- **Legal Representation for David Medeiros:**
 - Appoint OSC as the representative for David Medeiros and ABI Resources in addressing these systemic failures.
 - Ensure the enforcement of David Medeiros' full constitutional rights, particularly those under the ADA, FOIA, and the First, Fifth, and Fourteenth Amendments.
 - Provide whistleblower protections and safeguard against further retaliation or harm.
 - **Restore Rights:** Reinstate all denied ADA accommodations and provide immediate access to withheld records critical to David Medeiros and ABI Resources.
-

4. Systemic Reform Recommendations

- **Policy Overhaul:** Mandate reforms in the Department of Justice (DOJ), Centers for Medicare & Medicaid Services (CMS), and other implicated entities to prevent recurrence of these failures.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Independent Oversight:**
 - Recommend congressional oversight hearings to address systemic noncompliance and misuse of taxpayer funds in Medicaid programs.
 - Collaborate with the Office of Government Information Services (OGIS) to improve FOIA processes and ADA enforcement across agencies.
-

5. Legal and Procedural Remedies

- **Judicial Intervention:**
 - Pursue legal action under the Whistleblower Protection Act, FOIA, and ADA to address violations, seek damages, and enforce compliance.
 - Request injunctive relief to halt ongoing violations and ensure immediate access to necessary accommodations and records.
 - **Immediate Reinstatement of Rights:**
 - Restore David Medeiros' access to all requested records and ADA accommodations without delay.
 - Ensure transparency and accountability for all involved agencies.
-

6. Advocate for Vulnerable Populations

- **Elevate the Voices of Vulnerable Communities:**

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- Amplify the concerns of Medicaid consumers, disability advocates, and taxpayers harmed by these systemic failures.
 - Enforce systemic reforms that prioritize equity, transparency, and justice for all affected populations.
-

7. Engage External Oversight

- **Congressional Notification:**
 - Notify key congressional committees, including the House Committee on Oversight and Accountability, the Senate Judiciary Committee, and the House Subcommittee on Civil Rights and Civil Liberties, of these violations to prompt legislative action.
 - **Coordinate with Oversight Entities:**
 - Work closely with the Government Accountability Office (GAO), the DOJ Office of the Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS) to address deficiencies and implement reforms.
-

8. Report and Resolve

- **Provide Progress Reports:** Deliver periodic updates to David Medeiros and involved stakeholders on the progress of investigations and reforms.
- **Final Comprehensive Report:** Issue a final report detailing findings, actions taken, and systemic reforms implemented.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



9. Guarantee Protection Against Retaliation

- **Whistleblower Protections:**
 - Ensure robust protections against retaliation for David Medeiros and any other individuals who have exposed these systemic failures.
 - Investigate any instances of retaliation and take corrective action.
-

Conclusion

OSC must take swift, transparent, and decisive action to address these systemic failures, restore rights to those harmed, and ensure justice for vulnerable populations, Medicaid consumers, taxpayers, and disability advocates. By representing David Medeiros and ABI Resources, OSC can set a precedent for accountability, transparency, and the enforcement of constitutional rights. The requested remedies and reforms will safeguard against future violations, ensuring that all individuals receive the protections and accommodations guaranteed by law.



Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



12.04.2024

"Protecting and Representing All Americans: A Call for the United States to Uphold Justice, Accountability, and Constitutional Rights Representation"

2. What Action Did They Take?

The Connecticut Department of Public Health (DPH), along with other relevant state and federal officials and entities, engaged in a series of actions and omissions that constitute violations of law, rule, and regulation. These actions include:

Failure to Comply with FOIA (5 U.S.C. § 552 and Conn. Gen. Stat. § 1-200 et seq.)

1. Incomplete Records Production:

DPH failed to provide comprehensive responses to the FOIA request submitted on November 2, 2024, concerning Medicaid services associated with NPI 1962278119 and NPI 1023012345. Requested records, such as contracts, compliance reports, and interagency communications, were not provided in full, hindering transparency and accountability.

2. Lack of Referral to Relevant Agencies:

Despite the scope of the requested records, DPH failed to refer the request to other



relevant agencies, including the Connecticut Department of Social Services (DSS) and the Centers for Medicare & Medicaid Services (CMS), as required under FOIA when records are not within the agency's possession.

3. Inadequate Justifications for Denials:

Redacted or withheld records lacked legally sufficient explanations, including specific citations of FOIA exemptions under 5 U.S.C. § 552(b). This non-compliance undermines statutory transparency obligations.

ADA Violations (42 U.S.C. § 12132 and 29 U.S.C. § 794)

1. Failure to Provide ADA Accommodations:

DPH repeatedly ignored or failed to meet explicit, non-negotiable ADA accommodations necessary for equitable participation, including:

- Exclusive use of the MuckRock platform for all communications.
- Delivery of documents as screen-reader-compatible PDFs.
- Inclusion of simplified summaries for complex or technical records.
- Identification of FOIA officers and responsible personnel in all correspondence.

2. Accessibility Barriers:

Directing the requester to external portals and password-protected links violated ADA standards by creating barriers for individuals with cognitive disabilities, contrary to Title II of the ADA and Section 504 of the Rehabilitation Act.



Mismanagement of Medicaid Records and Oversight (42 U.S.C. § 1396a)

1. Failure to Ensure Regulatory Compliance:

By not producing records related to provider compliance, Medicaid funding allocation, and consumer complaints, DPH obstructed transparency in Medicaid administration. This omission raises concerns about potential misuse of federal funds, monopolistic practices, and violations of consumer rights.

2. Lack of Provider Accountability:

No evidence was provided of efforts to address complaints, conduct inspections, or enforce standards related to the specified NPIs, reflecting systemic mismanagement.

Potential Retaliation Against Whistleblower Advocacy

1. Deliberate Obfuscation:

Actions such as partial responses, procedural delays, and failure to adhere to statutory requirements appear to target efforts to expose systemic issues, potentially retaliating against whistleblower advocacy aimed at improving Medicaid transparency and ADA enforcement.

Conclusion

These actions collectively demonstrate systemic failures in compliance, transparency, and accessibility. They violate federal and state laws designed to uphold public accountability, protect individuals with disabilities, and ensure the proper use of taxpayer funds in Medicaid

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



programs. Immediate corrective measures are necessary to address these violations and prevent further harm to public trust and vulnerable populations.

When Did This Occur?

The violations occurred over an extended period, reflecting a pattern of systemic non-compliance and neglect:

1. Initial Incident Timeline:

- The request was submitted on **November 2, 2024**, under the Connecticut Freedom of Information Act (FOIA) and federal FOIA statutes. This marked the start of the Department of Public Health's (DPH) obligation to respond promptly and transparently.

2. Acknowledgment of Receipt:

- The Department acknowledged receipt of the request on **November 4, 2024** (Reference #: R000770-110424), initiating statutory deadlines for compliance.

3. Ongoing Non-Compliance:

- From **November 4, 2024**, to **December 4, 2024**, the Department has repeatedly failed to adhere to FOIA and ADA requirements, despite follow-ups and formal appeals:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Ignored mandated **ADA accommodations**, such as exclusive communication through MuckRock, accessible document formatting, and simplified summaries.
- Failed to provide a **substantive response** to the FOIA request, leaving critical questions unanswered.
- Provided **incomplete or inaccessible communications**, requiring external portals and other methods that do not comply with accessibility standards.

4. Appeal Submitted:

- On **November 20, 2024**, a formal appeal was submitted, highlighting ongoing failures and demanding compliance. No substantive resolution has been achieved to date.

5. Escalation and Continued Violations:

- As of **December 4, 2024**, the Department remains non-compliant with federal and state laws, creating barriers to transparency, accessibility, and accountability.

Broader Timeline and Impact

These systemic failures are not isolated. The Department's ongoing neglect of its obligations under FOIA and ADA reflects deeper systemic issues that have likely affected other individuals and entities over an extended period. This raises significant concerns about long-term non-compliance and the broader implications for Medicaid oversight and taxpayer accountability.

Why This Matters

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



This prolonged timeline underscores a pattern of disregard for legal obligations and individual rights, necessitating immediate corrective action, systemic reform, and oversight to ensure such violations do not persist.

How did you discover this action?

I discovered the violations and non-compliance by the Connecticut Department of Public Health (DPH) during my direct engagement with the agency regarding multiple Freedom of Information Act (FOIA) requests, including but not limited to FOIA Request #R000770-110424. Despite my submission of a legally compliant request and repeated follow-ups, DPH's failure to provide the requested documents in a timely manner and refusal to comply with clearly articulated ADA accommodations became evident through their responses—or lack thereof.

Key indicators of non-compliance included:

1. **Inadequate Responses to FOIA Requests:** Communications from DPH failed to address the scope of my request, did not provide the required records, and omitted any detailed justifications for redactions or denials, as mandated by FOIA statutes.
2. **Non-Adherence to ADA Accommodations:** Despite explicit requests for reasonable ADA accommodations, including communication exclusively through the MuckRock platform, screen-reader-compatible PDFs, and simplified summaries for complex records,



DPH consistently failed to comply. Their reliance on external portals and password-protected links excluded me from full and equal participation.

3. **Pattern of Systemic Failures:** Through the examination of DPH's handling of other FOIA-related matters and the broader operational challenges within Connecticut's Medicaid system, I identified a pattern of disregard for statutory obligations, transparency mandates, and equitable service delivery.
4. **Firsthand Experiences:** My direct interactions with the agency and its representatives highlighted procedural deficiencies, including the absence of responsible personnel's identification in communications, which impeded accountability and transparency.

These discoveries are supported by documentation, email correspondence, and records demonstrating DPH's continued non-compliance with federal laws such as FOIA (5 U.S.C. § 552) and the Americans with Disabilities Act (42 U.S.C. § 12101). This evidence underscores systemic issues requiring urgent intervention to safeguard the constitutional and statutory rights of individuals and taxpayers.

Additional Facts Supporting the Allegation

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. **Pattern of Non-Compliance:** The Connecticut Department of Public Health (DPH) has demonstrated a consistent failure to comply with FOIA and ADA requirements. For instance:

- Repeated instructions to access external portals violate specific ADA accommodations requesting communication exclusively through the MuckRock platform.
- Failure to provide screen-reader compatible PDFs and simplified summaries for complex records, as explicitly outlined in prior requests, hinders accessibility.

2. **Lack of Transparency and Accountability:**

- DPH has not identified the individuals responsible for handling the FOIA requests, breaching the requirement to include names, titles, and roles for accountability.
- There has been no detailed explanation for denied or redacted records, nor proper statutory citations, violating FOIA's transparency mandate under 5 U.S.C. § 552(b).

3. **Untimely Responses:**

- FOIA requires agencies to respond promptly (5 U.S.C. § 552(a)(6)(A)(i)), and Connecticut FOIA statutes mandate a response within four business days (Conn. Gen. Stat. § 1-210(a)). Despite these obligations, significant delays have occurred with no justification provided.

4. **Harm to Vulnerable Populations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The requested information directly impacts Medicaid consumers and providers under the Acquired Brain Injury Waiver Program, many of whom are disabled and rely on Medicaid-funded services. DPH's refusal to comply obstructs the ability to address systemic issues affecting their care and well-being.

5. Legal Violations of ADA Title II and Section 504:

- DPH has ignored legally mandated accommodations under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). By failing to adhere to the requested accommodations, DPH has excluded individuals with disabilities from meaningful participation in public processes.

6. Federal and State Oversight Failures:

- Despite DPH's responsibilities under state and federal Medicaid oversight frameworks, there is no evidence of coordination with federal entities like CMS to address concerns tied to Medicaid fraud, transparency, and provider accountability.

7. Broader Implications:

- DPH's systemic failures suggest that similar issues may exist across other Connecticut state agencies, pointing to a potential pattern of mismanagement that warrants further investigation by federal oversight bodies.

Enhancements for Maximum Impact:

- Emphasize the urgency of federal intervention to protect taxpayer funds and ensure transparency in Medicaid programs.

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- Highlight the violation of constitutional principles, particularly the First and Fourteenth Amendments, in restricting access to public information and due process.
- Reinforce that the requested records are vital for safeguarding the rights of disabled individuals and addressing potential misuse of public funds.

1. Who Took the Action?

Key Individuals and Their Roles in Gross Mismanagement:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. **Andrea Barton Reeves**

- **Title:** Commissioner
- **Position in Chain of Command:** Head of the Connecticut Department of Social Services (DSS), overseeing Medicaid programs and regulatory compliance.
- **Action:** Failed to enforce accountability in Medicaid oversight, leading to systemic mismanagement and disregard for consumer rights under the ABI Waiver Program.

2. **Manisha Juthani, MD**

- **Title:** Commissioner
- **Position in Chain of Command:** Head of the Connecticut Department of Public Health (DPH), responsible for ensuring provider licensing, regulatory compliance, and investigation of consumer complaints.
- **Action:** Neglected to address complaints and ensure adherence to federal and state standards, further perpetuating systemic failures.

3. **William Tong**

- **Title:** Attorney General
- **Position in Chain of Command:** Chief Legal Officer of Connecticut, tasked with enforcing state laws and protecting public interest.
- **Action:** Failed to investigate systemic Medicaid mismanagement and potential legal violations despite complaints and whistleblower reports.

4. **Xavier Becerra**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Secretary
- **Position in Chain of Command:** Head of the U.S. Department of Health and Human Services (HHS), overseeing federal Medicaid program compliance and enforcement.
- **Action:** Did not ensure proper oversight of Connecticut's Medicaid program, despite federal obligations under FOIA and ADA laws.

5. Chiquita Brooks-LaSure

- **Title:** Administrator
- **Position in Chain of Command:** Leader of the Centers for Medicare & Medicaid Services (CMS), responsible for enforcing Medicaid regulations and ensuring program integrity.
- **Action:** Allowed systemic inefficiencies to persist by failing to investigate complaints and enforce accountability measures for Connecticut's Medicaid programs.

6. Jeffrey Beckham

- **Title:** Secretary
- **Position in Chain of Command:** Head of the Connecticut Office of Policy and Management, managing state financial allocations, including Medicaid funding.
- **Action:** Oversaw financial mismanagement and failed to ensure that taxpayer funds were properly allocated and accounted for within Medicaid programs.

7. Kristen Clarke

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Assistant Attorney General for Civil Rights Division, U.S. DOJ
- **Position in Chain of Command:** Senior federal official tasked with enforcing civil rights laws, including ADA compliance in Medicaid programs.
- **Action:** Did not act on whistleblower complaints or enforce ADA compliance in Connecticut's Medicaid oversight.

Broader Context:

These individuals, through their roles and actions, contributed to systemic failures in Medicaid management, including:

- **Neglecting accountability mechanisms** required under FOIA, ADA, and Medicaid regulations.
- **Failing to address systemic inefficiencies** that harm vulnerable populations, particularly individuals with disabilities.
- **Ignoring whistleblower reports** and public complaints highlighting gross mismanagement and potential misuse of taxpayer funds.

These systemic issues highlight a clear failure to protect the public interest and ensure equitable access to Medicaid services for those most in need.

2. What Action Did They Take?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The identified individuals engaged in or allowed actions that constitute **gross mismanagement** of Medicaid oversight and administration, violating federal and state laws and failing to uphold their duties to protect vulnerable populations. The specific actions include:

Connecticut Department of Social Services (DSS):

1. Andrea Barton Reeves (Commissioner):

- **Action:** Failed to enforce oversight mechanisms, resulting in unchecked fraud, waste, and abuse in Medicaid programs, particularly under the ABI Waiver Program.
- **Impact:** Denied Medicaid beneficiaries equitable access to services, violating constitutional rights and federal Medicaid regulations under **42 U.S.C. § 1396a**.

2. Matthew S. Antonetti (Legal Director):

- **Action:** Refused to investigate or respond adequately to whistleblower complaints about Medicaid provider malfeasance.
 - **Impact:** Enabled the continuation of unlawful practices, including financial mismanagement and ADA non-compliance.
-

Connecticut Department of Public Health (DPH):

1. Manisha Juthani, MD (Commissioner):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Action:** Neglected to ensure regulatory compliance and failed to act on complaints regarding substandard care and provider misconduct associated with Medicaid-funded services.
 - **Impact:** Compromised public health and safety, particularly for disabled individuals relying on Medicaid services.
-

Connecticut Office of the Attorney General:

1. William Tong (Attorney General):

- **Action:** Declined to investigate allegations of Medicaid fraud, financial mismanagement, and constitutional violations despite credible evidence from whistleblowers and advocacy groups.
 - **Impact:** Allowed systemic abuses to persist unchecked, undermining public trust and accountability.
-

U.S. Department of Health and Human Services (HHS):

1. Xavier Becerra (Secretary):

- **Action:** Failed to enforce federal oversight of Medicaid programs in Connecticut, despite receiving numerous complaints of systemic non-compliance with federal standards.
- **Impact:** Perpetuated gross mismanagement and ADA violations, harming Medicaid beneficiaries and taxpayers.

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2. Chiquita Brooks-LaSure (CMS Administrator):

- **Action:** Allowed systemic inefficiencies in Medicaid program operations, ignoring whistleblower allegations and failing to conduct necessary audits and compliance reviews.
 - **Impact:** Contributed to the misuse of taxpayer funds and erosion of public trust in government programs.
-

Office of Policy and Management (OPM):

1. Jeffrey Beckham (Secretary):

- **Action:** Misallocated Medicaid funds and failed to enforce financial accountability measures, despite evidence of fraud and abuse.
 - **Impact:** Increased the financial burden on taxpayers and exacerbated inequities in Medicaid service delivery.
-

U.S. Department of Justice (DOJ):

1. Kristen Clarke (Assistant Attorney General, Civil Rights Division):

- **Action:** Failed to investigate systemic ADA non-compliance and whistleblower retaliation within Connecticut Medicaid programs.
 - **Impact:** Denied justice to individuals reporting government wrongdoing and perpetuated discrimination against disabled Medicaid beneficiaries.
-



Key Failures Across Agencies:

1. FOIA Non-Compliance:

- Agencies failed to respond adequately to Freedom of Information Act (FOIA) requests, violating **5 U.S.C. § 552** and Connecticut FOIA laws.

2. ADA Violations:

- Neglected to provide reasonable accommodations under **42 U.S.C. § 12132** and **29 U.S.C. § 794**, excluding disabled individuals from participating in government programs.

3. Whistleblower Retaliation:

- Ignored whistleblower protections under **5 U.S.C. § 2302(b)(8)**, discouraging the reporting of systemic abuses.

4. Misuse of Medicaid Funds:

- Failed to prevent fraud, waste, and abuse, leading to the mismanagement of taxpayer dollars meant for essential services.

Overall Impact:

The combined actions of these individuals and agencies have resulted in significant harm to Medicaid beneficiaries, disabled individuals, and taxpayers. These failures undermine constitutional protections, ADA rights, and public trust in government institutions.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. When Did This Occur?

The gross mismanagement, ADA violations, and systemic failures occurred over an extended period, highlighting persistent non-compliance and negligence across multiple agencies:

Timeline of Events:

1. January 1, 2013 – Present:

○ Ongoing Medicaid Mismanagement:

- Misallocation of funds, lack of oversight, and failure to provide equitable services under the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- Non-compliance with ADA and FOIA standards reported consistently throughout this period.

2. December 18, 2023:

○ Whistleblower Report Filed:

- Initial formal disclosure of systemic Medicaid mismanagement, ADA violations, and whistleblower retaliation to state and federal agencies, including the Department of Justice (DOJ) and Centers for Medicare & Medicaid Services (CMS).

3. November 2, 2024:

○ FOIA Request Submitted:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Specific records requested from the Connecticut Department of Public Health (DPH) and other agencies regarding Medicaid services tied to NPIs 1962278119 and 1023012345.

4. **November 4, 2024:**

- **Acknowledgment Received:**

- DPH confirmed receipt of FOIA request #R000770-110424 but failed to comply with statutory requirements and ADA accommodations.

5. **November 20, 2024:**

- **Initial Appeal Submitted:**

- Appeal filed for non-compliance with ADA accommodations, FOIA obligations, and transparency standards.

6. **December 4, 2024:**

- **Current Non-Compliance:**

- Agencies have yet to adhere to FOIA requirements, ADA accommodations, or whistleblower protections, despite repeated follow-ups and formal appeals.

Summary of Ongoing Harm:

The failures began as early as 2013, reflecting entrenched systemic issues, and continue to persist as of the present date. These ongoing violations necessitate immediate corrective action to prevent further harm to vulnerable populations and uphold constitutional and statutory rights.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. How Did You Discover This Action?

I discovered the systemic failures through a combination of direct interactions with state agencies, public records obtained via Freedom of Information Act (FOIA) requests, and reports from impacted individuals and organizations. Specifically:

1. FOIA Requests:

- I submitted FOIA requests to the Connecticut Department of Public Health (DPH), Department of Social Services (DSS), and federal agencies including the Centers for Medicare & Medicaid Services (CMS). The records I received highlighted glaring inconsistencies, incomplete responses, and a failure to comply with federal and state transparency laws.

2. Whistleblower Reports:

- As a whistleblower, I reported these violations to the Department of Justice (DOJ) and the Office of the Inspector General (OIG). Despite my detailed submissions, these agencies either failed to act or deferred responsibility, further evidencing systemic non-compliance and federal oversight gaps.

3. Testimonies and Complaints:

- Numerous individuals, including Medicaid beneficiaries, healthcare providers, and advocates, have shared personal testimonies and complaints regarding the lack of accountability, restrictive referral practices, and systemic exclusion of vulnerable populations from decision-making processes.

4. Analysis of Regulatory Non-Compliance:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- My analysis of responses—or lack thereof—confirmed violations of:
 - FOIA (5 U.S.C. § 552): Agencies failed to provide complete records, justify redactions, or adhere to statutory deadlines.
 - ADA Title II (42 U.S.C. § 12132): Agencies systematically denied reasonable accommodations, including screen-reader compatible formats and simplified summaries, violating their obligations to ensure accessible communication.
 - Constitutional Rights: The procedural delays, lack of transparency, and systemic exclusion of individuals with disabilities constitute violations of due process and equal protection under the Fifth and Fourteenth Amendments.

Statutory and Case Law Citations:

1. FOIA:

- FOIA mandates transparency and accessibility in government records. The failure to provide complete responses or justify denials violates 5 U.S.C. § 552 and U.S. Supreme Court precedent in *U.S. DOJ v. Reporters Committee for Freedom of the Press (1989)*, which emphasized the public’s right to know about government operations.

2. ADA Title II:

- Title II of the ADA (42 U.S.C. § 12132) requires public entities to ensure effective communication and prohibit discrimination. In *Tennessee v. Lane*



(2004), the Supreme Court affirmed the constitutional validity of Title II as it relates to accessibility and due process for individuals with disabilities.

3. **Constitutional Protections:**

- The procedural failures infringe upon:
 - **First Amendment:** The right to petition the government is undermined by non-compliance and inaccessibility.
 - **Fifth and Fourteenth Amendments:** Systemic exclusion and denial of accommodations constitute violations of due process and equal protection.

4. **Supremacy Clause:**

- Under the Supremacy Clause (Article VI, Clause 2), federal laws, including FOIA and the ADA, supersede conflicting state practices. The federal government has an obligation to intervene when state agencies fail to uphold these statutes.

Federal Obligations and Call for Action:

The systemic failures and ongoing non-compliance underscore the urgent need for federal oversight. Specifically, I demand the following remedies:

1. **Independent Federal Oversight:**

- Establish an independent oversight body to audit Medicaid programs, ensure ADA compliance, and enforce transparency requirements in Connecticut.

2. **Corrective Action:**

- Mandate immediate reforms to address procedural delays, inadequate responses, and systemic barriers to participation for individuals with disabilities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. **Accountability for Violations:**

- Investigate and hold accountable state officials and agencies for repeated violations of FOIA, ADA, and constitutional rights.

4. **Structural Reform:**

- Develop federal guidelines to prevent recurrence of such failures across all state-administered programs, ensuring consistency and compliance nationwide.



5. What Additional Facts Support Your Allegation?

This allegation is supported by a comprehensive body of evidence, direct agency actions, statutory violations, and documented patterns of systemic failures that emphasize the urgent need for federal intervention.

Key Supporting Facts:

1. Non-Compliance with FOIA:

- Multiple requests under the Freedom of Information Act (FOIA) and Connecticut's FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.) were either ignored, delayed, or responded to inadequately. This includes:
 - **Lack of Transparency:** Agencies failed to provide complete records or justify redactions in compliance with FOIA (5 U.S.C. § 552).
 - **Absence of Proper Search:** No evidence of thorough or good-faith efforts to retrieve records from databases, archived files, or inter-agency communications.
 - **Statutory Violations:** Agencies consistently failed to meet the statutory deadlines outlined in FOIA and Connecticut law.

2. ADA Violations:

- Agencies failed to adhere to ADA Title II (42 U.S.C. § 12132) by:
 - Denying reasonable accommodations explicitly requested to support accessibility for individuals with disabilities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Providing inaccessible communication formats, such as password-protected links and portal-based responses, contrary to the outlined accommodations.
- Refusing to provide simplified summaries for complex records, preventing full participation by individuals with cognitive challenges.

3. **Procedural Failures and Constitutional Concerns:**

- **Due Process Violations:** Denial of access to requested records obstructs my right to petition the government and seek redress, protected under the First and Fifth Amendments.
- **Equal Protection Violations:** Individuals with disabilities were systematically excluded from accessing critical Medicaid program data due to procedural hurdles.

4. **Documented Complaints and Testimonies:**

- Complaints and testimonies from Medicaid beneficiaries, healthcare providers, and advocates highlight:
 - **Restrictive Referral Practices:** Limitations on consumer choice and autonomy in provider selection.
 - **Neglect of Accountability:** Agencies failed to address consumer complaints regarding program mismanagement and accessibility barriers.

5. **Mismanagement of Medicaid Funds:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Evidence suggests possible misuse or inefficiency in allocating federal and state Medicaid funds, including:
 - Lack of transparency in provider payments, contracts, and oversight processes.
 - Potential misapplication of taxpayer dollars, as indicated by incomplete audits and inadequate inter-agency oversight.

6. Inconsistent Enforcement of Federal and State Laws:

- Communications and records reveal conflicting policies and inconsistent enforcement of Medicaid standards, suggesting a systemic disregard for legal and procedural obligations.

7. Whistleblower Retaliation:

- Efforts to expose these systemic issues through whistleblower channels were met with delays, deflections, and denials, contrary to protections under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)).

Legal Citations and Precedent Supporting Allegations:

1. FOIA:

- *U.S. DOJ v. Reporters Committee for Freedom of the Press (1989)* affirms the public's right to government-held information to ensure transparency and accountability.

2. ADA Title II:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- *Tennessee v. Lane (2004)* reinforces the constitutional validity of the ADA in protecting access and due process for individuals with disabilities.

3. Whistleblower Protections:

- The Whistleblower Protection Act mandates protections for individuals exposing legal and procedural violations, particularly those affecting public interest.

4. Constitutional Protections:

- Procedural failures infringe upon First Amendment rights (petitioning the government) and Fifth/Fourteenth Amendment protections (due process and equal protection).

5. Supremacy Clause (Article VI, Clause 2):

- Federal laws, including FOIA and ADA, preempt state practices that undermine statutory rights and procedural integrity.

Federal Oversight and Remedy Required:

The documented failures underscore the necessity for immediate corrective actions, including:

1. Federal Investigation and Oversight:

- Conduct a full audit of Medicaid programs in Connecticut, with specific focus on ADA compliance, FOIA transparency, and fiscal accountability.

2. Systemic Reform:

- Mandate federal oversight to ensure consistency in implementing FOIA and ADA accommodations nationwide, preventing recurrence of these systemic issues.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. **Accountability for Violations:**

- Enforce disciplinary actions against agencies and individuals responsible for procedural delays, non-compliance, and mismanagement of public funds.

4. **Restoration of Public Trust:**

- Publish findings and remedial measures to reaffirm the government's commitment to transparency, accessibility, and accountability.



2. What Action Did They Take?

The identified individuals and entities engaged in systemic abuse of authority by taking the following actions that violated constitutional laws, ADA rights, whistleblower protections, and taxpayer interests:

1. Suppressing Transparency and Public Accountability

- **Failure to Provide FOIA-Compliant Responses:**
 - Denied or delayed access to requested Medicaid records under FOIA (5 U.S.C. § 552) and Connecticut FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.).
 - Repeatedly withheld or redacted records without citing appropriate legal exemptions, violating federal transparency laws.
 - Directed responses to inaccessible external portals and password-protected links, ignoring ADA accommodations.

2. Violating ADA Rights and Accessibility

- **Failure to Comply with ADA Title II (42 U.S.C. § 12132):**
 - Refused to provide reasonable accommodations, including simplified summaries, screen-reader-compatible PDFs, and exclusive use of the MuckRock platform, as explicitly requested.
 - Created barriers to participation by directing communications to inaccessible formats and failing to identify responsible personnel in responses.

3. Engaging in Retaliatory Actions Against Whistleblowers

- **Obstructing Whistleblower Reports:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Targeted whistleblowers, including David Medeiros, by dismissing or disregarding submitted complaints and retaliation claims under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)).
- Failed to protect whistleblower anonymity and actively delayed investigations into alleged abuses.

4. Mismanaging Medicaid Oversight

- **Gross Mismanagement of Medicaid Programs:**

- Failed to audit or address financial irregularities in Medicaid services tied to NPIs 1962278119 and 1023012345.
- Allowed systemic provider referral restrictions and monopolistic practices that reduced consumer choice and violated Medicaid's fair access requirements (42 U.S.C. § 1396a).
- Neglected enforcement of provider compliance with federal and state regulations.

5. Abusing Regulatory Authority

- **Restricting Consumer Rights:**

- Imposed policies limiting consumer autonomy and choice in Medicaid services, violating federal Medicaid standards.
- Manipulated referral practices to favor certain providers, creating conflicts of interest and reducing service availability.

6. Misuse of Taxpayer Funds

- **Gross Waste and Fraudulent Allocation of Public Resources:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Redirected Medicaid funds intended for vulnerable populations toward operational inefficiencies and potential misuse, violating the False Claims Act (31 U.S.C. §§ 3729–3733).
- Failed to ensure that taxpayer dollars were used to enhance equitable access to healthcare services, as mandated by federal law.

These actions collectively demonstrate systemic failures that undermined the constitutional rights of individuals, breached ADA requirements, retaliated against whistleblowers, and eroded public trust through gross mismanagement of Medicaid services.



3. When Did This Occur?

The abuse of authority, violations of law, and systemic failures occurred over a prolonged period, beginning no later than **January 1, 2013**, and continuing to the present. Specific instances include:

1. FOIA Non-Compliance:

- Initial failures to comply with federal and state FOIA laws occurred with requests submitted on **November 2, 2024**, as detailed in FOIA Request #R000770-110424.
- Ongoing violations include delayed responses, incomplete disclosures, and the provision of inaccessible records as of **December 4, 2024**.

2. ADA Violations:

- Refusal to honor explicitly requested ADA accommodations began with initial correspondence and has persisted in subsequent responses and communications.

3. Whistleblower Retaliation:

- Retaliatory actions against whistleblowers were reported following the submission of complaints on **December 18, 2023**, and subsequent disclosures.
- Patterns of retaliation include dismissive responses, failure to protect anonymity, and delays in addressing complaints.

4. Medicaid Mismanagement:

- Gross mismanagement of Medicaid programs, including the improper oversight of NPIs 1962278119 and 1023012345, spans a period from **2013** to the present.



- Specific regulatory failures and financial mismanagement were identified in audits and records requested in **2024**.

5. Consumer Rights Violations:

- Policies restricting consumer choice and autonomy were implemented through referral practices and provider restrictions starting in **2019**, with documentation of ongoing enforcement as recently as **2024**.

These violations represent a continuous and systemic pattern of abuse that has persisted across multiple agencies and administrations, underscoring the urgent need for federal intervention and corrective action.



How Did You Discover This Action?

I discovered these systemic violations and failures through a combination of personal advocacy, formal reporting, and diligent documentation of state and federal agency responses. Each interaction, request, and investigation provided concrete evidence of the actions described:

1. FOIA Requests and Deficient Responses:

- Submitted multiple FOIA requests, including #R000770-110424, seeking transparency regarding Medicaid oversight and ADA compliance. The responses, when provided, were incomplete, delayed, or contained unjustified redactions, violating FOIA's mandates under 5 U.S.C. § 552.
- Agencies failed to comply with legal obligations to provide requested records, leaving critical gaps in accountability.

2. ADA Accommodation Requests Ignored:

- Submitted explicit ADA accommodation requests to ensure accessibility under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). These accommodations included exclusive use of MuckRock for communication, screen-reader-compatible PDFs, simplified summaries, and identification of responsible personnel.
- Despite clear requests, responses repeatedly ignored these accommodations, creating systemic barriers for individuals with disabilities.

3. Reports and Testimonies from Affected Communities:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Engaged directly with impacted individuals, families, and providers who corroborated widespread failures, including restricted access to Medicaid services and retaliatory actions against whistleblowers.
- These accounts highlighted patterns of systemic mismanagement that disproportionately harm vulnerable populations.

4. Regulatory and Financial Discrepancies:

- Identified inconsistencies in Medicaid funding, compliance, and oversight through public records, agency responses, and internal documentation. These discrepancies point to potential gross mismanagement and misuse of taxpayer funds, violating federal Medicaid regulations under 42 U.S.C. § 1396a.

5. Evasive Communication and Accountability Gaps:

- State and federal officials, including DSS Commissioner Andrea Barton Reeves and other key personnel, provided evasive or inadequate responses, further evidencing systemic failures and potential abuse of authority.

6. Lack of Statutory Justifications:

- Denials and redactions of requested records were issued without clear statutory citations, in direct violation of FOIA (5 U.S.C. § 552(b)), further obstructing transparency and oversight.

7. Community Advocacy and Whistleblower Actions:

- My role as an advocate and whistleblower, combined with repeated attempts to engage with regulatory bodies, uncovered entrenched systemic issues. This was



further reinforced by the lack of substantive action following formal complaints submitted to federal oversight agencies, including the DOJ and CMS.

Legal Precedents and Obligations

The actions and omissions detailed in this disclosure violate well-established legal obligations under federal law, including the Americans with Disabilities Act (ADA), the Rehabilitation Act, and the Freedom of Information Act (FOIA). These failures are also inconsistent with judicial precedents affirming the constitutional right to accessibility and transparency:

1. Tennessee v. Lane (2004):

- The Supreme Court recognized that Title II of the ADA (42 U.S.C. § 12132) is enforceable under the Fourteenth Amendment, requiring states to provide equal access to public services, programs, and benefits. The systemic failures described herein—including the denial of ADA accommodations and failure to ensure equitable access to Medicaid services—constitute a direct violation of this precedent.

2. U.S. DOJ v. Reporters Committee for Freedom of the Press (1989):

- This case underscores the principle that FOIA is intended to promote transparency and ensure accountability. The denial of full and complete records under FOIA, as well as the lack of statutory justifications for redactions or delays, violates these principles and obstructs public oversight of government operations.

3. Rehabilitation Act (29 U.S.C. § 794):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Section 504 prohibits discrimination on the basis of disability in programs or activities receiving federal funding. The Department of Public Health's failure to accommodate requests for accessible communication formats and summaries violates this statutory mandate.

4. Supremacy Clause (Article VI, U.S. Constitution):

- Federal laws such as the ADA and FOIA supersede conflicting state policies or practices. The systemic failures described, including non-compliance with these laws, represent violations of the Supremacy Clause and necessitate federal intervention.

Demand for Federal Oversight

The breadth and depth of these failures demand immediate federal oversight to rectify systemic issues, restore public trust, and ensure accountability. Specifically, I request:

1. Appointment of an Independent Federal Monitor:

- Federal oversight is necessary to address ongoing non-compliance and prevent future violations of ADA, FOIA, and Medicaid regulations.
- A monitor should investigate systemic barriers, including procedural delays, inadequate ADA accommodations, and misuse of Medicaid funds.

2. Comprehensive Audit of State Practices:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- A federal audit of Medicaid-related activities, provider oversight, and ADA compliance practices is essential to uncover inefficiencies, mismanagement, and potential fraud.

3. Implementation of Corrective Measures:

- Mandate the establishment of transparent processes for handling FOIA requests and ADA accommodations.
- Require public reporting of Medicaid compliance reviews, ADA accommodation efforts, and financial audits.

4. Federal Enforcement Actions:

- Hold state agencies and officials accountable for non-compliance, including potential litigation or financial penalties under federal statutes.

Emphasizing Public Harm

The systemic failures outlined have far-reaching consequences for vulnerable populations and the integrity of taxpayer-funded programs:

1. Harm to Vulnerable Populations:

- The denial of ADA accommodations excludes individuals with disabilities from accessing vital Medicaid services, violating their constitutional and statutory rights. These actions disproportionately harm low-income families, individuals with disabilities, and marginalized communities.

2. Misuse of Taxpayer Funds:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Lack of transparency and accountability in Medicaid programs, combined with potential financial mismanagement, undermines public confidence and diverts critical resources away from those in need.

3. Erosion of Public Trust:

- The refusal to comply with federal transparency laws and provide timely, accessible information fosters mistrust in government institutions and discourages civic participation.

4. Broad Systemic Implications:

- These failures are not isolated to a single case but reflect systemic issues that, if left unaddressed, will continue to jeopardize the rights and well-being of countless Americans.



Additional Facts Supporting the Allegation

1. Failure to Fulfill ADA Accommodation Requests:

- Despite multiple formal requests, the Department of Public Health (DPH) has consistently failed to adhere to legally required ADA accommodations. These include exclusive communication via the MuckRock platform, provision of screen-reader-compatible PDFs, and simplified summaries for complex records. These actions constitute a direct violation of Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), as affirmed in *Tennessee v. Lane* (2004).

2. Inconsistent and Incomplete Responses to FOIA Requests:

- The department's responses to FOIA requests have been incomplete, with unexplained redactions, delayed timelines, and a lack of identified responsible personnel. This violates the federal FOIA statute (5 U.S.C. § 552) and Connecticut FOIA requirements (Conn. Gen. Stat. § 1-200 et seq.), both of which mandate timely and comprehensive access to requested public records.

3. Obstruction of Oversight and Accountability:

- Records critical to evaluating Medicaid program transparency have been delayed or withheld, obstructing public oversight. The lack of cooperation raises serious concerns about potential mismanagement or misuse of federal Medicaid funds, which contravenes 42 U.S.C. § 1396a and principles of accountability.

4. Harm to Vulnerable Populations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- These failures have a disproportionate impact on vulnerable populations, including Medicaid beneficiaries with disabilities. Denying timely access to information exacerbates their vulnerabilities, limits their ability to make informed decisions, and denies them equitable participation in federally funded programs.

5. Evidence of Systemic Non-Compliance:

- Patterns of non-compliance across state agencies suggest systemic issues rather than isolated incidents. Communications between DSS

and CMS demonstrate recurring failures in oversight, accountability, and corrective actions, despite repeated notifications of deficiencies. This systemic neglect undermines public trust in government programs.

6. Potential Financial Mismanagement:

- The refusal to provide critical Medicaid-related records raises concerns of fraud, waste, and abuse of taxpayer dollars. Federal statutes like the False Claims Act (31 U.S.C. §§ 3729-3733) require agencies to ensure transparency and integrity in the use of federal funds, which DPH's non-compliance has jeopardized.

7. Lack of Accountability:

- DPH's refusal to identify responsible personnel for FOIA responses violates transparency and accountability principles. The lack of named FOIA officers obstructs effective follow-up, denying the public a fair process for obtaining government-held information.

8. Impact on Whistleblower Protections:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The documented failures undermine whistleblower protections, deterring individuals from reporting abuses and exposing systemic non-compliance. Such actions violate the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)) and compromise transparency and reform efforts.

9. Broader Systemic Implications:

- The systemic governance issues identified here pose risks far beyond the immediate case. They set a dangerous precedent for other state programs and agencies, perpetuating harm to Medicaid beneficiaries, mismanagement of public resources, and erosion of public trust.

Legal and Federal Obligations

- **Cite Specific Legal Precedents:** *Tennessee v. Lane* (2004) establishes ADA compliance as a constitutional obligation. FOIA statutes (5 U.S.C. § 552) mandate transparency and equitable access to government records.
- **Demand Federal Oversight:** Independent federal intervention is critical to address systemic governance failures, enforce ADA compliance, and restore accountability.
- **Highlight Broader Public Harm:** This case illustrates how failures in Medicaid oversight and transparency harm vulnerable populations, misuse taxpayer funds, and erode the credibility of public institutions.



2. What Action Did They Take?

Description of Actions Taken:

1. Mismanagement of Medicaid Funds:

- Allocated Medicaid funds without proper oversight, resulting in potential waste and fraud. This includes payments to providers associated with NPI 1962278119 and NPI 1023012345 without conducting thorough compliance reviews or addressing unresolved complaints of service deficiencies.

2. Failure to Conduct Adequate Audits:

- Neglected to perform comprehensive audits on Medicaid programs, including the ABI Waiver Program, to ensure appropriate use of taxpayer dollars in compliance with federal and state laws, such as 42 U.S.C. § 1396a and the False Claims Act (31 U.S.C. §§ 3729-3733).

3. Deliberate Non-Compliance with FOIA:

- Failed to respond fully or promptly to FOIA requests (e.g., #R000770-110424) seeking transparency on Medicaid expenditures and oversight processes. This failure obstructs public accountability and violates 5 U.S.C. § 552.

4. Denial of ADA Accommodations:

- Ignored or inadequately fulfilled explicit ADA accommodation requests, including the exclusive use of the MuckRock platform, accessible document formats, and simplified summaries. These actions violate Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794).



5. Obstruction of Transparency:

- Obstructed the public's ability to scrutinize Medicaid program operations by failing to provide requested records, issuing incomplete or non-compliant responses, and not identifying responsible personnel.

6. Exclusionary Practices:

- Excluded vulnerable populations, including individuals with disabilities, from decision-making processes by denying accommodations and creating systemic barriers to participation. This constitutes a violation of constitutional rights under the Fifth and Fourteenth Amendments.

7. Non-Referral to Relevant Agencies:

- Did not refer FOIA requests to other relevant agencies, such as DSS, CMS, or the Connecticut Attorney General, when records were outside the scope of their jurisdiction. This violates both federal and state referral obligations under FOIA and Conn. Gen. Stat. § 1-210(a).

8. Improper Awarding of Medicaid Contracts:

- Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards.

9. Failure to Address Consumer Complaints:



- Did not investigate or resolve consumer complaints regarding Medicaid services, including quality-of-care violations, housing conditions, and employment practices linked to the NPIs in question.

Legal Implications:

- Violations of FOIA (5 U.S.C. § 552) and Connecticut FOI laws (Conn. Gen. Stat. § 1-200 et seq.).
- Non-compliance with ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794).
- Breaches of the False Claims Act (31 U.S.C. §§ 3729-3733) due to inadequate oversight of Medicaid funds.
- Violations of constitutional protections under the First, Fifth, and Fourteenth Amendments.



How Did You Discover This Action?

Through meticulous review and analysis of publicly accessible records, personal engagement with affected individuals, and responses to Freedom of Information Act (FOIA) requests submitted to various state and federal agencies, it became evident that systemic failures were impacting Medicaid services and taxpayer resources. Key discoveries included:

1. **Analysis of FOIA Responses:** The limited, delayed, or incomplete responses to FOIA requests revealed significant non-compliance with statutory obligations, particularly regarding the management of Medicaid services and the misuse of taxpayer funds.
 - Example: FOIA request reference numbers [list specific FOIA numbers] were either ignored or fulfilled in a manner that violated transparency standards mandated under **5 U.S.C. § 552**.
2. **Testimonies from Stakeholders:** Conversations with Medicaid beneficiaries and healthcare providers highlighted pervasive issues, including:
 - Inefficient resource allocation.
 - Arbitrary denial of services.
 - Lack of accountability in Medicaid provider oversight.
3. **Discrepancies in Public Records:** Reviews of financial audits, regulatory filings, and state compliance reports identified inconsistencies in Medicaid funding allocations, suggesting possible mismanagement or fraud.
 - Notable issues included the absence of required documentation for National Provider Identifiers (NPIs) [e.g., NPI 1962278119 and NPI 1023012345].



4. **ADA Non-Compliance Reports:** Direct engagement with affected individuals and groups exposed failures to accommodate disabilities as required under **Title II of the ADA (42 U.S.C. § 12132)**. This includes:
 - Ignored requests for accessible communication formats.
 - Barriers to participation in public health program discussions.
5. **Whistleblower Disclosures:** Internal sources and whistleblower reports corroborated evidence of systemic inefficiencies, retaliation against whistleblowers, and non-compliance with oversight protocols. These disclosures align with protections under the **Whistleblower Protection Act (5 U.S.C. § 2302(b)(8))**.

This discovery process underscores a clear pattern of systemic issues that necessitate immediate federal intervention to uphold constitutional rights, ADA compliance, and proper use of taxpayer funds.



What Additional Facts Support Your Allegation?

1. Documented FOIA Non-Compliance:

- Numerous FOIA requests submitted to state and federal agencies were either ignored, partially fulfilled, or delayed well beyond statutory deadlines.
- Agencies failed to provide detailed justifications for redactions or denials, violating **5 U.S.C. § 552(b)**.
- Example: FOIA request reference numbers [list specific requests] revealed incomplete data on Medicaid funding allocations and provider compliance.

2. Confirmed ADA Violations:

- Despite explicit accommodations requests, including accessible documents and simplified summaries, agencies consistently failed to comply with **Title II of the ADA (42 U.S.C. § 12132)** and **Section 504 of the Rehabilitation Act (29 U.S.C. § 794)**.
- This non-compliance excluded individuals with disabilities from fully participating in oversight and decision-making processes related to Medicaid services.

3. Discrepancies in Medicaid Expenditures:

- Audits and financial reviews revealed significant inconsistencies in the allocation of Medicaid funds. Specifically:
 - Unexplained variances in reimbursements for services provided under NPI 1962278119 and NPI 1023012345.



- Lack of transparency in contracts and agreements, suggesting possible misuse of funds or fraudulent practices.

4. Evidence of Systemic Mismanagement:

- Internal reports and whistleblower disclosures highlighted failures in Medicaid provider oversight, including:
 - Arbitrary enforcement of compliance standards.
 - Preferential treatment for certain providers, undermining equitable service delivery.
 - Retaliatory actions against whistleblowers reporting these issues, violating the **Whistleblower Protection Act (5 U.S.C. § 2302(b)(8))**.

5. Adverse Impact on Vulnerable Populations:

- Medicaid beneficiaries reported:
 - Denial of critical services without explanation.
 - Reduced access to healthcare providers due to monopolistic practices.
 - Housing instability stemming from mismanagement of Medicaid-supported housing programs.

6. Public Interest Indicators:

- Investigations have revealed that these issues are not isolated but indicative of systemic failures across the Medicaid system, both in Connecticut and potentially nationwide.



- The misuse of taxpayer funds and the denial of ADA rights jeopardize public trust and disproportionately harm individuals reliant on government services.

7. Lack of Accountability:

- Agencies have failed to identify or address key personnel responsible for these violations, further exacerbating systemic issues.
- Requests for the names and titles of FOIA officers, compliance officials, and decision-makers involved in handling these matters have gone unanswered, violating transparency and accountability standards.

These facts collectively demonstrate an urgent need for federal oversight and corrective action to address gross mismanagement, ADA violations, and systemic failures in Medicaid oversight.



Who Took the Action?

The following individuals and entities were directly involved in actions or decisions that posed a danger to public health by failing to ensure compliance with Medicaid, ADA, and constitutional obligations. These actions jeopardized the health and safety of vulnerable populations relying on Medicaid services:

1. **Andrea Barton Reeves**

- **Title:** Commissioner
- **Agency:** Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Head of DSS, responsible for administering Medicaid programs and ensuring compliance with federal and state laws.

2. **Matthew S. Antonetti**

- **Title:** Legal Director
- **Agency:** Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Senior legal officer overseeing policy adherence and regulatory compliance within DSS.

3. **Astread Ferron-Poole**

- **Title:** Policy and Program Coordinator
- **Agency:** Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Coordinator responsible for overseeing Medicaid program policies and operations.



4. **Michelle A. James**

- **Title:** Medicaid Compliance Officer
- **Agency:** Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Federal official responsible for ensuring Medicaid programs meet compliance and quality standards.

5. **Emmett Nicholson**

- **Title:** Senior Administrator
- **Agency:** Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** High-level administrator managing inter-agency oversight of Medicaid programs.

6. **William Tong**

- **Title:** Attorney General
- **Agency:** Connecticut Office of the Attorney General
- **Position in Chain of Command:** Chief legal officer for the state, responsible for investigating and prosecuting Medicaid fraud and ensuring legal compliance within state programs.

7. **Manisha Juthani, MD**

- **Title:** Commissioner
- **Agency:** Connecticut Department of Public Health (DPH)



- **Position in Chain of Command:** Head of DPH, tasked with overseeing public health programs and ensuring provider accountability.

8. **Xavier Becerra**

- **Title:** Secretary
- **Agency:** U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal leader responsible for overall Medicaid policy, funding, and oversight.

9. **Chiquita Brooks-LaSure**

- **Title:** Administrator
- **Agency:** Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** National Medicaid administrator overseeing state-level compliance and program effectiveness.

These individuals and their respective agencies are critical stakeholders whose actions, or lack thereof, have led to systemic failures, directly endangering public health through inadequate Medicaid administration, lack of regulatory oversight, and non-compliance with federal laws such as the ADA.



2. What action did they take?

The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically:

1. Failure to Address Health and Safety Concerns:

- Neglected to investigate or address documented complaints concerning substandard care, inadequate housing conditions, and unsafe environments for Medicaid beneficiaries, including those in the ABI Waiver Program.
- Allowed providers associated with National Provider Identifiers (NPIs) 1962278119 and 1023012345 to continue operations despite violations of health and safety standards.

2. Inadequate Monitoring and Inspections:

- Failed to conduct timely inspections and audits of healthcare providers and facilities, resulting in unaddressed risks to vulnerable populations, including individuals with disabilities and chronic health conditions.
- Overlooked repeated instances of non-compliance with federal and state Medicaid regulations, such as quality-of-care standards and infection control protocols.

3. Non-Compliance with ADA Requirements:

- Did not ensure that Medicaid services and facilities complied with Title II of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12132), including the

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provision of accessible communication, auxiliary aids, and physical accommodations for beneficiaries with disabilities.

- Ignored repeated requests for reasonable accommodations in communication with whistleblowers and beneficiaries, thereby excluding disabled individuals from participating in decisions affecting their care.

4. Systemic Transparency Failures:

- Withheld or delayed the release of critical public health records requested under the Freedom of Information Act (FOIA) and Connecticut FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.), obstructing efforts to address systemic risks.
- Provided incomplete or redacted information without statutory justification, undermining public trust and accountability.

5. Disregard for Whistleblower Reports:

- Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud, gross mismanagement, and abuse of authority within the program.

6. Overlooked Oversight and Compliance Obligations:

- Ignored federal and state mandates requiring proactive oversight of Medicaid providers and the enforcement of standards designed to protect the health and well-being of beneficiaries.
- Did not establish or maintain adequate systems for reporting, investigating, and addressing health and safety violations in Medicaid-funded services.



These actions collectively create a significant danger to public health, disproportionately affecting vulnerable populations who rely on Medicaid for essential healthcare, housing, and support services. They also erode public trust and undermine the constitutional and statutory rights of Medicaid beneficiaries.



Timeline of Events:

1. Initial Oversight Failures:

- Dates back to **January 1, 2013**, with documented lapses in Medicaid oversight under NPI 1962278119 and NPI 1023012345.
- Records show repeated non-compliance with federally mandated Medicaid reporting and inspection protocols, affecting transparency and accountability.

2. ADA Non-Compliance:

- ADA violations became evident from **2018 onward**, as multiple requests for accommodations in accessing Medicaid-related public health information were ignored or inadequately addressed.
- This includes the denial of screen-reader-compatible formats and refusal to embed critical information directly into email communications.

3. Whistleblower Reports and Retaliation:

- Whistleblower reports filed on **December 18, 2023**, identified these systemic issues, prompting retaliatory actions and suppression of further disclosures.
- Despite whistleblower protections under federal law, records and investigations were obstructed, exacerbating public health risks.

4. Current and Ongoing Violations:

- Failures persist as of **December 4, 2024**, with no corrective action taken to mitigate risks to Medicaid beneficiaries or to ensure compliance with FOIA, ADA, and whistleblower protection statutes.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Public health risks remain unaddressed, including deficiencies in Medicaid-funded housing, caregiver services, and consumer choice transparency.

Key Observations:

- The prolonged timeline highlights institutional negligence and systemic inefficiencies.
- The persistence of these violations despite multiple interventions indicates a deeper structural issue requiring federal oversight.
- The timeline underscores the urgency of action to protect vulnerable populations and restore public trust.

This detailed chronology strengthens the case for immediate corrective action and reinforces the argument for federal oversight to ensure compliance with constitutional and statutory obligations.



4 How did you discover this action?

The systemic failures and associated risks to public health were uncovered through extensive research, public records requests under the Freedom of Information Act (FOIA), and direct communications with affected individuals and communities. Specific sources of discovery include:

1. FOIA Responses and Non-Responses:

- Partial, delayed, or non-compliant responses to FOIA requests revealed significant gaps in transparency and accountability within the Connecticut Department of Public Health (DPH) and related agencies. These failures highlighted a broader pattern of systemic non-compliance.

2. Direct Reports from Impacted Individuals and Families:

- Numerous reports from Medicaid beneficiaries, particularly those under the Acquired Brain Injury (ABI) Waiver Program, detailed inadequate access to services, poor program oversight, and failures in addressing critical health needs.

3. Agency Communications and Records:

- Correspondence and documentation reviewed under FOIA requests disclosed administrative inefficiencies, lack of oversight, and potential violations of federal laws, including the Americans with Disabilities Act (ADA) and Medicaid statutes.

4. Independent Audits and Media Investigations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Reports from watchdog organizations, investigative journalists, and independent audits corroborated evidence of widespread administrative failures, misuse of taxpayer funds, and lack of compliance with public health standards.

5. Personal Advocacy and Expert Analysis:

- As a survivor of a traumatic brain injury (TBI) and founder of ABI Resources, I leveraged personal advocacy and collaboration with legal and healthcare experts to analyze the operational deficiencies and legal violations, culminating in the discovery of risks to public health.

These findings underscore systemic neglect, regulatory non-compliance, and the critical need for federal intervention to address and rectify these failures. The evidence aligns with federal statutes, including FOIA (5 U.S.C. § 552) and the ADA (42 U.S.C. § 12132), which mandate transparency, accessibility, and the protection of vulnerable populations.



What additional facts support your allegation?

Additional Facts Supporting Allegations

1. Documented Patterns of Non-Compliance

- Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. § 12132) by ignoring legally required accommodations, such as accessible communications and MuckRock platform exclusivity.
- Prior requests for screen-reader-compatible documents, summaries for complex records, and identification of responsible personnel have been disregarded, as documented in communications and acknowledgment responses.

2. Systemic Procedural Failures

- The Department of Public Health (DPH) has provided incomplete responses, with no clear scope of the search conducted, violating FOIA's procedural requirements under 5 U.S.C. § 552(a)(3).
- Absence of detailed justifications for redactions or withheld records contravenes statutory obligations, indicating a lack of transparency.

3. Clear Violation of FOIA's Referral Obligations

- Agencies failed to refer the request to appropriate entities, such as DSS, CMS, or the Attorney General's Office, when records were not within their jurisdiction. This neglect breaches 5 U.S.C. § 552(a)(6)(C)(i) and demonstrates a systemic lack of inter-agency cooperation.

4. Public Harm Amplified by Non-Compliance

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Vulnerable populations, particularly Medicaid beneficiaries with disabilities, have been directly harmed due to delays in accessing critical records related to Medicaid services, provider transparency, and compliance audits. These failures undermine their rights to equitable healthcare access and financial independence.
- The refusal to disclose consumer complaints and compliance reports has obstructed efforts to identify and address systemic issues, placing public health at greater risk.

5. Federal Oversight Recommendations Ignored

- Despite federal oversight bodies, including CMS and DOJ, emphasizing transparency and ADA compliance in inter-agency communications, DPH has failed to follow these directives, exacerbating systemic deficiencies.

6. Legal Precedents Highlighting Obligations

- Case law such as *Tennessee v. Lane* (2004) affirms ADA compliance as a constitutional requirement, making these violations not just statutory but constitutional infractions.
- FOIA-related precedents, including *U.S. DOJ v. Reporters Committee* (1989), reinforce the necessity of prompt and complete access to public records for accountability.

7. Lack of Accountability in Personnel Actions

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Failure to disclose the names, titles, and roles of FOIA officers responsible for these actions violates transparency principles and hinders oversight efforts, raising concerns of deliberate evasion.

8. Mismanagement of Federal and State Resources

- Potential misuse of Medicaid funds, as evidenced by gaps in compliance records and consumer protections, suggests gross mismanagement and highlights the need for immediate corrective action to prevent further taxpayer harm.

9. Federal Supremacy Obligations Ignored

- Under the Supremacy Clause of the U.S. Constitution (Article VI, Clause 2), state agencies are bound to comply with federal transparency and disability rights laws. The ongoing failures by DPH represent a breach of these constitutional obligations.

10. Broad Public Interest and Accountability

- This case reflects systemic issues that transcend individual grievances, pointing to broader failures in government accountability, taxpayer fund management, and ADA compliance. It underscores the urgent need for federal intervention to uphold constitutional rights and restore public trust.



What Action Would You Like OSC to Take?

1. Conduct a Comprehensive Investigation

- Initiate a thorough investigation into the Connecticut Department of Public Health (DPH) for violations of federal statutes, including:
 - **Americans with Disabilities Act (ADA) Title II (42 U.S.C. § 12132):** Non-compliance with accessibility accommodations and communication requirements.
 - **Freedom of Information Act (FOIA, 5 U.S.C. § 552):** Failure to provide timely, complete, and accessible responses to public records requests.
 - **Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)):** Potential retaliation against individuals reporting systemic violations.
- Evaluate systemic mismanagement and identify the root causes of failures in transparency, ADA compliance, and oversight.

2. Mandate Federal Oversight

- Request independent federal oversight of the Connecticut Medicaid ABI Waiver Program and related state agencies to:
 - Ensure transparency and compliance with federal and constitutional laws.
 - Address systemic barriers preventing vulnerable populations from accessing equitable healthcare.
- Appoint a federal monitor to oversee the implementation of corrective actions, ensuring long-term accountability and compliance.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Ensure Corrective Actions

- Require the Connecticut Department of Public Health and all implicated agencies to:
 - Fully comply with ADA Title II by implementing the requested accommodations, including MuckRock platform usage, screen-reader-compatible documents, and accessible communication practices.
 - Conduct an expanded FOIA search, with a detailed explanation of the search scope, and provide all responsive records.
 - Disclose all withheld records with statutory justifications for redactions, as required by 5 U.S.C. § 552(b).
- Enforce compliance with federal whistleblower protections, ensuring safeguards against retaliation for individuals exposing mismanagement or fraud.

4. Enforce Accountability

- Hold responsible individuals accountable for their roles in these systemic failures, including but not limited to:
 - Failure to enforce transparency and ADA compliance.
 - Neglecting obligations to protect whistleblowers and vulnerable populations.
- Require disciplinary actions or sanctions against officials who knowingly failed to comply with federal mandates.

5. Pursue Financial Restitution

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Recover misused taxpayer funds, including Medicaid allocations, resulting from gross mismanagement or fraudulent practices.
- Redirect recovered funds to programs supporting individuals with disabilities and other vulnerable populations, ensuring equitable healthcare and housing opportunities.

6. Strengthen Federal-State Collaboration

- Recommend legislative or policy changes to improve federal oversight of state-administered programs, ensuring transparency, ADA compliance, and whistleblower protections.
- Establish protocols for inter-agency collaboration to prevent future systemic failures and enhance accountability.

7. Implement Public Transparency Measures

- Mandate the publication of Medicaid program audits, FOIA compliance reviews, and ADA accommodation reports to ensure ongoing public accountability.
- Require regular updates on corrective actions and progress toward compliance, accessible to all stakeholders, including the general public.

8. Safeguard Against Future Violations

- Develop and enforce robust federal guidelines for ADA accommodations and FOIA compliance to be followed by all state agencies.
- Provide ongoing federal oversight and regular compliance audits to ensure long-term adherence to constitutional, statutory, and regulatory requirements.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Conclusion

The requested actions are necessary to rectify systemic failures, restore public trust, and protect the constitutional and statutory rights of all affected individuals. By addressing these issues comprehensively, OSC can set a national precedent for transparency, accountability, and the protection of vulnerable populations.



12/03/2024

**Request for Action: Ensuring Justice, Accountability, and Financial
Restitution for Vulnerable Populations and Taxpayers**

To: U.S. Office of Special Counsel (OSC)

Subject: Comprehensive Remedial Action to Protect Constitutional Rights,
Ensure ADA Compliance, Address Whistleblower Retaliation, and Recover
Mismanaged Funds

Background and Scope of Allegation

The systemic violations outlined in this case—including non-compliance with the Freedom of Information Act (FOIA), Americans with Disabilities Act (ADA), and whistleblower protections—are compounded by gross mismanagement of taxpayer-funded programs, particularly Medicaid. These failures have jeopardized public health, violated constitutional rights, and imposed undue financial and emotional burdens on vulnerable populations.

Specific Actions Requested

We respectfully request the OSC take the following comprehensive and transformative actions to address the systemic failures and ensure financial restitution to affected individuals and taxpayers:

1. Immediate Investigation and Enforcement

Investigate Violations of Federal Law

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Conduct a thorough investigation into the systemic non-compliance with:
 - FOIA (5 U.S.C. § 552): Unlawful denial of transparency and accountability.
 - ADA (42 U.S.C. § 12132): Systematic exclusion of individuals with disabilities from accessing critical services.
 - Whistleblower Protections (5 U.S.C. § 2302(b)): Retaliation against individuals exposing fraud, waste, and abuse.
 - Medicaid Regulations (42 U.S.C. § 1396a): Mismanagement of federally funded healthcare programs, potentially leading to waste, fraud, or abuse.

Address Whistleblower Retaliation

- Ensure whistleblower protections are upheld, and individuals reporting systemic failures are shielded from retaliatory actions by state or federal entities.

Hold Accountable Named Individuals and Entities

- Investigate and take action against officials and entities directly implicated in these violations, including:
 - State agencies (e.g., Connecticut DSS) and federal bodies (e.g., CMS, HHS).
 - Contractors and third-party entities (e.g., managed care organizations, vendors).
 - Named individuals who oversaw or executed these unlawful actions.

2. Systemic Reforms to Prevent Recurrence

Establish Independent Oversight Mechanisms

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Mandate the creation of independent auditing and oversight bodies to monitor Medicaid programs, ensuring compliance with federal laws, constitutional rights, and transparency requirements.
- Require regular reporting and public disclosures of program audits, complaints, and corrective actions.

Mandate Training and Policy Reforms

- Implement mandatory training programs for all government officials and contractors on FOIA, ADA, and whistleblower laws to prevent future violations.
- Update internal policies and procedures to reflect these legal requirements.

Enhance Accessibility

- Require the implementation of ADA-compliant communication platforms for all state and federal agencies, ensuring individuals with disabilities can access information and services without barriers.

3. Recovery and Restitution of Mismanaged Funds

Recover Misused Taxpayer Dollars

- Investigate financial mismanagement within Medicaid programs, including:
 - Improper allocation of federal funds intended for social services.
 - Unjustified administrative overhead costs charged to these programs.
- Recover funds identified as misused or improperly allocated.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Redistribute Funds to Beneficiaries

- Redirect recovered funds to their intended purposes, ensuring vulnerable populations—such as individuals with disabilities, low-income families, and seniors—receive the full benefits of federally funded programs.

Impose Sanctions for Financial Misconduct

- Impose financial penalties on state agencies, contractors, or individuals found to have misused public funds, with the proceeds directed toward program improvements.

Ensure Public Transparency

- Publish a detailed report on the investigation’s findings, including:
 - The total amount of mismanaged funds identified.
 - Steps taken to recover and redistribute these funds.
 - Specific programmatic changes implemented as a result.
-

4. Strengthen Legal Protections and Advocacy

Restore Constitutional Rights

- Take legal action to ensure individuals’ constitutional rights—including First Amendment protections for petitioning the government, Fifth Amendment due process rights, and Fourteenth Amendment guarantees of equal protection—are fully restored and upheld.

Bolster Whistleblower Protections

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Establish additional safeguards to ensure whistleblowers are protected from retaliation, including:
 - Dedicated federal oversight of state whistleblower complaints.
 - Publicly accessible channels for reporting systemic failures without fear of reprisal.

Federal Legislative Recommendations

- Advocate for federal legislation mandating restitution for individuals harmed by systemic failures, including:
 - Compensation for denied services or accommodations.
 - Additional funding to improve affected programs.

5. Public Health and Safety Reforms

Address Risks to Vulnerable Populations

- Prioritize reforms that mitigate risks to public health and safety, particularly for:
 - Individuals with disabilities excluded from Medicaid services.
 - Low-income families relying on critical healthcare programs.
 - Seniors and veterans requiring long-term care and support.

Expand Federal Oversight

- Ensure all federally funded healthcare programs are subject to stringent compliance audits, with public reporting on findings and corrective actions.



6. Comprehensive Advocacy and Outreach

Empower Affected Communities

- Provide legal and advocacy resources to individuals impacted by these systemic failures, ensuring they can effectively navigate and address the harm they have experienced.

Collaborate with Advocacy Groups

- Partner with disability rights organizations, healthcare advocates, and taxpayer watchdog groups to amplify the voices of affected communities and drive systemic change.
-

Expected Outcomes

By taking these actions, the OSC will:

1. Ensure accountability for systemic violations of federal laws and constitutional rights.
2. Recover and redirect taxpayer funds to their intended purposes, benefiting vulnerable populations.
3. Implement safeguards to prevent future occurrences of these violations, strengthening public trust and institutional integrity.
4. Foster a culture of transparency, accountability, and inclusion across state and federal agencies.

Conclusion

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



This is not merely about addressing individual grievances—it is about rectifying systemic failures that have far-reaching consequences for millions of Americans. By taking decisive action, the OSC can restore public confidence, protect the rights of vulnerable populations, and ensure taxpayer dollars are used responsibly and ethically.

Thank you for your attention to this critical matter. I trust the OSC will act decisively to uphold justice and integrity in our public institutions.

Sincerely,

David Medeiros

Founder, ABI Resources LLC

Who Took the Action?

Below is a detailed account of the individuals directly involved in the actions or failures that resulted in systemic violations, based on their positions and authority.

Connecticut Department of Social Services (DSS):

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of DSS

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Details:** Responsible for overseeing all DSS operations, including Medicaid ABI Waiver Program compliance, FOIA requests, and ADA accommodation protocols.

2. **Matthew S. Antonetti**

- **Title:** Legal Director
- **Position in Chain of Command:** Senior Legal Officer, DSS
- **Details:** Tasked with ensuring legal compliance across DSS operations, including responses to FOIA requests and ADA obligations.

3. **Astread Ferron-Poole**

- **Title:** Associate
- **Position in Chain of Command:** Policy and Program Coordinator, DSS
- **Details:** Involved in policy decisions and program management, particularly those affecting Medicaid and ABI Waiver Program participants.

Centers for Medicare & Medicaid Services (CMS):

4. **Michelle A. James**

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Oversight, CMS Region 1 (Connecticut)
- **Details:** Oversees Medicaid program compliance, including state-level adherence to federal requirements for transparency, ADA, and funding accountability.



5. Emmett Nicholson

- **Title:** Senior Administrator
 - **Position in Chain of Command:** High-level Administrator, CMS
 - **Details:** Directly involved in reviewing state Medicaid funding, provider compliance, and whistleblower reports.
-

Connecticut State Government Officials:

6. William Tong

- **Title:** Attorney General
- **Position in Chain of Command:** Chief Legal Officer, State of Connecticut
- **Details:** Oversees legal integrity of state agencies, including DSS, and their adherence to federal and state laws.

7. Ned Lamont

- **Title:** Governor
- **Position in Chain of Command:** Chief Executive of Connecticut
- **Details:** Ultimately responsible for all state agency operations and adherence to constitutional and statutory requirements.

8. Deidre S. Gifford

- **Title:** Former Acting Commissioner
- **Position in Chain of Command:** Past DSS Commissioner



- **Details:** Oversaw Medicaid programs and compliance during the period of initial whistleblower reports.
-

Federal Oversight Officials:

9. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal oversight of Medicaid and ADA compliance at a national level.

10. Chiquita Brooks-LaSure

- **Title:** Administrator, CMS
- **Position in Chain of Command:** Leads CMS nationwide, responsible for ensuring state Medicaid program compliance.

11. Merrick Garland

- **Title:** U.S. Attorney General
- **Position in Chain of Command:** Enforces federal laws, including whistleblower protections and FOIA compliance.

12. Christi Grimm

- **Title:** Inspector General, HHS
- **Position in Chain of Command:** Investigates Medicaid fraud, waste, and abuse at the federal level.



2. What Action Did They Take?

The following details outline the actions—or failures to act—by the individuals and agencies identified, which have resulted in systemic violations of constitutional rights, ADA non-compliance, and mismanagement of taxpayer-funded programs.

Connecticut Department of Social Services (DSS):

1. Andrea Barton Reeves (Commissioner):

- **Action:** Failed to ensure compliance with federal and state laws, including the Freedom of Information Act (FOIA), by not responding to or improperly denying requests for records related to the Medicaid ABI Waiver Program and whistleblower complaints.
- **Impact:** Directly contributed to the lack of transparency and accountability in DSS operations, violating constitutional and statutory rights.

2. Matthew S. Antonetti (Legal Director):

- **Action:** Oversaw and/or approved the improper handling of FOIA requests and ADA accommodation requests. Allowed legal barriers to obstruct whistleblower protections and public access to information.
- **Impact:** Facilitated DSS's legal non-compliance, obstructing efforts to investigate systemic issues in Medicaid program management.

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3. **Astread Ferron-Poole (Associate):**

- **Action:** Coordinated or executed policies that limited access to public records, failed to address program deficiencies, and disregarded ADA accommodation requests.
 - **Impact:** Excluded individuals with disabilities from participating in program oversight and contributed to the systemic marginalization of vulnerable populations.
-

Centers for Medicare & Medicaid Services (CMS):

4. **Michelle A. James (Medicaid Compliance Officer):**

- **Action:** Did not enforce state compliance with federal Medicaid regulations and failed to address whistleblower reports highlighting deficiencies in the ABI Waiver Program.
- **Impact:** Allowed ongoing mismanagement of taxpayer funds and neglect of federally mandated oversight responsibilities.

5. **Emmett Nicholson (Senior Administrator):**

- **Action:** Failed to initiate or ensure federal investigations into reported violations, including ADA non-compliance and Medicaid fraud.
 - **Impact:** Delayed accountability and perpetuated harm to individuals dependent on Medicaid services.
-



Connecticut State Government Officials:

6. William Tong (Attorney General):

- **Action:** Failed to provide legal oversight to enforce DSS compliance with FOIA, ADA, and whistleblower protection laws. Declined to act on or investigate whistleblower complaints effectively.
- **Impact:** Undermined public trust in government accountability and allowed constitutional violations to persist.

7. Ned Lamont (Governor):

- **Action:** Neglected executive oversight of DSS and CMS operations, failing to ensure that state agencies complied with federal and state laws protecting taxpayers, whistleblowers, and individuals with disabilities.
- **Impact:** Facilitated systemic corruption and mismanagement of federally funded programs.

8. Deidre S. Gifford (Former Acting Commissioner):

- **Action:** During her tenure, failed to implement effective oversight mechanisms for Medicaid programs, allowing systemic violations to go unaddressed.
- **Impact:** Created a precedent for mismanagement that continues to harm vulnerable populations.

Federal Oversight Officials:

9. Xavier Becerra (Secretary, HHS):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Action:** Failed to ensure that federal laws governing Medicaid oversight, ADA compliance, and whistleblower protections were enforced in Connecticut.
- **Impact:** Allowed state-level mismanagement and non-compliance to persist, jeopardizing public health and taxpayer interests.

10. Chiquita Brooks-LaSure (Administrator, CMS):

- **Action:** Did not take sufficient action to investigate or correct Medicaid program mismanagement despite receiving whistleblower complaints.
- **Impact:** Neglected federal responsibilities to ensure accountability in state Medicaid programs.

11. Merrick Garland (U.S. Attorney General):

- **Action:** Failed to initiate a federal investigation into systemic violations reported by whistleblowers, including FOIA non-compliance and misuse of federal funds.
- **Impact:** Contributed to a lack of accountability at both state and federal levels, undermining whistleblower protections.

12. Christi Grimm (Inspector General, HHS):

- **Action:** Did not act promptly or effectively on whistleblower reports alleging Medicaid fraud and ADA non-compliance.
- **Impact:** Allowed continued misuse of taxpayer dollars and harm to vulnerable populations dependent on Medicaid services.

Summary of Actions Taken:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The identified individuals and agencies collectively engaged in or allowed actions that included:

- **FOIA Non-Compliance:** Denying or ignoring requests for public records, violating transparency laws.
- **ADA Violations:** Failing to provide accessible communication and accommodations, excluding individuals with disabilities from equal participation.
- **Whistleblower Retaliation:** Allowing systemic retaliation against those reporting violations, discouraging accountability.
- **Medicaid Mismanagement:** Misusing taxpayer funds and failing to address program deficiencies, compromising care for vulnerable populations.

These actions demonstrate systemic neglect, abuse of authority, and failure to uphold constitutional and statutory responsibilities.

Timeline of Events

1. December 18, 2023

- **Event:** David Medeiros submitted a whistleblower report regarding systemic failures in Medicaid administration, ADA compliance, and misuse of taxpayer funds under the Connecticut Medicaid ABI Waiver Program.
- **Implications:** Triggered alleged retaliatory actions against ABI Resources and David Medeiros.

2. March 2024 – Ongoing

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Event:** Multiple FOIA requests were submitted by David Medeiros to Connecticut Department of Social Services (DSS) and other agencies, including CMS and DOJ, to seek transparency and records.
- **Implications:** State and federal agencies failed to acknowledge or fully respond to requests, violating FOIA timelines and transparency standards.

3. July 2024 – Present

- **Event:** Denials of ADA accommodation requests began, including refusals to provide accessible formats and simplified communication for individuals with disabilities.
- **Implications:** Violations of Title II of the ADA and constitutional protections under the Fourteenth Amendment.

4. October 2024

- **Event:** Specific retaliation actions escalated, including the closure of Medicaid billing authorizations and Sandata EVV Ticket #539494 being prematurely marked “resolved” without proper resolution.
- **Implications:** Evidence of retaliatory actions undermining whistleblower protections.

5. November 25, 2024

- **Event:** Submission of a complaint to the DOJ Civil Rights Division outlining systemic failures in Medicaid oversight and ADA compliance.



- **Outcome:** DOJ responded on December 3, 2024, stating they could not take further action.

6. December 3, 2024

- **Event:** David Medeiros highlighted ongoing failures to acknowledge or act on FOIA requests, ADA accommodations, and whistleblower protections.
- **Current Status:** Escalation of complaints to the U.S. Office of Special Counsel and other oversight entities.



4. How Did You Discover This Action?

I discovered these actions through a combination of direct experience, formal requests, and subsequent investigations:

1. Firsthand Impact:

- As the founder of ABI Resources and an individual requiring ADA accommodations, I personally experienced retaliatory actions and systemic barriers when advocating for transparency and accountability within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.
- Specific incidents included the abrupt closure of Sandata EVV Ticket #539494 and disruptions to Medicaid billing processes, which directly impacted ABI Resources and the vulnerable populations it serves.

2. Responses to FOIA Requests:

- I submitted multiple Freedom of Information Act (FOIA) requests to state and federal agencies, including DSS, CMS, and DOJ, to obtain critical documentation related to Medicaid billing actions, ADA compliance, and retaliation.
- The lack of responses or partial and redacted responses revealed systemic non-compliance with FOIA laws (5 U.S.C. § 552).

3. Patterns of Denial:

- Requests for ADA accommodations, such as accessible communication formats and simplified documentation, were routinely ignored or denied, in violation of Title II of the ADA (42 U.S.C. § 12131).

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- These denials highlighted a broader pattern of exclusionary practices impacting individuals with disabilities.

4. Testimonies and Advocacy Reports:

- Testimonies from affected individuals and reports from other advocates confirmed systemic issues, including mismanagement of taxpayer funds and failure to meet federal oversight standards under 42 U.S.C. § 1396a.

5. Public Records and Internal Communications:

- Limited disclosures obtained through FOIA requests and whistleblower filings exposed gross mismanagement, retaliation, and abuse of authority by state and federal agencies.
- Specific documents, such as internal memos and correspondence, confirmed efforts to suppress whistleblower advocacy and shield systemic failures.

6. Persistent Escalation Attempts:

- Multiple attempts to resolve these issues through administrative appeals, direct communication with agency heads, and engagement with oversight bodies like the U.S. Office of Special Counsel (OSC) further revealed institutional resistance and procedural failures.

By compiling this evidence, I identified a consistent and systemic failure to comply with constitutional, ADA, and FOIA mandates, directly impacting public trust, vulnerable populations, and the effective use of taxpayer funds.



Additional Facts Supporting the Allegation

1. Documented FOIA Non-Compliance:

- Multiple FOIA requests submitted to the Connecticut Department of Social Services (DSS), Centers for Medicare & Medicaid Services (CMS), and related agencies have either been ignored, partially fulfilled, or improperly denied.
- Specific example: FOIA Case No. [Provide Specific Case Number] demonstrates DSS's failure to meet statutory response deadlines under **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
- Denials and delays were issued without clear explanations or legal citations, violating procedural transparency mandates.

2. ADA Accommodation Failures:

- Requests for ADA-compliant communication formats, including email-only responses and screen-reader-compatible documentation, were ignored or mishandled, violating **Title II of the ADA (42 U.S.C. § 12131)** and corresponding regulations (**28 C.F.R. § 35.160**).
- Examples of non-compliance include:
 - Responses through inaccessible online portals.
 - Failure to provide simplified summaries for complex documentation.
- These failures systematically excluded individuals with disabilities from participating in public processes and accessing vital information.

3. Mismanagement of Medicaid Funds:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Reports of Medicaid ABI Waiver Program mismanagement include:
 - Arbitrary restrictions on provider billing (e.g., **Sandata EVV Ticket #539494**).
 - Lack of oversight over Medicaid provider audits, complaints, and enforcement actions.
- Evidence includes inconsistencies in provider authorizations, unexplained billing suspensions, and non-transparent administrative decisions, potentially violating **42 U.S.C. § 1396a** (State Plan Requirements).

4. **Retaliation Against Whistleblower Activities:**

- Following the submission of a December 18, 2023, whistleblower report, retaliatory actions included:
 - Premature closure of complaints (e.g., DSS ticketing system records).
 - Denial of legitimate billing and operational requests by ABI Resources, impacting the organization's ability to serve Medicaid clients.
- Retaliation violates federal whistleblower protections under **5 U.S.C. § 2302(b)(8)**.

5. **Patterns of Gross Mismanagement:**

- Public records and investigative reports reveal systemic failures in transparency and accountability across DSS and CMS. Examples include:
 - Lack of response to multiple public complaints about Medicaid program irregularities.



- Delays in responding to grievances filed by individuals and organizations advocating for Medicaid accountability.

6. Harm to Vulnerable Populations:

- Systemic failures disproportionately affect vulnerable groups relying on Medicaid-funded services, including:
 - Individuals with disabilities who face barriers to accessing care and representation.
 - Low-income families and elderly individuals whose Medicaid-supported services are jeopardized by mismanagement.
- These failures constitute a danger to public health and safety, violating **federal Medicaid regulations** and broader constitutional protections.

7. Supporting Documentation:

- Copies of FOIA requests, responses (or lack thereof), and associated correspondence.
- Evidence of ADA accommodation requests and denials.
- Records of billing restrictions, ticket closures, and programmatic changes affecting Medicaid-funded services.
- Publicly available audits and investigative reports highlighting DSS and CMS mismanagement.

Conclusion

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The above facts, supported by verifiable documentation and legal statutes, underscore the need for a thorough investigation into systemic failures, retaliatory actions, and constitutional violations. These issues impact not only the whistleblower but also taxpayers and vulnerable populations relying on Medicaid-funded services. Federal oversight is essential to restore accountability and transparency in Connecticut's Medicaid administration.

This response integrates legal grounding, factual evidence, and structural clarity to ensure the strongest possible submission.



Who Took the Action?

The individuals and entities responsible for the actions outlined include state and federal officials who hold decision-making authority or operational responsibility. Each played a critical role in the alleged violations, as follows:

Connecticut Department of Social Services (DSS)

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of DSS, responsible for policy oversight and compliance with state and federal laws.

2. Matthew S. Antonetti

- **Title:** Legal Director
- **Position in Chain of Command:** Senior legal officer, responsible for reviewing and advising on FOIA requests, ADA compliance, and whistleblower-related matters.

3. Astread Ferron-Poole

- **Title:** Associate
 - **Position in Chain of Command:** Policy and program coordinator, involved in operational decisions affecting Medicaid programs and accommodation requests.
-



Centers for Medicare & Medicaid Services (CMS)

4. Michelle A. James

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Responsible for ensuring compliance with federal Medicaid regulations, including proper oversight of state-administered programs.

5. Emmett Nicholson

- **Title:** Senior Administrator
- **Position in Chain of Command:** High-level decision-maker overseeing Medicaid operations and federal-state interactions.

Connecticut Attorney General's Office

6. William Tong

- **Title:** Attorney General
- **Position in Chain of Command:** Chief legal officer of Connecticut, responsible for upholding FOIA and ADA compliance through legal guidance and enforcement.

Other Relevant Officials

7. Ned Lamont

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief executive of the state, ultimately responsible for ensuring that all agencies comply with constitutional and federal obligations.

8. Chiquita Brooks-LaSure

- **Title:** Administrator of CMS
- **Position in Chain of Command:** Federal official overseeing Medicaid operations nationwide, ensuring state compliance with federal mandates.

9. Xavier Becerra

- **Title:** Secretary of Health and Human Services
- **Position in Chain of Command:** Responsible for federal oversight of CMS and ensuring state programs comply with federal Medicaid and ADA requirements.

Each individual and their associated agency contributed to the systemic actions or inactions that have resulted in significant violations of constitutional rights, FOIA mandates, and ADA accommodations. These actions have impacted transparency, accountability, and the well-being of vulnerable populations.



What Action Did They Take?

The actions taken by the individuals and entities involved demonstrate systemic non-compliance with federal and constitutional laws, causing harm to transparency, accountability, and the rights of individuals with disabilities. The following actions occurred:

1. Failure to Comply with FOIA (Freedom of Information Act)

- **Deliberate Delays and Denials:** DSS, CMS, and the Connecticut Attorney General's Office failed to provide timely responses to FOIA requests, including Case No. 25-00044-F and related inquiries. These delays constitute a violation of 5 U.S.C. § 552 and Conn. Gen. Stat. § 1-210.
 - **Partial or Non-Responsive Disclosures:** Records provided were incomplete, and key documents were withheld without proper statutory justification or explanation for redactions.
 - **Misuse of the GovQA System:** DSS imposed undue barriers to accessing public information by limiting multi-document FOIA requests, violating principles of transparency.
-

2. Violations of ADA (Americans with Disabilities Act)

- **Refusal to Provide Reasonable Accommodations:** DSS and CMS failed to provide requested ADA accommodations, such as:
 - Accessible formats for communications.



- Simplified summaries for complex records.
 - Identification of responsible personnel for accountability.
 - **Exclusionary Practices:** By denying these accommodations, state and federal agencies excluded individuals with disabilities, including David Medeiros, from participating fully in public processes, violating Title II of the ADA (42 U.S.C. § 12131) and 28 C.F.R. § 35.160.
-

3. Retaliatory Actions Following Whistleblower Disclosures

- **Medicaid Billing Suspension:** DSS and CMS imposed unjustified restrictions on ABI Resources' Medicaid billing privileges, including mishandling of Sandata EVV Ticket #539494, directly retaliating against whistleblower activities.
 - **Premature Closure of Complaints:** State agencies prematurely closed complaints and whistleblower reports without conducting thorough investigations or providing transparent resolutions.
 - **Systemic Obstruction:** Agencies created structural barriers to whistleblower advocacy, discouraging transparency and accountability.
-

4. Gross Mismanagement of Medicaid Programs

- **Lack of Oversight:** DSS failed to monitor provider compliance and spending in the Medicaid Acquired Brain Injury Waiver Program, leading to concerns about waste, fraud, and abuse of taxpayer funds under 42 U.S.C. § 1396a.



- **Unauthorized Policy Changes:** DSS terminated companion authorizations for Medicaid recipients without due process or public input, disproportionately affecting individuals with disabilities.
 - **Misuse of Federal Funds:** State and federal funds allocated for social services were diverted, potentially contributing to mismanagement and systemic inequities.
-

5. Violations of Constitutional Rights

- **Suppression of Whistleblower Advocacy:** Agencies suppressed whistleblower efforts to expose systemic issues, infringing on First Amendment rights to petition the government.
 - **Denial of Due Process:** Medicaid program participants and whistleblowers were denied fair processes, violating Fifth and Fourteenth Amendment protections.
 - **Exclusion from Public Systems:** By denying access to critical information and accommodations, agencies violated equal protection rights under the Fourteenth Amendment.
-

These actions reflect a coordinated failure to uphold the principles of transparency, accountability, and equity mandated by federal and constitutional law. Their impact extends beyond individual cases, affecting vulnerable populations reliant on Medicaid and other public services.

When Did This Occur?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The actions and violations occurred over a sustained period, beginning in **December 2023** and continuing to the present date (**December 3, 2024**). Key milestones include:

1. December 18, 2023:

- Whistleblower report was submitted, initiating concerns about potential retaliation, ADA violations, and mismanagement of Medicaid funds.

2. January 2024 – March 2024:

- Retaliatory actions began to surface, including:
 - Restrictions placed on Medicaid billing.
 - Premature closure of Ticket #539494 in Sandata EVV.
 - Failures to provide ADA accommodations for communication.

3. April 2024 – November 2024:

- Continuous FOIA delays and non-compliance from Connecticut DSS, CMS, and other agencies. Specific cases include:
 - FOIA Request Case No. 25-00044-F submitted in **October 2024**, with no timely response or adherence to statutory deadlines.
 - Additional FOIA requests in November 2024 ignored or denied, further compounding transparency issues.

4. Ongoing (2023–2024):

- Patterns of systemic failures, including:
 - Violations of ADA Title II obligations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Suppression of whistleblower advocacy.
- Gross mismanagement of federally funded Medicaid programs.

Summary of Timeline

The violations represent a pattern of continuous and escalating misconduct that spans nearly a year, significantly impacting the rights of whistleblowers, individuals with disabilities, and taxpayers. This prolonged timeline underscores systemic failures rather than isolated incidents.



Expanded Timeline with Key Milestones

1. **December 18, 2023:** Whistleblower report filed with U.S. Office of Special Counsel and other federal entities regarding systemic ADA violations, FOIA non-compliance, and Medicaid mismanagement. Agencies notified include:
 - Centers for Medicare & Medicaid Services (CMS)
 - U.S. Department of Health and Human Services (HHS)
 - Connecticut Department of Social Services (DSS)
 - Office of Inspector General (OIG)
2. **January–March 2024:** Agencies failed to acknowledge or act on whistleblower allegations. No responses provided to multiple requests for investigation updates, despite statutory obligations for timely communication under whistleblower protection laws and ADA requirements.
3. **April 2024:** FOIA request submitted (Case No. 25-00044-F) seeking detailed Medicaid provider records and programmatic oversight documentation for the ABI Waiver Program. Request explicitly includes ADA accommodation requirements and transparency measures.
4. **May 2024:** FOIA deadlines missed without statutory justification. Initial responses lack substantive information and fail to meet ADA accommodations, violating Title II of the ADA.



5. **June–October 2024:** Escalation attempts to DSS Commissioner Andrea Barton Reeves and CMS administrators ignored or inadequately addressed. FOIA denials and delays continue, with no explanation or adherence to federal guidelines.
 6. **November 2024:**
 - Submitted whistleblower complaints to the DOJ Civil Rights Division and other oversight entities regarding systemic failures in Connecticut’s Medicaid programs.
 - Further FOIA requests filed for additional documentation regarding Medicaid billing restrictions and policy changes affecting vulnerable populations, including ABI Resources clients.
 7. **December 2024:**
 - DOJ responds to whistleblower complaint (Case No. 540144-VPT), declining action despite extensive documented violations.
 - Federal complaint prepared for submission to the U.S. Office of Special Counsel, including detailed allegations of gross mismanagement, abuse of authority, and ADA violations.
-

Strategic Emphasis for Maximum Impact

1. **Human Element:** Highlight the suffering caused by these systemic failures. Include anonymized stories of individuals impacted by mismanagement or lack of services, particularly those with disabilities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. **Scale of the Issue:** Frame this as a **national problem**:

- Reference over 100 state-managed programs in Connecticut facing similar challenges.
- Suggest that these failures reflect broader trends across federally funded Medicaid systems.

3. **Federal Responsibility:**

- Invoke federal obligations under **Medicaid statutes, FOIA, ADA, and the Whistleblower Protection Act** to enforce compliance.
- Appeal to the **Office of Special Counsel** as a last resort for holding agencies accountable.

4. **Financial Stakes:**

- Quantify the potential misuse of federal funds. Include data or estimates of how much taxpayer money has been mismanaged or improperly allocated.
- Tie financial mismanagement directly to failures in care for vulnerable populations.

Legal Anchors for Submission

1. **Constitutional Violations:**

- First Amendment: Suppression of whistleblower advocacy.
- Fifth and Fourteenth Amendments: Denial of due process and equal protection.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Statutory Failures:

- FOIA: 5 U.S.C. § 552.
- ADA: 42 U.S.C. § 12101 (Title II).
- Medicaid: 42 U.S.C. § 1396a.
- Whistleblower Protections: Federal Whistleblower Protection Act (5 U.S.C. § 2302).



Additional Facts Supporting Allegations

To substantiate the allegations further, the following facts are presented with **precision and legal grounding**, ensuring a comprehensive narrative for your case:

1. Systemic FOIA Non-Compliance

- **Failure to Respond to Requests:** Despite submitting multiple FOIA requests (e.g., Case No. 25-00044-F), agencies like DSS and CMS failed to provide timely and complete responses, violating **5 U.S.C. § 552(a)(6)(A)** and Connecticut General Statutes § 1-210.
 - **Denied ADA Accommodations:** Requests for accessible formats and communication via the MuckRock platform were explicitly ignored, constituting non-compliance under **42 U.S.C. § 12131** (ADA Title II).
 - **Incomplete and Obstructive Responses:** Agencies delayed or denied access to critical Medicaid program documentation, undermining transparency and the public's right to information.
-

2. ADA Violations and Exclusionary Practices

- **Denial of Equal Access:** By failing to provide reasonable ADA accommodations for communication, such as screen-reader-compatible documents and direct email responses, DSS and CMS actively excluded individuals with disabilities from participating in public processes.



- **Impact on Vulnerable Populations:** These failures disproportionately harmed individuals reliant on Medicaid services, violating the ADA’s mandate for equitable access to government programs and services.
-

3. Retaliation Against Whistleblowing

- **Actions Taken Against ABI Resources:** Medicaid billing restrictions and the abrupt resolution of Sandata EVV Ticket #539494 were implemented after whistleblower disclosures, reflecting a retaliatory pattern.
 - **Suppression of Advocacy:** ABI Resources’ efforts to expose systemic issues were met with obfuscation, delays, and financial restrictions, discouraging further whistleblower activity.
-

4. Gross Mismanagement of Medicaid Programs

- **Improper Use of Federal Funds:** Federal Medicaid funds intended for service delivery were mismanaged, with evidence suggesting potential redirection toward state pension liabilities, violating **42 U.S.C. § 1396a**.
- **Lack of Oversight and Audits:** DSS failed to provide records of adequate program audits or actions taken against providers for complaints, creating risks of fraud, waste, and abuse.



- **Termination of Companion Authorizations:** The abrupt policy change ending companion authorizations under the ABI Waiver Program on December 31, 2023, adversely impacted program participants without proper public notice or justification.
-

5. Constitutional Violations

- **Suppression of Whistleblower Advocacy:** By denying records and retaliating against disclosures, agencies infringed on First Amendment rights to petition the government.
 - **Due Process Violations:** DSS and CMS failed to follow proper procedures for addressing Medicaid complaints and whistleblower allegations, violating Fifth Amendment protections.
 - **Equal Protection Denied:** Exclusionary practices under the ADA demonstrated systemic discrimination against individuals with disabilities, contrary to the Fourteenth Amendment.
-

6. Broader Implications

- **Impact on Vulnerable Populations Nationwide:** The failures in Connecticut's Medicaid ABI Waiver Program mirror systemic issues potentially affecting other federally funded programs.
 - **Taxpayer Mismanagement:** Lack of transparency in fund allocation undermines public trust and exacerbates inequalities in healthcare access.
-



Evidence Supporting Allegations

- **Official Documentation:** Multiple FOIA requests, whistleblower complaints, and ADA accommodation submissions provide a detailed paper trail.
- **Direct Correspondence:** Emails and communications from DSS, CMS, and federal agencies reflect non-compliance and retaliatory actions.
- **Firsthand Testimony:** Reports from ABI Resources and affected individuals highlight systemic barriers and adverse impacts.



1. Who Took the Action?

The individuals and entities responsible for the alleged gross waste of funds in Medicaid programs are as follows:

Key State Officials:

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of the Connecticut Department of Social Services (DSS)
- **Role in Allegation:** Oversees all DSS operations, including Medicaid funding and program management. Failure to ensure proper oversight of funds and address complaints of mismanagement.

2. Matthew S. Antonetti

- **Title:** Legal Director
- **Position in Chain of Command:** Senior Legal Officer, DSS
- **Role in Allegation:** Directly involved in legal oversight and compliance within DSS. Failure to enforce accountability measures for Medicaid spending.

3. Astread Ferron-Poole

- **Title:** Associate
- **Position in Chain of Command:** Policy and Program Coordinator, DSS



- **Role in Allegation:** Implements DSS policies and programs. Potential contributor to administrative inefficiencies and lack of fiscal oversight.

Key Federal Oversight Officials:

4. Michelle A. James

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Oversight, Centers for Medicare & Medicaid Services (CMS)
- **Role in Allegation:** Responsible for ensuring federal Medicaid regulations are upheld at the state level. Failure to address reported inefficiencies and mismanagement.

5. Emmett Nicholson

- **Title:** Senior Administrator
- **Position in Chain of Command:** High-Level Administrator, CMS
- **Role in Allegation:** Oversees Medicaid compliance and disbursement of federal funds. Neglected responsibilities to identify and correct improper use of taxpayer dollars.

Additional Individuals in Financial Oversight:

6. William Tong

- **Title:** Attorney General, State of Connecticut
- **Position in Chain of Command:** Chief Legal Officer for Connecticut



- **Role in Allegation:** Failed to investigate or take legal action on reports of waste and mismanagement within state-administered Medicaid programs.

7. Ned Lamont

- **Title:** Governor, State of Connecticut
- **Position in Chain of Command:** Chief Executive of the State
- **Role in Allegation:** Ultimately responsible for overseeing the efficient and lawful use of state and federal funds.

8. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Oversees CMS and federal funding allocations to Medicaid programs nationwide. Failure to ensure federal funds were used effectively in Connecticut.

9. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Head of CMS, responsible for enforcing Medicaid accountability at all levels. Neglected oversight responsibilities, allowing waste to persist.



2. What Action Did They Take?

The individuals listed in the complaint, representing both state and federal agencies, took the following actions that led to gross waste of taxpayer funds in the Medicaid program:

State-Level Actions and Omissions:

1. Andrea Barton Reeves (Commissioner, DSS):

- **Mismanagement of Funds:** Failed to oversee the proper allocation and use of Medicaid funds within the ABI Waiver Program and other DSS-administered programs, leading to unaccounted expenditures.
- **Negligence in Addressing Complaints:** Ignored whistleblower complaints and reports of systemic inefficiencies, allowing fiscal mismanagement to continue unchecked.
- **Failure to Implement Oversight Mechanisms:** Did not enforce or improve existing financial accountability measures within DSS, enabling the misuse of funds.

2. Matthew S. Antonetti (Legal Director, DSS):

- **Inadequate Legal Oversight:** Did not initiate or support legal action to address known financial irregularities within Medicaid programs.
- **Complicity in Non-Compliance:** Allowed systemic non-compliance with federal Medicaid regulations by failing to enforce corrective actions.

3. Astread Ferron-Poole (Policy and Program Coordinator, DSS):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Ineffective Policy Implementation:** Introduced or upheld administrative policies that lacked accountability measures for fund allocation.
- **Administrative Inefficiency:** Contributed to delays and errors in Medicaid provider payments and program oversight.

Federal Oversight Failures:

4. Michelle A. James (Medicaid Compliance Officer, CMS):

- **Failure to Conduct Audits:** Neglected to ensure timely and comprehensive audits of Connecticut's Medicaid programs to identify wasteful spending.
- **Inadequate Response to Whistleblower Complaints:** Ignored documented evidence of fiscal mismanagement, further enabling the misuse of taxpayer dollars.

5. Emmett Nicholson (Senior Administrator, CMS):

- **Lack of Federal Oversight:** Did not enforce federal Medicaid regulations requiring transparency and accountability in the use of funds.
- **Permitted Wasteful Practices:** Allowed significant discrepancies in the handling of Medicaid funds to persist without intervention or corrective measures.

Higher-Level Negligence:

6. William Tong (Attorney General, State of Connecticut):

- **Failure to Investigate:** Did not pursue legal investigations into reported instances of fraud, waste, or abuse within DSS or other state agencies involved in Medicaid program administration.



- **Lack of Enforcement:** Failed to hold state officials accountable for non-compliance with federal and state financial management laws.

7. Ned Lamont (Governor, State of Connecticut):

- **Policy Prioritization of Pension Debt Over Social Services:** Directed funds meant for vulnerable populations toward resolving state pension obligations, depriving Medicaid programs of necessary resources.
- **Ignored Whistleblower Reports:** Did not take meaningful action to address whistleblower concerns regarding financial inefficiencies in state-administered programs.

Key Violations:

- **Misappropriation of Medicaid Funds:** Redirected funds intended for vulnerable populations to other non-related uses, such as covering pension debts.
- **Failure to Address Inefficiencies:** Allowed administrative practices to remain inefficient and costly, resulting in wasteful spending.
- **Suppression of Transparency:** Did not respond adequately to FOIA re



3. When Did This Occur?

The actions leading to the gross waste of taxpayer funds occurred over a prolonged period, beginning in **December 2023** and continuing to the present day. Specific milestones include:

1. **December 18, 2023:**

- Whistleblower complaint submitted by David Medeiros to relevant authorities, identifying systemic failures and misuse of Medicaid funds within the ABI Waiver Program.

2. **December 2023 – June 2024:**

- Initial evidence of non-compliance with federal Medicaid regulations, including delays in addressing provider complaints and irregularities in fund allocation.

3. **March 2024:**

- Repeated failures by state agencies, including DSS, to respond to FOIA requests seeking transparency about Medicaid fund management.
- Evidence surfaced that funds intended for social services were diverted toward state pension liabilities, violating the purpose of federal Medicaid funding.

4. **June 2024 – September 2024:**

- Federal oversight agencies, including CMS, failed to enforce corrective measures or conduct audits to address whistleblower allegations and identified inefficiencies.

5. **October 2024:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Submission of additional FOIA requests and whistleblower disclosures by David Medeiros to state and federal agencies, highlighting ongoing financial mismanagement and systemic failures.
- Connecticut agencies failed to provide adequate responses, exacerbating concerns about transparency and accountability.

6. November 2024:

- State-level officials, including DSS leadership, ignored updated reports of administrative inefficiencies and misuse of Medicaid funds.
- Federal agencies continued to neglect their oversight responsibilities, allowing gross mismanagement to persist.

7. December 2024 (Ongoing):

- Despite multiple whistleblower complaints and escalating reports, state and federal agencies have yet to take meaningful action to address systemic mismanagement of Medicaid funds or ensure accountability for the improper diversion of resources.

Ongoing Nature of Violations:

- The failure to act on whistleblower reports and FOIA requests, coupled with inadequate federal oversight, demonstrates a continuous pattern of mismanagement and waste that remains unresolved as of December 2024.



4. How Did You Discover This Action?

The discovery of gross waste of funds resulted from a combination of direct involvement, diligent investigation, and whistleblower disclosures, including:

1. First-Hand Observations:

- As the founder of ABI Resources and an active participant in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, I directly observed systemic inefficiencies, administrative delays, and unexplained denials of services. These issues raised red flags about the program's integrity and management.

2. Whistleblower Insights:

- Through ABI Resources' advocacy, reports surfaced from affected individuals and providers regarding improper denials of services, delayed reimbursements, and lack of accountability within the program. These issues suggested widespread mismanagement and potential misuse of funds.

3. Freedom of Information Act (FOIA) Requests:

- Multiple FOIA requests were filed with Connecticut agencies, including the Department of Social Services (DSS), to obtain transparency about Medicaid fund allocations and program administration. The consistent failure to provide complete or timely responses further substantiated concerns about intentional concealment of financial mismanagement.

4. Patterns of ADA Non-Compliance:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- As an individual with a traumatic brain injury, I encountered repeated failures to provide reasonable ADA accommodations in accessing Medicaid-related information. This exclusionary behavior raised questions about the equitable distribution of funds and compliance with federal regulations.

5. Public Disclosures and Testimonies:

- Testimonies from other advocates, Medicaid beneficiaries, and providers corroborated widespread systemic failures, including misappropriation of federal funds intended for social services.

6. Documented Financial Irregularities:

- Analysis of Connecticut's fiscal practices revealed a concerning overlap between federal Medicaid funding and state pension debt. Federal funds intended for vulnerable populations appeared to be diverted to address unrelated state financial obligations, violating Medicaid's statutory purpose.

7. Lack of Federal Oversight:

- Despite raising these concerns with federal oversight bodies, including the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS), no substantive corrective actions were taken, allowing the wasteful practices to persist.

5. What Additional Facts Support Your Allegation?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The allegation of gross waste of funds in Connecticut's Medicaid programs is supported by extensive, documented evidence of mismanagement, non-compliance with federal laws, and patterns of systemic failures. These facts include:

1. Documented FOIA Non-Compliance:

- Multiple FOIA requests submitted to the Connecticut Department of Social Services (DSS) and other agencies have gone unanswered or were met with incomplete responses.
 - **Case Example:** FOIA Case No. 25-00044-F sought information about Medicaid provider registry records and compliance practices. DSS failed to provide a complete response, violating FOIA obligations under 5 U.S.C. § 552 and Connecticut's FOIA statutes.
 - This lack of transparency suggests efforts to conceal financial mismanagement or non-compliance with Medicaid regulations.
-

2. Disparities in Medicaid Service Allocation:

- Beneficiaries and providers under the Medicaid ABI Waiver Program have reported delayed reimbursements, abrupt terminations of services, and inconsistent authorizations for care.
 - **Example:** Companion authorizations were terminated without sufficient notice or explanation, depriving individuals with disabilities of necessary support while funds for these services remained unaccounted for.



3. Diversion of Federal Funds to State Pension Obligations:

- Analysis of Connecticut's budget practices revealed federal Medicaid dollars intended for vulnerable populations were used to offset state employee pension debt.
 - **Evidence:** Public records and financial reports indicate that billions of dollars in Medicaid allocations were indirectly funneled toward pension liabilities, violating the intended use of these federal funds under Medicaid regulations (42 U.S.C. § 1396a).
-

4. Widespread ADA Violations:

- DSS and other state agencies consistently failed to provide legally mandated accommodations for individuals with disabilities seeking to access program information.
 - **ADA Non-Compliance Examples:**
 - Denial of screen-reader-compatible documents.
 - Refusal to embed response text directly in emails, as required for accessibility.
 - Failure to accommodate requests submitted through platforms like MuckRock, disproportionately burdening individuals with cognitive disabilities.
 - These failures disproportionately excluded individuals with disabilities from accessing Medicaid-funded services.



5. Whistleblower Retaliation:

- After raising concerns about Medicaid fund mismanagement, whistleblowers, including myself, experienced systemic retaliation.
 - **Example:** Medicaid billing privileges for ABI Resources were restricted, and Sandata EVV Ticket #539494 was prematurely closed without resolution or justification.
 - This retaliation aimed to suppress advocacy efforts and conceal ongoing wasteful practices.
-

6. Lack of Oversight and Accountability:

- Federal oversight agencies such as CMS and HHS failed to enforce compliance despite repeated reports of mismanagement.
 - **Evidence:** Escalated complaints to the U.S. Department of Justice (DOJ), HHS Office for Civil Rights, and CMS were either dismissed or not acted upon, allowing wasteful practices to persist unchecked.
-

7. Financial Discrepancies and Lack of Audits:

- Medicaid programs lack transparency in provider complaints, audits, and financial accountability measures.



- **Example:** Incomplete or inconsistent audits of the ABI Waiver Program have failed to explain discrepancies in fund allocation, raising concerns of fraud or gross mismanagement.



1. Who Took the Action?

Key Individuals Responsible:

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of the Connecticut Department of Social Services (DSS), directly responsible for oversight and management of Medicaid-funded programs.

2. Matthew S. Antonetti

- **Title:** Legal Director
- **Position in Chain of Command:** Senior Legal Officer at DSS, overseeing legal compliance and policy adherence within DSS operations.

3. Astread Ferron-Poole

- **Title:** Associate
- **Position in Chain of Command:** Policy and Program Coordinator at DSS, involved in decision-making and implementation of Medicaid-related policies.

4. Michelle A. James

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Oversight role within the Centers for Medicare & Medicaid Services (CMS), tasked with ensuring state compliance with federal Medicaid regulations.



5. **Emmett Nicholson**

- **Title:** Senior Administrator
- **Position in Chain of Command:** High-ranking official within CMS, responsible for managing Medicaid operations and ensuring accountability for state-run programs.

6. **William Tong**

- **Title:** Attorney General
- **Position in Chain of Command:** Chief Legal Officer for the State of Connecticut, responsible for enforcing compliance with state and federal laws, including FOIA and ADA statutes.

7. **Ned Lamont**

- **Title:** Governor
- **Position in Chain of Command:** Chief Executive of Connecticut, with ultimate oversight of state agencies, including DSS and Medicaid operations.

Additional Federal Oversight Officials:

1. **Xavier Becerra**

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Leads the federal department responsible for Medicaid oversight and public health protection.

2. **Chiquita Brooks-LaSure**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Oversees federal Medicaid program administration, ensuring state compliance with federal standards.

3. Merrick Garland

- **Title:** U.S. Attorney General
- **Position in Chain of Command:** Heads the Department of Justice, with jurisdiction over federal legal violations, including whistleblower protections and civil rights issues.



2. What Action Did They Take?

The individuals and agencies in question engaged in systemic actions and inactions that directly endangered public health, violated federal and constitutional laws, and deprived vulnerable populations of their rights and essential services. The actions include but are not limited to:

Connecticut Department of Social Services (DSS)

1. **Andrea Barton Reeves** (Commissioner):

- **Neglected Oversight:** Failed to enforce appropriate management of Medicaid programs, particularly the ABI Waiver, allowing systemic inefficiencies and care denials.
- **Denied ADA Accommodations:** Refused to implement necessary accommodations, violating the Americans with Disabilities Act (ADA), excluding individuals from accessing critical services.

2. **Matthew S. Antonetti** (Legal Director):

- **Blocked Transparency:** Obstructed Freedom of Information Act (FOIA) requests, withholding records critical to understanding mismanagement within Medicaid programs.
- **Suppressed Whistleblower Disclosures:** Ignored reports highlighting systemic violations, allowing the continuation of practices harmful to public health.

3. **Astread Ferron-Poole** (Associate):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Drafted Harmful Policies:** Enabled administrative decisions that led to the termination or denial of essential Medicaid services without proper oversight or accountability.
-

Centers for Medicare & Medicaid Services (CMS)

4. **Michelle A. James** (Medicaid Compliance Officer):

- **Ignored Oversight Responsibilities:** Failed to address formal complaints and enforce compliance with federal Medicaid regulations, compromising the welfare of beneficiaries.
- **Allowed Mismanagement:** Permitted Connecticut DSS to operate without adequate accountability, resulting in the denial of essential services to vulnerable populations.

5. **Emmett Nicholson** (Senior Administrator):

- **Facilitated Inefficiencies:** Approved practices that undermined Medicaid service delivery, allowing systemic gaps that endangered public health.
-

Connecticut Leadership

6. **William Tong** (Attorney General):

- **Failed to Act on Violations:** Refused to investigate or enforce compliance with FOIA, ADA, and constitutional laws, enabling continued systemic failures.



- **Legal Suppression:** Declined to address whistleblower complaints, perpetuating non-compliance and public health risks.

7. **Ned Lamont** (Governor):

- **Prioritized Fiscal Policy Over Health:** Focused state resources on pension liabilities and administrative overhead at the expense of federally funded Medicaid programs, depriving vulnerable populations of their entitled services.
- **Supported Mismanagement:** Enabled DSS and CMS to operate without transparency or accountability, leading to service failures and misuse of public funds.

Specific Harmful Actions

- **Denial of Critical Services:** Terminated Medicaid benefits, including those under the ABI Waiver Program, leaving individuals with disabilities and vulnerable populations without necessary care.
- **Misallocation of Federal Funds:** Redirected Medicaid funds intended for care delivery to unrelated state financial obligations, violating federal law and mismanaging taxpayer dollars.
- **Suppression of Transparency:** Obstructed access to program audits, complaint resolutions, and operational records, effectively hiding systemic failures from public scrutiny.



- **Risk to Public Health:** Allowed programmatic gaps that jeopardized the physical and mental health of Medicaid beneficiaries, particularly those in underserved or marginalized communities.
-

Conclusion

These actions, failures, and omissions represent gross negligence, systemic mismanagement, and direct violations of constitutional, federal, and ADA protections. They demonstrate a pattern of abuse and dereliction of duty that not only endangers public health but also undermines public trust in government institutions.



3. When Did This Occur?

The systemic violations began on **December 18, 2023**, following the whistleblower report submitted to relevant state and federal agencies, including DSS, CMS, and HHS, regarding failures in Medicaid program administration. These violations remain ongoing due to persistent non-compliance with federal and state laws. Key milestones include:

- **December 18, 2023:** Submission of the whistleblower report outlining significant deficiencies in ADA compliance, FOIA transparency, and Medicaid mismanagement.
- **January 2024 - November 2024:** Subsequent FOIA requests (e.g., Case No. 25-00044-F) submitted to state and federal agencies, including DSS and CMS, detailing requests for specific documents and accommodations under Title II of the ADA (42 U.S.C. § 12131) and FOIA (5 U.S.C. § 552).
- **February 2024:** Initial responses received were incomplete, lacked ADA-compliant formats, and omitted required documentation under FOIA standards, violating 5 U.S.C. § 552(b).
- **March - September 2024:** Multiple appeals submitted due to non-responsiveness and failure to meet transparency obligations, with agencies continuing to deny, delay, or mismanage requests.
- **October - December 2024:** State agencies ignored requests for ADA-compliant communication and continued retaliatory actions, including Medicaid billing restrictions and programmatic changes affecting ABI Resources.

References to Legal Obligations Breached:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. Americans with Disabilities Act (ADA):

- **Title II (42 U.S.C. § 12131)** mandates public entities to provide reasonable accommodations, including accessible communication. State agencies failed to comply, excluding individuals with disabilities from critical participation in public processes.

2. Freedom of Information Act (FOIA):

- **5 U.S.C. § 552(a)** requires timely responses to FOIA requests. DSS and CMS consistently violated statutory deadlines and failed to provide comprehensive or non-redacted responses.
- **5 U.S.C. § 552(b)** requires detailed justifications for redactions or denials, which were absent or insufficient in provided responses.

3. Constitutional Violations:

- **First Amendment:** Retaliation against whistleblower advocacy and denial of public access to government operations infringes upon the right to petition the government.
- **Fifth and Fourteenth Amendments:** Systemic failures in program administration violate due process and equal protection clauses, disproportionately harming vulnerable populations.

Prior Reports to Federal Agencies and Escalation to OSC:

- Reports were made to **CMS, HHS, DOJ, OIG, and other federal entities**, highlighting systemic risks to public health, safety, and constitutional protections. Despite multiple

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



reports, these agencies either failed to act or issued inadequate responses, escalating the urgency for OSC intervention.

- Specific examples of federal inaction include the lack of enforcement of ADA and FOIA mandates and the continuation of retaliatory actions against whistleblower David Medeiros and ABI Resources, LLC.

Urgency and Need for OSC Action:

The combination of unaddressed violations, retaliation against whistleblowers, and systemic harm to public health underscores the critical need for OSC to take immediate action. Without intervention, these ongoing issues jeopardize constitutional protections, ADA compliance, and the integrity of taxpayer-funded Medicaid programs.



4. How Did You Discover This Action?

The discovery of these actions occurred through a combination of direct experience, diligent investigation, and responses (or lack thereof) from state and federal agencies. Key events include:

1. Whistleblower Advocacy and Personal Experience:

As a whistleblower and advocate for individuals with disabilities, I directly observed systemic barriers, non-compliance, and retaliatory actions within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. These observations were corroborated through my work with ABI Resources, assisting affected individuals who faced similar challenges in accessing services and accommodations.

2. FOIA Requests and Agency Responses:

- Through **Freedom of Information Act (FOIA) requests** (e.g., Case No. 25-00044-F) submitted between December 2023 and December 2024 to state and federal agencies, I sought documentation to verify concerns about Medicaid mismanagement, ADA violations, and retaliatory actions.
- Responses received from DSS, CMS, and other agencies were incomplete, delayed, or non-compliant with FOIA mandates, raising further concerns about transparency and accountability.

3. Failure to Provide ADA-Compliant Accommodations:

In attempting to navigate agency processes as an individual with disabilities, I repeatedly requested reasonable accommodations under **Title II of the ADA (42 U.S.C. § 12131)**, including accessible communication formats and clear justifications for decisions.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Agencies failed to comply, denying equitable access to information and participation in public processes.

4. Reports from Affected Populations:

Individuals and families reliant on Connecticut's Medicaid programs reported similar barriers, including denial of services, lack of accountability, and procedural delays. Their accounts provided additional evidence of systemic failures and the broader impact of agency actions.

5. Analysis of Retaliatory Actions:

Retaliatory actions, including Medicaid billing restrictions, programmatic changes, and unresolved complaints, became evident following my submission of a whistleblower report on **December 18, 2023**. These actions appeared targeted to suppress advocacy and silence scrutiny, in violation of **First Amendment protections**.

6. Independent Research and Public Records:

Research into Medicaid program audits, public complaints, and agency communications revealed patterns of mismanagement, waste, and potential fraud. These findings were consistent with the systemic issues I encountered.

Supporting Evidence:

- Documentation of **FOIA requests and responses** demonstrating non-compliance with **5 U.S.C. § 552**.
- Correspondence requesting **ADA accommodations**, which agencies ignored or denied, violating **42 U.S.C. § 12131**.



- Witness accounts from affected individuals and families corroborating systemic harm and inequities.
- Records of retaliatory actions following the whistleblower report, further evidencing agency misconduct.



5. What Additional Facts Support Your Allegation?

Systemic Non-Compliance with FOIA and ADA

1. FOIA Violations:

- Numerous FOIA requests submitted to state and federal agencies, including the **Connecticut Department of Social Services (DSS), Centers for Medicare & Medicaid Services (CMS), and U.S. Department of Justice (DOJ)**, have gone unanswered or been responded to inadequately, violating **5 U.S.C. § 552**. For example:
 - **Case No. 25-00044-F** remains unfulfilled, with critical records withheld or delayed beyond statutory timelines.
- Denials of information have been issued without detailed justifications citing applicable statutory exemptions.

2. ADA Non-Compliance:

- Requests for ADA accommodations, such as simplified communication formats, screen-reader compatible records, and named points of contact, were ignored. This violates **Title II of the ADA (42 U.S.C. § 12131)** and **28 C.F.R. § 35.160**, effectively excluding individuals with disabilities from accessing public records.

3. Failure to Provide Reasonable Accommodations:



- Repeated requests for accommodation were either denied or met with vague responses, causing unnecessary barriers for individuals with disabilities and violating the mandate for equal access.

Retaliatory Actions and Programmatic Failures

1. Targeted Retaliation:

- After submitting a whistleblower report on **December 18, 2023**, the **Connecticut Department of Social Services** implemented punitive measures, including:
 - Restrictions on Medicaid billing for ABI Resources.
 - Premature closure of Ticket #539494 without resolution or justification.
- These actions are demonstrably retaliatory and violate whistleblower protections under **5 U.S.C. § 2302**.

2. Medicaid Waiver Program Mismanagement:

- Termination of critical companion authorizations under the ABI Waiver Program disproportionately impacted vulnerable populations. Changes were implemented without transparency, notice, or proper justification.

Gross Waste and Mismanagement of Funds

1. Federal Medicaid Funds Misallocated:



- Federal Medicaid funds appear to have been diverted for purposes unrelated to healthcare, such as funding pension liabilities. This violates **42 U.S.C. § 1396a**, which mandates proper use of federal funds for medical assistance.

2. Inefficiencies and Lack of Oversight:

- Internal audits and public records reveal systemic inefficiencies in Medicaid program administration, resulting in waste, fraud, and misuse of taxpayer dollars.
-

Constitutional Violations

1. First Amendment:

- Retaliatory actions against whistleblowing efforts directly infringe on **First Amendment rights** to petition the government and engage in advocacy.

2. Due Process and Equal Protection:

- Procedural inequities, including denial of access to information and discriminatory practices, violate the **Fifth and Fourteenth Amendments**.
-

Endangerment to Public Health and Safety

1. Systemic Failures Impacting Vulnerable Populations:

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- Individuals relying on Medicaid services, such as persons with disabilities, seniors, and low-income families, have experienced delays, disruptions, and denials due to systemic mismanagement.
 - This directly endangers public health by limiting access to essential healthcare services.
-

Broader Implications and Evidence

1. Erosion of Public Trust:

- Non-compliance with transparency laws erodes public confidence in government systems designed to serve vulnerable populations.

2. Evidence Supporting Allegations:

- FOIA correspondence demonstrating delays and denials.
- ADA accommodation requests and refusals documented in emails and official records.
- Federal audit findings on inefficiencies and financial mismanagement.
- Testimonies from affected individuals and families regarding program failures.



Abuse of Authority: 1. Who Took the Action?

The following individuals and their roles are connected to the abuse of authority allegations. Each name and position has been carefully selected based on their direct involvement or supervisory capacity over the actions in question:

State Officials

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of the Connecticut Department of Social Services (DSS)
- **Allegations:** Oversight failures and retaliatory actions against whistleblower reports, including improper program changes and restrictions.

2. Matthew S. Antonetti

- **Title:** Legal Director
- **Position in Chain of Command:** Senior Legal Officer, DSS
- **Allegations:** Provided legal justification for non-compliance with federal laws, including FOIA and ADA regulations, and advised on retaliatory actions.

3. Astread Ferron-Poole

- **Title:** Associate



- **Position in Chain of Command:** Policy and Program Coordinator, DSS
 - **Allegations:** Direct involvement in implementing restrictive Medicaid billing policies and programmatic terminations impacting vulnerable populations.
-

Federal Oversight Officials

4. Michelle A. James

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Oversight, Centers for Medicare & Medicaid Services (CMS)
- **Allegations:** Failed to ensure compliance with Medicaid regulations and allowed state-level mismanagement to persist without corrective action.

5. Emmett Nicholson

- **Title:** Senior Administrator
 - **Position in Chain of Command:** High-Level Administrator, CMS
 - **Allegations:** Neglected federal oversight responsibilities, enabling systemic non-compliance and misuse of federal Medicaid funds.
-

Other Key Officials

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



6. William Tong

- **Title:** Attorney General
- **Position in Chain of Command:** Chief Legal Officer, State of Connecticut
- **Allegations:** Failed to investigate systemic violations and retaliatory practices within DSS despite receiving credible whistleblower disclosures.

7. Ned Lamont

- **Title:** Governor
- **Position in Chain of Command:** Chief Executive of the State of Connecticut
- **Allegations:** Did not intervene or take corrective action despite widespread reports of systemic failures and abuses of authority within state agencies.



Abuse of Authority: What Action Did They Take?

1. Targeted Retaliatory Actions:

- Connecticut Department of Social Services (DSS), under Commissioner Andrea Barton Reeves, implemented billing restrictions and terminated Medicaid program authorizations, particularly targeting ABI Resources.
- These actions followed David Medeiros' whistleblower reports, suggesting retaliation rather than legitimate regulatory compliance.

2. Non-Compliance with FOIA and ADA:

- State and federal officials failed to respond to Freedom of Information Act (FOIA) requests within statutory timelines, denying transparency about Medicaid program decisions and fund usage.
- DSS ignored legally mandated ADA accommodations, excluding individuals with disabilities, including David Medeiros, from accessing critical information and services.

3. Mismanagement of Medicaid Resources:

- Policies and practices implemented by DSS and CMS officials resulted in systemic inefficiencies, waste, and potential fraud in Medicaid programs.
- Federal oversight agencies, including CMS and HHS, failed to enforce compliance with Medicaid and ADA regulations, exacerbating harm to vulnerable populations.

4. Neglect of Oversight and Enforcement:

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- Federal officials, including Michelle A. James and Emmett Nicholson at CMS, neglected their responsibilities to monitor state Medicaid operations.
- State officials failed to conduct meaningful investigations or audits, allowing systemic issues to persist.

5. **Suppressing Accountability:**

- The Attorney General's Office actively defended state agencies against credible federal complaints instead of ensuring adherence to laws and addressing systemic abuses.
- Governor Lamont's administration publicly minimized the impact of these failures, prioritizing other financial commitments over correcting systemic violations in Medicaid programs.

6. **Creating Systemic Barriers:**

- Officials implemented policies requiring excessive documentation, burdensome processes, and restrictive parameters for FOIA requests and Medicaid program access, disproportionately impacting individuals with disabilities and whistleblowers.

Why These Actions Violate Laws and Protections:

- **Constitutional Violations:** Suppression of whistleblower advocacy infringes upon First Amendment rights, while due process and equal protection violations contravene Fifth and Fourteenth Amendments.

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- **ADA Non-Compliance:** Excluding individuals with disabilities from critical processes violates Title II of the ADA (42 U.S.C. § 12131) and corresponding regulations (28 C.F.R. § 35.160).
- **FOIA Violations:** Failure to comply with 5 U.S.C. § 552 undermines transparency and accountability, violating federal public records laws.
- **Medicaid Violations:** Mismanagement and non-compliance with 42 U.S.C. § 1396a jeopardize the integrity of Medicaid programs and misuse taxpayer funds.



3. When Did This Occur?

The actions began on December 18, 2023, following the submission of a whistleblower report by David Medeiros to state and federal agencies, including the Connecticut Department of Social Services (DSS), the Centers for Medicare & Medicaid Services (CMS), and the Department of Justice (DOJ). These violations are ongoing and continue to harm individuals and vulnerable populations. Key dates include:

1. **December 2023:** DSS initiated retaliatory actions against ABI Resources, including restrictions on Medicaid billing and the improper closure of Sandata EVV Ticket #539494.
2. **January 2024:** ADA accommodations for David Medeiros were denied or ignored, excluding individuals with disabilities from accessing critical information, violating federal obligations.
3. **Throughout 2024:** FOIA requests, including Case No. 25-00044-F, were either ignored or only partially fulfilled, failing to meet statutory requirements under FOIA.
4. **Current:** As of December 3, 2024, these systemic violations persist, impacting public health, taxpayer trust, and access to critical services.

The timeline highlights the ongoing and systemic nature of these violations, demonstrating the need for immediate intervention to prevent further harm and address constitutional, legal, and administrative failures.



How Did You Discover This Action?

This information was uncovered through a combination of direct personal involvement, systematic reporting, and documented evidence gathered over time.

The following methods substantiate the claim:

1. **Direct Whistleblower Reports:** As a whistleblower, I submitted detailed complaints to federal and state agencies, including the Department of Justice (DOJ), the Centers for Medicare & Medicaid Services (CMS), and the U.S. Office of Special Counsel (OSC). These submissions outlined critical issues, including violations of the Americans with Disabilities Act (ADA) and gross mismanagement of taxpayer funds.
2. **Freedom of Information Act (FOIA) Requests:** Through persistent FOIA requests, I identified a pattern of non-compliance by Connecticut state agencies, including delayed responses, incomplete disclosures, and a refusal to provide records in ADA-compliant formats. These failures directly violate 5 U.S.C. § 552 and state FOIA statutes.
3. **Firsthand Advocacy Experience:** As the founder of ABI Resources and a disability advocate, I have worked closely with individuals and families reliant on Medicaid programs. Their testimonials reveal systemic neglect, retaliation, and procedural barriers, exacerbating vulnerabilities for those protected under federal law.
4. **Data from Official Records and Financial Audits:** Publicly available Medicaid reports and budget analyses suggest gross waste of funds, lack of

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oversight, and diversion of federal resources intended for vulnerable populations. These discrepancies align with the systemic failures reported by program participants.

5. **Patterns of Retaliatory Behavior:** Evidence includes premature closures of critical Medicaid service tickets (e.g., Sandata EVV Ticket #539494), unexplained termination of service authorizations, and intentional delays in resolving compliance-related issues.
6. **Agency Communications and Inconsistencies:** Correspondence with key officials in DSS, CMS, and related agencies highlighted evasive practices, lack of accountability, and repeated failures to meet statutory obligations.

Enhancements for Maximum Impact:

- References to Title II of the ADA, 42 U.S.C. § 12131, and FOIA provisions (5 U.S.C. § 552) have been integrated to highlight specific legal obligations.
- The documented inaction by federal agencies despite whistleblower reports emphasizes the urgency of OSC intervention.
- The reliance on affected individuals' direct accounts establishes the human impact of these systemic failures.



What Additional Facts Support Your Allegation?

1. Patterns of Non-Compliance:

- **Freedom of Information Act (FOIA) Violations:** Persistent delays, incomplete responses, and lack of ADA-compliant communication from the Connecticut Department of Social Services (DSS), the Centers for Medicare & Medicaid Services (CMS), and other agencies. These failures directly breach federal transparency requirements under **5 U.S.C. § 552** and corresponding state FOIA laws.
- **ADA Violations:** Agencies consistently failed to provide reasonable accommodations, such as accessible documentation formats, clear communication, and timely responses. These omissions violate **Title II of the ADA (42 U.S.C. § 12131)** and related regulations.

2. Mismanagement and Waste of Funds:

- Medicaid funds intended for vulnerable populations have been mismanaged, as evidenced by incomplete audits, lack of oversight, and misuse of federal funds. Discrepancies in financial reporting and service authorizations raise concerns of fraud and abuse under **42 U.S.C. § 1396a**.
- Service authorizations under the Medicaid ABI Waiver Program were terminated or restricted without proper notice or justification, disproportionately impacting individuals with disabilities.

3. Evidence of Retaliation:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Retaliatory actions include premature closure of Sandata EVV Ticket #539494, unexplained denials of service authorizations, and intentional delays in resolving complaints. These actions appear designed to suppress whistleblower advocacy and limit accountability.

4. **Human Impact:**

- Vulnerable populations, including individuals with disabilities, seniors, and low-income families, face heightened risks due to systemic failures in Medicaid program administration. Denial of services, lack of transparency, and retaliatory actions exacerbate harm to already at-risk communities.

5. **Failure of Oversight and Federal Agencies:**

- Despite detailed whistleblower reports submitted to federal agencies such as the **Department of Justice (DOJ)**, the **Office of Special Counsel (OSC)**, and **CMS**, these issues remain unresolved. Federal inaction highlights the necessity of immediate and robust intervention.

6. **Documentary Evidence:**

- FOIA responses, internal agency communications, financial reports, and documented complaints provide a clear trail of systemic mismanagement, non-compliance, and retaliation. These records substantiate claims of gross misconduct and abuse of authority.

7. **Constitutional Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The actions (and inactions) of the involved agencies infringe upon fundamental constitutional protections, including:
 - **First Amendment:** Suppression of whistleblower advocacy.
 - **Fifth Amendment:** Denial of due process in service terminations and complaint resolutions.
 - **Fourteenth Amendment:** Unequal treatment of individuals with disabilities, violating equal protection guarantees.

8. National Implications:

- The issues uncovered in Connecticut's Medicaid programs may reflect broader systemic failures across federally funded healthcare programs. These findings underscore the urgent need for comprehensive oversight and systemic reform.



Request for Action: Ensuring Justice, Accountability, and Financial Restitution for Vulnerable Populations and Taxpayers

To: U.S. Office of Special Counsel (OSC)

Subject: Comprehensive Remedial Action to Protect Constitutional Rights, Ensure ADA Compliance, Address Whistleblower Retaliation, and Recover Mismanaged Funds

Background and Scope of Allegation

The systemic violations outlined in this case—including non-compliance with the Freedom of Information Act (FOIA), Americans with Disabilities Act (ADA), and whistleblower protections—are compounded by gross mismanagement of taxpayer-funded programs, particularly Medicaid. These failures have jeopardized public health, violated constitutional rights, and imposed undue financial and emotional burdens on vulnerable populations.

Specific Actions Requested

We respectfully request the OSC take the following comprehensive and transformative actions to address the systemic failures and ensure financial restitution to affected individuals and taxpayers:

1. Immediate Investigation and Enforcement

Investigate Violations of Federal Law

- Conduct a thorough investigation into the systemic non-compliance with:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- FOIA (5 U.S.C. § 552): Unlawful denial of transparency and accountability.
- ADA (42 U.S.C. § 12132): Systematic exclusion of individuals with disabilities from accessing critical services.
- Whistleblower Protections (5 U.S.C. § 2302(b)): Retaliation against individuals exposing fraud, waste, and abuse.
- Medicaid Regulations (42 U.S.C. § 1396a): Mismanagement of federally funded healthcare programs, potentially leading to waste, fraud, or abuse.

Address Whistleblower Retaliation

- Ensure whistleblower protections are upheld, and individuals reporting systemic failures are shielded from retaliatory actions by state or federal entities.

Hold Accountable Named Individuals and Entities

- Investigate and take action against officials and entities directly implicated in these violations, including:
 - State agencies (e.g., Connecticut DSS) and federal bodies (e.g., CMS, HHS).
 - Contractors and third-party entities (e.g., managed care organizations, vendors).
 - Named individuals who oversaw or executed these unlawful actions.



2. Systemic Reforms to Prevent Recurrence

Establish Independent Oversight Mechanisms

- Mandate the creation of independent auditing and oversight bodies to monitor Medicaid programs, ensuring compliance with federal laws, constitutional rights, and transparency requirements.
- Require regular reporting and public disclosures of program audits, complaints, and corrective actions.

Mandate Training and Policy Reforms

- Implement mandatory training programs for all government officials and contractors on FOIA, ADA, and whistleblower laws to prevent future violations.
- Update internal policies and procedures to reflect these legal requirements.

Enhance Accessibility

- Require the implementation of ADA-compliant communication platforms for all state and federal agencies, ensuring individuals with disabilities can access information and services without barriers.

3. Recovery and Restitution of Mismanaged Funds

Recover Misused Taxpayer Dollars

- Investigate financial mismanagement within Medicaid programs, including:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Improper allocation of federal funds intended for social services.
- Unjustified administrative overhead costs charged to these programs.
- Recover funds identified as misused or improperly allocated.

Redistribute Funds to Beneficiaries

- Redirect recovered funds to their intended purposes, ensuring vulnerable populations—such as individuals with disabilities, low-income families, and seniors—receive the full benefits of federally funded programs.

Impose Sanctions for Financial Misconduct

- Impose financial penalties on state agencies, contractors, or individuals found to have misused public funds, with the proceeds directed toward program improvements.

Ensure Public Transparency

- Publish a detailed report on the investigation’s findings, including:
 - The total amount of mismanaged funds identified.
 - Steps taken to recover and redistribute these funds.
 - Specific programmatic changes implemented as a result.

4. Strengthen Legal Protections and Advocacy

Restore Constitutional Rights

- Take legal action to ensure individuals’ constitutional rights—including First Amendment protections for petitioning the government, Fifth Amendment

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



due process rights, and Fourteenth Amendment guarantees of equal protection—are fully restored and upheld.

Bolster Whistleblower Protections

- Establish additional safeguards to ensure whistleblowers are protected from retaliation, including:
 - Dedicated federal oversight of state whistleblower complaints.
 - Publicly accessible channels for reporting systemic failures without fear of reprisal.

Federal Legislative Recommendations

- Advocate for federal legislation mandating restitution for individuals harmed by systemic failures, including:
 - Compensation for denied services or accommodations.
 - Additional funding to improve affected programs.
-

5. Public Health and Safety Reforms

Address Risks to Vulnerable Populations

- Prioritize reforms that mitigate risks to public health and safety, particularly for:
 - Individuals with disabilities excluded from Medicaid services.
 - Low-income families relying on critical healthcare programs.
 - Seniors and veterans requiring long-term care and support.

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Expand Federal Oversight

- Ensure all federally funded healthcare programs are subject to stringent compliance audits, with public reporting on findings and corrective actions.
-

6. Comprehensive Advocacy and Outreach

Empower Affected Communities

- Provide legal and advocacy resources to individuals impacted by these systemic failures, ensuring they can effectively navigate and address the harm they have experienced.

Collaborate with Advocacy Groups

- Partner with disability rights organizations, healthcare advocates, and taxpayer watchdog groups to amplify the voices of affected communities and drive systemic change.
-

Expected Outcomes

By taking these actions, the OSC will:

1. Ensure accountability for systemic violations of federal laws and constitutional rights.
2. Recover and redirect taxpayer funds to their intended purposes, benefiting vulnerable populations.

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3. Implement safeguards to prevent future occurrences of these violations, strengthening public trust and institutional integrity.
4. Foster a culture of transparency, accountability, and inclusion across state and federal agencies.

Conclusion

This is not merely about addressing individual grievances—it is about rectifying systemic failures that have far-reaching consequences for millions of Americans. By taking decisive action, the OSC can restore public confidence, protect the rights of vulnerable populations, and ensure taxpayer dollars are used responsibly and ethically.

Thank you for your attention to this critical matter. I trust the OSC will act decisively to uphold justice and integrity in our public institutions.

Sincerely,

David Medeiros

Founder, ABI Resources LLC



12.02.2024

Request for Federal Action: Constitutional Rights, ADA Non-Compliance, Whistleblower Retaliation, and Gross Mismanagement of Medicaid Funds

Key Individuals and Their Roles in Violations

This complaint addresses systemic violations of **constitutional rights, ADA compliance, FOIA regulations, Medicaid oversight requirements, and whistleblower protections** by the following key individuals and agencies:

1. **Andrea Barton Reeves** – *Commissioner, Connecticut Department of Social Services (DSS)*

- **Responsibilities:** Oversee Medicaid programs, including the ABI Waiver Program, and ensure compliance with FOIA, ADA, and Medicaid regulations.

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- **Violations:**

- Ignored FOIA requests and ADA accommodations, violating **5 U.S.C. § 552** (FOIA), **42 U.S.C. § 12131** (ADA), and constitutional due process rights under the **Fifth Amendment**.
- Failed to ensure transparency and accountability, risking **fraud, waste, and abuse** of Medicaid funds.

2. **William Tong** – *Attorney General of Connecticut*

- **Responsibilities:** Ensure state agencies comply with legal and constitutional obligations, including transparency laws.
- **Violations:**
 - Enabled systemic FOIA non-compliance, obstructing public access to Medicaid oversight records.
 - Suppressed whistleblower advocacy and violated **First Amendment** rights to petition the government.
 - Oversaw failures to enforce ADA compliance, perpetuating discrimination under the **Fourteenth Amendment Equal Protection Clause**.

3. **Barbara Manning** – *CMS Regional Administrator (Region 1)*

- **Responsibilities:** Oversee federal Medicaid operations and ensure state compliance with federal regulations.
- **Violations:**
 - Neglected federal oversight of Connecticut's Medicaid ABI Waiver Program, enabling potential **mismanagement** and **misuse of taxpayer funds** in violation of **42 U.S.C. § 1396a**.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. **Chiquita Brooks-LaSure** – *Administrator, Centers for Medicare & Medicaid Services (CMS)*

- **Responsibilities:** Oversee Medicaid programs nationally and ensure proper use of federal funds.
- **Violations:**
 - Failed to address ongoing systemic failures in Connecticut’s Medicaid program, risking **public safety** and enabling potential fraud and waste.

5. **Eileen Meskill** – *Deputy Attorney General, Connecticut Office of the Attorney General*

- **Responsibilities:** Manage FOIA compliance and ADA-related matters.
- **Violations:**
 - Allowed systemic FOIA non-compliance and denial of ADA accommodations, contributing to violations of **FOIA, ADA, and constitutional protections**.

6. **Governor Ned Lamont** – *Governor of Connecticut*

- **Responsibilities:** Ensure agency accountability and compliance with federal and state laws.
- **Violations:**
 - Allowed systemic failures in DSS, CHRO, and the Attorney General’s Office to persist without intervention, violating **constitutional rights** and enabling risks to public safety.

7. **Matthew Brokman** – *Chief of Staff to Governor Ned Lamont*

- **Responsibilities:** Oversee inter-agency coordination and compliance with state and federal laws.
- **Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Failed to address systemic violations under the Governor’s jurisdiction, perpetuating non-compliance and exclusionary practices.

8. **Tanya Hughes** – *Executive Director, Commission on Human Rights and Opportunities (CHRO)*

- **Responsibilities:** Address ADA complaints and ensure non-discrimination in state services.
- **Violations:**
 - Ignored systemic discrimination complaints and ADA violations, undermining equal access to Medicaid program oversight processes.

Systemic Failures and Constitutional Violations

- **FOIA Non-Compliance:**
 - Agencies failed to acknowledge or process FOIA requests submitted on **October 25, 2024**, and follow-ups on **October 31, November 2, and December 2, 2024**, violating statutory deadlines under **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - Suppressed transparency and obstructed public access to Medicaid program records.
- **ADA Violations:**
 - Denial of reasonable accommodations, such as simplified communication formats and accessible public records, violated **Title II of the ADA** and the **Fourteenth Amendment Equal Protection Clause**.
- **Constitutional Violations:**
 - **First Amendment:** Suppressed whistleblower advocacy and obstructed the right to petition the government for redress of grievances.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Fifth Amendment:** Denied procedural due process by ignoring public record requests and ADA accommodations.
- **Fourteenth Amendment:** Excluded individuals with disabilities from public processes, perpetuating systemic discrimination.
- **Medicaid Oversight Failures:**
 - Neglected transparency and accountability in the **ABI Waiver Program**, violating federal Medicaid regulations under **42 U.S.C. § 1396a**.
 - Risks to public safety include substandard care for Medicaid beneficiaries due to lack of enforcement and oversight.

Why Federal Representation is Critical

This complaint demands federal intervention to represent **my rights as a whistleblower** and protect **the public interest**, ensuring:

1. Immediate investigation into systemic violations.
2. Enforcement of **FOIA**, **ADA**, and **constitutional protections**.
3. Accountability for individuals and agencies responsible for non-compliance.
4. Systemic reforms to prevent further harm to vulnerable populations and misuse of taxpayer funds.

Federal action is essential to uphold the **rule of law**, restore **public trust**, and safeguard the rights and safety of Medicaid beneficiaries.

Key Individuals and Their Roles in Violations

Andrea Barton Reeves

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Title: Commissioner, Connecticut Department of Social Services (DSS)

Responsibilities: Oversee DSS operations, including Medicaid programs such as the Acquired Brain Injury (ABI) Waiver Program, and ensure compliance with FOIA and ADA requirements.

Violations:

DSS failed to respond to FOIA requests submitted on October 25, 2024, and follow-ups on October 31, November 2, and December 2, violating statutory deadlines under 5 U.S.C. § 552 and Conn. Gen. Stat. § 1-210.

Ignored explicit requests for ADA accommodations, including simplified communication formats, violating 42 U.S.C. § 12131 (ADA Title II).

Excluded me from accessing critical Medicaid program information, violating Fifth Amendment due process and Fourteenth Amendment equal protection rights.

Attorney General William Tong

Title: Connecticut Attorney General

Responsibilities: Ensure legal compliance across state agencies, uphold transparency laws, and enforce accountability mechanisms.

Violations:

As head of the Attorney General's Office, William Tong is responsible for the refusal to acknowledge or process FOIA requests. This constitutes a violation of First Amendment rights to petition the government and Fifth Amendment due process protections.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Enabled systemic obstruction of transparency, potentially covering mismanagement of federally funded Medicaid programs, violating federal Medicaid regulations (42 U.S.C. § 1396a).

Barbara Manning

Title: CMS Regional Administrator (Region 1)

Responsibilities: Oversee CMS operations in Connecticut and ensure state compliance with federal Medicaid regulations.

Violations:

Failed to enforce federal oversight of the Medicaid ABI Waiver Program, despite systemic non-compliance with transparency and accountability mandates.

By neglecting to investigate Connecticut's violations, CMS contributed to potential misuse of federal Medicaid funds.

Chiquita Brooks-LaSure

Title: Administrator, Centers for Medicare & Medicaid Services (CMS)

Responsibilities: Oversee national Medicaid programs and ensure state compliance with federal funding conditions.

Violations:

Failed to address systemic issues in Connecticut's Medicaid ABI Waiver Program, despite federal obligations under 42 U.S.C. § 1396a.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Oversight failures under her leadership have enabled potential fraud, waste, and abuse of taxpayer funds.

Eileen Meskill

Title: Deputy Attorney General, Connecticut Office of the Attorney General

Responsibilities: Manage FOIA compliance and oversee ADA-related legal matters.

Violations:

Operationally responsible for ensuring FOIA compliance; her failure to act perpetuated violations of 5 U.S.C. § 552.

Enabled systemic denial of ADA accommodations, contributing to discrimination under 42 U.S.C. § 12131.

Governor Ned Lamont

Title: Governor of Connecticut

Responsibilities: Ensure state agencies comply with federal and state laws, including FOIA and ADA, and oversee the performance of agency leadership.

Violations:

Allowed systemic failures within DSS, CHRO, and the Attorney General's Office to persist without intervention.

Failed to exercise executive authority to enforce accountability, enabling constitutional violations under the First, Fifth, and Fourteenth Amendments.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Matthew Brokman

Title: Chief of Staff to Governor Ned Lamont

Responsibilities: Oversee the Governor's agenda, coordinate policy enforcement across state agencies, and ensure compliance with federal laws.

Violations:

Failed to address systemic violations reported within DSS and the Attorney General's Office, contributing to ongoing FOIA and ADA non-compliance.

Tanya Hughes

Title: Executive Director, Connecticut Commission on Human Rights and Opportunities (CHRO)

Responsibilities: Address discrimination complaints and ensure ADA compliance in state agencies.

Violations:

Failed to act on ADA violations and discrimination complaints related to systemic barriers in DSS and the Attorney General's Office.

Neglected oversight responsibilities, perpetuating discrimination against individuals with disabilities.

Systemic Failures and Constitutional Violations

FOIA Non-Compliance (First and Fifth Amendments):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Refusal to acknowledge or process FOIA requests violated my First Amendment right to petition the government and my Fifth Amendment due process rights by obstructing access to public records.

ADA Violations (Fourteenth Amendment):

Denial of reasonable accommodations excluded me from public processes, violating Title II of the ADA (42 U.S.C. § 12131) and the Fourteenth Amendment's Equal Protection Clause.

Abuse of Authority:

Systemic failures across DSS, CHRO, and the Attorney General's Office represent an abuse of state power, suppressing whistleblower advocacy and perpetuating discriminatory practices.

Gross Mismanagement of Federal Funds:

Failure to ensure Medicaid ABI Waiver Program compliance raises concerns of fraud, waste, and abuse, violating federal Medicaid regulations (42 U.S.C. § 1396a).

When Did This Occur?

The violations began with my **initial FOIA request**, submitted on **October 25, 2024**, to the Connecticut Attorney General's Office, and are ongoing. Despite explicit statutory obligations under **5 U.S.C. § 552 (FOIA)** and **Conn. Gen. Stat. § 1-210**, no acknowledgment or response has been provided, constituting both procedural and constitutional violations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Key Dates and Events

1. October 25, 2024:

- Submitted a FOIA request to the Connecticut Attorney General's Office seeking records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- The request included specific ADA accommodation requests, such as simplified communication formats and accessible records, due to my traumatic brain injury (TBI).

2. October 31, 2024:

- Sent the first follow-up communication to request acknowledgment of my FOIA submission and an estimated timeline for compliance. No response was received, violating the **four-business-day acknowledgment requirement** under Connecticut FOIA law (**Conn. Gen. Stat. § 1-210**).

3. November 2, 2024:

- Submitted a second follow-up, emphasizing the urgency of ADA compliance and statutory deadlines for FOIA responses under **5 U.S.C. § 552(a)(6)**. The agency failed to respond or address the accommodation requests.

4. December 2, 2024:

- Sent a final follow-up communication, highlighting the systemic nature of the non-compliance and its broader implications for constitutional and federal law violations.

5. Ongoing Exclusion and Retaliation:

- The systemic violations are **continuous and ongoing**, including:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Refusal to process FOIA requests.
- Denial of ADA accommodations.
- Exclusion from public forums and discussions related to Medicaid oversight.
- These failures demonstrate deliberate and systemic obstruction, directly impacting my ability to advocate as a whistleblower and participate as a person with disabilities.

Why This Timeline is Critical

1. Statutory Deadlines Violated:

- Under **5 U.S.C. § 552(a)(6)(A)**, agencies must respond to FOIA requests within **20 business days**, and Connecticut law mandates acknowledgment within **four business days**. These deadlines were disregarded without explanation.

2. ADA Non-Compliance:

- Reasonable accommodation requests, required under **Title II of the Americans with Disabilities Act (42 U.S.C. § 12131)**, were ignored, constituting discrimination and exclusion from public processes.

3. Constitutional Violations:

- These actions infringe upon my **First Amendment right to petition**, my **Fifth Amendment due process rights**, and my **Fourteenth Amendment right to equal protection** as a person with disabilities.

4. Ongoing Nature:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The refusal to acknowledge, process, or comply with my requests continues, reflecting a pattern of systemic neglect and obstruction that requires immediate federal intervention.

How Did You Discover This Action?

I discovered the violations through my direct involvement as a whistleblower and advocate for transparency and accountability within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. My discovery occurred as follows:

1. FOIA Request Submission and Lack of Response:

- On **October 25, 2024**, I submitted a FOIA request to the Connecticut Attorney General's Office seeking records related to the Medicaid ABI Waiver Program. When no acknowledgment or response was received, I initiated follow-ups on **October 31, 2024**, **November 2, 2024**, and **December 2, 2024**, all of which were ignored. The failure to respond within the statutory timeframe alerted me to systemic non-compliance with **5 U.S.C. § 552 (FOIA)** and **Conn. Gen. Stat. § 1-210**.

2. ADA Accommodation Requests Ignored:

- I included explicit requests for reasonable ADA accommodations to address my cognitive challenges as a traumatic brain injury (TBI) survivor, such as simplified communication formats and accessible records. The failure to acknowledge or fulfill these accommodations violated the **Americans with Disabilities Act (ADA)** and highlighted a pattern of exclusion and discrimination.

3. Ongoing Exclusion from Public Processes:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- I was excluded from public forums and discussions related to Medicaid oversight, despite being a stakeholder directly impacted by these programs. This exclusion, combined with procedural barriers such as non-responsiveness, demonstrated a deliberate effort to suppress whistleblower advocacy and prevent accountability.

4. **Research into Oversight Failures:**

- In investigating the lack of response, I discovered broader systemic issues within the Connecticut Attorney General's Office, the Department of Social Services (DSS), and the Commission on Human Rights and Opportunities (CHRO), including failures to uphold transparency laws, ADA requirements, and federal Medicaid regulations.

5. **Corroborating Evidence:**

- The lack of records, unexplained delays, and continued procedural barriers confirm systemic failures in transparency, ADA compliance, and oversight, prompting me to escalate the matter to federal authorities.

1. **2. What Action Did They Take?**

Here is a detailed breakdown of the actions (or inactions) taken by each individual listed, highlighting their role in the violations:

1. **Andrea Barton Reeves**

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** Head of DSS
 - **Actions Taken:**
 - Ignored FOIA requests submitted on **October 25, 2024**, and subsequent follow-ups on **October 31, November 2, and December 2, 2024**, violating statutory obligations under **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - Failed to ensure ADA compliance by denying reasonable accommodations, such as simplified communication formats and accessible records, in violation of **Title II of the ADA (42 U.S.C. § 12131)**.
 - Excluded me from public forums related to Medicaid oversight, violating my constitutional **Fourteenth Amendment right** to equal protection.
-

2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Position in Chain of Command:** Head of the Connecticut Office of the Attorney General
- **Actions Taken:**
 - Failed to enforce FOIA compliance within his office, allowing requests to go unanswered, violating the **First Amendment right to petition** and **Fifth Amendment due process rights**.
 - Oversaw systemic non-compliance with transparency laws, withholding critical records about the Medicaid ABI Waiver Program.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Enabled a culture of non-responsiveness and procedural barriers, obstructing my advocacy as a whistleblower.
-

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
 - **Position in Chain of Command:** Oversees CMS operations in Connecticut and neighboring states
 - **Actions Taken:**
 - Failed to enforce oversight of Connecticut's Medicaid ABI Waiver Program, despite federal obligations under **42 U.S.C. § 1396a**.
 - Neglected to investigate systemic violations of Medicaid compliance, allowing potential misuse of federal funds.
-

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** National head of CMS
- **Actions Taken:**
 - Failed to address systemic Medicaid mismanagement in Connecticut, allowing violations to persist without accountability.



- Did not ensure state compliance with federal transparency and oversight requirements, undermining public trust in Medicaid programs.
-

5. Eileen Meskill

- **Title:** Deputy Attorney General
 - **Position in Chain of Command:** Second-in-command to Attorney General William Tong
 - **Actions Taken:**
 - Failed to operationalize FOIA compliance or ensure ADA accommodations were provided under the Attorney General's Office.
 - Allowed systemic delays and non-responsiveness, contributing to ongoing violations of transparency and accessibility laws.
-

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief Executive of the State of Connecticut
- **Actions Taken:**
 - Failed to intervene or hold DSS, CHRO, and the Attorney General's Office accountable for systemic violations.



- Allowed continued non-compliance with federal and state laws, including FOIA, ADA, and constitutional protections, despite public awareness of these issues.
-

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
 - **Position in Chain of Command:** Oversees executive operations and ensures policy enforcement across state agencies
 - **Actions Taken:**
 - Failed to ensure agencies under the Governor's jurisdiction complied with federal and state obligations.
 - Allowed procedural barriers and systemic violations to persist without oversight or correction.
-

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Position in Chain of Command:** Head of CHRO
- **Actions Taken:**
 - Failed to act on complaints of ADA violations and systemic discrimination.
 - Did not address exclusionary practices by DSS and the Attorney General's Office, perpetuating barriers for individuals with disabilities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Summary of Actions

- The listed individuals and agencies took actions (or inactions) that collectively demonstrate systemic non-compliance with FOIA, ADA, and federal Medicaid regulations.
- These failures violated statutory deadlines, denied my constitutional rights, and perpetuated discriminatory practices, resulting in significant harm to transparency, accountability, and public trust.

This response provides a detailed, bulletproof account of actions taken by each key individual. Let me know if you need additional refinements!

2. You said:

make sure list all the constitutional medicaid foia whistleblower ada taxpayer laws rights violations.

2. What Action Did They Take?

Here is the enhanced and **bulletproof response**, listing all key constitutional, Medicaid, FOIA, ADA, whistleblower, and taxpayer violations for each individual. This version ties their actions (or inactions) directly to legal and constitutional principles, ensuring a comprehensive and actionable explanation.

Key Individuals and Their Actions

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** Head of DSS
- **Actions Taken and Violations:**
 - **FOIA Violations:** Ignored legally submitted FOIA requests (October 25, 2024, and follow-ups), violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - **ADA Violations:** Denied requests for reasonable accommodations (simplified communication formats, accessible records), violating **Title II of the ADA (42 U.S.C. § 12131)** and associated regulations (**28 C.F.R. § 35.130, § 35.160**).
 - **Medicaid Violations:** Failed to ensure transparency and accountability in the Medicaid ABI Waiver Program, violating **42 U.S.C. § 1396a(a)(30)(A)**, which requires states to administer Medicaid efficiently and transparently.
 - **Constitutional Violations:**
 - **First Amendment:** Obstructed my right to petition the government for redress of grievances.
 - **Fifth Amendment:** Denied procedural due process by refusing access to public records.
 - **Fourteenth Amendment:** Excluded me from public processes due to my disability, violating equal protection rights.

2. Attorney General William Tong

- **Title:** Connecticut Attorney General

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** Head of the Connecticut Office of the Attorney General
 - **Actions Taken and Violations:**
 - **FOIA Violations:** Oversaw systemic failure to comply with FOIA obligations, obstructing public access to Medicaid program records.
 - **Constitutional Violations:**
 - **First Amendment:** Suppressed transparency and advocacy efforts by ignoring lawful FOIA requests.
 - **Fifth Amendment:** Obstructed due process rights by failing to respond to requests within statutory deadlines.
 - **Fourteenth Amendment:** Enabled discriminatory practices by failing to enforce ADA compliance.
 - **Whistleblower Retaliation:** Procedural barriers and inaction hindered my efforts to expose systemic Medicaid mismanagement, violating **whistleblower protections** under federal law.
-

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Position in Chain of Command:** Oversees CMS operations in Connecticut and neighboring states
- **Actions Taken and Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Medicaid Violations:** Failed to investigate Connecticut’s Medicaid ABI Waiver Program for compliance with federal regulations (**42 U.S.C. § 1396a**).
 - **Taxpayer Rights Violations:** Allowed potential misuse of taxpayer-funded Medicaid resources due to lack of oversight, undermining public trust and fiscal accountability.
-

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
 - **Position in Chain of Command:** National Administrator of CMS
 - **Actions Taken and Violations:**
 - **Medicaid Violations:** Failed to ensure Connecticut’s Medicaid program adhered to federal oversight and accountability standards under **42 U.S.C. § 1396a**.
 - **Taxpayer Rights Violations:** Neglected systemic issues in Connecticut’s Medicaid administration, enabling potential fraud and waste of federal funds.
-

5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Position in Chain of Command:** Second-in-command to Attorney General William Tong
- **Actions Taken and Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **FOIA Violations:** Operationally responsible for FOIA compliance but failed to address systemic non-compliance within the Attorney General's Office.
 - **ADA Violations:** Enabled systemic exclusion by not enforcing ADA accommodations, violating **Title II of the ADA**.
-

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
 - **Position in Chain of Command:** Chief Executive of the State of Connecticut
 - **Actions Taken and Violations:**
 - **Constitutional Violations:**
 - Failed to ensure compliance with FOIA and ADA requirements across state agencies, violating my **First, Fifth, and Fourteenth Amendment rights**.
 - Allowed systemic exclusion from public forums and decision-making processes, perpetuating inequities.
 - **Medicaid and Taxpayer Violations:** Did not address systemic failures in DSS and Medicaid programs, enabling potential fraud, waste, and abuse of taxpayer funds.
-

7. Matthew Brokman

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Chief of Staff to Governor Ned Lamont
 - **Position in Chain of Command:** Oversees Governor's agenda and inter-agency coordination
 - **Actions Taken and Violations:**
 - Failed to address systemic violations reported under the Governor's jurisdiction, contributing to ongoing FOIA and ADA non-compliance.
-

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
 - **Position in Chain of Command:** Head of CHRO
 - **Actions Taken and Violations:**
 - **ADA Violations:** Neglected to act on complaints of systemic exclusion and ADA non-compliance.
 - **Constitutional Violations:** Enabled discrimination and systemic barriers, violating my **Fourteenth Amendment rights** to equal protection.
-

Summary of Violations

Constitutional Violations

25. **First Amendment:** Obstructed my right to petition the government for redress of grievances through FOIA inaction and procedural barriers.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



26. **Fifth Amendment:** Denied procedural due process by refusing access to public records and ignoring accommodation requests.

27. **Fourteenth Amendment:** Discriminated against me as a person with disabilities, excluding me from public processes and denying equal protection.

Statutory Violations

28. **FOIA (5 U.S.C. § 552):** Ignored lawful FOIA requests, violating federal and state transparency laws.

29. **ADA (42 U.S.C. § 12131):** Denied reasonable accommodations and excluded me from public participation.

30. **Medicaid (42 U.S.C. § 1396a):** Failed to ensure transparency and accountability in federally funded Medicaid programs.

Taxpayer and Whistleblower Rights

31. **Taxpayer Rights:** Enabled potential fraud, waste, and abuse of federally allocated funds, undermining public trust.

32. **Whistleblower Protections:** Retaliated against my advocacy by imposing procedural barriers and suppressing transparency efforts.



When Did This Occur?

The violations began with my **initial FOIA request on October 25, 2024**, and remain **ongoing**. Below is a detailed timeline of events tied directly to statutory and constitutional violations, demonstrating a systemic and deliberate pattern of non-compliance.

Timeline of Events

1. October 25, 2024:

- I submitted a FOIA request to the Connecticut Attorney General's Office requesting records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request explicitly included **ADA accommodation requests**, such as simplified communication formats and accessible records, due to my traumatic brain injury (TBI).
- **Violations:**
 - The Attorney General's Office failed to acknowledge the FOIA request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**.
 - Ignoring ADA accommodations violates **Title II of the ADA (42 U.S.C. § 12131)** and associated regulations (**28 C.F.R. § 35.130, § 35.160**).

2. October 31, 2024:

- I submitted a **follow-up communication** to the Attorney General's Office and the Department of Social Services (DSS), requesting acknowledgment of my FOIA request and compliance with ADA requirements.
- **Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- No acknowledgment was provided, violating statutory deadlines under both **federal FOIA (5 U.S.C. § 552)** and Connecticut state law.
- The continued failure to provide accommodations exacerbated the ADA violation.

3. **November 2, 2024:**

- A second follow-up was submitted to both agencies, emphasizing the urgency of my request and its relevance to Medicaid transparency and public accountability.
- **Violations:**
 - No response was provided, continuing the violations of **FOIA deadlines, ADA requirements**, and constitutional due process protections under the **Fifth Amendment**.

4. **December 2, 2024:**

- I submitted a **final follow-up communication**, highlighting the systemic nature of these failures, the broader implications for federal Medicaid compliance, and the violation of constitutional rights.
- **Violations:**
 - The agencies failed to act on repeated requests, demonstrating systemic obstruction of transparency, ADA non-compliance, and suppression of whistleblower advocacy.

5. **Ongoing and Continuous Violations:**

- To date, the Attorney General's Office, DSS, and associated entities have failed to:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Provide the requested public records, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
- Address ADA accommodation requests, violating **42 U.S.C. § 12131**.
- Ensure transparency and accountability in Medicaid program oversight, violating **42 U.S.C. § 1396a**.
- These failures persist, constituting ongoing violations of **constitutional rights**, federal statutes, and taxpayer protections.

Key Legal Violations and Constitutional Implications

1. FOIA Violations:

- **Federal FOIA (5 U.S.C. § 552):** Agencies failed to acknowledge or respond to my requests within the statutory deadlines of **20 business days**, impeding public access to information.
- **State FOIA (Conn. Gen. Stat. § 1-210):** Agencies ignored the **four-business-day acknowledgment deadline**, demonstrating systemic non-compliance with transparency laws.

2. ADA Violations:

- **Title II of the ADA (42 U.S.C. § 12131):** Agencies failed to provide reasonable accommodations for my disability, excluding me from participating in public processes.
- **28 C.F.R. § 35.160:** Agencies denied effective communication, further violating ADA mandates.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Constitutional Violations:

- **First Amendment:** Suppression of my FOIA requests and procedural barriers infringed upon my **right to petition** the government for redress of grievances.
- **Fifth Amendment:** Denial of access to public records and accommodations violated my **due process rights**.
- **Fourteenth Amendment:** Exclusion due to my disability constitutes discrimination, violating my **equal protection rights**.

4. Medicaid and Taxpayer Violations:

- **42 U.S.C. § 1396a:** Refusal to provide transparency in Medicaid oversight undermines federal regulations requiring efficient and accountable program administration.
- Potential misuse or mismanagement of taxpayer-funded Medicaid programs raises concerns of **fraud, waste, and abuse**, violating public trust.

Conclusion

The violations began with my **initial FOIA request on October 25, 2024**, and remain ongoing. These failures to comply with federal and state laws, combined with ADA and constitutional violations, demonstrate systemic neglect and deliberate obstruction, necessitating immediate federal intervention to uphold legal and constitutional rights.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



How Did You Discover This Action?

I discovered the violations through my direct engagement as a whistleblower and advocate for transparency, accountability, and accessibility within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. My discovery unfolded as follows:

1. Submission of FOIA Requests:

- On **October 25, 2024**, I submitted a Freedom of Information Act (FOIA) request to the Connecticut Attorney General's Office seeking transparency into the Medicaid ABI Waiver Program.
- When the statutory deadlines for acknowledgment and response passed without action, I initiated follow-up communications on **October 31, November 2, and December 2, 2024**. These requests were ignored, indicating potential non-compliance with **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.

2. Denial of ADA Accommodations:

- Along with my FOIA request, I explicitly requested reasonable accommodations under the **Americans with Disabilities Act (ADA)** due to my traumatic brain injury (TBI). These accommodations included simplified communication formats and accessible records.
- The failure to acknowledge or fulfill these accommodation requests alerted me to systemic non-compliance with **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130, § 35.160**).

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. **Repeated Exclusion from Public Processes:**

- My exclusion from public forums and discussions related to Medicaid oversight, despite being directly affected by the Medicaid ABI Waiver Program, further demonstrated systemic discrimination and suppression of my advocacy efforts.
- These barriers highlighted ongoing violations of my **First Amendment right to petition the government, Fifth Amendment due process rights, and Fourteenth Amendment equal protection rights.**

4. **Research into Broader Failures:**

- As I investigated the lack of response to my FOIA requests and ADA accommodations, I identified broader systemic issues within the Connecticut Attorney General's Office, the Department of Social Services (DSS), and the Commission on Human Rights and Opportunities (CHRO).
- This included evidence of widespread non-compliance with transparency laws, ADA requirements, and federal Medicaid regulations (**42 U.S.C. § 1396a**).

5. **Corroborating Evidence from Procedural Barriers:**

- The continued lack of transparency, repeated procedural barriers, and exclusionary practices pointed to systemic mismanagement and potential misuse of taxpayer funds.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



These failures were compounded by the refusal to disclose records critical to Medicaid oversight.

Conclusion

I discovered these actions through direct engagement as a whistleblower and advocate, uncovering systemic non-compliance with FOIA, ADA, and Medicaid regulations. My efforts to seek transparency and accountability revealed deliberate obstruction, exclusionary practices, and potential fraud or waste of federally allocated Medicaid funds.



What Additional Facts Support Your Allegation?

The following facts substantiate my allegations of systemic violations of FOIA, ADA, constitutional rights, Medicaid oversight requirements, and taxpayer protections:

1. FOIA Violations

- **Unanswered Requests:**

- I submitted a FOIA request on **October 25, 2024**, to the Connecticut Attorney General's Office, followed by additional communications on **October 31, November 2,** and **December 2, 2024**. None of these were acknowledged or processed, violating statutory deadlines under **5 U.S.C. § 552(a)(6)** and **Conn. Gen. Stat. § 1-210**.
- The complete lack of response demonstrates systemic non-compliance and obstruction of transparency.

- **Deliberate Obstruction:**

- The agencies' inaction suggests intentional efforts to suppress information related to the Medicaid ABI Waiver Program, hindering public oversight of federally funded programs.

2. ADA Violations

- **Ignored Accommodation Requests:**

- Along with my FOIA request, I explicitly requested reasonable accommodations under **Title II of the ADA (42 U.S.C. § 12131)** due to my traumatic brain injury (TBI).

These included simplified communication formats and accessible records.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The agencies failed to provide accommodations, violating **28 C.F.R. § 35.130** and **§ 35.160**, which require public entities to ensure effective communication and prohibit discrimination based on disability.
- **Exclusion from Public Processes:**
 - I was systematically excluded from public forums and discussions related to Medicaid oversight, further marginalizing my voice as a whistleblower and disability advocate.
 - This exclusion violates the **Fourteenth Amendment's Equal Protection Clause** and ADA protections.

3. Whistleblower Retaliation

- **Procedural Barriers:**
 - After raising concerns about systemic failures in Medicaid oversight, I encountered procedural barriers, including delayed responses, public ridicule, and outright exclusion.
 - These actions constitute retaliation, violating federal **whistleblower protections** aimed at safeguarding individuals who expose fraud, waste, or abuse in federally funded programs.

4. Gross Mismanagement of Federal Medicaid Funds

- **Lack of Transparency:**
 - Refusal to disclose records related to the Medicaid ABI Waiver Program raises concerns of fraud, waste, and abuse of taxpayer dollars.



- Transparency in Medicaid program administration is mandated under **42 U.S.C. § 1396a(a)(30)(A)**, and failure to provide oversight jeopardizes compliance with federal funding requirements.
- **Absence of Accountability Measures:**
 - Despite my FOIA requests, no records of audits, enforcement actions, or disciplinary measures against providers in the ABI Waiver Program have been disclosed.
 - This lack of accountability endangers the program’s integrity and the vulnerable populations it serves.

5. Documentary Evidence

- **FOIA Submission Records:**
 - Copies of my FOIA request (October 25, 2024) and follow-ups (October 31, November 2, and December 2, 2024) provide a clear timeline of agency non-compliance.
 - These records show repeated violations of statutory deadlines and transparency obligations.
- **ADA Accommodation Requests:**
 - Documented requests for reasonable accommodations demonstrate the agencies’ failure to comply with ADA mandates.
- **Exclusion and Retaliation Evidence:**
 - Correspondence with DSS, CHRO, and the Attorney General’s Office highlights procedural barriers and exclusionary practices aimed at suppressing my advocacy.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Medicaid Transparency Deficiencies:**

- The absence of publicly available records on Medicaid ABI Waiver Program oversight supports allegations of systemic mismanagement.

6. Broader Implications

- **Harm to Public Trust:**

- The systemic failure to comply with FOIA, ADA, and Medicaid regulations undermines public confidence in federally funded programs.
- Excluding whistleblowers and disability advocates perpetuates a culture of non-accountability and inequity.

- **Risk to Vulnerable Populations:**

- The lack of transparency and oversight jeopardizes the quality and accessibility of services for individuals with acquired brain injuries, one of the most vulnerable populations relying on Medicaid.

Conclusion

These facts demonstrate systemic violations of federal and state laws, including FOIA, ADA, Medicaid oversight requirements, and constitutional protections. Immediate federal intervention is necessary to address these failures and restore transparency, accountability, and compliance.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Head of DSS
- **Abuse of Authority:**
 - Ignored FOIA requests (October 25, 2024, and subsequent follow-ups), failing to provide transparency about the Medicaid ABI Waiver Program, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - Denied ADA accommodations for simplified communication formats and accessible records, violating **Title II of the ADA (42 U.S.C. § 12131)** and **28 C.F.R. § 35.130**.
 - Oversaw a culture of exclusion by failing to include stakeholders, such as individuals with acquired brain injuries, in public processes critical to Medicaid oversight, violating the **Fourteenth Amendment Equal Protection Clause**.
 - Allowed systemic non-accountability for Medicaid providers, raising concerns about fraud, waste, and abuse of taxpayer-funded programs, violating **42 U.S.C. § 1396a**.

2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Position in Chain of Command:** Head of the Connecticut Office of the Attorney General
- **Abuse of Authority:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Refused to enforce FOIA compliance within his office, suppressing public access to critical information about Medicaid programs, violating the **First Amendment** right to petition the government and **Fifth Amendment** due process rights.
- Ignored ADA compliance within the Attorney General's Office, enabling systemic exclusion of individuals with disabilities, violating **42 U.S.C. § 12131** and the **Fourteenth Amendment Equal Protection Clause**.
- Obstructed transparency efforts, perpetuating a culture of secrecy regarding public programs funded by taxpayers.

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Position in Chain of Command:** Oversees CMS operations in Connecticut and neighboring states
- **Abuse of Authority:**
 - Failed to investigate and address systemic non-compliance in Connecticut's Medicaid ABI Waiver Program, violating federal Medicaid regulations (**42 U.S.C. § 1396a**).
 - Neglected federal oversight responsibilities, enabling potential fraud, waste, and abuse of taxpayer-funded Medicaid dollars.

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** National Administrator of CMS
- **Abuse of Authority:**
 - Allowed systemic issues in Connecticut's Medicaid ABI Waiver Program to persist without intervention, violating federal oversight responsibilities under **42 U.S.C. § 1396a**.
 - Failed to ensure compliance with federal transparency and accountability standards, jeopardizing taxpayer funds and the integrity of Medicaid services.

5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Position in Chain of Command:** Second-in-command to Attorney General William Tong
- **Abuse of Authority:**
 - Neglected operational oversight of FOIA and ADA compliance within the Attorney General's Office, contributing to systemic transparency failures.
 - Enabled exclusionary practices and the suppression of whistleblower advocacy, violating federal whistleblower protections and the **First Amendment**.

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief Executive of the State of Connecticut

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Abuse of Authority:**

- Allowed systemic violations within DSS, CHRO, and the Attorney General's Office to continue unchecked, failing to exercise executive authority to enforce compliance with FOIA, ADA, and constitutional protections.
- Failed to address systemic issues despite public awareness, perpetuating a culture of neglect and non-accountability, violating the public trust.

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
- **Position in Chain of Command:** Oversees executive operations and ensures policy enforcement across state agencies
- **Abuse of Authority:**
 - Failed to ensure that state agencies under the Governor's jurisdiction complied with federal and state obligations, contributing to ongoing FOIA and ADA non-compliance.

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Position in Chain of Command:** Head of CHRO
- **Abuse of Authority:**



- Failed to act on complaints of ADA violations and systemic discrimination, enabling exclusionary practices within DSS and the Attorney General’s Office.
- Allowed systemic violations of civil rights protections for individuals with disabilities, undermining the mission of CHRO.

Summary of Violations

1. **FOIA Violations:** Refusal to respond to or process FOIA requests constitutes a suppression of transparency and an abuse of authority.
2. **ADA Violations:** Systemic denial of reasonable accommodations excluded individuals with disabilities from public participation.
3. **Constitutional Violations:**
 - **First Amendment:** Obstructed transparency and advocacy efforts, suppressing whistleblower rights.
 - **Fifth Amendment:** Denied due process through procedural barriers and non-compliance.
 - **Fourteenth Amendment:** Engaged in discriminatory practices, excluding individuals with disabilities.
4. **Medicaid Oversight Failures:** Allowed potential fraud, waste, and abuse of taxpayer funds by failing to ensure transparency and accountability in federally funded Medicaid programs.



2. What Action Did They Take?

Here's a detailed, bulletproof breakdown of the actions (or inactions) taken by each key individual that resulted in violations of FOIA, ADA, constitutional rights, and federal Medicaid regulations. This response ensures clarity, legal precision, and actionable details.

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Head of DSS
- **Actions Taken:**
 - Ignored FOIA requests submitted on **October 25, 2024**, and follow-ups on **October 31, November 2, and December 2, 2024**, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - Denied ADA accommodation requests for simplified communication formats and accessible records, violating **Title II of the ADA (42 U.S.C. § 12131)** and associated regulations (**28 C.F.R. § 35.130, § 35.160**).
 - Allowed systemic exclusion of individuals with disabilities from public processes, violating the **Fourteenth Amendment's Equal Protection Clause**.
 - Failed to conduct or disclose audits and accountability measures for Medicaid ABI Waiver Program providers, raising concerns of fraud, waste, and abuse of taxpayer-funded Medicaid programs, violating **42 U.S.C. § 1396a**.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Position in Chain of Command:** Head of the Connecticut Office of the Attorney General
- **Actions Taken:**
 - Refused to acknowledge or process FOIA requests submitted to his office, suppressing transparency and violating the **First Amendment's right to petition** and **Fifth Amendment due process rights**.
 - Failed to enforce FOIA compliance and transparency across Connecticut agencies, perpetuating systemic violations of **5 U.S.C. § 552**.
 - Neglected to address ADA accommodation failures within his office, enabling discriminatory practices, violating **Title II of the ADA**.
 - Suppressed whistleblower advocacy by allowing procedural barriers and delays, undermining federal whistleblower protections.

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Position in Chain of Command:** Oversees CMS operations in Connecticut and neighboring states
- **Actions Taken:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Failed to enforce oversight of Connecticut’s Medicaid ABI Waiver Program, despite clear indications of systemic non-compliance, violating **42 U.S.C. § 1396a**.
- Neglected federal responsibilities to investigate and address mismanagement in Medicaid programs, enabling potential fraud, waste, and abuse of taxpayer funds.

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** National Administrator of CMS
- **Actions Taken:**
 - Allowed systemic issues in Connecticut’s Medicaid ABI Waiver Program to persist, failing to enforce federal oversight responsibilities under **42 U.S.C. § 1396a**.
 - Neglected to ensure state compliance with transparency, accountability, and effective program administration, jeopardizing public trust and Medicaid beneficiaries.

5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Position in Chain of Command:** Second-in-command to Attorney General William Tong
- **Actions Taken:**
 - Failed to operationalize FOIA compliance and ADA accommodations within the Attorney General’s Office, perpetuating systemic transparency failures.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Neglected oversight responsibilities, enabling discriminatory practices and the suppression of whistleblower advocacy, violating **5 U.S.C. § 552, Title II of the ADA,** and whistleblower protection statutes.

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief Executive of the State of Connecticut
- **Actions Taken:**
 - Allowed systemic violations within DSS, CHRO, and the Attorney General's Office to persist, failing to exercise executive authority to enforce compliance with FOIA, ADA, and constitutional protections.
 - Did not intervene or hold state agencies accountable despite public awareness of these issues, perpetuating systemic neglect and constitutional violations.

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
- **Position in Chain of Command:** Oversees executive operations and ensures policy enforcement across state agencies
- **Actions Taken:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Failed to address systemic violations within the Governor’s jurisdiction, contributing to ongoing non-compliance with FOIA, ADA, and Medicaid regulations.

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Position in Chain of Command:** Head of CHRO
- **Actions Taken:**
 - Failed to act on complaints of ADA violations and systemic discrimination, perpetuating exclusionary practices by DSS and the Attorney General’s Office.
 - Neglected to address systemic civil rights violations, undermining CHRO’s mission to ensure equal access and compliance with ADA protections.

Summary of Violations

1. FOIA Violations:

- Agencies and officials ignored lawful FOIA requests, violating federal and state transparency laws.

2. ADA Violations:

- Denied reasonable accommodations, excluding individuals with disabilities from public processes, in violation of ADA mandates.

3. Constitutional Violations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **First Amendment:** Obstructed the right to petition the government through FOIA non-compliance.
- **Fifth Amendment:** Denied procedural due process through delays and lack of response.
- **Fourteenth Amendment:** Enabled discrimination and systemic exclusion of individuals with disabilities.

4. **Medicaid Oversight Failures:**

- Neglected federal and state oversight responsibilities, risking fraud, waste, and abuse of taxpayer-funded Medicaid programs.

5. **Whistleblower Retaliation:**

- Suppressed advocacy efforts by creating procedural barriers and delays, violating whistleblower protection statutes.



Timeline of Events

1. October 25, 2024:

- I submitted a FOIA request to the Connecticut Attorney General's Office, requesting records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request explicitly included ADA accommodation requests for simplified communication formats and accessible records due to my traumatic brain injury (TBI).
- The Attorney General's Office and DSS failed to acknowledge the request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**, initiating the violation.

2. October 31, 2024:

- I sent the first follow-up communication to both the Attorney General's Office and DSS, requesting acknowledgment of my FOIA request and compliance with ADA requirements.
- Both agencies failed to respond, violating statutory FOIA deadlines under **5 U.S.C. § 552** and state law.

3. November 2, 2024:

- A second follow-up was submitted, emphasizing the urgency of my request for transparency and the legal obligation to accommodate my disability under the ADA.
- The agencies again failed to respond or acknowledge the request, compounding the violations of federal FOIA statutes and ADA requirements.

4. December 2, 2024:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- A final follow-up communication was submitted, highlighting the systemic nature of these failures and their broader implications for Medicaid compliance and public accountability.
- No acknowledgment or response was received, demonstrating ongoing systemic non-compliance.

5. Ongoing Violations:

- The failure to comply with FOIA, ADA, and federal Medicaid regulations remains unresolved as of today.
- Continued exclusion from public forums, refusal to disclose critical Medicaid information, and suppression of whistleblower advocacy reflect deliberate and systemic violations of federal law and constitutional rights.

Violations by Timeline

1. FOIA Non-Compliance:

- Failure to acknowledge or respond to my FOIA request violated federal FOIA deadlines under **5 U.S.C. § 552(a)(6)(A)** and state requirements under **Conn. Gen. Stat. § 1-210**.

2. ADA Non-Compliance:

- Ignored requests for reasonable accommodations from October 25, 2024, onward, violating **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130, § 35.160**).

3. Constitutional Violations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- These failures infringed on my **First Amendment right** to petition the government, my **Fifth Amendment due process rights**, and my **Fourteenth Amendment right** to equal protection.

4. **Medicaid Violations:**

- Systemic lack of transparency in Medicaid ABI Waiver Program oversight jeopardizes compliance with **42 U.S.C. § 1396a**.

Conclusion

The violations began on **October 25, 2024**, with my initial FOIA request and continue to this day, reflecting an ongoing pattern of non-compliance, exclusion, and systemic neglect. Immediate federal intervention is required to address these persistent failures.



4. How Did You Discover This Action?

I discovered the violations through my direct engagement as a whistleblower and advocate for transparency and accountability in Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program.

Below is a detailed explanation of how I identified the systemic failures:

1. Submission of FOIA Requests

- **Date:** October 25, 2024
 - I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid ABI Waiver Program to evaluate the program's oversight and compliance with federal regulations.
 - Despite statutory deadlines requiring acknowledgment within **four business days (Conn. Gen. Stat. § 1-210)** and response within **20 business days (5 U.S.C. § 552(a)(6)(A))**, no response or acknowledgment was received.

2. Repeated Follow-Ups and Continued Non-Response

- **Dates:** October 31, November 2, and December 2, 2024
 - I sent follow-up communications to the Attorney General's Office and the Connecticut Department of Social Services (DSS), highlighting the lack of acknowledgment and requesting updates.
 - Each follow-up was ignored, which revealed systemic procedural failures and deliberate non-compliance with transparency obligations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Denial of ADA Accommodations

- Along with my FOIA requests, I explicitly requested **reasonable ADA accommodations** due to my traumatic brain injury (TBI), including:
 - Simplified communication formats.
 - Accessible records compatible with assistive technologies.
- The agencies' failure to acknowledge or address these requests revealed **violations of Title II of the ADA (42 U.S.C. § 12131) and 28 C.F.R. § 35.130 and § 35.160**, further excluding me from public processes.

4. Exclusion from Public Processes

- My exclusion from public forums and discussions related to Medicaid program oversight—despite being a direct stakeholder—underscored systemic barriers and discriminatory practices.
- This exclusion revealed constitutional violations, including:
 - **First Amendment (right to petition):** Suppression of my advocacy efforts.
 - **Fifth Amendment (due process):** Denial of access to legally mandated processes and information.
 - **Fourteenth Amendment (equal protection):** Discrimination based on my disability, preventing equitable participation.



5. Broader Investigation and Analysis

- As I analyzed the lack of response, I uncovered broader systemic issues, including:
 - **Lack of Transparency:** No publicly available records or disclosures related to Medicaid ABI Waiver Program audits, provider complaints, or enforcement actions.
 - **Potential Mismanagement:** The absence of accountability measures raised concerns about fraud, waste, and abuse of taxpayer-funded Medicaid resources, violating **42 U.S.C. § 1396a**.

6. Corroborating Evidence from Procedural Barriers

- Procedural barriers, such as non-responsiveness, exclusionary practices, and delays, confirmed deliberate obstruction and systemic failures across the Attorney General's Office, DSS, and other agencies.
- These actions directly impeded my ability to advocate as a whistleblower and obtain transparency into federally funded programs.

Conclusion

I discovered these actions through my direct engagement with the FOIA process, my ADA accommodation requests, and my broader advocacy efforts. These experiences revealed systemic non-compliance with federal and state transparency laws, ADA mandates, and constitutional protections, necessitating immediate federal intervention.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



5. What Additional Facts Support Your Allegation?

Here is a comprehensive response with specific supporting facts tied to the allegations of systemic violations of FOIA, ADA, Medicaid regulations, constitutional rights, and taxpayer protections:

1. FOIA Non-Compliance

- **Unanswered FOIA Requests:**
 - I submitted a FOIA request on **October 25, 2024**, to the Connecticut Attorney General's Office, with follow-ups on **October 31, November 2, and December 2, 2024**. None of these communications were acknowledged or answered, violating statutory requirements under **5 U.S.C. § 552 (FOIA)** and **Conn. Gen. Stat. § 1-210**.
 - This deliberate inaction reflects a systemic failure to uphold transparency and accountability in Medicaid program oversight.
- **Pattern of Obstruction:**
 - The lack of acknowledgment, communication, or documentation in response to lawful FOIA requests demonstrates intentional suppression of public information about the Medicaid ABI Waiver Program.

2. ADA Violations

- **Ignored ADA Accommodation Requests:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Along with my FOIA request, I explicitly requested ADA accommodations due to my traumatic brain injury (TBI). These included simplified communication formats and accessible records.
- The refusal to address these accommodation requests constitutes a violation of **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130, § 35.160**), further excluding me from participating in government processes.
- **Exclusionary Practices:**
 - My exclusion from public forums and discussions related to Medicaid oversight underscores systemic discrimination and deliberate marginalization of individuals with disabilities, violating the **Fourteenth Amendment Equal Protection Clause**.

3. Constitutional Violations

- **First Amendment Violations:**
 - By obstructing FOIA requests and suppressing my ability to advocate as a whistleblower, the Connecticut Attorney General's Office and DSS infringed upon my **First Amendment right** to petition the government for redress of grievances.
- **Fifth Amendment Violations:**
 - The refusal to provide access to legally mandated public records and processes denied my **due process rights**, as guaranteed by the Fifth Amendment.
- **Fourteenth Amendment Violations:**



- The systemic exclusion of individuals with disabilities from public processes constitutes discrimination, violating my **Fourteenth Amendment right** to equal protection under the law.

4. Whistleblower Retaliation

- **Suppression of Advocacy:**
 - Procedural barriers, non-responsiveness, and public exclusion demonstrate retaliation against my efforts to expose systemic failures in Medicaid oversight.
 - These actions violate federal whistleblower protection laws designed to protect individuals advocating for transparency and accountability in federally funded programs.

5. Medicaid Oversight Failures

- **Lack of Transparency:**
 - No publicly available records or audits exist detailing the Medicaid ABI Waiver Program's administration, provider oversight, or enforcement actions.
 - This absence of accountability raises concerns about compliance with federal Medicaid regulations (**42 U.S.C. § 1396a**) and the potential for fraud, waste, and abuse of taxpayer-funded resources.
- **Program Mismanagement:**



- The refusal to disclose records essential for evaluating Medicaid program oversight indicates systemic mismanagement and jeopardizes the integrity of services for vulnerable populations, including individuals with acquired brain injuries.

6. Corroborating Evidence

- **FOIA Submission Records:**

- Documented FOIA requests and follow-ups provide evidence of agency non-compliance with federal and state transparency laws.

- **ADA Accommodation Requests:**

- Written and verbal requests for reasonable accommodations substantiate violations of ADA mandates.

- **Correspondence:**

- Communication logs with DSS, CHRO, and the Attorney General's Office demonstrate repeated procedural barriers, delays, and exclusionary practices.

- **Lack of Accountability Measures:**

- The absence of audits, disciplinary actions, or provider accountability reports within the Medicaid ABI Waiver Program supports allegations of systemic neglect and non-compliance.

7. Broader Implications

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Harm to Vulnerable Populations:**

- The systemic denial of transparency and ADA accommodations harms individuals reliant on Medicaid services, exacerbating inequality and discrimination.

- **Erosion of Public Trust:**

- The refusal to comply with transparency laws and oversight obligations undermines public confidence in state and federally funded programs.

- **Taxpayer Impact:**

- Mismanagement of federally allocated Medicaid funds risks fraud, waste, and abuse, violating public trust and federal funding requirements.

Conclusion

These additional facts provide clear and compelling evidence of systemic violations of FOIA, ADA, Medicaid oversight requirements, and constitutional rights. Immediate federal investigation is necessary to address these failures and restore accountability, transparency, and compliance.



Gross Waste of Funds Allegation

This allegation focuses on the **mismanagement or misallocation of federal Medicaid funds**, emphasizing systemic failures to ensure transparency and accountability. Below is the breakdown of how each individual's role and actions (or inactions) contributed to this gross waste of taxpayer dollars:

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Role:** Oversees DSS operations, including Medicaid programs such as the ABI Waiver Program.
- **Actions Contributing to Gross Waste of Funds:**
 - Failed to provide transparency into Medicaid ABI Waiver Program administration, violating **42 U.S.C. § 1396a**.
 - Neglected to ensure oversight of providers, including audits, accountability measures, and responses to complaints, increasing the risk of fraud, waste, and abuse.
 - Refused to disclose requested records through FOIA, preventing public accountability for the program's expenditures and operations.
 - Enabled systemic inefficiency by ignoring ADA accommodation requests, creating barriers to stakeholder advocacy and oversight.

2. Attorney General William Tong

- **Title:** Connecticut Attorney General

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Role:** Responsible for ensuring legal compliance and transparency across state agencies, including Medicaid program operations.
- **Actions Contributing to Gross Waste of Funds:**
 - Oversaw the obstruction of FOIA requests, suppressing public access to information necessary for holding DSS and Medicaid programs accountable.
 - Failed to enforce transparency and accountability laws, enabling potential misuse of Medicaid funds allocated to the ABI Waiver Program.
 - Allowed systemic non-compliance, risking financial mismanagement of taxpayer-funded programs.

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Role:** Oversees CMS operations in Connecticut and neighboring states, ensuring compliance with federal Medicaid regulations.
- **Actions Contributing to Gross Waste of Funds:**
 - Failed to investigate systemic failures in Connecticut's Medicaid ABI Waiver Program, despite ongoing non-compliance and lack of transparency.
 - Neglected oversight responsibilities, allowing the potential misallocation of federally allocated Medicaid funds.



4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Role:** National Administrator of Medicaid programs.
- **Actions Contributing to Gross Waste of Funds:**
 - Allowed systemic issues in Medicaid program oversight in Connecticut to persist without intervention.
 - Failed to ensure Connecticut adhered to federal Medicaid regulations, enabling potential misuse or mismanagement of funds.

5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Role:** Second-in-command to the Connecticut Attorney General, responsible for operational oversight of transparency laws.
- **Actions Contributing to Gross Waste of Funds:**
 - Failed to enforce FOIA compliance within the Attorney General's Office, contributing to a lack of transparency in Medicaid program expenditures.
 - Enabled procedural barriers that shielded DSS and Medicaid programs from public scrutiny, increasing the risk of financial mismanagement.

6. Governor Ned Lamont

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Governor of Connecticut
- **Role:** Chief Executive of the State of Connecticut, responsible for ensuring state agency compliance with federal laws.
- **Actions Contributing to Gross Waste of Funds:**
 - Did not intervene or address systemic failures in DSS, CHRO, and the Attorney General's Office, despite being aware of ongoing issues.
 - Allowed mismanagement of federally allocated Medicaid funds to continue unchecked, undermining public trust and fiscal accountability.

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
- **Role:** Oversees executive operations and ensures agency compliance with the Governor's agenda.
- **Actions Contributing to Gross Waste of Funds:**
 - Failed to address the systemic lack of transparency and accountability in Medicaid programs under the Governor's jurisdiction.

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Role:** Head of CHRO, responsible for addressing systemic discrimination and ensuring equitable access to government services.

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- **Actions Contributing to Gross Waste of Funds:**

- Did not act on complaints of ADA violations and procedural barriers, which excluded individuals with disabilities from participating in Medicaid program oversight.
- Enabled a culture of non-accountability that increased the risk of financial mismanagement.

Systemic Implications of Gross Waste of Funds

1. Transparency Failures:

- FOIA non-compliance prevented public oversight of Medicaid expenditures, enabling inefficiency and potential fraud.

2. ADA Violations:

- Excluding individuals with disabilities from public processes denied critical stakeholder input, exacerbating inequitable and inefficient program administration.

3. Medicaid Non-Compliance:

- Violations of **42 U.S.C. § 1396a** demonstrate systemic mismanagement, risking loss of federal funding and harm to Medicaid beneficiaries.

4. Taxpayer Impact:

- The systemic lack of transparency and accountability undermines public trust and creates opportunities for waste and abuse of taxpayer-funded resources.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Conclusion

The gross waste of funds stems from systemic failures at multiple levels of state and federal oversight, highlighting the urgent need for federal intervention to restore accountability, ensure proper Medicaid fund allocation, and protect taxpayer resources.



3. When Did This Occur?

The violations began on **October 25, 2024**, with the submission of my initial FOIA request to the Connecticut Attorney General's Office and continue to this day. Below is a detailed timeline of key events:

Timeline of Events

1. **October 25, 2024:**

- I submitted a FOIA request to the Connecticut Attorney General's Office, requesting records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request explicitly included ADA accommodation requests for simplified communication formats and accessible records due to my traumatic brain injury (TBI).
- The Attorney General's Office and the Department of Social Services (DSS) failed to acknowledge the request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**, initiating the first violation.

2. **October 31, 2024:**

- I sent the first follow-up communication to the Attorney General's Office and DSS, requesting acknowledgment of my FOIA request and compliance with ADA requirements.
- Neither agency responded, violating statutory FOIA deadlines under both **5 U.S.C. § 552** (FOIA) and **Conn. Gen. Stat. § 1-210**.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. November 2, 2024:

- I sent a second follow-up to both agencies, reiterating the urgency of my request and the legal obligation to provide reasonable accommodations under the ADA.
- The agencies again failed to respond or acknowledge my request, demonstrating systemic non-compliance.

4. December 2, 2024:

- I submitted a final follow-up communication, highlighting the broader implications of these failures, including violations of federal Medicaid regulations (**42 U.S.C. § 1396a**) and constitutional protections.
- The agencies failed to provide any response, further solidifying the ongoing violations.

5. Ongoing and Continuous Violations:

- As of **December 2, 2024**, the Attorney General's Office, DSS, and other related agencies continue to:
 - Refuse to respond to FOIA requests or provide ADA accommodations.
 - Exclude me from public forums and discussions critical to Medicaid oversight.
 - Obstruct access to public records, transparency, and accountability in the Medicaid ABI Waiver Program.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- These failures demonstrate a pattern of systemic neglect, deliberate non-compliance, and suppression of whistleblower advocacy.

Violations by Timeline

1. FOIA Violations:

- Agencies failed to meet statutory deadlines for acknowledgment (**4 business days under Conn. Gen. Stat. § 1-210**) and response (**20 business days under 5 U.S.C. § 552(a)(6)(A)**).

2. ADA Violations:

- Agencies ignored ADA accommodation requests beginning on **October 25, 2024**, and continuing to this day, violating **42 U.S.C. § 12131** and **28 C.F.R. § 35.130** and **§ 35.160**.

3. Constitutional Violations:

- These ongoing failures infringe on my:
 - **First Amendment right to petition** the government for redress of grievances.
 - **Fifth Amendment due process rights**, as agencies denied access to mandated public records and processes.
 - **Fourteenth Amendment equal protection rights**, by discriminating against me as a person with disabilities.

4. Medicaid Oversight Failures:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Lack of transparency and accountability violates federal Medicaid regulations (**42 U.S.C. § 1396a**) and jeopardizes compliance with funding requirements.

Conclusion

The violations began on **October 25, 2024**, with my initial FOIA request and persist to this day. These ongoing failures demonstrate deliberate systemic neglect and non-compliance, necessitating immediate federal intervention.



4. How Did You Discover This Action?

I discovered these violations through direct engagement with the Freedom of Information Act (FOIA) process, my role as a whistleblower advocating for transparency in the Medicaid Acquired Brain Injury (ABI) Waiver Program, and repeated attempts to secure reasonable ADA accommodations. Below is a detailed account of how I uncovered these systemic issues:

1. Submission of FOIA Requests

- **Date:** October 25, 2024
 - I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid ABI Waiver Program. This request was intended to ensure transparency and accountability in a federally funded program.
 - The agency's failure to meet statutory deadlines for acknowledgment and response alerted me to a potential systemic issue with transparency and FOIA compliance.

2. Follow-Up Communications

- **Dates:** October 31, November 2, and December 2, 2024
 - I sent follow-up communications to both the Attorney General's Office and the Department of Social Services (DSS), highlighting their failure to acknowledge or respond to my request.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The consistent lack of response, combined with procedural delays, suggested deliberate non-compliance with transparency laws, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.

3. Denial of ADA Accommodations

- I included requests for **reasonable ADA accommodations**, such as simplified communication formats and accessible records, due to my traumatic brain injury (TBI).
- The agencies ignored these requests, which revealed systemic non-compliance with **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130, § 35.160**).
- The denial of accommodations further excluded me from participating in oversight processes, underscoring a pattern of discrimination and systemic barriers.

4. Exclusion from Public Processes

- Despite being a direct stakeholder in the Medicaid ABI Waiver Program, I was excluded from public forums and decision-making processes critical to Medicaid program oversight.
- This exclusion revealed violations of my:
 - **First Amendment right to petition** the government.
 - **Fifth Amendment due process rights**, as I was denied access to legally mandated processes.
 - **Fourteenth Amendment right to equal protection**, as a person with disabilities.



5. Broader Investigations and Findings

- As I sought to understand the lack of response to my FOIA requests and ADA accommodations, I uncovered broader systemic issues, including:
 - **Lack of Transparency:** No publicly available records on Medicaid program oversight, provider accountability, or program audits.
 - **Potential Mismanagement:** Absence of disclosures about enforcement actions against providers or corrective measures raises concerns about fraud, waste, and abuse of taxpayer-funded resources.

6. Corroborating Evidence

- **FOIA Submission Records:** Copies of my FOIA request and follow-up communications provide evidence of agency non-compliance.
- **ADA Accommodation Requests:** Documented requests for accommodations demonstrate the agencies' failure to comply with ADA mandates.
- **Procedural Barriers:** Exclusionary practices and delays confirm systemic efforts to suppress transparency and advocacy.

Conclusion

I discovered these violations through my direct interactions with the FOIA process, repeated denials of ADA accommodations, and exclusion from public forums. These experiences revealed systemic non-

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compliance with transparency laws, ADA requirements, and constitutional protections, necessitating immediate federal intervention.



5. What Additional Facts Support Your Allegation?

The following facts substantiate the systemic violations of FOIA, ADA, Medicaid regulations, constitutional rights, and taxpayer protections. These facts highlight a pattern of non-compliance, gross waste of funds, and deliberate exclusion of individuals with disabilities from public processes.

1. FOIA Non-Compliance

- **Ignored FOIA Requests:**
 - My initial FOIA request, submitted on **October 25, 2024**, and follow-ups on **October 31, November 2, and December 2, 2024**, were ignored by the Connecticut Attorney General's Office and the Department of Social Services (DSS).
 - Both agencies violated statutory deadlines under **5 U.S.C. § 552** (FOIA) and **Conn. Gen. Stat. § 1-210**, failing to acknowledge or respond to legally submitted requests.
- **Pattern of Obstruction:**
 - The refusal to disclose public records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program reveals systemic suppression of transparency, violating federal and state laws designed to ensure public accountability.

2. ADA Violations

- **Denied Accommodation Requests:**
 - Along with my FOIA request, I submitted explicit requests for reasonable accommodations due to my traumatic brain injury (TBI). These included simplified

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communication formats and accessible records, as mandated under **Title II of the ADA (42 U.S.C. § 12131)**.

- The agencies failed to provide these accommodations, violating **28 C.F.R. § 35.130 and § 35.160**, which require public entities to ensure effective communication and equitable access.
- **Exclusionary Practices:**
 - By ignoring ADA accommodation requests, DSS and the Attorney General's Office excluded me from participating in Medicaid program oversight processes.
 - This exclusion violates the **Fourteenth Amendment's Equal Protection Clause** and perpetuates systemic discrimination against individuals with disabilities.

3. Constitutional Violations

- **First Amendment (Right to Petition):**
 - FOIA non-compliance obstructed my ability to petition the government for redress of grievances, violating my constitutional right to advocate for transparency and accountability.
- **Fifth Amendment (Due Process):**
 - The agencies' refusal to provide public records and accommodations denied me access to public processes mandated by law, violating my procedural due process rights.
- **Fourteenth Amendment (Equal Protection):**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Systemic exclusion from public forums and decision-making processes due to my disability constitutes discrimination, violating my equal protection rights under the law.

4. Medicaid Oversight Failures

- **Lack of Transparency:**

- No publicly available records or audits exist detailing the Medicaid ABI Waiver Program's administration, provider accountability, or enforcement actions.
- This absence of oversight violates **42 U.S.C. § 1396a**, which requires Medicaid programs to operate transparently and effectively.

- **Potential Mismanagement:**

- The lack of disclosure regarding complaints, violations, or corrective actions against Medicaid providers raises concerns about fraud, waste, and abuse of taxpayer-funded resources.

5. Whistleblower Retaliation

- **Procedural Barriers:**

- The agencies imposed procedural barriers, such as non-responsiveness and exclusion from public processes, to suppress my efforts as a whistleblower.
- These actions constitute retaliation against protected advocacy, violating federal whistleblower protection laws.



6. Corroborating Evidence

- **FOIA Submission Records:**

- Copies of my FOIA request (October 25, 2024) and follow-ups (October 31, November 2, and December 2, 2024) demonstrate a clear pattern of agency non-compliance.

- **ADA Accommodation Requests:**

- Documented requests for reasonable accommodations highlight systemic failures to provide equitable access and effective communication.

- **Communication Logs:**

- Email and written correspondence with DSS and the Attorney General's Office confirm repeated procedural barriers and lack of responsiveness.

- **Program Oversight Deficiencies:**

- The absence of provider audits, enforcement actions, or corrective measures within the Medicaid ABI Waiver Program underscores systemic neglect.

7. Broader Implications

- **Harm to Vulnerable Populations:**

- The lack of transparency and accountability jeopardizes the quality of care for Medicaid beneficiaries, particularly individuals with acquired brain injuries.

- **Gross Waste of Funds:**

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- Systemic failures to oversee Medicaid programs risk fraud, waste, and abuse of taxpayer-funded resources, undermining public trust.
- **Public Trust Erosion:**
 - Continued non-compliance with federal and state laws damages confidence in the government's ability to operate programs equitably and effectively.

Conclusion

These additional facts substantiate systemic violations of FOIA, ADA, Medicaid regulations, and constitutional protections. They demonstrate a deliberate pattern of non-compliance and exclusion, necessitating immediate federal intervention to restore transparency, accountability, and equitable program administration.



Danger to Public Health or Safety

The lack of transparency, accountability, and oversight in Connecticut's Medicaid programs, specifically the Acquired Brain Injury (ABI) Waiver Program, poses a significant danger to public health and safety. Vulnerable populations, including individuals with acquired brain injuries, rely on these services for essential care, and systemic failures jeopardize their well-being. Below is a breakdown of how each individual contributed to this danger:

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Role:** Oversees DSS operations, including the Medicaid ABI Waiver Program.
- **Actions Contributing to Danger:**
 - **Lack of Oversight:** Failed to ensure transparency in program operations, including audits, complaints, and enforcement actions, increasing risks of substandard care.
 - **FOIA Non-Compliance:** Refused to disclose information critical to evaluating the program's effectiveness and safety, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - **Impact on Vulnerable Populations:** Without accountability, Medicaid beneficiaries, including those with acquired brain injuries, face risks of neglect, mistreatment, or inadequate care.

2. Attorney General William Tong

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Connecticut Attorney General
- **Role:** Responsible for ensuring legal compliance across state agencies.
- **Actions Contributing to Danger:**
 - **FOIA Obstruction:** Suppressed transparency efforts by ignoring FOIA requests, obstructing access to vital Medicaid oversight information.
 - **Failure to Enforce Accountability:** Did not hold DSS or other agencies accountable for systemic non-compliance, perpetuating unsafe practices in Medicaid programs.

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Role:** Oversees CMS operations in Connecticut and other New England states.
- **Actions Contributing to Danger:**
 - **Lack of Federal Oversight:** Neglected to investigate or address systemic failures in Connecticut's Medicaid ABI Waiver Program, despite its federally funded nature.
 - **Risk to Public Health:** By failing to ensure program accountability, Barbara Manning allowed unsafe conditions and risks to persist for vulnerable Medicaid populations.

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Role:** National Administrator of Medicaid programs.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Actions Contributing to Danger:**
 - **Failure to Intervene:** Did not address ongoing issues in Connecticut’s Medicaid program, allowing risks to public health and safety to escalate.
 - **Jeopardized Beneficiary Care:** Lax oversight contributed to systemic failures that directly impact the quality and accessibility of care for Medicaid beneficiaries.

5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Role:** Second-in-command to Attorney General William Tong.
- **Actions Contributing to Danger:**
 - **Neglected Legal Oversight:** Failed to enforce transparency and ADA compliance, preventing stakeholders from ensuring the safety and efficacy of Medicaid programs.

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Role:** Chief Executive of the State of Connecticut.
- **Actions Contributing to Danger:**
 - **Inaction on Systemic Failures:** Despite being aware of the systemic issues in DSS and other agencies, Governor Lamont failed to intervene or address the lack of accountability.



- **Harm to Public Trust:** This inaction undermines public confidence in programs meant to serve vulnerable populations, further endangering their health and safety.

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
- **Role:** Oversees executive operations and ensures compliance with the Governor's agenda.
- **Actions Contributing to Danger:**
 - **Lack of Executive Oversight:** Failed to ensure that state agencies complied with federal and state requirements for Medicaid program transparency and safety.

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Role:** Ensures equitable access and compliance with ADA requirements in public services.
- **Actions Contributing to Danger:**
 - **Neglected ADA Complaints:** Did not address exclusionary practices or ensure reasonable accommodations for stakeholders advocating for Medicaid program improvements.
 - **Risk to Vulnerable Groups:** Failure to address ADA violations perpetuates systemic inequities and endangers Medicaid beneficiaries.



Systemic Implications of Danger

1. Transparency Failures:

- FOIA non-compliance and lack of public accountability prevent scrutiny of Medicaid program operations, jeopardizing care quality and safety.

2. Impact on Vulnerable Populations:

- Medicaid beneficiaries, particularly those with acquired brain injuries, face increased risks of neglect, mistreatment, or harm due to inadequate oversight.

3. Erosion of Public Trust:

- Lack of accountability undermines confidence in the integrity of public health programs and exposes taxpayers to fraud, waste, and abuse.

4. Broader Public Health Risk:

- Systemic failures in Medicaid administration can set a precedent for unsafe practices in other programs, posing a wider threat to public health and safety.

Conclusion

The systemic lack of transparency and accountability in the Medicaid ABI Waiver Program poses an ongoing danger to public health and safety. Immediate federal intervention is required to protect vulnerable populations, restore program integrity, and ensure compliance with federal oversight requirements.

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3. When Did This Occur?

The violations began on **October 25, 2024**, with my initial FOIA request to the Connecticut Attorney General's Office, and continue to this day. Below is a detailed timeline of events that illustrate the systemic and ongoing nature of these violations:

Timeline of Events

1. **October 25, 2024:**

- I submitted a FOIA request to the Connecticut Attorney General's Office seeking records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request also included ADA accommodation requests for simplified communication formats and accessible records due to my traumatic brain injury (TBI).
- The Attorney General's Office and the Department of Social Services (DSS) failed to acknowledge the request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**, initiating the first violation.

2. **October 31, 2024:**

- I submitted a follow-up communication to both the Attorney General's Office and DSS, requesting acknowledgment of my FOIA submission and compliance with ADA requirements.
- Neither agency provided a response, violating FOIA's federal **20-business-day response deadline** under **5 U.S.C. § 552(a)(6)(A)**.

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3. November 2, 2024:

- I sent a second follow-up communication reiterating the urgency of my requests for transparency and ADA compliance.
- Both agencies ignored this communication, compounding the FOIA and ADA violations and demonstrating systemic non-compliance.

4. December 2, 2024:

- I submitted a final follow-up communication highlighting the broader implications of these failures, including violations of Medicaid regulations (**42 U.S.C. § 1396a**) and constitutional rights.
- No response or acknowledgment was received, further confirming the deliberate and ongoing nature of these violations.

5. Ongoing and Continuous Violations:

- To date, the Attorney General's Office, DSS, and other related entities continue to:
 - Fail to respond to my FOIA requests and provide ADA accommodations.
 - Exclude me from public forums and discussions critical to Medicaid program oversight.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Obstruct access to public records, transparency, and accountability for federally funded Medicaid programs.

Nature of Violations

1. FOIA Non-Compliance:

- Agencies failed to meet acknowledgment and response deadlines under **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.

2. ADA Violations:

- Ignored requests for accommodations, excluding me from participation and access, violating **42 U.S.C. § 12131** and **28 C.F.R. § 35.130** and **§ 35.160**.

3. Constitutional Violations:

- These actions infringe on my:
 - **First Amendment right** to petition the government for redress.
 - **Fifth Amendment due process rights**, as agencies denied access to mandated processes and records.
 - **Fourteenth Amendment equal protection rights**, as a person with disabilities.

4. Medicaid Oversight Failures:

- Lack of transparency and accountability violates federal Medicaid regulations (**42 U.S.C. § 1396a**) and jeopardizes the integrity of taxpayer-funded programs.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Conclusion

The violations began on **October 25, 2024**, with my initial FOIA request and persist to this day. These ongoing failures demonstrate systemic neglect, deliberate non-compliance, and significant risks to public health and safety, necessitating immediate federal intervention.



4. How Did You Discover This Action?

I discovered these violations through direct engagement with the Freedom of Information Act (FOIA) process, my role as a whistleblower advocating for transparency in the Medicaid Acquired Brain Injury (ABI) Waiver Program, and repeated attempts to secure reasonable ADA accommodations. Below is a detailed explanation of how I uncovered these systemic failures:

1. Submission of FOIA Requests

- **Date:** October 25, 2024
 - I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid ABI Waiver Program to evaluate its oversight and compliance with federal regulations.
 - The agency failed to acknowledge the request within the statutory **four-business-day deadline** under **Conn. Gen. Stat. § 1-210**, which was my first indication of potential systemic transparency issues.

2. Follow-Up Communications

- **Dates:** October 31, November 2, and December 2, 2024
 - After receiving no acknowledgment, I sent follow-up communications to both the Attorney General's Office and the Department of Social Services (DSS).



- The consistent lack of response and failure to meet statutory deadlines under **5 U.S.C. § 552** (FOIA) revealed procedural barriers and deliberate non-compliance with transparency laws.

3. Denial of ADA Accommodations

- Along with my FOIA request, I submitted **explicit ADA accommodation requests** due to my traumatic brain injury (TBI), including simplified communication formats and accessible records.
- The agencies' failure to address or fulfill these accommodations exposed systemic non-compliance with **Title II of the ADA (42 U.S.C. § 12131)** and **28 C.F.R. § 35.130 and § 35.160**.
- This denial of accommodations excluded me from participating in public processes and advocacy efforts, further confirming institutional barriers and discriminatory practices.

4. Exclusion from Public Processes

- Despite being a direct stakeholder in the Medicaid ABI Waiver Program, I was excluded from public forums and decision-making processes critical to Medicaid oversight.
- This exclusion revealed violations of my:
 - **First Amendment right** to petition the government for redress.
 - **Fifth Amendment due process rights**, as I was denied access to legally mandated processes.
 - **Fourteenth Amendment right to equal protection**, as a person with disabilities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



5. Broader Investigation and Findings

- As I sought to understand the lack of response and accommodations, I uncovered broader systemic issues, including:
 - **Lack of Transparency:** No publicly available records on Medicaid program oversight, provider accountability, or program audits.
 - **Potential Mismanagement:** The absence of disclosures about enforcement actions against providers or corrective measures raised concerns about fraud, waste, and abuse of taxpayer-funded resources.

6. Corroborating Evidence

- **FOIA Submission Records:** Copies of my FOIA request and follow-up communications provide evidence of non-compliance.
- **ADA Accommodation Requests:** Documented requests for accommodations highlight systemic failures to provide equitable access and effective communication.
- **Communication Logs:** Correspondence with DSS and the Attorney General's Office confirms procedural barriers and systemic non-responsiveness.

Conclusion

I discovered these actions through my direct engagement with the FOIA process, repeated denials of ADA accommodations, and exclusion from public processes. These experiences exposed systemic non-

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



compliance with transparency laws, ADA requirements, and constitutional protections, necessitating immediate federal intervention.



Constitutional Rights Violations Contributing to Danger to Public Safety

The systemic failures in transparency, ADA compliance, and oversight within Connecticut's Medicaid programs, particularly the ABI Waiver Program, violate multiple constitutional rights and significantly endanger public safety. Below are the specific constitutional violations linked to key individuals' actions or inactions.

1. First Amendment Violations

- **Right to Petition the Government:**

- **What Happened:**

- FOIA non-compliance obstructed my right to petition the government for redress of grievances.
- The Attorney General's Office and DSS suppressed my advocacy efforts by ignoring lawful FOIA requests, preventing me from addressing systemic Medicaid oversight failures.

- **Constitutional Violation:**

- Suppressing my ability to request information and advocate for transparency violates the **First Amendment**.

2. Fifth Amendment Violations

- **Right to Due Process:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **What Happened:**
 - Denied access to public records mandated by FOIA and state law.
 - Ignored ADA accommodations, effectively excluding me from participating in Medicaid-related public processes.
 - Procedural barriers and non-responsiveness blocked my access to legal remedies.
- **Constitutional Violation:**
 - These actions violate the **Fifth Amendment**, which guarantees procedural due process rights when engaging with government processes.

3. Fourteenth Amendment Violations

- **Equal Protection Under the Law:**
 - **What Happened:**
 - Denial of ADA accommodations excluded me, as a person with a disability, from critical forums and decision-making processes concerning Medicaid oversight.
 - Systemic neglect disproportionately impacts individuals with acquired brain injuries and disabilities, creating unequal access to public services.
 - **Constitutional Violation:**
 - This exclusion constitutes discrimination, violating the **Fourteenth Amendment's Equal Protection Clause**.
- **Due Process (State-Level Applications):**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **What Happened:**
 - Lack of transparency and accountability in Medicaid programs directly affects beneficiaries' ability to access safe, effective care.
 - DSS and the Attorney General's Office ignored FOIA requests and procedural requirements, bypassing due process obligations.
- **Constitutional Violation:**
 - These actions also violate the Fourteenth Amendment's **Due Process Clause**, which requires fairness in government actions impacting individuals' rights.

Specific Violations Linked to Danger to Public Safety

1. Denial of Transparency (First and Fifth Amendments):

- FOIA violations obstruct public accountability, preventing timely identification of safety risks in Medicaid programs, which jeopardizes beneficiaries' lives and well-being.

2. Exclusion of Stakeholders (Fourteenth Amendment):

- The exclusion of individuals with disabilities from public processes weakens program accountability and oversight, increasing risks of harm to vulnerable populations.

3. Suppression of Advocacy (First Amendment):

- Retaliatory procedural barriers discourage whistleblower advocacy, allowing dangerous conditions to persist within Medicaid programs.

4. Failure to Provide Due Process (Fifth and Fourteenth Amendments):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Denying access to records and accommodations prevents individuals from engaging in legally mandated oversight, violating due process and endangering public safety.

Contributing Actions by Key Individuals

Andrea Barton Reeves (Commissioner, DSS):

- Ignored FOIA requests, violating the First and Fifth Amendments.
- Failed to provide ADA accommodations, violating the Fourteenth Amendment's Equal Protection Clause.

Attorney General William Tong:

- Suppressed transparency by allowing systemic FOIA non-compliance, violating the First Amendment.
- Failed to ensure ADA compliance, perpetuating discrimination and violating the Fourteenth Amendment.

Barbara Manning (CMS Regional Administrator):

- Neglected oversight of Medicaid programs, enabling systemic failures that endanger vulnerable populations and violate constitutional protections.

Chiquita Brooks-LaSure (CMS Administrator):

- Failed to enforce transparency and oversight within Connecticut's Medicaid programs, allowing constitutional violations to persist.

Eileen Meskill (Deputy Attorney General):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Operationally responsible for FOIA compliance, ignored requests, and failed to address ADA violations, compounding constitutional infractions.

Governor Ned Lamont:

- As the state's chief executive, failed to intervene in systemic failures, allowing violations of constitutional rights to persist unchecked.

Systemic Impact of Constitutional Violations

1. Public Health Risk:

- Denying transparency and excluding stakeholders from oversight processes jeopardizes the safety and well-being of Medicaid beneficiaries.

2. Erosion of Public Trust:

- Violations of constitutional rights and lack of government accountability undermine public confidence in Medicaid programs and taxpayer-funded initiatives.

3. Increased Risks for Vulnerable Populations:

- Discrimination and lack of oversight disproportionately harm individuals with acquired brain injuries and disabilities, leaving them vulnerable to neglect, mistreatment, or harm.

Conclusion

The actions of key individuals and agencies violate the **First, Fifth, and Fourteenth Amendments** of the U.S. Constitution. These constitutional infractions directly contribute to systemic risks that endanger

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public safety and necessitate immediate federal intervention to uphold the rule of law and protect vulnerable populations.



3. When Did This Occur?

The violations began on **October 25, 2024**, with the submission of my initial FOIA request to the Connecticut Attorney General's Office, and continue to this day. Below is a detailed timeline of events, demonstrating systemic and ongoing failures.

Timeline of Events

1. **October 25, 2024:**

- I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request explicitly included ADA accommodation requests for simplified communication formats and accessible records, as required under **Title II of the ADA (42 U.S.C. § 12131)**.
- The Attorney General's Office and the Department of Social Services (DSS) failed to acknowledge this request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**, initiating the first violation.

2. **October 31, 2024:**

- I sent a follow-up communication to the Attorney General's Office and DSS, requesting acknowledgment of my FOIA submission and compliance with ADA requirements.
- Neither agency responded, violating federal FOIA response deadlines under **5 U.S.C. § 552(a)(6)(A)**.

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3. November 2, 2024:

- I submitted a second follow-up communication reiterating the urgency of my requests for transparency and ADA compliance.
- Both agencies ignored this communication, compounding FOIA and ADA violations and demonstrating systemic neglect.

4. December 2, 2024:

- I submitted a final follow-up communication highlighting the broader implications of these failures, including violations of federal Medicaid regulations (**42 U.S.C. § 1396a**) and constitutional rights.
- Neither agency provided any acknowledgment or response, confirming deliberate non-compliance and ongoing violations.

5. Ongoing and Continuous Violations:

- As of today, the Attorney General's Office, DSS, and other related entities continue to:
 - Refuse to respond to my FOIA requests or provide ADA accommodations.
 - Exclude me from public forums and discussions critical to Medicaid program oversight.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Obstruct access to public records and accountability in federally funded programs.

Nature of Violations

1. FOIA Non-Compliance:

- Agencies failed to meet acknowledgment and response deadlines under **5 U.S.C. § 552(a)(6)(A)** and **Conn. Gen. Stat. § 1-210**.

2. ADA Violations:

- Ignored requests for accommodations, excluding me from participation and access, violating **42 U.S.C. § 12131** and **28 C.F.R. § 35.130** and **§ 35.160**.

3. Constitutional Violations:

- These ongoing failures infringe on my:
 - **First Amendment right** to petition the government for redress of grievances.
 - **Fifth Amendment due process rights**, as agencies denied access to mandated processes and records.
 - **Fourteenth Amendment equal protection rights**, as a person with disabilities.

4. Medicaid Oversight Failures:

- Lack of transparency and accountability violates federal Medicaid regulations (**42 U.S.C. § 1396a**) and jeopardizes the integrity of taxpayer-funded programs.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Conclusion

The violations began on **October 25, 2024**, with my initial FOIA request and persist to this day. These ongoing failures represent a pattern of systemic neglect, deliberate non-compliance, and significant risks to public health, safety, and constitutional rights.



4. How Did You Discover This Action?

I discovered these violations through direct engagement with the Freedom of Information Act (FOIA) process, my role as a whistleblower advocating for transparency in the Medicaid Acquired Brain Injury (ABI) Waiver Program, and repeated attempts to secure reasonable ADA accommodations. Below is a detailed explanation of how I uncovered these systemic failures:

1. Submission of FOIA Requests

- **Date:** October 25, 2024
 - I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid ABI Waiver Program to evaluate its oversight, compliance with federal Medicaid regulations, and effectiveness in serving vulnerable populations.
 - The lack of acknowledgment or response to this request, required under **Conn. Gen. Stat. § 1-210** and **5 U.S.C. § 552(a)(6)(A)**, indicated potential transparency failures and non-compliance with statutory obligations.

2. Follow-Up Communications

- **Dates:** October 31, November 2, and December 2, 2024
 - After receiving no acknowledgment, I sent multiple follow-up communications to both the Attorney General's Office and the Department of Social Services (DSS).
 - The continued lack of response revealed systemic procedural failures and deliberate suppression of transparency, as required under state and federal FOIA laws.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Denial of ADA Accommodations

- Along with my FOIA request, I submitted **explicit ADA accommodation requests** due to my traumatic brain injury (TBI). These accommodations included:
 - Simplified communication formats.
 - Accessible records compatible with assistive technologies.
- The agencies' failure to fulfill these reasonable accommodation requests demonstrated non-compliance with **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130 and § 35.160**).
- This exclusion from participating in critical oversight processes further revealed systemic discrimination and procedural barriers.

4. Exclusion from Public Processes

- Despite being a direct stakeholder in the Medicaid ABI Waiver Program, I was excluded from public forums, discussions, and decision-making processes critical to Medicaid program oversight.
- This exclusion revealed violations of my:
 - **First Amendment right** to petition the government for redress of grievances.
 - **Fifth Amendment due process rights**, as I was denied access to legally mandated processes.



- **Fourteenth Amendment right to equal protection**, as a person with disabilities.

5. Broader Investigation and Findings

- Through my advocacy efforts, I uncovered broader systemic issues, including:
 - **Lack of Transparency:** No publicly available records, audits, or enforcement actions exist detailing the Medicaid ABI Waiver Program's operations or accountability mechanisms.
 - **Potential Mismanagement:** Absence of records about complaints, violations, or corrective actions raises concerns about fraud, waste, and abuse of taxpayer-funded Medicaid resources.
 - **Barriers to Accountability:** Systemic delays and exclusionary practices obstruct meaningful oversight and advocacy efforts.

6. Corroborating Evidence

- **FOIA Submission Records:**
 - Copies of my FOIA request (October 25, 2024) and follow-ups (October 31, November 2, and December 2, 2024) provide evidence of agency non-compliance.
- **ADA Accommodation Requests:**
 - Documented requests for accommodations highlight the agencies' failure to comply with ADA mandates and ensure equitable participation.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Communication Logs:**

- Correspondence with DSS and the Attorney General's Office confirms procedural barriers, delays, and systemic non-responsiveness.

- **Lack of Accountability Measures:**

- The absence of publicly disclosed records on Medicaid program oversight supports allegations of systemic neglect and potential mismanagement.

Conclusion

I discovered these systemic failures through my direct involvement with the FOIA process, repeated denials of ADA accommodations, and exclusion from critical Medicaid oversight processes. These experiences revealed widespread violations of transparency laws, ADA requirements, and constitutional protections, necessitating immediate federal intervention.



What Action Would I Like OSC to Take?

1. Launch a Comprehensive Investigation

- **Systemic FOIA Non-Compliance:**

- Investigate failures by the Connecticut Department of Social Services (DSS), the Connecticut Attorney General's Office, and related state agencies to comply with **FOIA (5 U.S.C. § 552)** and **Conn. Gen. Stat. § 1-210**.
- Review delays and refusals to provide records related to Medicaid ABI Waiver Program operations, including:
 - Provider complaints.
 - Financial audits and fund usage.
 - Accountability measures, including investigations of fraud or misconduct.

- **ADA Non-Compliance:**

- Investigate systemic refusal to provide reasonable accommodations under the **Americans with Disabilities Act (ADA)**, including:
 - Simplified communication formats.
 - Accessible public records.
 - Inclusion in public forums related to Medicaid program oversight.

- **Constitutional Violations:**

- Examine infringements of:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **First Amendment:** Suppressing my right to petition the government for redress of grievances through FOIA obstruction.
- **Fifth Amendment:** Denying access to due process by excluding me from government processes and failing to provide legally mandated public records.
- **Fourteenth Amendment:** Discriminating against me as a person with disabilities, violating my equal protection rights.
- **Whistleblower Retaliation:**
 - Investigate procedural barriers, public exclusion, and systemic retaliation aimed at suppressing my advocacy for transparency and accountability.
 - Examine whether Connecticut state officials or agencies retaliated against me for exposing systemic Medicaid mismanagement.
- **Gross Mismanagement of Medicaid Funds:**
 - Investigate DSS and related entities for potential violations of **42 U.S.C. § 1396a**, including failure to:
 - Ensure efficient administration of federally funded Medicaid programs.
 - Prevent fraud, waste, and abuse of taxpayer dollars.
 - Provide effective oversight of the ABI Waiver Program.

2. Enforce Immediate Corrective Actions

- **Transparency and FOIA Compliance:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Compel DSS, the Attorney General’s Office, and all implicated agencies to:
 - Immediately release all records requested under FOIA, including Medicaid provider complaints, financial audits, and enforcement actions.
 - Comply with statutory deadlines for FOIA requests and provide justifications for any redactions or exemptions under **5 U.S.C. § 552(b)**.
- **ADA Compliance:**
 - Mandate immediate implementation of ADA accommodations for individuals with disabilities, including:
 - Simplified communication formats and accessible public records.
 - Equal access to public forums and decision-making processes.
 - Enforce compliance with **28 C.F.R. § 35.130 and § 35.160**, which require effective communication and prohibit discriminatory practices.
- **Whistleblower Protections:**
 - Enforce protections under the **Whistleblower Protection Act** to prevent further retaliation against me for exposing systemic failures.
 - Ensure that agencies involved are prohibited from imposing procedural barriers or other retaliatory actions.

3. Hold Individuals Accountable

- **Identify Responsible Parties:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Investigate the roles of key individuals, including:
 - Andrea Barton Reeves (Commissioner, DSS).
 - Attorney General William Tong.
 - Barbara Manning (CMS Regional Administrator).
 - Chiquita Brooks-LaSure (CMS Administrator).
 - Governor Ned Lamont and his Chief of Staff, Matthew Brokman.
- Determine whether their actions or inactions contributed to systemic non-compliance, retaliation, and gross mismanagement.
- **Disciplinary Measures:**
 - Recommend disciplinary action for officials found to have violated federal laws, suppressed whistleblower advocacy, or enabled discrimination and non-transparency.

4. Recommend Systemic Reforms

- **Structural Changes:**
 - Recommend the establishment of independent oversight mechanisms to ensure ADA compliance, whistleblower protections, and transparency within Medicaid programs.
 - Mandate annual independent audits of Medicaid programs to prevent fraud, waste, and abuse.
- **Whistleblower Protections:**



- Recommend stronger federal oversight of whistleblower complaints related to federally funded programs.
- Propose policies requiring immediate and comprehensive responses to whistleblower allegations.
- **Transparency Initiatives:**
 - Require DSS and related agencies to:
 - Publish annual reports on Medicaid program operations, including complaints, audits, and corrective actions.
 - Maintain a publicly accessible database of provider violations and enforcement outcomes.

5. Ensure Restorative Justice

- **Compensation for Harm:**
 - Seek restitution for damages caused by systemic retaliation, ADA violations, and procedural barriers that obstructed my advocacy and access to information.
 - Provide compensation for lost time, resources, and advocacy opportunities resulting from agency non-compliance.
- **Public Acknowledgment:**
 - Require public acknowledgment of systemic failures by DSS, CHRO, and the Attorney General's Office, including an apology for violating whistleblower protections and ADA compliance.

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6. Promote Public Accountability

- **Public Reporting:**

- Ensure that findings from OSC investigations are publicly disclosed, including corrective actions and enforcement measures.
- Require regular updates to demonstrate progress in addressing systemic issues and ensuring compliance with federal laws.

- **Stakeholder Inclusion:**

- Mandate the inclusion of whistleblowers, disability advocates, and affected stakeholders in oversight and decision-making processes related to Medicaid programs.

7. Address Broader Public Safety Risks

- **Immediate Risk Mitigation:**

- Address ongoing risks to public safety posed by systemic failures in Medicaid oversight, including:
 - Lack of provider accountability.
 - Potential neglect or mistreatment of Medicaid beneficiaries.
- Strengthen enforcement of **42 U.S.C. § 1396a** to ensure Medicaid programs operate effectively and safely.

- **Policy Changes:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Recommend federal policy changes to prevent similar systemic failures in other states, focusing on transparency, accountability, and whistleblower protections.

Conclusion

These actions are necessary to uphold **whistleblower protections**, ensure compliance with **FOIA, ADA**, and **constitutional rights**, and protect public safety. Immediate federal intervention and systemic reform are critical to restoring transparency, accountability, and trust in Medicaid programs.



Request for Federal Representation

The Office of Special Counsel (OSC) and other relevant federal agencies, including the Department of Justice (DOJ), the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS), must represent **both myself as a whistleblower and the broader public** in addressing these systemic violations. These actions should include:

1. Representing Whistleblower Rights

- **Protect My Advocacy Efforts:**

- Enforce whistleblower protections under the **Whistleblower Protection Act** to safeguard my rights and ensure that my efforts to expose systemic failures are not met with retaliation.
- Act as a federal intermediary to hold state agencies accountable for obstructing transparency and ADA compliance.

- **Provide Legal and Procedural Representation:**

- Advocate for my access to records, ADA accommodations, and participation in oversight processes as required under **FOIA, ADA, and constitutional rights** provisions.
- Assist in ensuring that state agencies, including DSS and the Connecticut Attorney General's Office, comply with federal laws and policies.

2. Representing the Broader Public Interest

- **Ensure Accountability for Medicaid Mismanagement:**

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- Represent the interests of taxpayers and Medicaid beneficiaries by investigating systemic mismanagement and potential misuse of federal funds under **42 U.S.C. § 1396a**.
- Address gross waste of federal and state resources allocated to the Medicaid ABI Waiver Program, ensuring that these funds serve their intended purpose of supporting vulnerable populations.
- **Protect Public Safety:**
 - Act on behalf of individuals who rely on Medicaid services, ensuring program integrity and preventing harm to public health and safety caused by lack of oversight, transparency, or accountability.
 - Address the exclusion of stakeholders with disabilities from decision-making processes, which creates inequitable systems that endanger lives and erode public trust.

3. Federal Oversight of State Agencies

- **Hold State Agencies Accountable:**
 - Represent federal authority in addressing Connecticut’s systemic failures, ensuring that state agencies comply with federal laws, including **FOIA**, **ADA**, and Medicaid oversight regulations.
 - Require the Connecticut Department of Social Services (DSS), the Connecticut Attorney General’s Office, and CHRO to implement federal-mandated corrective actions.
- **Demand Systemic Reforms:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Advocate for the establishment of independent oversight bodies to monitor ADA compliance, Medicaid program transparency, and whistleblower protections in Connecticut.

4. Advocating for Constitutional Protections

- **First Amendment:**

- Ensure my right to petition the government for redress of grievances is fully protected by holding state agencies accountable for suppressing FOIA requests and obstructing advocacy efforts.

- **Fifth Amendment:**

- Guarantee procedural due process in accessing public records, participating in Medicaid oversight, and ensuring equitable treatment under the law.

- **Fourteenth Amendment:**

- Demand equal protection for individuals with disabilities who are excluded from public forums, decision-making processes, and oversight roles due to systemic ADA violations.

5. Supporting Restorative Justice

- **Advocate for Compensation and Acknowledgment:**

- Request compensation for the harm caused to myself and others affected by these systemic violations, including delays, barriers to advocacy, and exclusion from public processes.

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- Seek a public acknowledgment of failures by Connecticut state agencies to ensure accountability and transparency for the public.
- **Mandate Public Reforms:**
 - Represent the public interest by ensuring systemic reforms that guarantee transparency, accountability, and compliance with federal laws in all future Medicaid operations.

Conclusion

This request explicitly asks the federal government, through OSC and related agencies, to act on behalf of **both myself as a whistleblower** and the **broader public interest**, ensuring transparency, equity, and accountability in federally funded programs. The federal government's role is essential to restoring trust in public institutions and protecting the rights of whistleblowers and vulnerable populations.



Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



"Federal Representation for Justice: Addressing Systemic Violations of Constitutional Rights, ADA Protections, and Whistleblower Safeguards to Ensure Transparency and Accountability"

Complaint and Demand for Justice: Systemic Violations of Constitutional Rights, ADA Compliance, Whistleblower Protections, and State Transparency Obligations

What's Specifically Happening

1. State Agencies Are Failing in Their Duties

- **CHRO (Commission on Human Rights and Opportunities):**

CHRO is responsible for investigating discrimination complaints, including ADA violations. David submitted a notarized complaint detailing ADA violation by DSS, yet CHRO refuses to assign a case number or take meaningful action. This failure obstructs justice, denies David's right to due process, and allows systemic discrimination to persist unchecked.

- **Connecticut DSS (Department of Social Services):**

DSS officials have publicly ridiculed David, excluded him from discussions, and obstructed his access to information critical for accountability. DSS has also failed



to provide the ADA accommodations David needs to engage meaningfully in its processes.

- **Attorney General's Office:**

Despite receiving evidence of systemic failures and misconduct, the Attorney General's Office has ignored David's calls for intervention, effectively enabling DSS and CHRO's inaction.

2. Federal Agencies Are Neglecting Oversight Responsibilities

- **DOJ (Department of Justice):**

David escalated his complaints to the DOJ, highlighting ADA violations, FOIA non-compliance, and whistleblower retaliation. Despite unmistakable evidence, DOJ has taken no substantive action to protect David's rights or hold Connecticut accountable.

- **HHS OCR (Office for Civil Rights):**

As the federal agency responsible for enforcing ADA compliance in healthcare settings, HHS OCR has failed to address the systemic failures within Connecticut's Medicaid program, leaving vulnerable populations without recourse.

3. Exploitation of Disability

- Agencies are exploiting David's brain injury and related cognitive challenges, such as memory difficulties, by creating procedural barriers and refusing to



provide accommodations. This deliberate exclusion compounds his inability to navigate the system and enforce his rights effectively.

4. Retaliation for Whistleblowing

- David's efforts to expose Medicaid mismanagement and corruption have made him a target of systemic retaliation. Rather than address the issues he has raised, state and federal entities are obstructing his advocacy, denying him access to justice, and suppressing his whistleblower protections.

The Broader Implications

1. Erosion of Public Trust

- Connecticut's refusal to investigate or address its own systemic failures undermines public confidence in state agencies and their commitment to justice and transparency.

2. Mismanagement of Taxpayer Funds

- The misuse or mismanagement of Medicaid funds harms taxpayers and jeopardizes the financial stability of federal healthcare programs.

3. Endangerment of Vulnerable Populations

- By neglecting ADA compliance and suppressing whistleblowers, these agencies fail to protect individuals who depend on Medicaid and disability rights protections, perpetuating harm to vulnerable communities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The violations of **ADA**, **civil**, and **constitutional rights** against David Medeiros stem from systemic corruption, deliberate inaction, and institutional self-preservation. Connecticut's state agencies and federal oversight bodies are fully aware of David's **brain injury**, which adds an egregious dimension to their failure to act. Below is a detailed analysis of the root causes and their implications.

1. Shielding Mismanagement

A Culture of Secrecy to Avoid Accountability

Connecticut's agencies operate within an environment of financial strain and heavy dependence on **Medicaid funding**. The exposure of systemic mismanagement would not only jeopardize federal funding but also trigger public scrutiny, damaging political stability and institutional reputations. These motivations drive a deliberate effort to suppress transparency and accountability.

Key Points:

- **Avoiding Scrutiny:** Connecticut officials prioritize obscuring inefficiencies and potential financial mismanagement rather than addressing whistleblower concerns.
- **Fiscal Vulnerability:** The state's precarious financial position fuels an incentive to suppress whistleblowers and deny transparency to prevent federal audits or public fallout.
- **Retaliatory Measures:** Agencies such as DSS retaliate against whistleblowers like David Medeiros to deter future accountability efforts, reinforcing a culture of impunity.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Lack of Federal Enforcement

Deferred Oversight Creates a Vacuum of Accountability

Federal agencies like the **Department of Justice (DOJ)** and **Office for Civil Rights (OCR)** within the **Department of Health and Human Services (HHS)** are tasked with enforcing ADA compliance and whistleblower protections. However, these agencies frequently defer to state jurisdictions, allowing violations to persist unchecked.

Key Points:

- **Vacuum of Accountability:** Federal inaction emboldens state agencies like DSS and CHRO, which exploit procedural loopholes to evade oversight.
- **Under prioritization of Disability Complaints:** ADA violations and whistleblower complaints, especially from individuals with disabilities, are often deprioritized due to bureaucratic inefficiency or limited resources.
- **Implicit Endorsement of State Inaction:** The lack of federal enforcement signals that state agencies can act with impunity, undermining the very purpose of federal protections.

3. Systemic Corruption

Institutional Self-Preservation Over Justice

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The refusal to act on credible complaints and the systemic obstruction faced by David Medeiros are indicative of deeper corruption. Agencies prioritize shielding themselves and their leadership over upholding public trust or addressing misconduct.

Key Points:

- **Corruption-Fueled Retaliation:** DSS and CHRO are complicit in protecting officials engaged in discriminatory or retaliatory practices by refusing to investigate or acknowledge complaints.
- **Erosion of Public Trust:** The failure to address David's complaints undermines confidence in government accountability, fostering public disenfranchisement.
- **Misaligned Priorities:** Agencies prioritize maintaining their power structures over ensuring justice, enabling discrimination and retaliatory practices to persist.

Exploitation of David Medeiros' Brain Injury

The deliberate disregard for David's documented **cognitive challenges** is not just an act of negligence; it represents a **weaponization of his disability** to suppress his advocacy and deny him justice.

4. Deliberate Procedural Barriers

Agencies such as DSS and CHRO have systematically refused to provide ADA-mandated accommodations, including simplified processes, email-only correspondence, and accessible

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



formats. These failures exacerbate David's difficulties as a **traumatic brain injury (TBI)** survivor.

Specific Examples:

- **Procedural Delays:** Refusal to simplify communication has created insurmountable delays and confusion, making it nearly impossible for David to pursue justice effectively.
- **Weaponized Complexity:** Agencies have used procedural obstacles to exhaust David's resources, undermine his advocacy, and delay action indefinitely.
- **Institutional Knowledge of Disability:** Officials are aware of David's cognitive challenges yet exploit them to silence his voice and obstruct his efforts to hold the system accountable.

5. Retaliation and Exclusion

David Medeiros' whistleblowing activities have made him a target for systemic retaliation. DSS officials and other state actors have exploited his disability to undermine his credibility and suppress his advocacy.

Key Retaliatory Actions:

- **Public Ridicule:** DSS officials publicly ridiculed David during ABI Waiver forums, excluding him from critical discussions and decision-making processes.



- **Whistleblower Retaliation:** David’s whistleblowing on Medicaid mismanagement has been met with systematic obstruction, inaction, and exclusion, violating federal whistleblower protections.
- **Suppression of Advocacy:** By denying David a platform, these agencies have silenced his advocacy, depriving vulnerable populations of a powerful voice.

The Broader Implications

The systemic failures and deliberate exploitation of David Medeiros’ disability have far-reaching consequences that extend beyond his individual case.

1. Erosion of Public Trust

- Connecticut’s refusal to investigate or address its own systemic failures undermines public confidence in government accountability.
- Federal inaction further erodes trust, signaling that the government is unwilling to protect constitutional rights or enforce transparency.

2. Endangerment of Vulnerable Populations

- By disregarding ADA compliance and whistleblower protections, these agencies fail to uphold the rights of individuals who depend on Medicaid and disability accommodations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- This systemic neglect perpetuates harm to already marginalized communities, leaving them without recourse or protection.

3. Mismanagement of Public Funds

- The misuse or mismanagement of Medicaid funds, coupled with a lack of transparency, raises significant concerns about financial accountability.
- Taxpayer dollars intended to support vulnerable populations are instead diverted or wasted, further exacerbating systemic inequality.

Conclusion: A Call for Justice

David Medeiros is not only a victim of systemic retaliation but also a symbol of the broader failures within Connecticut's state agencies and federal oversight bodies. The deliberate exploitation of his disability and suppression of his advocacy represents a fundamental violation of **constitutional rights, ADA protections, and public trust.**

These coordinated failures demand immediate and decisive federal intervention to restore justice, enforce accountability, and ensure systemic reform.

The Crux of the Matter

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



David Medeiros is trapped in a system designed to suppress whistleblowers, marginalize individuals with disabilities, and shield governmental misconduct. Each agency involved is either actively retaliating against him or passively allowing injustices to continue, leaving him without meaningful recourse.

This pattern of neglect and retaliation is not just a personal injustice—it represents a systemic failure that threatens the rights of all vulnerable populations.

Would you like this clarified further, or should we strengthen specific aspects of the complaint?

Complaint and Demand for Justice: Systemic Violations of Constitutional Rights, ADA Compliance, Whistleblower Protections, and State Transparency Obligations

Complainant:

David Medeiros

Founder, ABI Resources

Willimantic, Connecticut

Filed Against:

- **Connecticut Commission on Human Rights and Opportunities (CHRO)**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Connecticut Attorney General's Office**
- **Connecticut Department of Social Services (DSS)**
- **Unidentified State and Federal Officials**
- **U.S. Department of Justice (DOJ), Civil Rights Division**
- **U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR)**

Preface and Executive Summary

This complaint seeks to expose a systemic and coordinated failure by Connecticut state agencies, compounded by federal inaction, to uphold constitutional rights, enforce ADA compliance, protect whistleblowers, and maintain transparency through FOIA and related laws. As a whistleblower and a person with a brain injury, David Medeiros has been systematically retaliated against, discriminated against, and excluded from public processes vital to his rights, his advocacy, and his ability to serve the community of individuals with disabilities.

This primary complaint is submitted to demand:

1. Immediate enforcement of legal protections and accommodations.
2. A comprehensive investigation into systemic misconduct.
3. Transparent accountability and systemic reform to prevent recurrence of these injustices.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



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5. Impact on Vulnerable Populations
6. Demands for Immediate Relief and Systemic Accountability
7. Conclusion and Final Demands

1. Introduction and Purpose of the Complaint

David Medeiros files this primary complaint to document, expose, and demand immediate redress for systemic violations of his rights as a whistleblower, advocate, taxpayer, and person with a disability. Connecticut state agencies, including CHRO and DSS, have engaged in

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



deliberate and coordinated actions to suppress transparency, deny lawful accommodations, and retaliate against his efforts to expose Medicaid mismanagement and advocate for individuals with disabilities.

Despite notifying federal agencies, including the DOJ and HHS OCR, of these violations, no meaningful action has been taken. This complaint seeks enforcement of all applicable federal and state laws, systemic reform, and relief for the harms caused to David Medeiros and the broader population affected by these failures.

2. Legal Background and Framework

This complaint is rooted in foundational legal principles, federal statutes, and state laws designed to protect constitutional rights, ensure equity, and uphold accountability in public services.

A. Constitutional Provisions

1. **First Amendment:** Protects the right to petition the government for redress of grievances. CHRO's refusal to assign a case number and the Connecticut Attorney General's inaction constitute suppression of this fundamental right.
2. **Fifth Amendment:** Guarantees due process protections, violated by the state's failure to provide substantive responses or avenues for redress.
3. **Fourteenth Amendment:** Ensures equal protection under the law, which has been denied to David Medeiros as a person with a disability and whistleblower.

B. Federal Statutes

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. **Americans with Disabilities Act (ADA) Title II (42 U.S.C. § 12132):** Prohibits discrimination in public services, requiring accessibility and accommodations.
2. **Rehabilitation Act (29 U.S.C. § 794):** Mandates accessibility and prohibits discrimination in federally funded programs.
3. **Whistleblower Protection Act (5 U.S.C. § 2302):** Protects individuals reporting government misconduct, ensuring they are shielded from retaliation.
4. **Freedom of Information Act (FOIA, 5 U.S.C. § 552):** Mandates timely access to public records to ensure accountability and transparency.

C. Connecticut Statutory Obligations

1. **Connecticut FOIA (C.G.S. § 1-200 et seq.):** Ensures public access to government records and transparency in state agency operations.
2. **Anti-Discrimination Laws under CHRO's Jurisdiction:** Mandate investigation of complaints alleging discrimination or retaliation.

D. Case Law Supporting the Complaint

1. **Tennessee v. Lane (2004):** Reaffirmed the ADA's applicability to public services and institutions.
2. **NARA v. Favish (2004):** Established FOIA's role in ensuring transparency in matters of public interest.
3. **Chevron U.S.A., Inc. v. NRDC (1984):** Limited agency discretion to ensure compliance with statutory mandates.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Factual Background and Timeline of Events

October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to CHRO detailing ADA violations and systemic retaliation by DSS.
- Request: Assignment of a case number and initiation of an investigation.
- CHRO Response: No acknowledgment, no case number, and no investigation, violating statutory obligations.

October 30, 2024 – Follow-Up with CHRO

- David requested an update on the status of his complaint and reiterated the need for a case number.
- CHRO Response: Continued silence and inaction, creating procedural barriers.

November 1, 2024 – Appeal to Connecticut Attorney General

- Evidence of misconduct by DSS and CHRO submitted to the Attorney General, requesting oversight and intervention.
- AG Response: No acknowledgment or action, constituting abdication of statutory duties.

November 10, 2024 – Escalation to DOJ

- David submitted a detailed complaint to the DOJ, citing constitutional violations, ADA non-compliance, and whistleblower retaliation.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- DOJ Response: No substantive action, perpetuating systemic inaction and allowing violations to persist.

November 28, 2024 – Current Status

- CHRO: Refuses to act on the complaint or provide a case number.
- Attorney General: Has ignored all submissions, shielding state agencies from accountability.
- DOJ: Failed to enforce federal protections under the ADA and whistleblower statutes.

4. Systemic Violations of Law

A. Constitutional Violations

1. First Amendment

- **Violation:** The Connecticut Commission on Human Rights and Opportunities (CHRO), the Connecticut Attorney General's Office, and DSS have systematically suppressed David Medeiros' right to petition for redress of grievances. CHRO's refusal to assign a case number to his notarized complaint constitutes an outright denial of access to due process mechanisms.
- **Supporting Precedent:**



- *Borough of Duryea v. Guarnieri (2011)*: Affirmed the right of individuals to petition the government for redress, reinforcing that denial of this right constitutes a constitutional violation.
- **Actions Involved:**
 - Delays and procedural barriers to processing the complaint.
 - Obstructive silence from CHRO, DSS, and the Attorney General's office.

2. Fifth Amendment

- **Violation:** Connecticut agencies' refusal to engage with David's complaints, issue case numbers, or provide updates denies him the procedural due process guaranteed under the Fifth Amendment.
- **Supporting Precedent:**
 - *Mathews v. Eldridge (1976)*: Established procedural due process requirements for fair and meaningful engagement with citizens.
- **Actions Involved:**
 - Arbitrary and capricious denial of access to legal and investigative procedures by CHRO.
 - DSS's retaliation and lack of transparency regarding Medicaid programs.

3. Fourteenth Amendment

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Violation:** Connecticut agencies have disproportionately harmed David Medeiros, a person with disabilities and a whistleblower, through discriminatory practices and the denial of equal protection under the law.
- **Supporting Precedent:**
 - *Obergefell v. Hodges (2015)*: Reinforced the Fourteenth Amendment's equal protection guarantees, particularly for marginalized groups.
 - *Tennessee v. Lane (2004)*: Established the right of individuals with disabilities to access public services without discrimination.

B. Americans with Disabilities Act (ADA) Violations

1. Denial of Reasonable Accommodations

- **Violation:** Connecticut agencies failed to provide ADA-compliant accommodations, such as accessible communication formats (e.g., email-only correspondence) and assistance with navigating complex procedural barriers.
- **Supporting Precedent:**
 - *Tennessee v. Lane (2004)*: Highlighted the obligation of public entities to accommodate individuals with disabilities in their access to government services.
 - *Alexander v. Choate (1985)*: Prohibited discriminatory practices that deny individuals meaningful access to public services.

2. Retaliation Against Disability Advocacy

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Violation:** DSS and CHRO retaliated against David Medeiros by excluding him from forums, ridiculing him publicly, and ignoring his requests for case numbers, all while knowing his disability-related challenges.
- **Supporting Precedent:**
 - *Olmstead v. L.C. (1999)*: Confirmed the ADA's mandate against unnecessary exclusion and segregation of individuals with disabilities.

C. Rehabilitation Act (Section 504) Violations

- **Violation:** DSS and CHRO, as recipients of federal funding, failed to meet Section 504's requirements to provide accessible services and accommodations to individuals with disabilities.
- **Supporting Precedent:**
 - *Barnes v. Gorman (2002)*: Enforced financial accountability for entities violating Section 504.

D. Whistleblower Protection Violations

1. Retaliation for Reporting Medicaid Mismanagement

- **Violation:** David Medeiros faced retaliation for exposing systemic Medicaid mismanagement and corruption within DSS. This included exclusion from critical forums and the withholding of vital information.



- **Supporting Statutes:**

- *Whistleblower Protection Act (5 U.S.C. § 2302):* Prohibits retaliation against individuals reporting government misconduct.

- **Actions Involved:**

- DSS's refusal to provide records, information, or updates related to whistleblower reports.
- CHRO and the Attorney General's office enabling retaliatory practices by refusing oversight.

2. Lack of Federal Enforcement

- **Violation:** Despite being notified, the DOJ failed to enforce whistleblower protections or investigate reported retaliation, allowing Connecticut agencies to perpetuate systemic misconduct.

E. FOIA and Transparency Violations

1. Failure to Respond to FOIA Requests

- **Violation:** DSS and related agencies failed to respond to FOIA requests for Medicaid records, ABI Waiver program details, and whistleblower case information within statutory timelines.
- **Supporting Statutes:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- FOIA (5 U.S.C. § 552): Mandates timely and comprehensive responses to public records requests.

2. Non-Referral of Misdirected FOIA Requests

- **Violation:** Agencies did not forward improperly file FOIA requests to the appropriate offices, violating statutory requirements under FOIA.

F. Connecticut State Law Violations

1. Anti-Discrimination Statutes

- **Violation:** CHRO failed to investigate DSS's discriminatory practices, violating its statutory mandate under Connecticut anti-discrimination laws.

2. Connecticut FOIA (C.G.S. § 1-200 et seq.)

- **Violation:** DSS obstructed transparency by withholding requested records related to Medicaid policies and whistleblower reports, violating state FOIA laws.

5. Impact on Vulnerable Populations

The systemic failures outlined in this complaint have far-reaching consequences:

- **Individuals with Disabilities:** Excluded from vital public services and decision-making processes due to ADA violations.

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- **Whistleblowers:** Silenced and retaliated against, eroding public trust in accountability mechanisms.
- **Taxpayers:** Denied transparency into the use of federal and state funds, raising concerns about financial mismanagement and corruption.

6. Demands for Immediate Relief and Systemic Accountability

Immediate Relief

1. Assignment of a CHRO case number and initiation of a full investigation into DSS's discriminatory practices.
2. Enforcement of ADA accommodations for all communications and procedures involving David Medeiros.

Federal Oversight

1. DOJ: Launch a formal investigation into systemic ADA violations and whistleblower retaliation.
2. HHS OCR: Enforce federal oversight to ensure DSS complies with ADA and Medicaid standards.

Accountability Measures

1. Full disclosure of DSS's Medicaid fund usage, specifically related to the ABI Waiver Program.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Disciplinary action against officials responsible for retaliation and non-compliance.

Systemic Reform

1. Enact policies ensuring timely responses to whistleblower complaints and ADA accommodation requests.
2. Strengthen oversight mechanisms to prevent retaliation, corruption, and systemic discrimination.

7. Conclusion and Final Demands

David Medeiros' rights as a whistleblower, advocate, and individual with a disability have been systematically violated at every level of government. This master complaint demands immediate enforcement of federal and state laws, systemic reform, and full accountability for the harms caused.

By upholding these demands, the federal government can restore public trust, protect vulnerable populations, and affirm its commitment to justice and transparency.

Complaint and Demand for Justice

Complainant:

David Medeiros

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Founder, ABI Resources

Willimantic, Connecticut

Filed Against:

- **Connecticut Commission on Human Rights and Opportunities (CHRO)**
- **Connecticut Attorney General's Office**
- **Connecticut Department of Social Services (DSS)**
- **Unidentified State and Federal Officials**
- **U.S. Department of Justice (DOJ), Civil Rights Division**
- **U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR)**

Preface and Executive Summary

This complaint exposes systemic failures and coordinates inaction by Connecticut state agencies and federal oversight bodies, leading to the violation of constitutional rights, non-compliance with ADA standards, retaliation against whistleblowers, and denial of transparency through FOIA. As a whistleblower and person with a disability, David Medeiros has faced retaliation, discrimination, and exclusion, leaving him unable to address systemic Medicaid mismanagement and protect the rights of vulnerable populations.

This document calls for:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. **Immediate enforcement of legal protections** for whistleblowers and individuals with disabilities.
2. **Thorough investigation** into systemic misconduct by state agencies and federal inaction.
3. **Transparent accountability and reform** to ensure no recurrence of these injustices.

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1. Introduction and Purpose of the Complaint

David Medeiros submits this complaint to document and demand redress for systemic violations of his rights as a whistleblower, disability advocate, taxpayer, and citizen. Connecticut state agencies have suppressed transparency, retaliated against whistleblowers, and denied ADA accommodations, creating a dangerous precedent for the treatment of individuals seeking accountability.

Despite repeated submissions to federal oversight bodies, including the DOJ and HHS OCR, no meaningful action has been taken. This complaint seeks the enforcement of federal and state laws, the protection of constitutional rights, and systemic reform.

2. Legal Background and Framework

This complaint invokes federal statutes, constitutional principles, and state laws designed to safeguard equity, accountability, and accessibility in public services.

A. Constitutional Provisions

1. **First Amendment:** Protects the right to petition for redress of grievances.

- CHRO and the Connecticut Attorney General's Office have suppressed this right by refusing to act on valid complaints.

2. **Fifth Amendment:** Guarantees due process protections, which were denied when agencies failed to provide substantive responses or case numbers.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. **Fourteenth Amendment:** Protects against discrimination, which has been evident in the systemic exclusion and retaliation against David Medeiros as a person with a disability and whistleblower.

B. Federal Statutes

1. Americans with Disabilities Act (ADA):

- Title II (42 U.S.C. § 12132): Mandates accessibility and prohibits discrimination in public services.

2. Rehabilitation Act:

- Section 504 (29 U.S.C. § 794): Requires accessibility in federally funded programs.

3. Whistleblower Protection Act (5 U.S.C. § 2302):

- Shields individuals exposing government misconduct from retaliation.

4. Freedom of Information Act (FOIA, 5 U.S.C. § 552):

- Mandates timely access to public records for transparency.

C. Connecticut Statutory Obligations

1. Connecticut FOIA (C.G.S. § 1-200 et seq.):

- Ensures public access to government records.

2. Anti-Discrimination Laws under CHRO Jurisdiction:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Mandates investigation of complaints regarding discrimination and retaliation.

D. Supporting Case Law

1. **Tennessee v. Lane (2004):** Enforced ADA compliance for public institutions.
2. **NARA v. Favish (2004):** Reaffirmed FOIA's role in ensuring public accountability.
3. **Chevron U.S.A., Inc. v. NRDC (1984):** Limited agency discretion to ensure compliance with statutory mandates.

3. Factual Background and Timeline of Events

October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to CHRO alleging ADA violations and systemic retaliation by DSS.
- **CHRO Response:** No acknowledgment, no case number, and no investigation initiated, in clear violation of its statutory obligations.

October 30, 2024 – Follow-Up with CHRO

- David reiterated his request for a case number and investigation status.
- **CHRO Response:** Continued silence, creating procedural barriers and denying justice.

November 1, 2024 – Appeal to Connecticut Attorney General

- Submitted evidence of DSS's misconduct and CHRO's inaction to the Attorney General.



- **AG Response:** No acknowledgment or action, allowing systemic violations to persist.

November 10, 2024 – Escalation to DOJ

- Detailed complaint submitted to the DOJ, outlining ADA violations, whistleblower retaliation, and suppression of constitutional rights.
- **DOJ Response:** No substantive action taken, perpetuating systemic inaction.

November 28, 2024 – Current Status

- **CHRO:** Still refuses to assign a case number or act.
- **Attorney General:** Continues to ignore the complaint.
- **DOJ:** Failed to enforce federal protections under ADA and whistleblower statutes.

4. Systemic Violations of Law

A. Constitutional Violations

1. **First Amendment:** Suppression of the right to petition for redress.
2. **Fifth Amendment:** Denial of due process by failing to provide substantive responses.
3. **Fourteenth Amendment:** Systemic discrimination against individuals with disabilities.

B. ADA Violations

1. Denial of reasonable accommodations, including accessible communication formats.
2. Retaliation against advocacy and whistleblowing efforts.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



C. Rehabilitation Act Violations

Failure to meet federally funded programs' accessibility requirements.

D. Whistleblower Protection Violations

Retaliation for exposing Medicaid mismanagement and corruption.

E. FOIA and Transparency Violations

1. Failure to respond to FOIA requests.
2. Non-referral of misdirected FOIA requests.

F. Connecticut State Law Violations

1. Violation of CHRO's anti-discrimination mandate.
2. Failure to ensure public transparency under Connecticut FOIA.

5. Comprehensive Impact on Vulnerable Populations

The systemic failures outlined in this complaint have far-reaching and devastating effects on vulnerable populations, violating fundamental constitutional principles, statutory mandates, and ethical obligations. Below is a detailed analysis of how these violations impact three critical groups.

A. Individuals with Disabilities

1. **Exclusion from Public Services**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **ADA Violations:** The refusal of Connecticut agencies, including DSS and CHRO, to provide reasonable accommodations as mandated by the Americans with Disabilities Act (ADA) systematically excludes individuals with disabilities from accessing public services. This violates their constitutional right to equal protection under the Fourteenth Amendment and statutory protections under the ADA and Section 504 of the Rehabilitation Act.
- **Specific Harm to David Medeiros:** As a person with a brain injury, David Medeiros has faced procedural and logistical barriers, including:
 - Failure to provide accessible communication formats, such as email-only correspondence and screen-reader-compatible documents.
 - The deliberate use of complex, inaccessible processes to impede his ability to advocate effectively.
- **Broader Implications:** These actions signal to other individuals with disabilities that their needs will be ignored or obstructed, discouraging engagement with public institutions and perpetuating systemic discrimination.

2. Segregation and Stigmatization

- **Constitutional Violation:** Exclusion from decision-making processes and public forums creates a de facto segregation of individuals with disabilities, reinforcing stigmas and systemic barriers. This directly contravenes the Supreme Court's mandate in *Tennessee v. Lane* (2004), which established the necessity of public institutions providing equitable access.

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B. Whistleblowers

1. Silencing Advocacy

- **Suppression of Free Speech:** Retaliation against David Medeiros for exposing Medicaid mismanagement violates his First Amendment right to free speech. By silencing whistleblowers, Connecticut agencies erode a cornerstone of democratic accountability and transparency.
- **Chilling Effect:** DSS's public ridicule and exclusion of David Medeiros, combined with CHRO's refusal to investigate, create a hostile environment for other potential whistleblowers, deterring them from reporting misconduct or advocating for systemic change.

2. Erosion of Public Accountability

- **Violation of Whistleblower Protection Laws:** By failing to act on David Medeiros' reports of Medicaid mismanagement, DSS and CHRO undermine federal and state whistleblower protections, including those enshrined in the Whistleblower Protection Act (5 U.S.C. § 2302). This enables corruption and malpractice to persist unchecked.
- **Impact on Democratic Oversight:** Whistleblowers are critical to uncovering government mismanagement and corruption. Suppressing their voices undermines public trust and weakens institutional accountability.



C. Taxpayers

1. Denial of Transparency in Public Fund Usage

- **FOIA Violations:** The refusal to provide timely responses to FOIA requests and transparency regarding Medicaid fund allocations deprives taxpayers of their right to scrutinize how public funds are managed. This violates federal FOIA laws (5 U.S.C. § 552) and Connecticut FOIA statutes (C.G.S. § 1-200 et seq.).
- **Specific Allegations:** DSS's obstruction of records related to Medicaid, including the ABI Waiver Program, raises concerns about the potential misuse or mismanagement of federal and state funds.

2. Financial Harm

- **Mismanagement of Medicaid Funds:** Inefficient or corrupt use of Medicaid resources directly impacts taxpayers, who bear the financial burden of supporting these programs. The lack of oversight and transparency perpetuates waste and undermines public confidence in government stewardship.

3. Broader Consequences: Taxpayer dollars intended to support vulnerable populations are diverted or wasted due to systemic failures, eroding public trust and the integrity of federally funded programs.

6. Demands for Immediate Relief and Systemic Accountability

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



To address the systemic violations outlined above, the following measures are demanded to restore justice, enforce legal protections, and uphold transparency:

Immediate Relief

1. Assignment of a CHRO Case Number:

- CHRO must immediately assign a case number to David Medeiros' complaint and provide a timeline for investigating DSS's discriminatory practices.
- A full and transparent investigation must be conducted, with findings publicly reported to ensure accountability.

2. Enforcement of ADA Accommodations:

- All communications with David Medeiros must adhere to ADA standards, including email-only correspondence, accessible formats, and simplified processes.
- Federal and state agencies must review their ADA compliance protocols to prevent further violations.

Federal Oversight

1. DOJ Investigation:

- The Department of Justice must launch a formal investigation into systemic ADA violations, whistleblower retaliation, and constitutional rights infringements by Connecticut agencies.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. HHS OCR Enforcement:

- The Office for Civil Rights at HHS must enforce oversight of Connecticut's Medicaid program to ensure compliance with ADA and Rehabilitation Act requirements.

Accountability Measures

1. Full Disclosure of DSS Medicaid Fund Usage:

- DSS must release detailed records of Medicaid fund usage, particularly those related to the ABI Waiver Program, to determine whether federal funds have been mismanaged.

2. Disciplinary Actions Against Officials:

- State officials responsible for retaliation, non-compliance, or discriminatory practices must face disciplinary measures, including removal from positions of authority where appropriate.

Systemic Reform

1. Timely Responses to Whistleblower Complaints:

- Policies must be enacted to ensure that all whistleblower complaints are addressed promptly and transparently, with legal protections strictly enforced.

2. Strengthened Oversight Mechanisms:



- Oversight bodies must implement safeguards to prevent retaliation, corruption, and systemic discrimination within federally funded programs.

7. Conclusion and Final Demands

David Medeiros’ constitutional rights, statutory protections, and dignity as a whistleblower and individual with a disability have been systematically violated at every level of government. These coordinated failures demand immediate federal intervention, systemic reform, and full accountability.

Final Demands:

1. Immediate enforcement of federal and state laws to protect whistleblowers and individuals with disabilities.
2. Comprehensive investigations by the DOJ and HHS OCR into systemic failures and non-compliance.
3. Structural reforms to ensure transparency, accountability, and equitable access to public services for all individuals.

By addressing these demands, the federal government can restore public trust, safeguard vulnerable communities, and reaffirm its commitment to justice, equality, and transparency.

Demands for Immediate Relief

1. Formal Acknowledgment and Redress

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- **CHRO Case Number and Investigation Timeline:** CHRO must immediately assign a case number to David's complaint, ensuring transparency in its investigation of DSS's discriminatory practices.
- **Public Apology:** A formal apology from Connecticut DSS, CHRO, and the Attorney General for retaliatory actions, discrimination, and neglect of their constitutional and statutory obligations.

2. Immediate Enforcement of ADA Accommodations

- **Accessibility Protocols:** All communication with David must adhere to ADA standards, including:
 - Email-only correspondence.
 - Screen-reader-compatible documents.
 - Summarized and simplified information to accommodate his TBI-related cognitive challenges.
- **Dedicated Accessibility Advocate:** Appoint a state and federal-level liaison to oversee all accommodations provided to David in the complaint process.

3. Cease Retaliatory Practices

- **Immediate Suspension of Retaliatory Officials:** DSS and CHRO officials identified in discriminatory or retaliatory actions must be removed from any involvement with David's case until investigations are complete.



- **Protection from Future Retaliation:** A legally binding agreement must be enacted to prevent further acts of retaliation or discrimination against David, his business (ABI Resources), or any associated individuals.

Federal Oversight and Systemic Accountability

1. DOJ Investigation

- The Department of Justice must launch a formal investigation into Connecticut's systemic violations of:
 - David's constitutional rights (First, Fifth, and Fourteenth Amendments).
 - ADA compliance failures.
 - Whistleblower retaliation under federal statutes.

2. HHS OCR Enforcement

- The Office for Civil Rights must audit DSS and CHRO to assess ADA compliance and Medicaid program management, particularly in the context of the ABI Waiver Program.

3. Federal Protection of Whistleblowers

- DOJ must enforce whistleblower protections under the Whistleblower Protection Act, ensuring David is shielded from retaliation and any whistleblowing actions are fully investigated.



4. Transparency in Medicaid Fund Usage

- Connecticut DSS must provide a detailed, audited report on its use of Medicaid funds, specifically those allocated to the ABI Waiver Program, to determine potential misuse or mismanagement.

5. Immediate Federal Oversight

- Appoint a federal oversight committee to review Connecticut's handling of ADA compliance, Medicaid administration, and whistleblower protection.

Demands for Systemic Reform

1. Strengthened ADA Compliance Mechanisms

- **Independent Audits:** Regular, independent audits of Connecticut's compliance with ADA and Rehabilitation Act standards in all state agencies.
- **Training Programs:** Mandate comprehensive training for state employees on ADA requirements, disability rights, and whistleblower protections.

2. Enhanced Whistleblower Protections

- **Expedited Whistleblower Claims:** Implement clear timelines and federal oversight for whistleblower complaints, ensuring prompt investigations and resolutions.



- **Whistleblower Advocacy Office:** Establish an independent advocacy office to assist whistleblowers in navigating complaints, ensuring protection from retaliation.

3. FOIA and Transparency Reform

- **Timely FOIA Responses:** Enforce strict compliance with FOIA and Connecticut FOIA statutes, including penalties for non-compliance.
- **Mandatory Record Forwarding:** Require all improperly submitted FOIA requests to be forwarded to the appropriate agency within five business days.

4. Structural Reform in Connecticut Agencies

- **Oversight Committees:** Create independent oversight committees to monitor DSS and CHRO operations, ensuring transparency, accountability, and adherence to legal standards.
- **Public Reporting:** Mandate public reporting on the outcomes of ADA and whistleblower-related complaints to restore public trust.

Restorative Justice for David Medeiros

1. Compensatory Damages

- Financial compensation for the pain, suffering, and professional harm caused by the systemic violations of David's constitutional rights, ADA protections, and whistleblower status.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Legal and Advocacy Support

- Demand: Appoint federally funded legal counsel to provide David Medeiros with specialized, comprehensive legal representation to ensure the full enforcement of his rights under constitutional, federal, and state law.
- Purpose:
- To Level the Playing Field: Ensure David has access to expert legal resources to counter the institutional advantages of state and federal agencies, which have repeatedly failed to address his grievances and protect his rights.
- To Enforce Compliance: Guarantee the enforcement of ADA mandates, whistleblower protections, and constitutional safeguards that have been systematically ignored.
- To Ensure Accessibility: Provide legal counsel trained in ADA compliance to meet David's unique needs as a brain injury survivor, ensuring equitable participation and effective advocacy throughout the legal process.
- Rationale:
- Systemic Complexity: The violations span multiple legal frameworks, including the Americans with Disabilities Act (ADA), the Rehabilitation Act, whistleblower statutes, constitutional law, and FOIA requirements. Legal expertise is essential to navigate these intersecting areas effectively.

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- **Power Imbalance:** David faces well-resourced government entities that have demonstrated a coordinated effort to suppress his advocacy and obstruct justice. Federally funded legal counsel is necessary to balance this disparity.
- **ADA Obligations:** David's brain injury imposes cognitive challenges, such as memory deficits and processing difficulties. Denying legal support would effectively exclude him from the justice system, compounding the ADA violations he has already endured.
- **Institutional Accountability:** Legal representation is critical for compelling compliance from state and federal agencies that have failed to act on their statutory and constitutional obligations.
- **Precedents Supporting the Demand:**
 - **Powell v. Alabama (1932):** Recognized the right to legal counsel as essential to due process under the Fourteenth Amendment.
 - **Tennessee v. Lane (2004):** Affirmed the right of individuals with disabilities to access public services, including justice systems, without discrimination.
 - **Olmstead v. L.C. (1999):** Established the principle that unnecessary exclusion of individuals with disabilities constitutes discrimination under the ADA.
- **Expected Outcomes:**
 - **Effective Advocacy:** Legal counsel will ensure that David's complaints are pursued vigorously, with no room for procedural dismissals or oversight failures.



- Enforcement of Rights: Legal expertise will hold agencies accountable for their statutory violations and secure compliance with ADA, whistleblower, and transparency laws.
- Prevention of Further Retaliation: Federally funded legal representation will function as a safeguard against continued retaliation and systemic neglect by state and federal agencies.
- Restoration of Justice: Legal support will not only protect David's rights but also serve as a precedent for enforcing similar rights for other whistleblowers and individuals with disabilities.
- Conclusion:
- Appointing federally funded legal counsel is not optional—it is a necessary and immediate measure to rectify the systemic injustices David has faced, ensure the enforcement of his legal rights, and restore public confidence in the accountability of government institutions.
- Appoint federally funded legal counsel to assist David in navigating ongoing complaints and ensuring enforcement of all relevant laws.

3. Restoration of Professional Standing

- Public acknowledgment of David's contributions as a whistleblower and advocate for individuals with disabilities, highlighting his role in exposing systemic failures.

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4. Public Investigation of Retaliatory Practices

- A federal investigation into the retaliatory culture within Connecticut agencies, with a specific focus on DSS and CHRO.

Final Demands for Justice and Systemic Change

1. Restoration of Constitutional Rights

- Immediate enforcement of David's First, Fifth, and Fourteenth Amendment protections, ensuring he is no longer subject to segregation, discrimination, or retaliation.

2. Comprehensive Federal and State Investigations

- DOJ and HHS OCR must collaborate to investigate systemic failures, ensuring federal laws are enforced and future violations are prevented.

3. Permanent Policy Changes

- Enact structural reforms to ensure ADA compliance, protect whistleblowers, and enforce transparency laws at all levels of government.

Why These Demands Are Necessary

David Medeiros has suffered profound personal and professional harm due to systemic failures, discriminatory practices, and retaliatory actions by Connecticut agencies. These injustices not

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only violate his constitutional and statutory rights but also undermine public trust in the institutions responsible for protecting vulnerable populations.

Addressing these demands will:

- Restore David's dignity and rights as a U.S. citizen, whistleblower, and disability advocate.
- Send a clear message that federal and state governments are committed to upholding justice, transparency, and accountability.
- Protect future whistleblowers and individuals with disabilities from similar injustices.

By taking decisive action, the federal government can reaffirm its commitment to justice, equity, and the rule of law while honoring the courage and integrity of those, like David Medeiros, who fight to protect it.

Sincerely,

David Medeiros

David Medeiros

Founder, ABI Resources

TBI and Stroke Survivor



Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Constitutional rights, First Amendment, Fifth Amendment, Fourteenth Amendment, Americans with Disabilities Act (ADA), Rehabilitation Act Section 504, Whistleblower Protection Act, Freedom of Information Act (FOIA), disability rights, systemic corruption, Medicaid mismanagement, public accountability, state transparency, ADA compliance, whistleblower retaliation, civil rights violations, equal protection under the law, due process rights, reasonable accommodations, procedural justice, TBI advocacy, structural reform, federal oversight, systemic discrimination, government accountability, taxpayer protections, misuse of public funds, retaliation prevention, transparency enforcement, restorative justice, federal investigations, independent audits, anti-discrimination statutes, equitable access, whistleblower protections, legal redress, systemic reform policies, and federal-state compliance. Transparency: Enforce FOIA and ADA compliance to reveal systemic failures and establish trust in government institutions. Accountability: Demand disciplinary actions and investigations to address misconduct in state agencies.

Justice: Restore constitutional and statutory rights for whistleblowers and individuals with disabilities.

Equity: Advocate for fair access to public services, as mandated by ADA and constitutional protections.

Oversight: Ensure federal agencies actively monitor state adherence to federal laws.

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David Medeiros, Founder of ABI Resources, continues to advocate for systemic reform and transparency to protect vulnerable populations, uphold constitutional principles, and safeguard the integrity of federal programs. DB.42.131.Inf. DOGE

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1. What action did they take?

Actions Taken by the Involved Parties

1. Connecticut Department of Social Services (DSS):

- Publicly ridiculed and excluded David Medeiros during ABI Waiver forums, violating ADA and First Amendment protections.
- Refused to provide ADA-mandated accommodations, including accessible communication formats and simplified processes.
- Obstructed access to critical information about Medicaid programs, including ABI Waiver policies, in violation of FOIA.
- Retaliated against David Medeiros for whistleblowing on systemic Medicaid mismanagement.

2. Connecticut Commission on Human Rights and Opportunities (CHRO):

- Refused to assign a case number or investigate David's notarized complaint alleging ADA violations and discrimination by DSS.
- Ignored follow-up inquiries regarding the status of the complaint, denying due process and perpetuating discrimination.

3. Connecticut Attorney General's Office:

- Failed to act on evidence submitted by David Medeiros regarding DSS misconduct and CHRO's inaction.



- Neglected its statutory duty to uphold constitutional and civil rights protections in Connecticut, effectively enabling systemic violations.

4. U.S. Department of Justice (DOJ), Civil Rights Division:

- Ignored David's formal complaints regarding ADA violations, whistleblower retaliation, and systemic corruption within Connecticut's Medicaid program.
- Failed to investigate or enforce federal protections, allowing violations to persist unchecked.

5. U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR):

- Did not investigate systemic ADA violations in Connecticut's Medicaid program, despite clear evidence of non-compliance and harm to individuals with disabilities.

6. Connecticut Governor's Office:

- Failed to intervene or provide oversight of DSS and CHRO despite being alerted to systemic violations and retaliation against David Medeiros.

7. Centers for Medicare & Medicaid Services (CMS):

- Did not enforce federal Medicaid oversight to ensure that Connecticut DSS complies with federal regulations and ADA mandates.

Summary of Actions:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Exclusion:** Agencies excluded David from forums and processes critical to his advocacy and whistleblower activities.
- **Retaliation:** State and federal actors retaliated against David for exposing Medicaid mismanagement, violating whistleblower protections.
- **Non-Compliance:** Agencies failed to uphold ADA requirements and constitutional rights, creating systemic barriers and procedural delays.
- **Neglect:** Federal oversight bodies deferred action, enabling Connecticut agencies to act with impunity.

Constitutional Violations and Crimes Committed

12. First Amendment Violations

- **Suppression of Petition Rights:** By ignoring David Medeiros' complaints and failing to investigate or act on his claims, Connecticut state agencies and federal oversight bodies have suppressed his constitutional right to petition the government for redress of grievances.
- **Retaliation Against Free Speech:** Retaliatory actions, such as public ridicule and exclusion from public forums, violate David's right to free speech, as protected by the First Amendment.

13. Fifth Amendment Violations

- **Denial of Procedural Due Process:** Connecticut DSS, CHRO, and the Attorney General's Office failed to provide timely and meaningful responses to David's complaints. The refusal to issue case numbers,

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investigate complaints, or enforce ADA compliance constitutes a denial of due process rights under the Fifth Amendment.

- **Arbitrary Actions:** The lack of transparency and accountability in denying David access to procedural protections constitutes arbitrary and capricious state actions, violating the principles of fundamental fairness guaranteed by the Fifth Amendment.

14. Fourteenth Amendment Violations

- **Denial of Equal Protection:** David, as an individual with a disability, has been subjected to systemic discrimination and segregation. Connecticut agencies' failure to provide reasonable accommodations and their active exclusion of David from critical processes violate the Equal Protection Clause.
- **State-Sanctioned Discrimination:** The coordinated inaction and refusal to investigate complaints by CHRO, DSS, and the Attorney General's Office amount to state-sanctioned discrimination against an individual with disabilities.

15. Americans with Disabilities Act (ADA) and Rehabilitation Act Violations

- **Failure to Accommodate:** DSS and CHRO failed to provide ADA-mandated accommodations, such as email-only correspondence, accessible documents, and simplified processes. This denies David equal access to public services as required under federal law.



- **Segregation and Exclusion:** David was excluded from forums and decision-making processes, creating a de facto segregation, which is prohibited under the ADA and Section 504 of the Rehabilitation Act.

16. Whistleblower Protection Act Violations

- **Retaliation for Protected Activity:** DSS retaliated against David for exposing Medicaid mismanagement and systemic corruption, violating his protections under the Whistleblower Protection Act. The refusal to investigate his complaints further compounds this retaliation.
- **Chilling Effect on Advocacy:** The systemic retaliation discourages other whistleblowers from coming forward, undermining the principles of transparency and accountability protected under federal law.

17. FOIA Violations

- **Denial of Access to Public Records:** DSS's refusal to respond to FOIA requests regarding Medicaid fund usage and ABI Waiver details denies David his right to access public information, a key component of government transparency.
- **Failure to Forward Requests:** Improper handling and failure to forward FOIA requests to appropriate agencies further obstruct David's right to information, violating federal and state FOIA statutes.

Cumulative Impact

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The above violations collectively represent a systemic disregard for constitutional principles and federal protections. The acts of retaliation, exclusion, and failure to act demonstrate a pattern of willful neglect and abuse, undermining David Medeiros' rights as a whistleblower, individual with a disability, and U.S. citizen. These violations demand immediate federal oversight and corrective action to restore justice and ensure accountability.

2. When did this occur?

Timeline of Events

1. October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to the Connecticut Commission on Human Rights and Opportunities (CHRO), detailing ADA violations, systemic discrimination, and retaliation by the Connecticut Department of Social Services (DSS).

2. October 30, 2024 – Follow-Up with CHRO

- David requested a status update and assignment of a case number for his complaint. CHRO failed to respond, creating procedural barriers to justice.

3. November 1, 2024 – Appeal to Connecticut Attorney General

- David escalated his complaints to the Connecticut Attorney General's Office, providing evidence of systemic violations and requesting oversight of DSS and CHRO. The Attorney General's Office did not respond or take any action.



4. November 10, 2024 – Submission to DOJ

- David submitted a comprehensive complaint to the U.S. Department of Justice (DOJ), detailing ADA violations, constitutional breaches, whistleblower retaliation, and systemic mismanagement by Connecticut agencies. Despite the urgency, the DOJ failed to initiate an investigation or enforce compliance.

5. November 28, 2024 – Current Status

- **CHRO:** Refuses to assign a case number or act on David’s complaint, obstructing due process.
- **Connecticut Attorney General:** Has ignored all communications, abdicating responsibility for overseeing state agency compliance.
- **DOJ:** Has not taken substantive action to investigate federal violations or ensure ADA compliance.
- **HHS OCR:** Remains unresponsive despite its mandate to enforce ADA compliance and Medicaid program integrity.

These violations and inactions have created a continuous pattern of systemic neglect and retaliation against David Medeiros, with no resolution or accountability to date.

4. How did you discover this action?

How the Action Was Discovered

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



David Medeiros, as a whistleblower and disability advocate, discovered the actions through direct personal experience and documentation, which include:

6. Personal Experience with Discrimination and Retaliation

- David experienced firsthand acts of exclusion, public ridicule, and procedural barriers during interactions with Connecticut Department of Social Services (DSS) officials. For example:
 - He was excluded from critical discussions related to the ABI Waiver Program.
 - He was subjected to public ridicule during forums, despite being a known advocate for individuals with disabilities and a whistleblower exposing Medicaid mismanagement.

7. Documented Failures of State Agencies

- David submitted a notarized complaint to the Connecticut Commission on Human Rights and Opportunities (CHRO) detailing ADA violations and retaliation. However, CHRO failed to acknowledge the complaint, assign a case number, or investigate the allegations, creating procedural obstacles.

8. Evidence of Inaction by the Connecticut Attorney General

- Despite escalating the matter and providing comprehensive evidence of systemic failures, the Connecticut Attorney General's Office did not respond to or investigate the allegations, effectively enabling discriminatory practices.



9. Federal Agency Inaction

- After submitting a detailed complaint to the U.S. Department of Justice (DOJ) and the Department of Health and Human Services Office for Civil Rights (HHS OCR), David received no meaningful response or enforcement action, revealing a vacuum of oversight and accountability.

10. Pattern of Retaliation and Non-Compliance

- Through repeated attempts to obtain ADA accommodations, transparency in Medicaid fund usage, and responses to whistleblower complaints, David identified a systemic pattern of evasion, retaliation, and disregard for constitutional and statutory obligations by Connecticut state agencies and federal oversight bodies.

These actions were uncovered as part of David's ongoing efforts to advocate for the rights of individuals with disabilities, ensure transparency in public programs, and expose systemic failures in government accountability.

Additional Facts Supporting the Allegation

1. Documented Failures by State Agencies

- **Connecticut Commission on Human Rights and Opportunities (CHRO):**

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- David Medeiros submitted a notarized complaint to CHRO on October 24, 2024, detailing ADA violations and systemic retaliation by DSS. CHRO failed to:
 - Assign a case number.
 - Investigate the allegations.
 - Provide any substantive acknowledgment or response, violating its statutory mandate to investigate discrimination complaints.
- This procedural inaction obstructs justice and denies David's right to due process.

2. Connecticut Department of Social Services (DSS) Retaliation:

- DSS officials publicly ridiculed David during ABI Waiver forums and excluded him from critical discussions, despite his role as a whistleblower and disability advocate.
- DSS has refused to provide reasonable ADA accommodations, including accessible communication formats (e.g., email-only correspondence), in direct violation of the ADA and Section 504 of the Rehabilitation Act.

3. Inaction by the Connecticut Attorney General's Office:

- Despite receiving evidence of systemic ADA violations, whistleblower retaliation, and Medicaid mismanagement, the Attorney General's Office failed to investigate or respond, abdicating its responsibility to enforce state and federal laws.

4. Federal Oversight Failures:



- The U.S. Department of Justice (DOJ) and the Department of Health and Human Services Office for Civil Rights (HHS OCR) were notified of systemic ADA violations, whistleblower retaliation, and constitutional breaches in November 2024. Despite this, no federal investigations or enforcement actions have been initiated, perpetuating state agency misconduct.

5. Evidence of ADA Non-Compliance:

- DSS repeatedly refused David's requests for ADA-compliant communication, such as screen-reader-compatible documents and simplified processes, exacerbating the challenges he faces as a traumatic brain injury (TBI) survivor.

6. Mismanagement of Public Funds:

- DSS has obstructed transparency regarding Medicaid fund usage, particularly funds allocated to the ABI Waiver Program. This raises significant concerns about potential misuse or mismanagement of taxpayer dollars.

7. Exploitation of Disability:

- State and federal officials are aware of David's brain injury and cognitive challenges, yet they have exploited his disability by creating procedural barriers and denying accommodations, effectively excluding him from advocacy and justice processes.

8. Pattern of Systemic Corruption and Retaliation:



- Agencies at both the state and federal levels have demonstrated a clear pattern of protecting their leadership and shielding systemic inefficiencies, corruption, and discrimination, rather than addressing legitimate complaints.
- By refusing to act on whistleblower disclosures, these agencies have enabled misconduct, eroded public trust, and fostered an environment where accountability is absent.

9. Violation of Transparency Laws:

- DSS and CHRO have failed to comply with Freedom of Information Act (FOIA) requests and Connecticut FOIA statutes, denying access to public records necessary for oversight and accountability.

10. Legal Precedents Supporting the Allegation:

- **Tennessee v. Lane (2004):** Establishes the obligation of public entities to provide equitable access for individuals with disabilities.
- **Whistleblower Protection Act (5 U.S.C. § 2302):** Prohibits retaliation against individuals reporting government misconduct.
- **Mathews v. Eldridge (1976):** Guarantees procedural due process protections under the Fifth Amendment.

These additional facts provide clear evidence of systemic failures, retaliatory practices, and non-compliance with federal and state laws, underscoring the urgency for federal intervention.



1. Gross Mismanagement:

1. Mismanagement of Medicaid Funds:

- The Connecticut Department of Social Services (DSS) has obstructed transparency regarding the allocation and use of Medicaid funds, particularly those allocated to the Acquired Brain Injury (ABI) Waiver Program. This raises significant concerns about:
 - Potential misuse or diversion of federal and state funds.
 - Failure to ensure Medicaid resources reach vulnerable populations who rely on these programs for essential services.

2. Failure to Enforce ADA Compliance:

- DSS and the Connecticut Commission on Human Rights and Opportunities (CHRO) have failed to implement federally mandated ADA accommodations. This mismanagement denies equitable access to government programs and services for individuals with disabilities, violating their civil rights and federal law.

3. Lack of Oversight and Accountability:

- Despite numerous complaints and evidence of systemic issues, neither state nor federal agencies, including the DOJ and HHS OCR, have taken



appropriate enforcement action. This absence of oversight enables further mismanagement and neglect of statutory responsibilities.

4. Inadequate Response to Whistleblower Disclosures:

- State agencies and federal oversight bodies have disregarded whistleblower allegations of systemic corruption and Medicaid mismanagement. By failing to investigate these claims, they allow financial inefficiencies and unethical practices to persist unchecked.

5. Procedural Failures:

- CHRO's refusal to assign a case number or investigate complaints demonstrates a lack of procedural rigor, leading to delays, inaction, and denial of justice for complainants like David Medeiros.
- DSS's refusal to provide ADA-compliant communication formats further exemplifies mismanagement of its internal processes, directly impacting the ability of individuals with disabilities to access critical services.

6. Exploitation of Vulnerable Populations:

- The ongoing failures disproportionately harm individuals with disabilities, Medicaid recipients, and whistleblowers, undermining public trust and violating fundamental principles of equity and justice.

7. Failure to Address Retaliation:



- The retaliatory actions taken against whistleblowers, including exclusion, ridicule, and denial of accommodations, are evidence of a system designed to suppress accountability rather than address mismanagement.

8. Erosion of Public Trust:

- The systemic failures of DSS, CHRO, and federal oversight bodies have created a culture of impunity, eroding public confidence in the integrity of government institutions and their ability to serve the public effectively.

These actions and inactions constitute gross mismanagement, endangering the integrity of federally funded programs, compromising public accountability, and perpetuating harm to vulnerable populations. Immediate federal intervention is required to address these systemic issues.



The listed individuals and entities engaged in or facilitated actions that collectively constitute systemic violations of constitutional rights, ADA non-compliance, whistleblower retaliation, and mismanagement of public funds. These actions include:

1. Suppression of Whistleblower Rights and Retaliation

- **DSS (Connecticut Department of Social Services):**
 - Publicly ridiculed and excluded David Medeiros from critical forums related to Medicaid and the ABI Waiver Program.
 - Obstructed David's advocacy efforts by withholding ADA-mandated accommodations, such as accessible communication formats and email-only correspondence.
 - Refused to provide requested records or updates, effectively silencing his whistleblowing efforts and suppressing public accountability.
- **CHRO (Commission on Human Rights and Opportunities):**
 - Refused to assign a case number to David's notarized complaint, delaying and obstructing justice.
 - Failed to investigate claims of systemic discrimination and retaliation, despite statutory mandates.
- **Connecticut Attorney General's Office:**
 - Ignored multiple submissions of evidence regarding DSS misconduct and CHRO's failure to act.



- Failed to intervene or provide oversight to enforce transparency, ADA compliance, and whistleblower protections.

2. Violations of ADA Protections and Disability Rights

- **DSS:**
 - Denied reasonable accommodations to David Medeiros, a traumatic brain injury (TBI) survivor, making it impossible for him to meaningfully participate in public processes.
 - Weaponized David’s disability by exploiting his cognitive challenges to create procedural delays, obstruct communication, and undermine his advocacy.
- **CHRO:**
 - Failed to enforce ADA and anti-discrimination statutes by not investigating documented violations or taking any corrective actions.
- **Federal Agencies (DOJ, HHS OCR, CMS):**
 - Neglected oversight responsibilities to ensure ADA compliance and accessibility in Connecticut’s Medicaid program, enabling DSS to continue discriminatory practices unchecked.

3. Mismanagement of Public Funds and Lack of Transparency

- **DSS:**

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- Withheld public records related to Medicaid fund allocations, including the ABI Waiver Program, violating FOIA and state transparency laws.
- Mismanaged Medicaid resources by failing to meet federal ADA standards while continuing to receive federal funding.
- **Federal Agencies (CMS, HHS OCR):**
 - Failed to audit or investigate the misuse of Medicaid funds in Connecticut, despite whistleblower complaints highlighting systemic issues.

4. Abuse of Authority and Gross Mismanagement

- **Connecticut Leadership (OPM, Governor's Office):**
 - Allowed systemic failures in oversight and enforcement by not addressing persistent complaints of corruption, discrimination, and retaliation.
 - Enabled DSS and CHRO's non-compliance with state and federal laws by failing to enact structural reforms.
- **Federal Agencies (DOJ, OSC):**
 - Ignored whistleblower reports and failed to initiate investigations into Connecticut's systemic mismanagement of Medicaid and ADA violations.

By engaging in these actions, state and federal officials created an environment that suppresses transparency, perpetuates discrimination, and denies whistleblowers like David Medeiros the protections guaranteed under federal and state law.

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Timeline of Events

1. October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to the Connecticut Commission on Human Rights and Opportunities (CHRO), detailing ADA violations, systemic discrimination, and retaliation by the Connecticut Department of Social Services (DSS).

2. October 30, 2024 – Follow-Up with CHRO

- David requested a case number and an update on the status of his complaint.
- CHRO failed to respond or assign a case number, effectively obstructing the complaint process.

3. November 1, 2024 – Appeal to Connecticut Attorney General

- David submitted evidence and documentation to the Connecticut Attorney General's Office, requesting oversight and intervention to address systemic misconduct by DSS and CHRO.
- The Attorney General's Office ignored the submission and failed to act.

4. November 10, 2024 – Escalation to DOJ

- David submitted a detailed whistleblower complaint to the U.S. Department of Justice (DOJ), highlighting ADA violations, FOIA non-compliance, whistleblower retaliation, and systemic mismanagement of Medicaid funds.



- DOJ failed to take substantive action or provide updates, perpetuating systemic inaction.

5. November 28, 2024 – Current Status

- **CHRO:** Continues to refuse to assign a case number or act on the complaint, obstructing the investigation process.
- **Attorney General's Office:** Remains unresponsive, abdicating its role in enforcing state laws and oversight.
- **DOJ:** Has not enforced federal protections under the ADA, FOIA, or whistleblower statutes, enabling ongoing violations.
- **HHS OCR (Office for Civil Rights):** Failed to investigate or ensure ADA compliance in Connecticut's Medicaid program.

These actions, delays, and failures demonstrate a coordinated and systemic effort to suppress transparency, deny justice, and perpetuate discrimination against David Medeiros.



Discovery of Actions

David Medeiros discovered these actions through firsthand experience and documented interactions with the involved parties. The following key events and observations provided evidence of the actions taken against him:

1. Refusal to Assign a Case Number by CHRO

- After submitting a notarized complaint to CHRO on October 24, 2024, David received no acknowledgment or case number, despite following up multiple times.
- The lack of response signaled procedural obstruction and a failure to fulfill CHRO's statutory obligations.

2. Exclusion and Ridicule by DSS

- During public forums related to the ABI Waiver Program, DSS officials publicly ridiculed and excluded David, creating a hostile environment for his advocacy.
- Witnesses corroborated these incidents, providing evidence of discriminatory practices.

3. Ignored Submissions to the Attorney General's Office

- Despite submitting detailed evidence of DSS and CHRO misconduct to the Attorney General on November 1, 2024, no acknowledgment or action was taken.
- This inaction became apparent when repeated attempts to follow up were ignored.

4. Federal Oversight Failures

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- Complaints to the DOJ and HHS OCR, submitted on November 10, 2024, included comprehensive documentation of ADA violations, whistleblower retaliation, and systemic mismanagement.
- The absence of substantive action or follow-up from these federal agencies revealed a broader pattern of neglect and inaction.

5. FOIA and ADA Compliance Failures

- Requests for ADA-compliant communication and public records related to Medicaid funds and the ABI Waiver Program were either ignored or obstructed.
- These failures were documented through email exchanges, unanswered requests, and a lack of transparent processes.

Each discovery is supported by correspondence records, witness testimony, and David's detailed documentation of the systemic barriers and retaliatory practices he encountered. These actions collectively indicate deliberate neglect and systemic discrimination.



Additional Facts Supporting the Allegations

1. Documented Retaliation and Exclusion by DSS:

- DSS officials publicly ridiculed David Medeiros during ABI Waiver forums, as corroborated by witnesses and documented in communications. These actions created a hostile environment, directly impeding his ability to advocate for Medicaid beneficiaries and individuals with disabilities.
- DSS failed to provide reasonable accommodations under the ADA, including email-only correspondence and simplified processes, despite David's documented cognitive challenges as a brain injury survivor.

2. CHRO's Failure to Investigate:

- Despite submitting a notarized complaint on October 24, 2024, and multiple follow-up communications, CHRO refused to assign a case number or initiate an investigation, violating its statutory obligation to investigate discrimination complaints.
- CHRO's inaction effectively denied David due process and equal protection under the law, prolonging systemic discrimination and retaliation.

3. Attorney General's Office Inaction:

- Submissions to the Connecticut Attorney General included detailed evidence of DSS's ADA violations and whistleblower retaliation. Despite the compelling nature of the evidence, the office failed to respond, investigate, or intervene.



- This neglect demonstrates a disregard for its duty to ensure state agency compliance with federal and state laws.

4. Federal Oversight Failures (DOJ and HHS OCR):

- The Department of Justice and the Office for Civil Rights at HHS were notified of systemic ADA violations, misuse of Medicaid funds, and whistleblower retaliation. Despite comprehensive documentation, neither agency initiated a substantive investigation or provided updates.
- Federal inaction perpetuates the culture of impunity within Connecticut's state agencies.

5. FOIA and Transparency Failures:

- DSS obstructed transparency by refusing to provide records related to Medicaid fund usage and ABI Waiver operations, despite FOIA and state FOIA laws mandating timely responses.
- Requests for ADA-compliant documents and communication were ignored, compounding David's inability to access critical information.

6. Pattern of Systemic Neglect and Corruption:

- Connecticut's financial reliance on Medicaid creates an incentive to suppress transparency and accountability. The refusal to investigate whistleblower complaints, accommodate disabilities, or ensure compliance highlights a coordinated effort to shield systemic mismanagement.

7. David Medeiros' Vulnerability as a Brain Injury Survivor:

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- Agencies weaponized David’s cognitive challenges to create procedural barriers, delay responses, and obstruct justice, further exacerbating the discrimination and retaliation he faced.
- The refusal to accommodate his needs constitutes a violation of the ADA and Rehabilitation Act, underscoring the systemic failure to protect vulnerable individuals.

Summary of Supporting Evidence:

- Witness testimony from public forums and interactions with DSS officials.
- Documentation of correspondence with CHRO, DSS, the Attorney General’s Office, DOJ, and HHS OCR.
- Records of FOIA requests, ADA accommodation requests, and their subsequent denials or lack of response.
- Evidence of retaliatory exclusion and ridicule during advocacy efforts.
- Clear patterns of systemic neglect and procedural obstruction across all involved agencies.

These facts demonstrate a coordinated effort to suppress whistleblower protections, violate ADA standards, and obstruct transparency, requiring immediate federal intervention and oversight.

Abuse of Authority: Retaliatory Actions and Discriminatory Practices

1. Connecticut Department of Social Services (DSS):

- **Retaliatory Exclusion:** DSS officials deliberately excluded David Medeiros from critical public forums related to the ABI Waiver Program, denying him a platform

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to advocate for Medicaid beneficiaries and individuals with disabilities. These actions targeted him specifically as a whistleblower, suppressing his ability to expose systemic Medicaid mismanagement.

- **Public Ridicule:** During public meetings, DSS officials publicly ridiculed David, leveraging his disability as a brain injury survivor to discredit his advocacy efforts and silence his concerns. This abuse of authority undermines the principles of public accountability and transparency.
- **ADA Violations:** DSS knowingly failed to provide reasonable accommodations for David's disability, such as email-only correspondence and simplified processes, obstructing his ability to navigate complex procedural systems and defend his rights.

2. Connecticut Commission on Human Rights and Opportunities (CHRO):

- **Failure to Investigate:** Despite being mandated to investigate discrimination complaints, CHRO refused to assign a case number or take action on David's notarized complaint. This inaction denied him due process and equal protection, effectively protecting DSS and perpetuating systemic discrimination.
- **Neglect of Statutory Duty:** CHRO's refusal to fulfill its investigative role demonstrates an abuse of authority by prioritizing institutional preservation over its mission to protect civil rights.

3. Connecticut Attorney General's Office:



- **Inaction on Documented Evidence:** Despite receiving comprehensive evidence of DSS's retaliatory practices, ADA violations, and systemic discrimination, the Attorney General's Office failed to act. This neglect reflects an abdication of its responsibility to ensure state agencies comply with federal and state laws, effectively enabling retaliatory practices.

4. Federal Oversight Bodies (DOJ and HHS OCR):

- **Failure to Intervene:** Despite being notified of systemic ADA violations, whistleblower retaliation, and misuse of Medicaid funds, both the Department of Justice and the Office for Civil Rights within HHS failed to enforce federal protections. Their inaction perpetuated the abuse of authority by state agencies, signaling tolerance for these violations.

Retaliatory Actions Against Whistleblowing Efforts:

- **Suppression of Advocacy:** By excluding David from forums and ridiculing his efforts, DSS and other agencies sought to suppress his whistleblowing on Medicaid mismanagement.
- **Weaponized Disability:** Agencies exploited David's cognitive challenges as a brain injury survivor to create procedural barriers, delay responses, and obstruct justice, effectively silencing his advocacy.
- **FOIA Obstruction:** DSS obstructed transparency by refusing to fulfill FOIA requests, denying David access to information crucial for holding the agency accountable.

Discriminatory Practices Against a Whistleblower with a Disability:

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- **Exclusion from Public Decision-Making:** By barring David from participating in public discussions, DSS violated his First Amendment rights to petition the government and participate in public forums.
- **Denial of Accommodations:** Refusing to honor ADA accommodation requests, including simplified communication and accessible formats, demonstrates systemic discrimination against individuals with disabilities.

Key Evidence of Abuse of Authority:

- Documented public ridicule and exclusion by DSS officials during ABI Waiver forums.
- Refusal of CHRO to investigate notarized complaints, ignoring statutory obligations.
- Lack of action from the Connecticut Attorney General's Office despite clear evidence of violations.
- Procedural barriers and delays created to undermine David's advocacy.
- Denials of FOIA requests and ADA accommodations, obstructing access to justice and accountability.

Summary:

The retaliatory and discriminatory practices by state and federal entities demonstrate a gross abuse of authority, targeting David Medeiros for his whistleblowing efforts. These actions violate constitutional protections, ADA mandates, and whistleblower laws, necessitating immediate federal oversight to address systemic failures and ensure accountability.



1. Who Took the Action?

1. Connecticut Department of Social Services (DSS):

- DSS officials actively retaliated against David Medeiros by excluding him from ABI Waiver Program forums, publicly ridiculing him, and denying ADA-mandated accommodations.

2. Connecticut Commission on Human Rights and Opportunities (CHRO):

- CHRO failed to investigate David's notarized complaint regarding ADA violations and discrimination, refusing to assign a case number or fulfill its statutory duty.

3. Connecticut Attorney General's Office:

- The Attorney General's Office ignored evidence of systemic violations, failing to intervene or provide oversight for DSS and CHRO's actions.

4. Federal Oversight Bodies:

- **Department of Justice (DOJ):** Failed to act on David's complaints regarding ADA violations, whistleblower retaliation, and systemic misuse of Medicaid funds.
- **Office for Civil Rights (OCR), Department of Health and Human Services (HHS):** Neglected its responsibility to enforce ADA compliance within federally funded programs, allowing systemic violations to persist.

5. Unnamed State and Federal Officials:

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- Participated in obstructing transparency, denying due process, and creating procedural barriers to silence David's advocacy and whistleblowing efforts.

Individuals and Entities Involved in Abuse of Authority

State-Level Actors

6. Deidre S. Gifford

- Commissioner, Connecticut Department of Social Services (DSS)
- Role: Oversaw the agency's discriminatory practices, denial of ADA accommodations, and retaliatory actions against David Medeiros.

7. Tanya Hughes

- Executive Director, Connecticut Commission on Human Rights and Opportunities (CHRO)
- Role: Failed to ensure the investigation of complaints, neglected to assign case numbers, and ignored statutory responsibilities to address systemic discrimination.

8. William Tong

- Connecticut Attorney General
- Role: Ignored evidence of systemic failures and violations, failing to intervene or hold DSS and CHRO accountable.

Federal-Level Actors

4. Merrick B. Garland

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- U.S. Attorney General, Department of Justice (DOJ)
- Role: Failed to act on complaints regarding ADA violations, whistleblower retaliation, and constitutional breaches.

5. **Xavier Becerra**

- Secretary, U.S. Department of Health and Human Services (HHS)
- Role: Neglected oversight responsibilities related to ADA compliance within Medicaid-funded programs.

6. **Chiquita Brooks-LaSure**

- Administrator, Centers for Medicare & Medicaid Services (CMS)
- Role: Allowed systemic Medicaid mismanagement and misuse of federal funds without intervention.

7. **Lisa J. Pino**

- Director, Office for Civil Rights (OCR), HHS
- Role: Failed to enforce ADA compliance and investigate systemic discrimination and retaliatory practices within Medicaid-funded programs.

Other Potentially Involved Officials

8. **Regional and Program Managers within DSS, CHRO, and CMS**

- Roles: Conducted, enabled, or failed to prevent retaliatory practices and procedural barriers aimed at silencing David Medeiros.



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Actions Taken: Abuse of Authority

State-Level Actions

1. Connecticut Department of Social Services (DSS):

- **Public Ridicule and Exclusion:** DSS officials publicly ridiculed David Medeiros during ABI Waiver Program forums, excluding him from discussions critical to Medicaid policy and decision-making.
- **Denial of ADA Accommodations:** Refused to provide accessible communication methods, such as email-only correspondence and simplified procedural guidelines, despite documented cognitive challenges from a brain injury.
- **Obstruction of Records Requests:** Failed to respond to Freedom of Information Act (FOIA) requests, withheld critical Medicaid documentation, and ignored whistleblower complaints.
- **Retaliation for Whistleblowing:** Took retaliatory actions, such as exclusion from forums and non-response to inquiries, after David exposed Medicaid mismanagement and systemic corruption.

2. Connecticut Commission on Human Rights and Opportunities (CHRO):

- **Failure to Investigate:** Refused to assign a case number to David's notarized ADA complaint, preventing any investigation into DSS's discriminatory practices.
- **Neglect of Statutory Duties:** Ignored repeated follow-up requests for updates on the complaint, effectively obstructing access to justice.

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- **Complicity in Discrimination:** Enabled DSS's retaliatory actions by failing to act on clear evidence of discrimination and ADA non-compliance.

3. Connecticut Attorney General's Office:

- **Neglect of Oversight Responsibilities:** Failed to address or intervene in systemic violations by DSS and CHRO, despite receiving substantial evidence of ADA violations, whistleblower retaliation, and constitutional rights breaches.
- **Shielding State Agencies:** Refused to investigate or hold state officials accountable for their misconduct.

Federal-Level Actions

4. Department of Justice (DOJ):

- **Failure to Act:** Ignored complaints highlighting systemic ADA violations, retaliation against a whistleblower, and constitutional breaches in state-run programs.
- **Deferred Oversight:** Allowed Connecticut agencies to operate with impunity by deferring accountability to state authorities.

5. Department of Health and Human Services (HHS):

- **Neglect of ADA Oversight:** Failed to enforce ADA compliance within federally funded Medicaid programs despite clear evidence of systemic violations.
- **Lack of Enforcement by OCR:** The Office for Civil Rights (OCR) failed to investigate systemic discrimination within Medicaid programs and the actions of DSS.



6. Centers for Medicare & Medicaid Services (CMS):

- **Failure to Address Mismanagement:** Neglected to audit or address Medicaid mismanagement under the ABI Waiver Program, enabling further misuse of federal funds and harm to vulnerable populations.
- **Permitting Retaliation:** Did not intervene to protect whistleblowers exposing Medicaid corruption.

Key Themes of Abuse of Authority:

- **Systemic Retaliation:** Agencies targeted David for exposing Medicaid mismanagement and systemic corruption, denying him access to justice and public forums.
- **Weaponized Bureaucracy:** Deliberate use of procedural barriers, such as withholding case numbers and ignoring ADA accommodation requests, to exhaust resources and undermine credibility.
- **Neglect of Federal and State Obligations:** Failure to enforce constitutional rights, ADA compliance, and whistleblower protections, allowing discriminatory and retaliatory practices to persist unchecked.

Timeline of Occurrence: Abuse of Authority

Key Dates and Events

1. October 24, 2024 – Filing of CHRO Complaint:

- David Medeiros submitted a notarized complaint to CHRO detailing ADA violations and systemic retaliation by DSS.
- CHRO failed to assign a case number or acknowledge the complaint.

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2. October 30, 2024 – Follow-Up with CHRO:

- David contacted CHRO requesting an update and reiterating the need for a case number.
- No substantive response or acknowledgment was provided.

3. November 1, 2024 – Appeal to Connecticut Attorney General:

- Submitted evidence to the Attorney General's Office highlighting DSS's retaliatory actions, ADA violations, and CHRO's inaction.
- The Attorney General ignored the submission and took no steps to address the complaints.

4. November 10, 2024 – Escalation to Federal Agencies:

- Detailed complaints submitted to the Department of Justice (DOJ) and the Department of Health and Human Services (HHS) Office for Civil Rights (OCR), citing whistleblower retaliation, ADA non-compliance, and constitutional violations.
- No substantive response or enforcement action was taken.

5. November 28, 2024 – Current Status:

- CHRO continues to refuse to assign a case number or act on the complaint.
- The Connecticut Attorney General remains silent, shielding state agencies from accountability.
- DOJ and HHS OCR have failed to enforce federal protections or investigate systemic violations.



Ongoing Nature of Abuse:

- **Retaliatory Actions by DSS:** Continued exclusion from forums, obstruction of FOIA requests, and denial of ADA accommodations.
- **Federal Inaction:** Lack of oversight and enforcement perpetuates a hostile environment for whistleblowers and individuals with disabilities.

How This Action Was Discovered

David Medeiros discovered the retaliatory actions and discriminatory practices through his direct interactions with state agencies, including CHRO, DSS, and the Attorney General's Office.

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These interactions were marked by deliberate inaction, procedural barriers, and public exclusion.

Key discoveries include:

1. Retaliatory Actions at Public Forums:

- During ABI Waiver Program discussions, DSS officials publicly ridiculed David and excluded him from critical decision-making processes. These actions were directly observed and documented by David as clear attempts to undermine his advocacy efforts and credibility as a whistleblower.

2. Failure to Respond to ADA Accommodation Requests:

- Despite repeated requests for reasonable ADA accommodations, including simplified correspondence and email-only communication, DSS and CHRO refused to comply. This non-compliance became evident through continued procedural delays and inaccessible communication methods.

3. CHRO's Refusal to Acknowledge Complaint:

- After filing a notarized complaint with CHRO on October 24, 2024, David discovered the agency's refusal to assign a case number or take any investigative action. Follow-ups on October 30, 2024, further confirmed CHRO's neglect of its statutory duties.

4. Attorney General's Silence:

- Evidence submitted to the Connecticut Attorney General's Office on November 1, 2024, was met with complete inaction. David discovered the lack of



accountability through the Attorney General's failure to respond to his submissions.

5. Federal Inaction by DOJ and HHS OCR:

- Complaints escalated to the DOJ and HHS OCR on November 10, 2024, provided detailed documentation of ADA violations, whistleblower retaliation, and systemic misconduct. The absence of follow-up or enforcement from these federal agencies highlighted their neglect.

6. Obstructed FOIA Requests:

- DSS and CHRO failed to provide timely responses to FOIA requests, further obstructing David's efforts to obtain transparency regarding Medicaid fund usage and agency accountability.

Through these events, David identified a coordinated pattern of retaliation, inaction, and systemic discrimination, underscoring a deliberate effort to suppress his advocacy and whistleblower disclosures.



Additional Facts Supporting the Allegation of Abuse of Authority

1. Documented Retaliation and Public Exclusion:

- **DSS Forum Behavior:** During ABI Waiver Program forums, DSS officials publicly ridiculed David Medeiros and excluded him from critical discussions, despite his role as a disability advocate and whistleblower. This retaliation was witnessed by multiple attendees and documented in communication records.
- **Exclusion from Decision-Making Processes:** Despite being a key stakeholder and advocate for individuals with disabilities, David was systematically excluded from forums and denied opportunities to provide input on critical Medicaid policies.

2. Failure to Investigate by CHRO:

- Despite filing a notarized complaint on October 24, 2024, detailing ADA violations and retaliation by DSS, CHRO refused to assign a case number or investigate the allegations. This failure to act highlights CHRO's abdication of its statutory responsibility to protect individuals from discrimination.

3. Attorney General's Refusal to Act:

- On November 1, 2024, David submitted evidence of misconduct and retaliation to the Connecticut Attorney General's Office. The Attorney General's Office has failed to provide acknowledgment, initiate an investigation, or take any corrective action, enabling ongoing abuses.

4. Pattern of ADA Non-Compliance:

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- Multiple ADA accommodation requests, including email-only correspondence and accessible formats for communication, were systematically denied by DSS and CHRO. This lack of compliance demonstrates a deliberate effort to obstruct David's ability to participate meaningfully in governmental processes.

5. FOIA Obstruction:

- David submitted FOIA requests to DSS and other agencies to obtain records related to Medicaid fund usage and ABI Waiver Program policies. These requests were either ignored or delayed far beyond statutory deadlines, highlighting a pattern of intentional non-compliance and a lack of transparency.

6. Federal Inaction and Neglect:

- Complaints escalated to the DOJ and HHS OCR on November 10, 2024, were met with silence. Despite being provided with comprehensive evidence of systemic ADA violations, whistleblower retaliation, and misuse of federal funds, federal agencies failed to investigate or enforce compliance.

7. Exploitation of Disability:

- Agencies are fully aware of David's traumatic brain injury (TBI) and related cognitive challenges but have weaponized these vulnerabilities by creating procedural barriers, ignoring accommodation requests, and delaying responses. This exploitation underscores the systemic nature of the abuse.

8. Medicaid Mismanagement Concerns:



- DSS’s refusal to disclose Medicaid fund usage, particularly regarding the ABI Waiver Program, raises serious concerns about potential mismanagement or misuse of federal funds. The lack of transparency and retaliatory actions suggest an attempt to shield systemic inefficiencies from public scrutiny.

9. Violation of Whistleblower Protections:

- David’s disclosures of Medicaid mismanagement have made him a target for coordinated retaliation. DSS and CHRO have actively suppressed his whistleblower complaints by obstructing due process and refusing to investigate credible allegations.

10. Pattern of Systemic Failures:

- These actions are not isolated incidents but part of a broader pattern of abuse, non-compliance, and lack of accountability by state and federal agencies. This systemic corruption endangers vulnerable populations and erodes public trust in government institutions.

These additional facts demonstrate a coordinated effort by state and federal entities to suppress David Medeiros’ advocacy, deny his rights, and protect systemic corruption from exposure.

Danger to Public Health

1. Who Took the Action?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Connecticut Department of Social Services (DSS):** Failed to ensure proper oversight and administration of Medicaid funds and services, particularly related to the ABI Waiver Program.
- **Connecticut Commission on Human Rights and Opportunities (CHRO):** Neglected its duty to address ADA violations, creating systemic barriers for individuals with disabilities, particularly those reliant on public health services.
- **Connecticut Attorney General's Office:** Refused to act on credible evidence of systemic issues in Medicaid administration and ADA non-compliance, enabling continued harm to vulnerable populations.
- **Federal Agencies (DOJ, HHS OCR):** Failed to investigate complaints and enforce compliance with ADA and Medicaid standards, exacerbating risks to public health.

2. What Action Did They Take?

- **Negligent Medicaid Administration:**
 - DSS failed to properly administer the ABI Waiver Program, creating delays and barriers to essential health services for individuals with acquired brain injuries.
 - Mismanagement of Medicaid funds has led to the inadequate delivery of healthcare and support services to vulnerable populations.
- **Systemic ADA Non-Compliance:**



- DSS and CHRO failed to address ADA violations, preventing individuals with disabilities from accessing healthcare services and accommodations critical to their well-being.
- **Retaliation Against Advocacy:**
 - By retaliating against David Medeiros, a whistleblower and advocate for vulnerable populations, state agencies suppressed critical voices advocating for healthcare improvements.
- **Failure to Investigate:**
 - CHRO and the Attorney General ignored complaints regarding discriminatory practices and ADA violations, allowing systemic issues to persist.
- **Federal Inaction:**
 - DOJ and HHS OCR did not enforce federal protections, leaving systemic failures unchecked and further endangering public health.

3. When Did This Occur?

- These actions and failures have occurred over an extended period, beginning with DSS's mismanagement of Medicaid programs and escalating with specific complaints filed by David Medeiros:
 - **October 24, 2024:** CHRO received a notarized complaint regarding ADA violations but failed to act.



- **November 1, 2024:** Evidence of Medicaid mismanagement and systemic failures was submitted to the Attorney General, who refused to respond.
- **November 10, 2024:** Federal complaints were escalated to DOJ and HHS OCR, with no action taken to address the documented issues.

4. How Did You Discover This Action?

- **Firsthand Advocacy Experience:**

- As a whistleblower and advocate for individuals with disabilities, David Medeiros observed systemic barriers in the administration of Medicaid and the ABI Waiver Program.

- **Direct Retaliation:**

- David experienced exclusion, ridicule, and denial of ADA accommodations while advocating for healthcare improvements.

- **Documentation of Complaints:**

- Evidence gathered from FOIA requests, public forums, and direct communications with state and federal agencies highlighted systemic failures and retaliatory practices.

- **Community Testimonies:**

- Testimonies from individuals with disabilities and their families corroborate the widespread harm caused by systemic failures in Medicaid administration and ADA compliance.

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5. What Additional Facts Support Your Allegation?

- **Systemic Barriers to Healthcare Access:**
 - DSS's mismanagement of Medicaid funds has resulted in delays and denials of critical healthcare services for individuals with acquired brain injuries and other disabilities.
 - The lack of ADA compliance has excluded individuals with disabilities from accessing necessary accommodations and support services.
- **Increased Health Risks:**
 - Delayed or inadequate healthcare services for Medicaid beneficiaries, particularly those with brain injuries, have led to worsening health outcomes and increased dependency on emergency care.
- **Impact on Vulnerable Populations:**
 - Vulnerable groups, including individuals with disabilities and low-income families, are disproportionately affected by these systemic failures, resulting in avoidable health crises.
- **Retaliation Against Advocacy:**
 - Retaliatory actions against David Medeiros have silenced advocacy efforts aimed at addressing these systemic health risks.
- **Lack of Oversight:**



- Despite multiple complaints to state and federal agencies, no meaningful action has been taken to investigate or rectify these issues, allowing risks to public health to persist.
- **FOIA Obstruction:**
 - DSS's refusal to release Medicaid fund usage data raises concerns about potential misuse of funds meant for healthcare services, further endangering public health.



Connecticut State Agencies and Officials

1. Manisha Juthani, MD

- **Title:** Commissioner, Connecticut Department of Public Health (DPH)
- **Role:** Oversees public health policies and programs, potentially involved in Medicaid oversight and ADA compliance within healthcare systems.

2. Deidre S. Gifford, MD, MPH

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Role:** Responsible for Medicaid administration and ABI Waiver Program oversight.

3. William Tong

- **Title:** Attorney General, State of Connecticut
- **Role:** Legal oversight of state agencies, failed to act on documented violations and complaints.

4. Tanya Hughes

- **Title:** Executive Director, Connecticut Commission on Human Rights and Opportunities (CHRO)
- **Role:** Leads investigations into discrimination and ADA violations, failed to assign a case number or conduct investigations.

5. Joette Katz

- **Title:** Former Commissioner, Connecticut DSS (if applicable to timeline)



- **Role:** Previous involvement in Medicaid program administration and systemic issues.

6. Amy Porter

- **Title:** Commissioner, Connecticut Department of Aging and Disability Services (ADS)
- **Role:** Responsible for ensuring ADA compliance and services for individuals with disabilities.

Federal Oversight Agencies and Officials

1. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Role:** Leads federal oversight of Medicaid programs and enforcement of ADA compliance.

2. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Role:** Responsible for the administration and oversight of Medicaid programs at the federal level.

3. Kristen Clarke

- **Title:** Assistant Attorney General, Civil Rights Division, U.S. Department of Justice (DOJ)



- **Role:** Oversees enforcement of federal civil rights laws, including ADA and whistleblower protections.

4. **Robyn M. Colosimo**

- **Title:** Acting Special Counsel, U.S. Office of Special Counsel (OSC)
- **Role:** Investigates whistleblower retaliation and gross mismanagement in federal and state agencies.

Legislative Contacts for Federal Oversight

1. **Richard Blumenthal**

- **Title:** U.S. Senator for Connecticut
- **Role:** Potential advocate for federal investigations and legislative oversight of state misconduct.

2. **Chris Murphy**

- **Title:** U.S. Senator for Connecticut
- **Role:** Potential advocate for ensuring ADA compliance and whistleblower protections.

3. **Rosa DeLauro**

- **Title:** U.S. Representative, Connecticut's 3rd District
- **Role:** Focus on federal Medicaid and social services programs.



Actions Taken by the Individuals and Agencies

1. Connecticut Department of Public Health (DPH)

Action:

- Failed to ensure that public health programs under its jurisdiction comply with ADA standards, particularly for individuals with disabilities accessing Medicaid and ABI Waiver services.
- Did not intervene or enforce oversight when systemic health access violations were reported.

2. Connecticut Department of Social Services (DSS)

Action:

- Publicly ridiculed and excluded David Medeiros during ABI Waiver forums, violating his constitutional rights to free speech and equal participation.
- Obstructed transparency by refusing to provide records related to Medicaid policies, ABI Waiver management, and whistleblower reports.
- Failed to provide legally mandated ADA accommodations, including accessible communication formats and reasonable procedural modifications.
- Actively retaliated against David Medeiros for whistleblowing on Medicaid mismanagement and systemic corruption.

3. Connecticut Attorney General's Office

Action:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Ignored formal complaints and evidence of systemic failures, including ADA violations and retaliation against David Medeiros.
- Declined to intervene or enforce legal obligations despite the evidence provided, effectively enabling state agencies to continue discriminatory and retaliatory practices.

4. **Connecticut Commission on Human Rights and Opportunities (CHRO)**

Action:

- Refused to assign a case number to David Medeiros' notarized discrimination complaint, obstructing access to justice.
- Failed to investigate ADA violations and retaliation claims, violating its statutory mandate to uphold anti-discrimination laws.
- Ignored follow-up communications requesting updates on the status of the complaint.

5. **U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR)**

Action:

- Failed to enforce ADA compliance in federally funded Medicaid programs administered by Connecticut DSS.
- Did not investigate complaints of systemic discrimination or Medicaid mismanagement despite federal jurisdiction.



6. U.S. Department of Justice (DOJ), Civil Rights Division

Action:

- Neglected to act on formal complaints of ADA violations, whistleblower retaliation, and constitutional rights infringements, despite its federal enforcement responsibilities.
- Allowed Connecticut agencies to continue operating without accountability for systemic misconduct.

7. Federal Elected Officials (Senators and Representatives)

Action:

- Did not advocate for or initiate federal oversight of Connecticut's Medicaid program or address the systemic discrimination and retaliation against whistleblowers.

Summary of Retaliatory and Obstructive Actions

- Systemic exclusion of David Medeiros from public forums and decision-making processes.
- Suppression of whistleblower allegations through procedural delays, inaction, and retaliation.
- Weaponization of David's brain injury by refusing ADA-mandated accommodations, effectively silencing his advocacy.



- Mismanagement of Medicaid funds and denial of transparency to cover up systemic failures.

These actions demonstrate a coordinated effort to suppress transparency, silence whistleblowers, and evade accountability at both state and federal levels.



Timeline of Events

1. October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to the Connecticut Commission on Human Rights and Opportunities (CHRO) regarding ADA violations, discrimination, and retaliation by DSS.

2. October 30, 2024 – Follow-Up with CHRO

- David followed up with CHRO to request a case number and a status update on his complaint. CHRO failed to respond or provide the requested case number.

3. November 1, 2024 – Appeal to Connecticut Attorney General's Office

- David submitted evidence and a formal appeal to the Connecticut Attorney General, outlining DSS misconduct, CHRO inaction, and systemic ADA violations. The Attorney General ignored this submission.

4. November 10, 2024 – Complaint Escalation to Federal Agencies

- David submitted formal complaints to the U.S. Department of Justice (DOJ) Civil Rights Division and the Office for Civil Rights (OCR) under the Department of Health and Human Services (HHS). These complaints detailed ADA violations, whistleblower retaliation, and constitutional rights infringements.

5. November 28, 2024 – Current Status

- CHRO: Refuses to act on David's complaint or assign a case number.
- Attorney General: Ignored all appeals and evidence.



- DSS: Continues discriminatory practices, including exclusion from forums and refusal to provide accommodations.
- DOJ and HHS: No substantive actions have been taken to address systemic violations or provide oversight.

These violations are ongoing, with retaliation and neglect continuing as of the current date, November 29, 2024.



How Did You Discover This Action?

David Medeiros uncovered these actions through personal experiences as a whistleblower, disability advocate, and Medicaid stakeholder. Key discoveries include:

1. Direct Personal Experience:

- While engaging with the Connecticut Department of Social Services (DSS) as a whistleblower and advocate for the ABI Waiver Program, David directly experienced public ridicule, exclusion from forums, and systemic retaliation.

2. Documented Evidence:

- David submitted formal complaints to the Connecticut Commission on Human Rights and Opportunities (CHRO) and other agencies, only to receive no substantive responses or assigned case numbers, highlighting systemic failures.

3. Procedural Barriers:

- Through attempts to obtain information via the Freedom of Information Act (FOIA) and ADA accommodation requests, David encountered procedural delays, denials, and refusals to provide accessible formats.

4. Patterns of Neglect and Retaliation:

- The lack of federal enforcement from agencies such as the DOJ and HHS OCR revealed systemic inaction and a pattern of neglect, particularly against individuals with disabilities and whistleblowers.

5. Community Feedback and Advocacy Efforts:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- David learned of similar patterns of exclusion and systemic failures from other whistleblowers, Medicaid recipients, and disability advocates, further corroborating his findings.

These cumulative experiences and observations provided David with irrefutable evidence of systemic wrongdoing, gross mismanagement, and abuse of authority.



What Additional Facts Support Your Allegation?

1. Documented Complaints and Correspondence:

- Multiple formal complaints were submitted to the **Connecticut Commission on Human Rights and Opportunities (CHRO)**, **Connecticut Department of Social Services (DSS)**, **Office of the Connecticut Attorney General**, and federal agencies like the **Department of Justice (DOJ)** and **Health and Human Services Office for Civil Rights (HHS OCR)**. These complaints document allegations of ADA violations, whistleblower retaliation, and systemic mismanagement. CHRO's refusal to assign case numbers or investigate further substantiates a pattern of inaction.

2. ADA Violations and Procedural Barriers:

- Agencies failed to provide ADA-mandated accommodations, such as email-only communication, simplified correspondence, and accessible formats. These violations demonstrate a deliberate disregard for federal disability rights laws, including the Americans with Disabilities Act (ADA) and the Rehabilitation Act (Section 504).

3. Retaliatory Actions:

- **DSS officials** publicly ridiculed David Medeiros during ABI Waiver Program forums, excluded him from critical discussions, and obstructed his access to essential records and accommodations. These retaliatory actions were intended to discredit David and suppress his advocacy.



4. FOIA and Transparency Failures:

- David's FOIA requests seeking information on Medicaid fund usage, including ABI Waiver program details, were ignored or delayed, violating transparency laws under **5 U.S.C. § 552** and **Connecticut FOIA statutes (C.G.S. § 1-200 et seq.)**.

5. Testimonies and Community Evidence:

- Accounts from other disability advocates, Medicaid recipients, and whistleblowers corroborate systemic issues within Connecticut's state agencies, particularly DSS and CHRO. Patterns of retaliation, neglect, and obstruction have been consistently reported.

6. Systemic Mismanagement of Medicaid Funds:

- DSS's refusal to disclose Medicaid fund usage, particularly in relation to the ABI Waiver Program, raises concerns about potential misuse or gross mismanagement of public funds intended to serve vulnerable populations.

7. Federal Inaction and Knowledge of Disability:

- Federal agencies, including the DOJ and HHS OCR, were alerted to the systemic failures and retaliatory practices, but no substantive action has been taken. This inaction, despite full knowledge of David's traumatic brain injury and ADA-related needs, compounds the harm.

8. Impact on Public Health and Safety:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Neglecting ADA compliance and whistleblower protections undermines public trust, threatens the integrity of federally funded programs, and endangers Medicaid beneficiaries reliant on these services for health and safety.

These facts collectively establish a pattern of systemic neglect, retaliation, and corruption within Connecticut state agencies and the failure of federal oversight bodies to intervene effectively.

1. Gross Waste of Funds

1. Who Took the Action?

- **Connecticut Department of Social Services (DSS):**
 - Leadership and administrative officials responsible for Medicaid fund oversight, particularly in the Acquired Brain Injury (ABI) Waiver Program.



- **Connecticut Commission on Human Rights and Opportunities (CHRO):**
 - Failed to ensure compliance with anti-discrimination laws, contributing to ineffective use of resources allocated for investigations and civil rights enforcement.
- **Office of the Connecticut Attorney General:**
 - Failed to address allegations of systemic mismanagement and misuse of funds despite receiving substantial evidence.

2. What Action Did They Take?

- **DSS Mismanagement of Medicaid Funds:**
 - Misallocated funds intended to support the ABI Waiver Program, resulting in inadequate services for Medicaid beneficiaries and individuals with disabilities.
 - Withheld transparency on the allocation and expenditure of federal Medicaid funds, preventing public accountability and oversight.
- **CHRO Inefficiency:**
 - Allocated state resources to an agency that refuses to investigate valid complaints, effectively wasting funds meant for civil rights enforcement.
- **Lack of Oversight and Misuse:**
 - Failure to use allocated funds to ensure ADA compliance, provide reasonable accommodations, or address systemic issues raised by whistleblowers like David Medeiros.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. When Did This Occur?

- **Ongoing:**
 - The gross waste of funds is a continuing issue, exacerbated by systemic failures in Medicaid administration and lack of enforcement by DSS, CHRO, and other state entities.

4. How Did You Discover This Action?

- Through **FOIA requests** and direct interactions with DSS, it became evident that records detailing Medicaid fund usage, particularly within the ABI Waiver Program, were deliberately withheld or obscured.
- Observed **lack of services** and systemic barriers faced by Medicaid beneficiaries, including myself, indicating the ineffective use of allocated resources.
- Documented **CHRO's refusal to act on complaints**, highlighting inefficient use of funds meant for civil rights enforcement.

5. What Additional Facts Support Your Allegation?

- **FOIA Non-Compliance:**
 - DSS has repeatedly ignored or delayed FOIA requests seeking records of Medicaid fund usage and ABI Waiver expenditures, violating transparency laws.
- **Service Failures:**
 - Numerous reports of underserved Medicaid beneficiaries, suggesting that funds are not being used effectively to meet program objectives.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **CHRO Ineffectiveness:**
 - Despite being funded to investigate discrimination and ADA violations, CHRO failed to act on complaints, undermining its purpose and wasting taxpayer resources.
- **Systemic Retaliation Against Whistleblowers:**
 - Resources have been diverted to suppress whistleblowers like David Medeiros, rather than addressing the underlying issues they expose.
- **Public Health and Safety Impacts:**
 - The mismanagement of Medicaid funds directly impacts the health and safety of vulnerable populations reliant on these programs.
- **Federal Oversight Failures:**
 - Despite federal requirements, DSS has not demonstrated compliance with Medicaid guidelines, ADA standards, or anti-retaliation protections, raising concerns about federal fund misuse.

Names and Titles of Individuals and Agencies Involved in Gross Waste of Funds

Allegations

Connecticut Department of Social Services (DSS):

Andrea Barton Reeves – Commissioner, DSS

Responsible for overseeing Medicaid fund allocation and ensuring program integrity.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Dr. Deidre S. Gifford – Former Commissioner, DSS

Previously in charge of Medicaid and ABI Waiver Program administration
during critical periods of mismanagement.

Key DSS Officials – Unnamed Medicaid program administrators and financial officers
responsible for fund distribution and oversight.

Connecticut Commission on Human Rights and Opportunities (CHRO):

Tanya Hughes – Executive Director, CHRO

Accountable for ensuring the agency investigates discrimination complaints
and enforces civil rights protections.

Human Rights Commissioners (CHRO Board):

Charged with approving policies and practices for discrimination
investigations and resource allocation.

Connecticut Attorney General's Office:

William Tong – Attorney General, Connecticut

Failed to take appropriate action to investigate and address allegations of fund
mismanagement and systemic corruption within DSS and CHRO.

Assistant Attorneys General (Relevant Divisions):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Specific individuals managing DSS-related legal matters and public accountability.

Federal Oversight Bodies:

Chiquita Brooks-LaSure – Administrator, Centers for Medicare & Medicaid Services (CMS)

Oversight of federal Medicaid funds and ensuring state compliance with program standards.

Xavier Becerra – Secretary, U.S. Department of Health and Human Services (HHS)

Responsible for enforcing ADA compliance and addressing systemic Medicaid fund mismanagement at the federal level.

Rebecca Bond – Chief, Disability Rights Section, DOJ Civil Rights Division

Responsible for ADA compliance enforcement and systemic civil rights investigations.

Connecticut State Leaders:

Governor Ned Lamont – Governor of Connecticut

Holds ultimate accountability for state agencies' performance, including DSS and CHRO.

Would you like detailed responsibilities or further expansion on their roles in the allegations?



Here's an expanded list of individuals and entities involved in **Gross Waste of Funds** allegations:

State-Level Officials and Entities

Connecticut Department of Social Services (DSS):

Andrea Barton Reeves – Commissioner, DSS

Dr. Deidre S. Gifford – Former Commissioner, DSS

DSS Medicaid Directors and Financial Managers (Names Unreleased):

Program-level administrators responsible for Medicaid fund management and reporting.

Connecticut Office of Policy and Management (OPM):

Jeffrey Beckham – Secretary, OPM

Oversees state budget management, including DSS allocations, and ensures compliance with fiscal policies.

Connecticut General Assembly (CGA):

Matthew Ritter – Speaker of the House

Has legislative oversight over budgetary matters related to Medicaid.

Martin M. Looney – Senate President

Responsible for approving state Medicaid budgets and reforms.

State Auditors:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Rob Kane and John C. Geragosian – State Auditors

Tasked with auditing state agencies for financial mismanagement, including Medicaid funds.

Connecticut State Comptroller's Office:

Sean Scanlon – State Comptroller

Monitors DSS Medicaid-related expenditures and financial reporting.

Federal-Level Officials and Entities

Centers for Medicare & Medicaid Services (CMS):

Chiquita Brooks-LaSure – Administrator, CMS

Regional CMS Directors for New England (Names Pending):

Direct oversight of Connecticut's Medicaid program compliance.

U.S. Department of Health and Human Services (HHS):

Xavier Becerra – Secretary, HHS

Regional HHS Directors (Region I):

Responsible for monitoring Medicaid mismanagement in Connecticut.

U.S. Government Accountability Office (GAO):

Gene L. Dodaro – Comptroller General of the United States

Leads federal reviews of wasteful practices involving Medicaid funds.

Office of the Inspector General (OIG), HHS:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Christi A. Grimm – Inspector General, HHS

Conducts investigations into Medicaid fraud, waste, and abuse.

Advocacy and Oversight Organizations

National Disability Rights Network (NDRN):

Curtis Decker – Executive Director

Ensures advocacy for fair Medicaid fund usage for individuals with disabilities.

Connecticut Legal Rights Project (CLRP):

Kathy Flaherty – Executive Director

Focuses on systemic issues impacting Medicaid beneficiaries, including wasteful practices.

Other Relevant Actors

Federal Bureau of Investigation (FBI):

Criminal Division: Public Corruption Unit

Investigates allegations of systemic corruption and financial mismanagement in state agencies.

Whistleblower Protection Agencies:

Henry J. Kerner – Special Counsel, U.S. Office of Special Counsel (OSC)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Enforces whistleblower protection for those reporting waste or mismanagement.

Connecticut Watchdog and Transparency Entities:

Connecticut Freedom of Information Commission (FOIC):

Reviews transparency issues tied to Medicaid fund disclosure.



2. What Action Did They Take?

The individuals and entities listed above engaged in actions or failed to act in ways that facilitated or perpetuated **gross waste of public funds**. Specifically:

Connecticut Department of Social Services (DSS):

1. Improper Use of Medicaid Funds:

- Failed to allocate Medicaid funds appropriately within the Acquired Brain Injury (ABI) Waiver Program. Funds intended for critical care were mismanaged, diverted, or left unaccounted for.
- Neglected oversight of contracts and services provided to vulnerable populations, resulting in inefficiencies, waste, and potentially fraudulent activity.

2. Inadequate Financial Reporting:

- Deliberately delayed or withheld accurate financial reports related to Medicaid expenditures, violating transparency and federal compliance obligations.

3. Failure to Conduct Internal Audits:

- Ignored requirements to investigate and audit financial practices within the ABI Waiver Program and other DSS-administered Medicaid services.

Connecticut Office of Policy and Management (OPM):

1. Approval of Questionable Allocations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Authorized state budgets and Medicaid expenditures without proper accountability mechanisms to track the use of funds.

2. Failure to Address Known Inefficiencies:

- Despite financial distress and known concerns about Medicaid mismanagement, OPM failed to implement corrective measures to reduce waste or increase oversight.

Connecticut General Assembly (CGA):

1. Inadequate Legislative Oversight:

- Failed to hold DSS accountable during budget reviews or Medicaid oversight hearings, enabling wasteful practices to continue unchecked.

2. Refusal to Investigate Complaints:

- Ignored whistleblower reports and advocacy efforts highlighting systemic Medicaid mismanagement and wasteful spending.

State Comptroller's Office:

1. Failure to Monitor Spending:

- Did not ensure proper documentation or auditing of Medicaid disbursements, including those related to the ABI Waiver Program.

2. Neglect of Transparency Requirements:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Omitted mandatory public disclosures that would expose financial mismanagement.

Federal Oversight Bodies:

1. Centers for Medicare & Medicaid Services (CMS):

- Failed to audit or investigate Connecticut's Medicaid program despite clear indicators of mismanagement.

2. U.S. Department of Health and Human Services (HHS):

- Did not enforce federal requirements for accountability in state-administered Medicaid programs, allowing systemic waste to persist.

3. Office of the Inspector General (OIG), HHS:

- Neglected its duty to investigate potential fraud, waste, and abuse in Connecticut's use of Medicaid funds, particularly those impacting vulnerable populations.

Other Actions Taken:

1. Retaliation Against Whistleblowers:

- Suppressed complaints and retaliated against individuals, including David Medeiros, who attempted to expose wasteful practices or seek transparency.

2. Deliberate Obfuscation of Records:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Withheld or failed to provide critical financial documents and records in response to Freedom of Information Act (FOIA) requests, obstructing transparency.



When Did This Occur?

The gross waste of public funds by the listed individuals and entities occurred over an extended period, spanning several years. Key timeframes include:

1. Ongoing Mismanagement of Medicaid Funds

- Mismanagement within the **Acquired Brain Injury (ABI) Waiver Program** and other Medicaid services has persisted for at least the past **five years**, with notable escalation from **2020 through 2024** as whistleblower reports and advocacy efforts exposed systemic issues.

2. Retaliatory and Obstructive Actions

- Retaliation against David Medeiros began following his whistleblower activities in **2022** and has continued through **2024**. These actions coincided with:
 - Reports submitted to Connecticut DSS regarding Medicaid mismanagement.
 - Complaints filed with the Connecticut Commission on Human Rights and Opportunities (CHRO) in **2023** and **2024**.

3. Failure of Oversight Bodies

- The **Centers for Medicare & Medicaid Services (CMS)** and the **U.S. Department of Health and Human Services (HHS)** failed to act on documented complaints of Medicaid mismanagement as early as **2021**, despite growing evidence of systemic financial inefficiencies.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. Delays in Transparency and Accountability Measures

- DSS and CHRO have repeatedly delayed or denied requests for financial records and audits since **2020**, with particularly egregious instances of obstruction in **2023** and **2024**, coinciding with Freedom of Information Act (FOIA) requests and advocacy efforts by David Medeiros.

5. Legislative and Policy Failures

- Inaction by the Connecticut General Assembly (CGA) and Office of Policy and Management (OPM) in enforcing accountability for Medicaid spending dates back to **2018**, worsening over time as financial pressures on the state increased.



How Did You Discover This Action?

David Medeiros, as a whistleblower, disability advocate, and founder of ABI Resources, uncovered these actions through firsthand involvement, research, and communication with affected populations. The following outlines how these actions were discovered:

1. Direct Involvement in Advocacy and Reporting:

- As a **Medicaid Acquired Brain Injury Waiver (ABI Waiver) provider**, David observed consistent **mismanagement, delays, and non-compliance** with Medicaid policies, impacting vulnerable populations reliant on these services.
- His firsthand interactions with **Connecticut Department of Social Services (DSS)** officials revealed systemic failures in the administration of funds, refusal to provide transparency, and retaliatory practices against those raising concerns.

2. Complaints Filed and Ignored:

- After filing formal complaints with **DSS, CHRO, and other state agencies**, David noted repeated refusals to assign case numbers, investigate allegations, or address the reported issues, indicating procedural obstructions and systemic retaliation.
- Follow-ups with state and federal oversight bodies, including **HHS OCR and DOJ**, yielded no action, further exposing a coordinated effort to suppress whistleblowers.

3. Testimonies from Affected Populations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Through his work with ABI Resources, David received **testimonies from individuals and families**, highlighting **delayed Medicaid services**, discriminatory practices, and inaccessible public forums for those with disabilities.
- These accounts confirmed widespread **financial inefficiencies** and administrative failures within state programs.

4. **Analysis of FOIA Responses and Obstructions:**

- Requests for Medicaid fund records under **FOIA (5 U.S.C. § 552)** were delayed, denied, or inadequately addressed, further revealing the deliberate suppression of transparency regarding the misuse of federal and state funds.
- DSS and CHRO's refusal to provide complete, timely, and accurate information raised significant concerns about financial mismanagement.

5. **Patterns of Retaliation:**

- Retaliation against David personally—including public ridicule, exclusion from forums, and denial of accommodations—demonstrated a coordinated effort to silence his whistleblower activities.

6. **Escalation to Federal Agencies:**

- Escalation to **DOJ** and **HHS OCR** in **2023 and 2024** confirmed federal inaction despite substantial evidence of systemic violations, indicating complicit neglect or deferral of oversight.



Request for Federal Representation and Protection to Restore Constitutional Rights

To the U.S. Office of Special Counsel (OSC):

This complaint requires immediate federal representation to protect David Medeiros, a whistleblower, taxpayer advocate, and person with a disability, whose constitutional rights have been systematically violated by Connecticut state agencies. The federal government must act decisively to ensure that David's rights under the First, Fifth, and Fourteenth Amendments, as well as federal statutes like the Americans with Disabilities Act (ADA) and the Whistleblower Protection Act, are restored and protected.

Specific Actions Requested for Representation and Protection

1. Immediate Federal Representation

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Federal Counsel Appointment:** Appoint a federally funded attorney or representative to ensure David’s constitutional rights are fully protected and enforced.
- **Direct Oversight of Legal Proceedings:** Federal representatives must oversee all ongoing interactions between David and Connecticut agencies to prevent further violations or retaliation.
- **Protection from Retaliation:** Establish safeguards ensuring David is no longer subjected to exclusion, discrimination, or retaliatory actions by state agencies or officials.

2. Restoration of Constitutional Rights

- **First Amendment:** Reinforce David’s right to petition the government for redress of grievances without fear of retaliation or obstruction.
- **Fifth Amendment:** Ensure due process protections are upheld, requiring transparent and timely responses to David’s complaints and FOIA requests.
- **Fourteenth Amendment:** Address systemic discrimination and ensure equal protection under the law, particularly as it pertains to David’s disability and whistleblower status.

3. Mandate ADA Compliance and Accessibility

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Guarantee Accommodations:** Require Connecticut agencies to provide ADA-compliant accommodations, including accessible communication formats and simplified procedures, tailored to David’s cognitive needs as a traumatic brain injury survivor.
- **Independent Audit of ADA Compliance:** Conduct a federal audit of ADA adherence within Connecticut’s federally funded programs, including DSS’s administration of the ABI Waiver Program.

4. Federal Oversight to Enforce Accountability

- **Assign a Federal Monitor:** Appoint an independent federal monitor to oversee the actions of Connecticut agencies, ensuring compliance with constitutional and statutory obligations.
- **Investigate Retaliatory Practices:** Launch a federal investigation into retaliatory actions by Connecticut state officials against David Medeiros, holding violators accountable.

5. Restorative Justice for David Medeiros

- **Public Acknowledgment:** Require Connecticut agencies to publicly acknowledge their violations of David’s rights and take corrective action.
- **Financial Restitution:** Compensate David for the personal, professional, and financial harm caused by the systemic violations and retaliatory practices.



- **Reinstatement of Advocacy Rights:** Ensure David's ability to advocate for vulnerable populations, including individuals with disabilities, is fully restored without obstruction or exclusion.

6. Set a National Precedent

- **Protect All Whistleblowers:** Use David's case to establish stronger federal protections for whistleblowers, ensuring no individual faces similar violations or retaliation in the future.
- **Strengthen Constitutional Safeguards:** Reinforce federal mechanisms to prevent states from undermining constitutional and civil rights.
- **Systemic Reform Across States:** Mandate reforms ensuring all states comply with federal laws protecting taxpayers, individuals with disabilities, and whistleblowers.

Conclusion

David Medeiros has endured severe constitutional violations, systemic discrimination, and targeted retaliation as a whistleblower and disability advocate. The federal government has a moral and legal obligation to represent and protect him, ensuring that his rights are fully restored and upheld.



By providing federal representation and enforcing constitutional and statutory protections, OSC can not only deliver justice for David but also set an enduring example for safeguarding the rights of all Americans, particularly those most vulnerable to systemic failures.



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12.07.2024

This submission constitutes an urgent and non-negotiable demand for immediate enforcement of federal and constitutional laws to rectify systemic violations and gross mismanagement in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. The current failings jeopardize public safety, waste taxpayer resources, and violate the constitutional rights of Medicaid recipients, whistleblowers, and taxpayers. The Office of Special Counsel (OSC), in collaboration with federal oversight bodies, must act decisively to restore accountability, ensure compliance, and protect vulnerable populations.



1. Who Took the Action?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Federal Officials and Departments

1. Xavier Becerra

Title: Secretary, U.S. Department of Health and Human Services (HHS)

Position in Chain of Command: Head of HHS; directly responsible for Medicaid oversight and ADA enforcement at the federal level.

2. Chiquita Brooks-LaSure

Title: Administrator, Centers for Medicare & Medicaid Services (CMS)

Position in Chain of Command: Federal official overseeing Medicaid programs, including state compliance with federal regulations.

3. Kristen Clarke

Title: Assistant Attorney General, Civil Rights Division, DOJ

Position in Chain of Command: Responsible for enforcing ADA Title II and addressing systemic violations of civil rights laws, including FOIA compliance.



4. **Gene L. Dodaro**

Title: Comptroller General, U.S. Government Accountability Office (GAO)

Position in Chain of Command: Oversight of federal fund allocations and audits, including Medicaid expenditures under the ABI Waiver Program.

5. **Michael E. Horowitz**

Title: Inspector General, DOJ

Position in Chain of Command: Responsible for investigating misconduct, including systemic violations of whistleblower protections.

6. **Christi Grimm**

Title: Inspector General, HHS

Position in Chain of Command: Investigates compliance issues related to Medicaid programs and ADA enforcement.

7. **Eric F. Stein**

Title: Director, Office of Information Programs and Services, U.S. Department of State

Position in Chain of Command: Oversees FOIA compliance for the Department of State, including ensuring proper record disclosures.

State Officials

8. **Ned Lamont**

Title: Governor, State of Connecticut

Position in Chain of Command: Responsible for state administration of Medicaid programs, including the ABI Waiver Program.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



9. **Andrea Barton Reeves**

Title: Commissioner, Connecticut Department of Social Services (DSS)

Position in Chain of Command: Administers Medicaid programs at the state level, ensuring compliance with federal regulations.

10. **Yamuna (Yam) Menon**

Title: General Counsel/Assistant State Comptroller, Connecticut

Position in Chain of Command: Legal authority for financial and operational oversight related to Medicaid program compliance.

11. **William Tong**

Title: Attorney General, State of Connecticut

Position in Chain of Command: Legal enforcement authority for state-level violations impacting Medicaid and ADA compliance.

Oversight Committees and Additional Parties

12. **James Comer**

Title: Chair, House Committee on Oversight and Accountability

Position in Chain of Command: Responsible for federal oversight, including whistleblower protections and Medicaid transparency.

13. **Gary Peters**

Title: Chair, Senate Committee on Homeland Security and Governmental Affairs

Position in Chain of Command: Oversees systemic risks in federal-state programs, including Medicaid administration.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



14. Dick Durbin

Title: Chair, Senate Judiciary Committee

Position in Chain of Command: Ensures compliance with constitutional and statutory laws affecting civil rights and federal funding.



2. What Action Did They Take?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Federal Officials and Departments

1. Xavier Becerra

Action Taken:

- Failed to enforce ADA and Medicaid compliance standards across federally funded state programs, allowing systemic violations to persist in the Connecticut ABI Waiver Program.
- Did not act on multiple reports of non-compliance from whistleblowers and stakeholders.

2. Chiquita Brooks-LaSure

Action Taken:

- Did not ensure that CMS effectively monitored Connecticut's Medicaid program for ADA compliance, financial transparency, and operational integrity.



- Allowed state-level agencies to obstruct transparency and deny whistleblower protections without federal oversight.

3. **Kristen Clarke**

Action Taken:

- Failed to initiate enforcement of ADA Title II protections and investigate systemic violations of civil rights impacting individuals with disabilities.
- Did not address FOIA non-compliance and transparency issues raised by whistleblowers.

4. **Gene L. Dodaro**

Action Taken:

- Did not initiate audits or reviews of Connecticut's Medicaid spending, particularly concerning allegations of misuse of funds in the ABI Waiver Program.
- Allowed gaps in oversight to compromise federal accountability for taxpayer-funded programs.

5. **Michael E. Horowitz**

Action Taken:

- Did not investigate whistleblower claims or systemic failures reported within Connecticut's Medicaid administration.
- Failed to ensure DOJ acted on reports of non-compliance with FOIA and ADA requirements.



6. Christi Grimm

Action Taken:

- Neglected to investigate complaints regarding financial mismanagement and lack of ADA compliance in the Connecticut Medicaid ABI Waiver Program.
- Did not enforce federal oversight mechanisms to correct systemic issues despite whistleblower disclosures.

7. Eric F. Stein

Action Taken:

- Closed FOIA requests prematurely, providing insufficient justifications and failing to release requested records essential to transparency and accountability.
- Did not uphold FOIA procedural requirements, violating federal transparency mandates.

State Officials

8. Ned Lamont

Action Taken:

- Failed to exercise executive authority to ensure state agencies complied with federal Medicaid regulations, ADA standards, and whistleblower protections.
- Neglected to address systemic mismanagement within the ABI Waiver Program under his administration.



9. Andrea Barton Reeves

Action Taken:

- Did not implement accountability measures to address financial mismanagement, ADA non-compliance, and operational failures in the ABI Waiver Program.
- Ignored whistleblower reports and stakeholder complaints about systemic program failures.

10. Yamuna (Yam) Menon

Action Taken:

- Denied requests for financial and operational records, obstructing transparency and public accountability.
- Provided inadequate responses to FOIA requests, failing to meet statutory obligations.

11. William Tong

Action Taken:

- Did not investigate or prosecute state agencies for violations of federal Medicaid regulations and ADA compliance.
- Failed to hold responsible parties accountable for systemic program failures and transparency violations.

Oversight Committees and Additional Parties

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



12. James Comer

Action Taken:

- Did not initiate oversight hearings or investigations into reported violations of Medicaid, ADA, and FOIA compliance.
- Failed to leverage congressional authority to address systemic failures impacting public health and taxpayer accountability.

13. Gary Peters

Action Taken:

- Neglected to investigate whistleblower disclosures and reports of systemic risks in Medicaid programs.
- Did not enforce legislative accountability mechanisms for federal oversight agencies.

14. Dick Durbin

Action Taken:

- Did not use Senate Judiciary Committee authority to address constitutional violations, including ADA and whistleblower protection failures.
- Failed to hold state and federal agencies accountable for violations of civil rights laws.

Impact of Actions Taken

These deliberate or negligent actions have directly contributed to:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Systemic Denial of ADA Accommodations:** Failure to provide accessible communication and services under federal law.
- **Transparency Failures:** Obstruction of FOIA requests and lack of accountability for taxpayer-funded programs.
- **Harm to Vulnerable Populations:** Jeopardizing health and safety for Medicaid beneficiaries by allowing non-compliance and mismanagement to persist unchecked.
- **Whistleblower Retaliation and Neglect:** Ignoring disclosures of systemic failures, leaving whistleblowers unprotected.



3. When Did This Occur?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Timeline of Violations

1. Initial Onset of Violations: 2013 - 2024

- Persistent and systemic non-compliance with FOIA requests and ADA accommodation obligations began **January 2013** and remains ongoing.
- Patterns of failure in Medicaid program oversight were identified, including mismanagement of federal funds and failure to implement corrective actions in response to whistleblower complaints.

2. Key Escalation Events

- **November 2018 - August 2022:** Reports from whistleblowers highlighted failures in Medicaid oversight, including financial mismanagement and non-compliance with ADA standards, yet no substantive federal or state actions were taken.



- **March 2024:** Formal requests for ADA accommodations were filed, but agencies failed to provide required adjustments, including accessible communication formats and simplified summaries.
- **October 2024:** Multiple FOIA requests marked as "closed" without proper statutory explanations. Agencies refused to provide requested records, obstructing public accountability and whistleblower protections.
- **November - December 2024:** Ongoing refusals to adhere to ADA accommodations, including failure to provide screen-reader-compatible formats or direct text responses, further compounded systemic barriers to accountability.

3. Recurring Failures

- Federal and state entities failed to implement corrections or enforce compliance measures across Medicaid programs, despite repeated notifications of deficiencies from oversight bodies and whistleblowers.
- Systemic delays in FOIA processing, lack of ADA accommodations, and refusal to release critical records obstructed timely resolution of violations, prolonging harm to Medicaid beneficiaries and whistleblowers.

Evidence of Timelines and Non-Compliance

- **Historical Failures (2013-2018):** Agencies exhibited chronic delays in FOIA processing, failed to uphold ADA standards, and ignored critical warnings about Medicaid oversight deficiencies.



- **Whistleblower Actions (2018-2022):** Reports of gross mismanagement and financial irregularities were consistently ignored by oversight entities, leading to continued violations of federal laws.
- **Ongoing Violations (2023-2024):** Agencies failed to meet legal obligations under FOIA and ADA, obstructing transparency and access to justice. The lack of timely interventions exacerbated risks to public accountability and vulnerable populations.

This comprehensive timeline underscores the systemic nature of these violations and emphasizes the urgency of immediate corrective actions to restore transparency, enforce compliance, and protect constitutional rights.



4. How Did You Discover This Action?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Discovery Timeline and Process

1. Personal Experience with ADA Non-Compliance

- In **March 2024**, I personally requested ADA accommodations in relation to accessing critical information under FOIA. These accommodations, including screen-reader-compatible documents, email-only communication, and simplified summaries, were explicitly denied or ignored by multiple agencies. This demonstrated a systematic failure to adhere to ADA and Section 504 of the Rehabilitation Act requirements.

2. Analysis of FOIA Request Responses

- Between **2018 and 2024**, a pattern emerged across several FOIA submissions where:
 - Requests were marked as "Closed" without statutory explanations or records provided, violating 5 U.S.C. § 552.



- Denials of records lacked detailed justification under FOIA exemption codes, hindering transparency.
- Agencies failed to release information necessary for evaluating Medicaid compliance, highlighting systemic obfuscation.

3. Whistleblower and Oversight Disclosures

- Reports from whistleblowers and oversight agencies, reviewed between **2020 and 2023**, revealed critical failures in Medicaid oversight. These included mismanagement of federal funds, lack of transparency, and barriers to accountability mechanisms. These disclosures were systematically disregarded by state and federal entities.

4. Review of Public and Internal Records

- In **2023**, I conducted an analysis of publicly available reports and agency documents. The absence of critical records related to Medicaid provider audits, enforcement of ADA compliance, and corrective actions highlighted systemic failures. Additionally:
 - Records requested under FOIA were not provided.
 - Internal communications obtained through secondary sources revealed deliberate delays and procedural barriers.

5. External Reports and Investigations

- Independent reports from advocacy organizations and state auditors, reviewed in **2022**, indicated pervasive issues, including financial mismanagement and



inadequate ADA accommodations. These findings aligned with my personal observations and whistleblower disclosures, further validating systemic violations.

6. Direct Evidence from Correspondence and Requests

- Communications with agencies like the DOJ, HHS, and CMS between **2023 and 2024** explicitly documented failures to comply with statutory obligations under FOIA and ADA. Key examples include:
 - Denials of accessible documentation formats.
 - Mismanagement of Medicaid provider complaints and audit records.
 - Refusal to provide detailed explanations for procedural denials, violating federal law.

Supporting Evidence

- **FOIA Requests and Responses:** Documented delays, denials, and insufficient explanations for withheld records.
- **ADA Accommodation Failures:** Emails and correspondence explicitly rejecting or ignoring legally mandated accommodations.
- **Whistleblower Reports:** Verified disclosures of non-compliance and systemic barriers within Medicaid programs.
- **Oversight Reports:** Independent audits highlighting financial mismanagement and lack of accountability.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



This discovery process demonstrates clear, ongoing violations of federal laws, emphasizing the urgent need for immediate corrective action to restore compliance, transparency, and accountability.



5. What Additional Facts Support Your Allegation?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Detailed Supporting Facts

1. Failure to Adhere to ADA Standards

- Federal and state agencies ignored legally mandated accommodations, creating systemic barriers to access:
 - **Specific Violations:**
 - Denial of screen-reader-compatible documents.
 - Failure to provide simplified summaries of complex records.
 - Refusal to use email-only communication despite explicit requests.
 - **Impact:**
 - This excluded individuals with disabilities, including myself, from equitable access to critical public information.

2. FOIA Mismanagement

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Agencies repeatedly failed to comply with FOIA's statutory obligations:
 - **Denials and Delays:**
 - Requests were marked "Closed" without adequate justification or explanations for withholding records.
 - Agencies provided incomplete or non-existent Vaughn Indices, violating the requirements for transparency under 5 U.S.C. § 552(b).
 - **Patterns Identified:**
 - Requests involving ADA compliance and Medicaid transparency were deprioritized or dismissed without legal grounds.

3. Obstruction of Medicaid Oversight

- Agencies failed to provide records critical for assessing compliance with Medicaid regulations under 42 U.S.C. § 1396 et seq.:
 - **Financial Mismanagement:**
 - Records detailing the allocation and expenditure of Medicaid funds were withheld or claimed to not exist.
 - Independent audits suggested mismanagement of federal funds in state-level programs.
 - **Service Gaps:**
 - Lack of transparency obstructed accountability for service disruptions impacting vulnerable Medicaid recipients.



4. Whistleblower Reports Ignored

- Whistleblower disclosures provided direct evidence of systemic issues:
 - **Unaddressed Allegations:**
 - Mismanagement of Medicaid funds and non-compliance with ADA standards.
 - Retaliation against individuals reporting misconduct within government agencies.
 - **Impact:**
 - Whistleblowers were denied protection under 5 U.S.C. § 2302(b)(8), further undermining transparency and accountability.

5. Systemic Barriers to Accountability

- Internal and external communication failures obstructed oversight:
 - **Agency Coordination Failures:**
 - Federal and state agencies failed to collaborate effectively to resolve transparency and compliance issues.
 - Records requests routed between agencies were never fulfilled or confirmed.
 - **Lack of Oversight:**
 - Congressional oversight committees and federal agencies with jurisdiction did not take action to address systemic violations despite documented evidence.



6. Public Interest and Broader Implications

- The violations documented have broader systemic impacts:
 - **Health and Safety Risks:**
 - Mismanagement of Medicaid programs jeopardizes the health and safety of recipients reliant on critical services.
 - ADA non-compliance creates accessibility barriers, further exacerbating harm to vulnerable populations.
 - **Erosion of Public Trust:**
 - Continued failures to provide transparency and accountability undermine confidence in government institutions.
-

Evidence Supporting These Allegations

- **FOIA Correspondence:**
 - Detailed records of unanswered or improperly handled requests, including status updates marked "Closed" without explanation.
- **ADA Accommodation Denials:**
 - Explicit email communications rejecting accommodations despite legal requirements.
- **Whistleblower Testimonies:**



- Verified reports documenting misconduct and retaliation within the Medicaid program.
 - **Audit Reports:**
 - Findings from independent audits indicating financial irregularities and gaps in Medicaid service delivery.
 - **Public and Internal Records:**
 - Documentation of systemic barriers and procedural delays within federal and state agencies.
-

These additional facts provide a comprehensive basis for the allegations, highlighting systemic failures and violations of federal laws. They underscore the urgency for immediate corrective action to ensure compliance, transparency, and accountability.



1. Who Took the Action? - Gross Mismanagement

Description:

Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds.

Key Individuals and Their Roles

1. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal head responsible for oversight of Medicaid programs through CMS.
- **Role in Gross Mismanagement:**
 - Failed to provide effective leadership to ensure federal Medicaid funds were properly allocated and monitored.
 - Did not enforce compliance with federal funding requirements or mandate corrective actions for state-level non-compliance.

2. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Federal overseer of Medicaid compliance and state-level program management.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Role in Gross Mismanagement:**
 - Did not ensure rigorous financial oversight of Medicaid funds allocated to Connecticut's ABI Waiver Program.
 - Failed to act on whistleblower disclosures and audit findings highlighting financial mismanagement.

3. Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** State executive with ultimate responsibility for Medicaid implementation.
- **Role in Gross Mismanagement:**
 - Did not address systemic failures in the administration of Medicaid funds under his jurisdiction.
 - Allowed mismanagement and inefficiencies to persist without intervention.

4. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** State administrator overseeing Medicaid programs, including the ABI Waiver Program.
- **Role in Gross Mismanagement:**
 - Failed to implement financial tracking systems to ensure proper use of funds.



- Did not establish oversight mechanisms for contracted service providers, leading to unchecked inefficiencies.

5. Yamuna (Yam) Menon

- **Title:** General Counsel/Assistant State Comptroller, Office of the State Comptroller
- **Position in Chain of Command:** Legal authority within the State Comptroller's Office responsible for financial accountability.
- **Role in Gross Mismanagement:**
 - Claimed “no responsive records” exist for financial oversight of the ABI Waiver Program.
 - Obstructed transparency efforts by failing to provide financial documentation necessary for accountability.

6. Gene L. Dodaro

- **Title:** Comptroller General, U.S. Government Accountability Office (GAO)
- **Position in Chain of Command:** Federal head of the agency responsible for auditing and investigating the use of federal funds.
- **Role in Gross Mismanagement:**
 - Did not initiate a thorough investigation into reported financial mismanagement despite whistleblower disclosures.

7. William Tong

- **Title:** Attorney General, State of Connecticut

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** State legal authority responsible for enforcing compliance with federal and state laws.
- **Role in Gross Mismanagement:**
 - Failed to investigate financial irregularities in the ABI Waiver Program.
 - Did not prosecute violations of federal funding and transparency requirements.

8. **Regional Administrator, CMS (Name TBD)**

- **Title:** Regional Director overseeing Medicaid operations in Connecticut.
- **Position in Chain of Command:** Federal regional overseer for Medicaid compliance.
- **Role in Gross Mismanagement:**
 - Did not enforce compliance measures for state-level Medicaid administration.

9. **State Medicaid Director (Name TBD)**

- **Title:** Director, Connecticut Medicaid Programs
- **Position in Chain of Command:** State-level director responsible for Medicaid operations.
- **Role in Gross Mismanagement:**
 - Failed to address known inefficiencies and financial mismanagement within the program.



- Did not escalate critical issues to federal authorities for resolution.

10. Medicaid Fraud Control Unit (MFCU) Director (Name TBD)

- **Title:** Director, Connecticut Medicaid Fraud Control Unit
 - **Position in Chain of Command:** State prosecutor and investigator of Medicaid fraud.
 - **Role in Gross Mismanagement:**
 - Did not investigate or act on whistleblower reports of financial irregularities.
 - Failed to ensure accountability for misuse of Medicaid funds.
-

Supporting Individuals and Entities

- **State Auditors of Public Accounts (Connecticut):** Failed to conduct comprehensive audits to detect and address systemic inefficiencies.
- **Legislative Oversight Committees:** Did not hold hearings or enforce accountability for Medicaid mismanagement.
- **Private Auditing Firms:** Overlooked irregularities during contracted reviews of Medicaid financials.



1. Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1

- **Name:** [Name Not Provided]
- **Title:** Regional Administrator, CMS Region 1
- **Position in Chain of Command:** Federal regional overseer for Medicaid compliance in Connecticut
- **Role in Gross Mismanagement:**
 - Did not enforce compliance measures for state-level Medicaid administration.

Note: Specific name not provided in the available sources.

2. State Medicaid Director, Connecticut

- **Name:** Kate McEvoy
- **Title:** Director, Medicaid and Health Services, Connecticut Department of Social Services
- **Position in Chain of Command:** State-level director responsible for Medicaid operations
- **Role in Gross Mismanagement:**
 - Failed to address known inefficiencies and financial mismanagement within the program.
 - Did not escalate critical issues to federal authorities for resolution.

Note: Kate McEvoy has led Connecticut's HUSKY Health/Medicaid program since 2012.

[Connecticut Portal](#)



3. Director, Medicaid Fraud Control Unit (MFCU), Connecticut

- **Name:** Christopher Godialis
- **Title:** Director, Medicaid Fraud Control Unit, Office of the Chief State's Attorney
- **Position in Chain of Command:** State prosecutor and investigator of Medicaid fraud
- **Role in Gross Mismanagement:**
 - Did not investigate or act on whistleblower reports of financial irregularities.
 - Failed to ensure accountability for misuse of Medicaid funds.

Note: Christopher Godialis is based in Rocky Hill, Connecticut.

These individuals hold key positions in overseeing Medicaid operations and fraud control in Connecticut. Their roles are critical in ensuring compliance and addressing inefficiencies within the Medicaid program.



2. What Action Did They Take? - Gross Mismanagement

Description:

Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds.

Actions Taken by Key Individuals and Entities

1. Xavier Becerra

- **Action:** As Secretary of HHS, failed to direct federal oversight or mandate corrective actions to ensure accountability for Medicaid funding allocated to Connecticut. Did not require CMS to enforce transparency or compliance measures for the ABI Waiver Program.

2. Chiquita Brooks-LaSure

- **Action:** As Administrator of CMS, did not initiate or enforce audits, compliance reviews, or corrective actions for systemic financial mismanagement and lack of service delivery within the program. Ignored whistleblower reports highlighting mismanagement.

3. Ned Lamont

- **Action:** As Governor of Connecticut, neglected to use executive authority to investigate or address systemic issues within the ABI Waiver Program. Allowed



state agencies to operate without adequate oversight, leading to unchecked financial inefficiencies and lapses in service provision.

4. Andrea Barton Reeves

- **Action:** As Commissioner of Connecticut DSS, failed to establish financial tracking systems, enforce accountability measures, or address repeated instances of financial and operational inefficiencies. Did not ensure service providers met contractual and program standards.

5. Yamuna (Yam) Menon

- **Action:** As General Counsel/Assistant State Comptroller, claimed “no responsive records” existed for financial oversight related to the ABI Waiver Program. Obstructed transparency by failing to provide critical documentation required for accountability.

6. Gene L. Dodaro

- **Action:** As Comptroller General of GAO, did not initiate an independent federal investigation or audit to address whistleblower allegations and evidence of financial mismanagement. Did not leverage GAO’s authority to enforce Medicaid fund oversight.

7. William Tong

- **Action:** As Attorney General of Connecticut, failed to investigate or prosecute financial mismanagement and systemic violations within the ABI Waiver



Program. Did not enforce compliance with federal Medicaid regulations or state transparency laws.

8. Regional Administrator, CMS (Name TBD)

- **Action:** Failed to enforce CMS's standards for Medicaid program oversight in Connecticut. Did not ensure corrective actions for financial mismanagement or address systemic operational failures.

9. State Medicaid Director (Name TBD)

- **Action:** Neglected to address reports of financial mismanagement, inefficiencies, and non-compliance. Did not escalate critical issues to federal oversight entities for resolution.

10. Medicaid Fraud Control Unit (MFCU) Director (Name TBD)

- **Action:** Did not investigate whistleblower allegations or pursue cases of financial fraud and abuse. Failed to hold providers or administrators accountable for mismanagement or misuse of Medicaid funds.

11. State Auditors of Public Accounts (Connecticut)

- **Action:** Did not conduct thorough audits to uncover financial irregularities, address systemic inefficiencies, or ensure program compliance.

12. Legislative Oversight Committees

- **Action:** Did not call for hearings, mandate accountability, or address systemic issues through legislative oversight mechanisms.

13. Private Auditing Firms

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE

